

Kathy Greer: Welcome. You're listening to the Difference at Work, a KGA podcast for managers, and HR professionals eager to hear from experts, and bring new perspectives to our work. In offering employee assistance in work life programs, KGA hears from clients every day about their increasingly complex work environments. On our podcast, you'll have a front row seat for conversations touching upon everything from crisis management, and addiction, to employee engagement, and stress. I'm Kathy Greer, KGA's founder. I'll be talking with Michael Botticelli today.

Michael is a leading expert in opioid addiction. He is the executive director of the Grayken Center for addiction at Boston Medical Center. Michael was previously the director of the White House Office of National Drug Control Policy from March 2014 until January 2017, and was the first person in long-term substance use recovery to hold that position. He is the preeminent leader in substance use prevention, and policy development. Thank you so much for you joining me, Michael.

M. Botticelli: It's great to be here.

Kathy Greer: Thanks. Well, today we're going to talk about opioids in the workplace, and what companies can do. The opioid epidemic has touched every facet of our society, including the American workforce, and in your TED Talk, you called it the greatest health crisis of our time. Can you talk a little bit about opioid use manifests itself in the workplace?

M. Botticelli: Sure. So, just to put it a little bit in context. You know, in 2017, approximately 72,000 people died of an opioid related overdose, and we know behind that, there are significant numbers of people who have an opiate addiction, and we know that through other studies, that many of those people are full-time employees, and I think sometimes there's this narrative that addiction only affects kind of, poor folks, and those who are unemployed, but you know, a Kaiser Health survey showed that fifty percent of people who have an opioid addiction are commercially insured.

So, we know that there are many, many people in the workforce who either themselves have an addiction either to opiates, or other drugs, or their family members do. It's just been kind of an extraordinary epidemic, and has really taken a toll, and our workplaces are not immune from that.

You know, we see it in terms of lost productivity, we see it in terms of higher healthcare costs for employees, we see it in absenteeism, we see it in significant job turnover rates, and I think it's also important to understand, particularly as the labor market constricts, we know, and we've seen reporting from national, and state reporting, that employers are finding it increasingly hard to find people to fill positions, because people are so affected by this epidemic.

Kathy Greer: You've done a lot of work at Boston Medical Center creating a workplace that's very friendly to people in recovery. Can you describe a little bit of some of the really unique things that you did there?

M. Botticelli: Sure. So, Boston Medical Center, we're a large medical institution. We have about 6,000 employees, and you know, thousands more family members attached to them who are part of our BMC family, and you know, it became very clear to us, not just in terms of looking at our own data, but hearing directly from some of our employees about how this epidemic has affected them, or their family members.

So, we felt like we had an obligation to deal with this. You know, many of our employees are direct healthcare providers, and we know that we have to, as an employer, attend to the wellness, and vitality of our workforce. It's really important, particularly for good patient care. So, we embarked on this journey to really look at, and deal with creating a much more open, and stigma-free environment.

You know, one of the things that we know with addiction when you look at surveys is, often people know that they have a problem, but one of the biggest obstacles for people getting care, and reaching out, and asking for help is fear of what their employer's going to say, or do, and fear about repercussions in terms of their own professional development.

So, we actually did our own survey, and found that those kinds of fears are within our employee population as well, and particularly, I think if employers have safety sensitive positions, it's really important that we create an environment where people are much more open, and freer to ask for help.

So, we really embarked on this journey to really create an environment where people were much more open, and freer to ask for help. And you know, I'll start with kind of one of the simplest, and most effective tools, and that was really communication from our CEO, and our senior leadership.

September is National Recovery Month, and we actually hosted a panel of our own employees talking about how substance use has affected them, and you know, I think it's a great suggestion for any other employer, because I think we have a tendency to think addiction is someone else's problem, right?

Some other family, and there was probably nothing more impactful than our own employees hearing directly from their colleagues about how this issue has affected them, and so that invitation, and that a panel was kicked off by our CEO, and so, you know, I think employees are very attuned to communication from our executives, and really, I think begun to hear that this was really an important issue.

One of the other activities that we did is, we sent out a survey to all of our employees asking them, you know, if issues of substance use had affected them, or their families, what more we could do, were they even aware of the benefits that we provided as an employer. And so there were some kind of simple things that we could do. The vast majority of our employees actually didn't know what their benefit package was, as related to treatment benefits, despite the fact that we have some of the best treatment programs in the country.

