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Addiction Medicine

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April 13, 2020

John Howard, MD
Director
National Institute for Occupational Safety and Health (NIOSH)
Patriots Plaza 1
395 E Street, SW, Suite 9200
Washington, DC 20201

RE: CDC-2020-0001 and NIOSH-333, Developing a Workplace Supported Recovery Program

Dear Dr. Howard,

On behalf of the American Society of Addiction Medicine (ASAM), a national medical specialty society representing more than 6,200 physicians and associated health professionals who specialize in the prevention and treatment of addiction, thank you for the opportunity to provide input on a NIOSH plan to develop resources and conduct research on the topic of *Workplace Supported Recovery*. Our input addresses employer strategies to prevent substance use and the progression to substance use disorder among employees and supporting the process of recovery among employees with addiction.

Prevention

ASAM supports a wide variety of measures to prevent alcohol and other drug related problems in contemporary society. Evidence-informed substance use prevention interventions can avert or delay the onset of substance use, stop the progression from use to harmful use or addiction, and reduce substance use-related health, social, and economic costs. ASAM specifically recommends that employers:

1. Develop workplace prevention and wellness programs as well as Employee Assistance Programs (EAPs) to meet the needs of employees and affected family members.
2. Ensure that all health insurance policies include coverage of services that target detection of and intervention against substance use, such as the utilization of Screening, Brief Intervention, and Referral to Treatment (SBIRT) approaches for unhealthy and harmful alcohol use. Health insurance policies should also cover the entire continuum of clinically effective and appropriate addiction treatment services provided by licensed and

- certified professionals, including all levels of care defined by *The ASAM Criteria*.
3. Safeguard employee confidentiality for all who avail themselves of EAPs and medically indicated addiction treatment services.

Recovery

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. At this point, as with many other chronic diseases, no cure exists for addiction. Without a cure, the goals of addiction care become sustained remission and recovery. Recovery from addiction is an active process of continual growth that addresses many biological, psychological and social issues, including, for many, productive engagement in the workplace.

Professional medical treatment services, with or without medication, often in combination with peer-driven and mutual supports, including 12-step programs such as Alcoholics and Narcotics Anonymous, can help in the continuous process of personal growth and healing. Patients who take addiction treatment medications may be considered abstinent and in recovery depending on their health, quality of life, and personal growth. Therefore, **employers should avoid or eliminate policies that require employees to discontinue addiction treatment medications.** Workplace Supported Recovery Programs should facilitate treatment engagement by promoting medication adherence and participation in psychosocial treatment services when clinically indicated.

Additionally, to support employees who are in recovery from addiction involving nicotine use and those employees who want to quit smoking or vaping, employers should prohibit use of e-cigarettes in places where they prohibit smoking of combustible cigarettes.

Finally, hospitals, health systems and other employers of healthcare professionals should also be encouraged to implement policies and establish practices to support their healthcare professional employees in recovery. Healthcare professionals should be offered the full range of evidence-based treatments, including medication for addiction. Employers should not discriminate against the type of treatment an individual receives based on unjustified assumptions that certain treatments cause impairment. Further, physicians and other health care professionals should not lose or have limited clinical privileges solely due to a past diagnosis of addiction when that professional has demonstrated the disease is in sustained remission. Employment and credentialing applications should comply with Americans with Disabilities Act (ADA) guidelines, and not discriminate against people who are in recovery.

Thank you again for the opportunity to provide input into NIOSH's development of resources and research into *Workplace Supported Recovery*. Please contact Susan Awad, Senior Advisor, Public Policy and Regulatory Affairs at sawad@asam.org or 301-547-4106 should you have any questions.

Sincerely,



Paul Earley MD, DFASAM
President, American Society of Addiction Medicine