UNDERSTANDING THE LINK BETWEEN SUBSTANCE ABUSE AND WORKPLACE VIOLENCE

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Program Outline

Workplace Violence and Suicide Statistics
Typologies of Workplace Violence
Characteristics of Violent Employees
The Enormity of the Substance Use Problem
Worker Substance Abuse
The Nature of the Disease of Addiction
Prescription Medications
Employee Warning Signs
Fitness for Duty Examinations
PsyBar and Hazelden Solutions
Workplace Violence & Suicide Statistics
Workplace Violence Statistics

- About 2 million workers are victimized each year; approx. 700 result in homicide.
- In 2000, homicide was the 3rd leading cause of occupational death for women.
- Those who exchange $ with public, work late at night, and have close contact with public are most at risk for violence.
- Homicide victims are most commonly involved in sales/retail positions, taxi driving, and protective service positions.
- Employee-on-employee violence occurs in about 30% of WPV cases.
- Substance abuse is the 3rd leading cause of WPV*

*From the National Drug-Free Workplace Alliance
Consequences of Violence at Work

- Workers *victimized* by crime miss about 1,750,000 days of work each year, resulting in $55 million in annual costs.
- According to the National Center for Victims of Crime, the average cost of a single episode of workplace violence can amount to $250,000 in lost work time and legal expenses.
- This does not include other valued employees quitting, turnover costs, productivity issues, increased insurance premiums, and business interruptions.
- Other estimates indicate WPV costs businesses *36 billion dollars* per year.
Suicide Rates in U.S.

- Over 38,000 commit suicide each year (one person every 13.7 minutes)
  - Alaska, Montana, Nevada highest; NY, NJ and Mass lowest
- Greenland has most suicides, 24 x U.S. (mostly teenagers)
- Up to 1 million attempt suicide every year (more females)
- 5th leading cause of death for 5-14 year olds
- 4th leading cause of death for people ages 18-65
- 3rd leading cause of death for ages 15-24 (has tripled)
- Men are 4 times more likely to die by suicide
- Women peak years for suicide are 45-54, and 76+
- Rate of suicide increased four times faster between 2008 and 2010 (parallels rate of unemployment)
  - Amounts to 1500 more people per year

http://www.afsp.org/index.cfm?page_id=04ea1254-bd31-1fa3-c549d77e6ca6aa37
Law Enforcement/Veteran Suicides

- #1 “cop killer” in the U.S. is suicide (most by self-inflicted bullet from service weapon)
- General public suicide rates are 11/100,000
- Police suicide rates are 18/100,000
- In 2009, the Border Patrol reported 23.9/100,000 suicide rates
- Suicide among active/non active military personnel has eclipsed the number of troops dying in battle
- US Military reported 32/100,000 (Army) and 24/100,000 (Marines) 18/100,000 (Air Force & Navy)
Major Risk Factors for Suicide

- Psychiatric Disorders
- *Drug or Alcohol Abuse* (38% test positive for alcohol)
- Prior suicide attempts
- Increased situational stress with access to firearms
Typologies of Workplace Violence
Criminal Intent

- 80-85% of all workplace homicide incidents
- Perpetrator usually has no relationship to business or employees
Client on Employee
Worker on Worker
Personal Relationship
Characteristics of Violent Employees
Some Characteristics of Violent Employees

- Increased use of alcohol and/or illegal drugs
- Unexplained increase in absenteeism
- Noticeable decrease in attention to appearance and hygiene
- Explosive outbursts of anger or rage
- Repeated violations of company policies
- Threatens or verbally abuses co-workers and supervisors
- Comments about committing suicide
- Preoccupation with previous incidents of violence
- Increase in comments about firearms or dangerous weapons
- Openly identify with individuals who commit violent acts
- Resistance and over-reaction to changes in procedures
Post-Incident Typical Employee “Profile”*

- White male, 35-45 years old
- Criminal history
- Drug and/or alcohol use problems
- Repeatedly unable/unwilling to tell truth
- Poor job performance
- Loner with limited family contact
- Disgruntled
- Blames others for problems
- Cannot take criticism
- Identifies with violence

* Excerpt from: “Violence in the Workplace-A growing problem in America”
Exercise

Which factors indicate a sex offender is at decreased risk for sexual reoffense upon release from prison?