So, actually we just sent out a new employee guide on mental health, and substance use benefits as part of our open enrollment packages. So, every person got a guide to it. We also really tried to create a much more stigma-free environment, and one of the things that we did is, we know the language that we use can sometimes perpetuate people feeling ashamed, and creating a barrier for people asking out, and we're also a medical institution, so it's really important that we not be using stigmatizing language like "junkie," and "addict," and even a "substance abuser" sometimes can do that.

So, our CEO actually sent out a pledge to all of our employees asking them to use non-stigmatizing language. This is not about being politically correct, this is really about, like, how do we treat, and talk about addiction like we do other diseases?

Kathy Greer: And help people change their attitudes.

M. Botticelli: Correct.

Kathy Greer: So that it creates a stigma-free environment. One thing I loved about what you did also, was the "10-word stories," because that lives on more than an event even, but you had wonderful stories that employees had written, and most of them were speaking those stories in a recording. Can you say something about that?

M. Botticelli: Sure. So, that was part of our recovery event, and part of our panel. So, we not only had live speakers, but we put out a request to our employees to basically talk about how addiction has impacted them in 10 words, and it's actually on our website, so I encourage people to go and take a look at it.

Kathy Greer: It's very powerful.

M. Botticelli: It's incredibly powerful, and you know, it's been very interesting to me as employers have, I think, come to understand the magnitude. I've been at these kinds of events that other employers have hosted with a panel, and it's been equally as impactful. One of the things that we know is: people have a lot of stigma against people with addiction, and one of the ways that we can change that is with people's personal stories. And so, whether it was in video form, or in live panels, there is nothing more impactful in terms of reducing stigma, and

creating a sense of empathy, than by people telling their stories. It's different if I know it's you, versus someone that I don't know.

Kathy Greer: Yeah, I really like those. You also created a postcard that went home with some basic substance use education on it, and a little bit about words matter, and that looked like something any company could do.

M. Botticelli: Sure. So, you know, one of the things that we did, largely as a result of our own journey around this issue is we kind of packaged this, and launched an employer resource library. Some of this came, again from our own work. Some of it resulted from outreach from employers who were understanding the impact of this. We certainly know that this has been widespread, but we also know that there are certain employers in certain industries that have been really hard hit by the opioid epidemic: the construction industry, and the building trade industry, the fishing industry. Many folks who work in manufacturing and labor positions have been really impacted. So, we kind of packaged up the work that we were doing, and released it as an employer library, because we felt that this was really becoming a significant issue, and employers often didn't know the kinds of things that they could or should do to really diminish some of the impact that results in the workplace.

Kathy Greer: The library is incredible. It's full of checklists, and suggestions, and testimonials. Really something any employer could take a look at that, and take pieces of it, and use it right away.

M. Botticelli: That's exactly what we wanted it to do. You know, and this comes from a place that we are an employer, and we wanted to give. This wasn't like an abstract concept for us, we wanted the library to be filled, and we hope to keep evolving it. So, if there are people who are listening who are doing some of their own work, we'd love to hear about some of the things that they're doing, but we really wanted it to be actionable, and practical, right?

So, we put our survey up there, and we hope other employers take a look at it, and modify it. We put our "words matter pledge" on there. We put our videos on there, and we're not asking, or expecting employers to do everything, but we would love for them to do something, even if it's looking at their benefits, and their benefits plans to see, you know, does it have kind of the good evidence based services that people need.

Again, it's not just in employer's interest in terms of the wellbeing of their employee, but we know it affects the bottom line, so there is a demonstrated cost benefit for employers to make sure that we're dealing with this as we would with things like tobacco, and other activities, and employers have really taken on.

Kathy Greer: And when you mention benefits, can you say a little bit about the use of medication when people are in early recovery? Because I think it's an area where people don't really know what to think about that.

M. Botticelli: Sure. So, you know, there is sometimes this belief that treatment doesn't actually work, and I think some of that comes from media stories sometimes that only show the tragedy of it, and don't show the fact that people can, if they get good evidence based treatment actually can, and do recover, and go on to live really successful, and productive lives.

And one of the things that I think is unfortunate, particularly for people who are addicted to opioids, we have three very highly effective medications, but unfortunately, many people don't have access to them, and don't get on them. One, because they might have some benefits challenges in terms of getting on those medications. So, that's I think an area where employers can look at their benefits, and look at their benefit administrators in their health plans to make sure people have access to them.

But there is also this myth somehow, that we're just substituting one medication for another, which nothing can be further from the truth. These are medications, and you know, addiction is one thing, but taking a medication is another, and so we actually know from study after study after study that people who have an opioid addiction do far, far better when they're on a medication, than when they get treatment without it.

