Addressing Prescription Drug Use Problems through Employee Assistance Programs

Elizabeth L. Merrick, Ph.D., MSW
Dominic Hodgkin, Ph.D.
Constance M. Horgan, Sc.D.
Bernard McCann, Ph.D., CEAP
Gail Strickler, Ph.D.
Sharon Reif, Ph.D.
Grant Ritter, Ph.D.

Brandeis University

Vanessa Azzone, Ph.D.

Harvard Medical School

Deirdre Hiatt, Ph.D.

MHN/Health Net

Addiction Health Services Research—Fairfax, VA
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Context

- Majority of individuals with illicit drug use (including prescription drug abuse), substance use disorders and unhealthy alcohol use are employed (NSDUH)
- Employers have a stake in addressing substance use issues (health care costs, productivity, liability)
- Employee assistance programs (EAPs) are a common workplace-based resource that can help with substance use problems
Employee Assistance Programs (EAPs)

“The work organization’s resource that utilizes specific core technologies to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issues”

EAP assists:

(1) work organizations in addressing productivity issues, and

(2) “employee clients” in identifying and resolving personal concerns, including health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal issues that may affect job performance

(From Employee Assistance Professional Association [EAPA])
EAP Model and Benefits

- EAPs evolved from occupational alcohol programs
- Most EAPs are now “broad-brush” programs addressing a wide range of issues:
  - Clinical EAP
  - Work-life, e.g. childcare, eldercare
- Problem assessment, short-term counseling
- Most common model: External – contracted out, network model, private office location
- No copayment
Current EAP Challenges Related to Substance Use

- EAP is under-utilized resource, including for SA; focus on outreach and promotion
- Enrollee perceptions—service users and others
- How much SA-related help is occurring within EAP that is not visible in administrative data?
- Given the connections between SA, mental health, relationship and work problems, important to understand what EAP is doing in those areas
- Especially important to examine from the employee perspective in typical external EAP—under-studied
Research Questions

1. What are EAP users’ understanding of and experiences with EAPs?

2. How do employees who have not used substance abuse services view potential help resources, including EAP?
Study Setting

- MHN - a large managed behavioral health care organization
- Subsidiary of HealthNet, Inc.
- Provides services to 5.4M individuals
- Products include EAP and managed behavioral healthcare
- EAP benefit typically 3-8 sessions
Data Source

- Telephone survey of a stratified random sample of employees covered by several of MHN’s products; both service users and non-users selected based on administrative data.
- Conducted 2009-2010.
- Wide range of content, including beliefs, knowledge and experience with EAP + any SA services, past year.
- 3,100 employees initially selected overall from 716,000.
- About 60% had current valid address and phone numbers available.
Sample

- This analysis includes 361 respondents in EAP product who had clinical EAP claim (any diagnosis) past year and self-reported EAP use
  - Among those located by telephone, 63% participated in survey

- Exploratory analysis with separate sample of 133 employees with MHN SA coverage, selected based on not having used any SA services in past year
  - Non-respondents were significantly younger; trend toward significantly lower proportion of men
  - Those not locatable by phone were younger vs. rest of sample and vs. non-respondents
Analysis

- Data weighted to account for differential probabilities of selection and non-response
- Largely descriptive
EAP Users: Demographics

Gender:
- Male: 44%
- Female: 56%

Race:
- White: 82%
- Black: 6%
- Asian: 5%
- Other: 7%

Age:
- 18-34: 14%
- 35-44: 32%
- 45-54: 39%
- 55+: 15%
EAP Users: Substance Use

Past year risky drinking*

- None: 58%
- 1-5 days: 25%
- 6-10 days: 6%
- 10+ days: 11%

Current smoker

- Yes: 12%
- No: 88%

* > 3 drinks in single day (F); > 4 (M)
EAP Users’ Information Sources About the EAP

- From posters/Flyers/HR communications: 77%
- From employer website: 71%
- From employee orientation/Training session/workshop: 58%
- From supervisor: 38%
- From coworker: 33%
- From union: 13%
EAP Users’ Beliefs About EAP

Believes EAP can help with:

- Family & relationship issues: 100%
- Mental health issues: 98%
- Alcohol or drug use: 95%
- Work stress & job performance: 95%
- Child/elder care & work/life*: 82%

Believes EAP is confidential: 96%

*n = 357 Employee users with W/L benefits
Reasons for Accessing EAP

- Family issues/Other personal concerns: 82%
- Mental health/Emotional issues: 48%
- Job stress/Workplace issues: 34%
- Alcohol or drug use issues: 3%
- None of above: 2%
Influences on Decision to Use EAP

- Employer/Supervisor: 14%
- Healthcare provider: 5%
- Family or Friends: 25%
- None of these: 56%

n = 229 with initial scheduled EAP session
How Much EAP Helped Users With Concerns

- 60% A lot
- 25% Some
- 11% A little
- 4% Not at all

n = 228 with initial scheduled EAP session
SA Treatment Non-User Sample

- n=133 with no substance abuse claims past year and no self-reported SA services from any source
- EAP use for non-SA would not preclude selection, but found that 85%+ had not used any EAP
- All indicated no need for help with alcohol or drug issues during past year
- Nearly all reported no lifetime SA service use including informal
- 90% (n=112) indicated EAP was available
- Over 90% believed EAP is confidential and helps with SA
SA Treatment Non-Users: Substance Use

Risky drinking past year

- None 61%
- 1-5 days 18%
- 6-10 days 12%
- >10 days 9%

Current smoker

- Yes 11%
- No 89%

* > 3 drinks in single day (F); > 4 (M)
“If you had an issue with alcohol or drug use now, how likely would you be to seek help from…” [8 sources of help]
SA Treatment Non-users’ Likely Source of Assistance (1)

- Family/Friends: 65% Very likely, 31% Somewhat likely, 9% Not at all/a little likely
- SA/MH professional: 41% Very likely, 28% Somewhat likely, 26% Not at all/a little likely
- General med provider: 37% Very likely, 36% Somewhat likely, 27% Not at all/a little likely
- EAP: 33% Very likely, 38% Somewhat likely, 29% Not at all/a little likely
SA Treatment Non-users’ Likely Source of Assistance (2)

- Self-help support group: 55% very likely, 30% somewhat likely, 14% not at all/a little likely
- Spiritual advisor: 77% very likely, 7% somewhat likely, 16% not at all/a little likely
- Online support: 81% very likely, 16% somewhat likely, 3% not at all/a little likely
- Alternative treatment: 59% very likely, 27% somewhat likely, 14% not at all/a little likely
Comparison of EAP with Other Resources

Preliminary Results

- Enrollees’ preference for SA help from EAP was significantly greater than for spiritual advisor or online support
- Difference between EAP and general medical or specialty providers not significant
- Limited power in this exploratory analysis
Implications

- Obtaining EAP help for drug/alcohol issues was not frequently reported; may be masked
- Finding additional ways to identify substance use issues via EAP is important
- Employer communications regarding EAPs are salient
- In this covered population, message on confidentiality and EAP as SA resource apparently conveyed
- Ongoing outreach is important regarding SA treatment in general/EAP services in particular
- Family/friends also very important source
- Further research on general working population preferences is indicated
Limitations

- Survey non-response
- Phone contact
- Generalizability: one large MBHO
- Small sample size for non-users
- Hypothetical preferences item not yet validated
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Contact: merrick@brandeis.edu