- Completion of sex offender treatment
- Remorse for prior sex offenses
- Empathy for Victims of sex crimes
- Education about rape myths
- Understanding what led to sex offending
- Therapy about own sexual abuse history
- Good behavior/boundaries in prison
“Profiles” Do Not Predict Violence

- Character traits, while interesting, are not useful in predicting violent behavior.
- Current instruments or “guides” for employers are not capable of helping you identify those who present a real risk of violence.
- Issues raised are intuitive, and some have been correlated with violence, but they are not predictive of violence.
- Depending on your reasons for using the instruments, it can prove to be costly but ineffective.
The Enormity of the Substance Use Problem
Substance Use Increases Risk for *ALL* Forms of Violence

- Police Officer Suicide
- Civilian Suicide
- Intimate partner violence
- Sexual aggression against adults and children
- Child abuse
- Violent Crime
- Murder
- Assault and Battery
- Dramatic increase in risk of violence for those with severe mental illness coupled with substance abuse
% of Violent Offenders Using Alcohol

- up to 86 percent of homicide offenders
- 37 percent of assault offenders
- 60 percent of sexual offenders
- 57 percent of male aggressors
- 7 percent of women involved in marital violence
- 13 percent of child abusers*
- 42 percent of violent crimes reported to the police involved alcohol**
- 51 percent of the victims interviewed believed that their assailants had been drinking

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15 million workers abuse substances
1 in 12 workers abuse illegal drugs
1 in 10 workers abuse alcohol
Employees who abuse drugs or alcohol have 4 to 8 times the absenteeism, 65% of all work accidents, account for 75% of all work-related lawsuits, and miss 500 million workdays per year.
Of all of the users of illegal drugs, 70% are employed
The majority of illegal drug users – ages 16 to 25 – are also now entering the workforce
Sobering Statistics (cont.)

- Costs of this abuse---including healthcare and loss of productivity---surpasses 150 billion per year.

- None of these statistics take into account off-site damage, such as divorces, abuse, suicide, or traffic accidents. Nor intangible problems in the workplace with morale, trust, camaraderie, or wasted time and money.
Professions Creating Highest Risk

- Medicine
- Airlines
- Healthcare
- Law
- Law Enforcement
- Military
- Construction
- Manufacturing
- Pharmacy
- Dentistry
- Maintenance
- Transportation
- Any Occupation Requiring Driving
- Utilities
- Security
- Safety Inspection
Impaired Employees

- Challenges of Identifying and Confronting Impaired Employees
Nature of the Disease of Addiction
Addiction is a primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations.

The disease is often progressive and fatal.
Addiction Is a Brain Disease

- Not due to a psychiatric disorder
- Not due to a personality disorder
- Not a choice in the usual sense of the word
- Not a moral or ethical problem
10 Most Important Things to Know About Addiction:

1. Addiction is fundamentally about compulsive behavior

2. Compulsive drug seeking is initiated outside of consciousness

3. Addiction is 50% heritable and complexity abounds

4. Most people with addictions who present for help have other psychiatric problems as well.

5. Addiction is a chronic relapsing disorder in the majority of people who present for help.
6. Different psychotherapies appear to produce similar treatment outcomes

7. “Come back when you are motivated” is no longer an acceptable therapeutic response

8. The more individualized and broad based the treatment, the better the outcome

9. Epiphanies are hard to manufacture

10. Change takes time
   • Treatment -> Rehabilitation -> Aftercare -> Self Management
Prescription Medications

Increased problem of prescription medication abuse and dependence
Dangers in Workplace

- Why prescription medication abuse can be even more dangerous in the workplace
Clinical Picture of Opioid Use, Abuse, and Dependence

- Sales of opioid pain relievers quadrupled between 1999-2010
- Enough opioid pain relievers were prescribed last year to medicate every American adult with a standard pain treatment dose of hydrocodone 5 mg taken every 4 hours for a month
- Abuse of these pain relievers costs health insurance companies approximately $72.5 billion annually in healthcare costs
In 2007, nearly 100 persons/day died of drug overdoses in the United States.

This death rate (11.9/100,000 population) was roughly 3 times the rate in 1991.

In 2008, this totaled 36,450 deaths in which 27,153 had a specific drug specified.

- Prescription opioids were involved in 14,800 of these deaths (more than cocaine and heroin combined).
Drug poisoning deaths have become the leading cause accidental deaths in the United States!