And I think it's really important for us to do everything that we can to make sure that people have access to good, accurate information, but also that their benefits support being on these medications, and being on these medications for as long as they need to. It's the same as a diabetic, right?

If you need to be on insulin, you need to be on insulin, and it's the same with addiction that we have these great medications, but unfortunately, because of myths and misunderstanding, many people are not getting on them, or don't have access to them.

Kathy Greer: That's very helpful. What about Naloxone kits in the workplace? Do you have a thought on that?

M. Botticelli: Naloxone is this incredible, miracle drug that has been shown to dramatically reduce, and reverse an overdose if given in a timely fashion, and we've seen largely through work that we've done at Boston Medical Center, where we can reduce overdose death by making sure that anybody who's in a position to witness an overdose has Naloxone.

It's a really safe, effective medication. Administrations, they're a nose spray, right? Just like Afrin, or something like that, very easy to use, and so what I think has been important, I know that there has been some businesses and industries

that have had overdoses on their sites, and have begun to look at either training their own people to administer Naloxone, or making sure that they're on their sites. You know, it's very similar now, we have AED devices, the defibrillators all across the country, and Naloxone is kind of the same thing.

So, we just want to make this kind of routinely available, because again, you know, we've heard multiple cases where employees have had overdoses on work sites, particularly in the construction industry. There's been a number of attempts to continue to make sure that we're giving out Naloxone.

It's one of the things that we do as a health center, so we routinely train our staff in the use of Naloxone. It's really easy, and simple. I carry it, haven't had to use it thankfully, but you know, it's really I think an important thing for us to do, particularly in the event that any of our employees did have an overdose on the job.

Kathy Greer: Thank you. That's really helpful. One thing I was thinking about the workplaces, how important the role of the manager is, because the manager is sometimes the only one who really has eyes on an employee. So, can you talk a little bit about the EAP training managers, or what you would recommend for manager training?

M. Botticelli: It's interesting, because we're actually just rolling out now required manager training on this issue. You know, clearly we want managers to deal with the performance issue that's in front of them, that's what their job is, but we also want them to understand how addiction can manifest itself in an employee, there are some typical signs, right? You know, Friday absenteeism, Monday absenteeism, distraction, or not being particularly unproductive when an employee's there. And clearly we want managers to focus on the performance related issues, but to also understand that if people have a problem, that in a very compassionate way we should be offering them help. Often, EAPs can play a valuable role, and EAPs can play a valuable role from a communication standpoint as well. Even communication from them I think can send a powerful signal for employees to be able to reach out, and ask for help, but we also want to make sure that managers understand how they might create a much more welcoming environment for say, an employee who's coming back after a period of treatment.

Certainly there are legal things that managers have to know that people in recovery are covered by the Americans with Disabilities Act, and are allowed reasonable accommodations to make sure that they're getting treatment, or they're going to meetings. So, there are certain legal requirements that managers need to know, but we also want to create an environment where people feel safe, and supported. You know, this is not only a professional interest of mine, but it's a personal issue for me. I've been in recovery for fortunately, a long time now, 30 years.

I was actually working for an employer not far away from where we're talking today, and you know, my manager could not have been more supportive for me in terms of understanding, and being supportive of my early recovery journey. I was never made to feel ashamed, you know, wanted to make sure I was doing the right things. Clearly, I was an employee, and I had to be accountable for the work that I was doing.

But it just really felt for me, particularly with issues of addiction when people are filled with a sense of shame, that we have those kinds of work environments that are supportive. You know, if I had, had cancer, I probably wouldn't have not have hesitated to go into my boss, and say, 'Hey boss, just want you to know I'm going through a rough patch right now, and you know, I'll probably need to take time to get treatment, and, you know, this might be a little bit challenging at first.'

And we want to create those kinds of environments with addiction, or to have someone kind of come in, and say, 'Hey, you know, my child is dealing with significant issues, and I might have to take a day off to help support them.' So, you know, we want to create those kinds of environments that we do for people who are struggling with other health conditions, to have that kind of supportive environment.

Kathy Greer: So from an EAP perspective, one thing that we care about a lot is that people have a place to go that they know is confidential, because in spite of everything that you try to do to make the subject okay, they're still going to be some people that don't trust, or don't want to bring that forth in the workplace. But sometimes it's hard to get enough word out about the EAP. Any thoughts about that?

M. Botticelli: It's really interesting if you look at our screensavers now, our EAP is right on the website, right? Because it's a big hurdle for people to ultimately reach out, and ask for help. So, what we're trying to make sure that people know it's available. I think the more that we talk about this in an open way, in a stigma-free way, I think the more that we create an environment where people are freer to ask for help.

You know, I talked before about the importance of senior leadership communication. I think if communication, not only from the EAP program, and the EAP people, but having top-down communication I think is really important, because it signals to the employee we care, that this is an issue that's important for us. So, I think it's really important to support the work of the EAP, particularly with senior level communication.

Kathy Greer: Great. Thank you. Has there been any change as this opioid epidemic has rolled out? Has there been a change to drug testing policies for some organizations?

M. Botticelli: Not particularly, I haven't seen the data recently, but clearly, when you look at the results of workplace testing, we've seen dramatic increases in those who are testing positive for opioids. We're also seeing dramatic increases in people who are testing positive for marijuana, and it's really, I think an interesting conundrum for employers as we have both medical, and now retail marijuana here.

I think it's important that certainly we have to make sure, especially around safety sensitive positions that we're implementing those kinds of policies in accordance with federal workplace law, but I also think that we use them as a therapeutic tool, and not as a punitive tool, and I think that's really important to stress that drug place testing has its role, but we also want to make sure that it happens in an environment where the intervention was to the largest extent possible is therapeutic, and not punitive.

I think the worst thing that we can do is kind of drive this underground, and I think the more that we drive it underground, you know, addiction is a progressive disease, and it doesn't get better often on its own. So, the last thing that we want to do is to create an environment where people feel like it's a 'Gotcha' thing, or where we're not offering help, and support for people who actually need it.

Kathy Greer: Well, you hear so much about the barriers to treatment that people experience, and one thing I've heard about the Grayken Center is how helpful it is in a crisis, and that there's something for everyone, and that it's really been created in a way that people with all different kinds of resources, or no resources, could take advantage. Could you talk about what it's been like to be there, and what's different about it from other treatment programs?

M. Botticelli: Sure. Boston Medical Center has had a long history in creating addiction treatment programs, and our overall goal is just to make addiction treatment just part of everyday, and routine healthcare. So, we have a very large addiction treatment program in our primary care clinic.

So, you can walk in to be getting addiction treatment, somebody else can be coming in for getting treatment for any other health condition, and that creates a real stigma-free environment for someone when you're indistinguishable from any other person who comes in.

We have a program for adolescents, and young adults, because we know that they have their own special issues that we have to deal with. We have a program for pregnant women. Often, pregnancy can be an incredible motivator for expecting moms to be able to get help, but again, they need to be able to do that in a kind of good, safe, stigma free environment.

We have a whole host of programs that I think really address, you know, the manifestations of addiction, and try to provide not only good healthcare, but

good specialty care for people who do that. The other thing that we're offering is, you know, addiction is often referred to as a family disease, and when parents first fear, or think that their loved one has an addiction, they don't know what to do.

They don't know where to turn, they don't know what's helpful behavior. You know, sometimes we've heard this kind of, mantra about tough love when sometimes, that's actually not the most productive thing that parents can be doing. So, we actually launched a parent helpline, so that parents can talk to a licensed clinician, talk about the issues that they're facing, and really help with the assistance of these licensed clinicians come up with a plan, as well as really good resources for them.

We have really good information on medication-assisted treatment. We have a good resource guide on how to support your loved one in early recovery. So there's how to pick a treatment program. So, there's really a host of information, and then the other nice piece, is that it also if they want, links them to a parent who's been through this, and this parent has gone through some specialized training, but they've gone through it themselves, and I think there is nothing more valuable than someone who's been through it offering support, guidance, mentorship to other parents. We have a group of parent coaches who kind of, stand ready to help other parents along their journey.

Kathy Greer: That sounds wonderful.

M. Botticelli: Yeah, it's great. Part of the work of the Grayken Center is not only to provide good addiction treatment, and care for the patient, but also help support the parents along the way.

Kathy Greer: Well, we're glad you're back in Boston, and you know, it's wonderful when someone can blend their career with a calling, and I think that would describe you, and it's been a pleasure to talk with you.

M. Botticelli: Great. It's been great to be here, and again, really happy to help support employers on their own journey with this, and I really encourage people to kind of reach out, use the resources on our website. We'd love to hear from other employers if they're doing creative work around this. We really want to curate a nice library of what employers have been doing around issues of addiction.

Kathy Greer: Great. Well, congratulations.

M. Botticelli: Great. Thanks. Good to be back.

Kathy Greer: Thank you. From KGA, this is the Difference at Work. We hope you've enjoyed this episode. Please subscribe to this podcast wherever you access your podcasts. You can find all of the organizations, and resources we've referenced in this episode on the podcast page of our website at [Kgreer.com](http://Kgreer.com).

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