- In 2008, 41,000 Americans died as a result of poisoning, compared to 38,000 vehicle traffic deaths
- 90% of the poisoning deaths were caused by drugs
  - Again, about half were from prescription opioids
New Nonmedical Users

- Annual numbers of new nonmedical users of psychotherapeutics: 1965 - 2000
Drug Poisoning Death

- Number of drug poisoning deaths involving opioid analgesics and other drugs
Accidental Overdose

- **Deaths 2008**
  - Heroin ~ 3,000
  - Cocaine ~ 5,100
  - **Prescription Opioids ~ 15,000**

CDC Website
Employees WILL

- Deny and conceal addiction
Although they restricted themselves to one drink at lunch time, Howard and Tom still found they were not at their most productive in the afternoons.
**Warning Signs**

- Changes in work, behavioral patterns
- Drop in attendance
- Drop in productivity
- Increase in excuses
- Increased isolation
- Deterioration of physical appearance
- Isolation from co-workers
- Increased sick days
- Tremors
- Slurred speech
- Impaired coordination
- Faulty memory
- Mood swings
- Personality change
- Angry outbursts
- Increase in discipline problems
- Tardiness
Warning Signs

- Visits by strangers
- Secretive phone calls
- Bloodstains anywhere
- Mood shifts during the day
- Inappropriate drinking at social functions
- Unexplained disappearances
- Keeping odd hours – changing hours for no obvious reason
Fitness for Duty Exams

The Substance Use Assessment Problem
Employer Mine Field

- Employers have a balancing act between employee rights and employee protection when dealing with possible workplace violence.
- When necessary, Fitness for Duty (FFD) exams that are legally informed are an important tool.
- Many physicians and psychologists conducting these exams are not properly trained to appropriately assess substance contributions to workplace risk.
Excerpts from a FFD Case

• An employee in a weapons carrying position was relieved of his weapon and ordered to undergo a FFD exam due to crashing his vehicle. He had an escalating history of verbally abusing co-workers and citizens. He threatened to kill his supervisor after crash, and his speech was slurred.

• A well-trained and respected psychiatrist reviewed all available records (including medical records), interviewed employee, and gave him an MMPI-2.

• The MMPI-2 showed extreme denial of all problems (so his self-report during the exam could probably not be trusted), and he likely had significant substance use issues.
Excerpts from a FFD Case

The following was revealed in the report:

• EE was providing different stories about his alcohol use (none for months, 2-12 beers per night)
• He was receiving Xanax from 2 providers for “sleep”
• Treatment providers did not know about dual Rx’s
• He denied history or need for substance abuse tx
• DUI 6 years prior was noted in the record (EE failed to report this during interview)
• EE’s girlfriend told management he was an alcoholic and became physically violent when drinking
Excerpts from a FFD Case

The Fitness for Duty Opinion:

- “Fully Fit for Duty. This gentleman has apologized for the Jeep incident, which seems to be due to working long hours with little sleep. Other than the night in question, he has no known history of threatening anyone at work, and he denied he has ever been violent toward anyone. (Reports from his girlfriend could not be verified). He is well-liked by his coworkers. I realize he has a possible history of some alcohol misuse, but he denies this has ever been a problem and he appeared sober during the interview….He should be unconditionally returned to his weapons carrying position as soon as possible.”
What Did the Doctor Miss?
Doctor Disconnect

- It is a mistake to assume that all doctors and psychologists are properly trained in conducting thorough substance use exams.
- Many are unaware of the critical connection between violence, suicide, accidents, and substance use.
- Many of their patients abuse substances and are not violent or destructive, so they are not accustomed to placing great weight on the issue of substance use.
- There is a disconnect between the importance of substance related issues and returns to work.
- They rarely recognize their relative absence of skill in this arena.
Quandary with Pain and Addiction

- Most physicians have little training regarding chronic pain.
- Yet, pain is the most common reason for primary care visits, and addiction is one of the most common illnesses seen in primary care.
- Nearly 94% of physicians failed to accurately diagnose an alcohol problem in adults in the April 2000 CASA National Survey of Physicians and Patients on Substance Abuse.
- A Rand study published in the June 26, 2003 *New England Journal of Medicine* stated that doctors treating 280 people with evidence of alcohol problems followed recommended procedures only 11% of the time. They suggested specific treatment only 5% of the time. This was the least standardized care of all health conditions studied.
Accurate Assessments Essential

- Extent of potential damage to employer is unlimited
- Presents unacceptable risk for all manner of workplace violence, including accidental incidents
- Can result in the return of an employee who is a “ticking time bomb”
- Employers need to be more aware of addiction issues
- Employers need to foster an environment that supports and rewards employees who report concerns about substance abuse
- Employers should seek FFD examiners who are capable of conducting thorough substance abuse exams
PsyBar and Hazelden
3 Part Solutions
3 Part Solution

- **Protocol:** PsyBar, together with Hazelden, is working to establish a consistent protocol for doctors to examine substance abuse issues in fitness for duty examinations.

- **Education:** Hazelden and PsyBar in partnership providing education for employers, EAPs and doctors performing exams, including during our report QA process.

- **Dr. Selection:** We expect more from our distinguished panel, and we utilize doctors better trained in substance abuse issues.
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