Journal of Substance Abuse Treatment 87 (2018) 70–78

Contents lists available at ScienceDirect

Journal of Substance Abuse Treatment

Employment services and substance abuse treatment

R. Thomas Sherba *, Kathryn A. Coxe, Beth E. Gersper, Jessica V. Linley

Ohio Mental Health and Addiction Services, Office of Quality, Planning and Research, Ohio Substance Abuse Monitoring (OSAM) Network, 30 East Broad Street, 8th Fl., Columbus, OH 43215, United States

ARTICLE INFO

Article history:
Received 26 May 2017
Received in revised form 20 January 2018
Accepted 23 January 2018

Keywords:
Employment services
Substance abuse treatment
Qualitative data

ABSTRACT

This qualitative study of over 800 participants focused on the employment experiences of consumers of substance abuse treatment programs to provide a better understanding of what employment services are offered and what needs treatment agencies have in the area of employment services, examining barriers and facilitators from both the consumer and provider perspectives. Data were collected via a mixed research methodology of focus groups and surveys from July 2015 through June 2016 in a large Midwestern U.S. state. Employment is a challenge for persons with substance use disorders. Only a quarter of this study's large sample of substance abuse treatment consumers reported being cur-rently employed; and of those consumers who reported no current employment, greater than half reported that their current unemployment was due to their substance use. Persons receiving substance abuse treatment face many challenges in obtaining and maintaining employment. Treatment providers identified several barriers to implementation of employment services. They named an array of resources as needed, including increased funding for supportive employment programs and staff appropriate to the delivery of employment services. Some providers believed employment services to fall outside of their scope of practice. Data generated through this study may inform policy to invest resources in employment services within substance abuse treatment settings.

1. Introduction

Prescription and illicit drug abuse is a major public health problem in the United States with severe economic impact. Research estimates that illicit drug abuse accounted for $49 billion in reduced labor participation (National Drug Intelligence Center, 2011), and prescription opioid abuse alone accounted for an estimated $25.6 billion in workplace related costs, including $7.9 billion in lost employment or reduced compensation (Birnbaum et al., 2011). Substance abuse and mental health treatment agencies are in a unique position to aide in alleviating this economic burden by helping treatment consumers gain and sustain meaningful employment. Moreover, employment has been identified as an important element in the recovery of persons with substance use disorder (SUD), as it is often evaluated as an outcome of treatment (Platt, 1995).

Research has found several positive outcomes associated with delivering employment services to treatment consumers. Participation in employment services while receiving treatment for SUD may increase future earnings. Researchers found in a large random sample of clients receiving SUD treatment in Washington State that those clients who received employment services and completed SUD treatment earned more than those clients who completed treatment only (Luchansky, Brown, Longhi, Stark, & Krupski, 2000). Research has also found employment to be a significant predictor of successful treatment completion. Melvin, Koch, and Davis (2012) conducted a longitudinal study of Government Performance and Results Act (GPRA) survey data for treatment consumers and found employed clients to be significantly more likely to successfully complete treatment than unemployed clients.

Compared to the general population, persons with SUD face many challenges in finding, obtaining, and maintaining employment: lower educational attainment, poor interpersonal skills, poor motivation to work, lack of vocational and job skills, lack of transportation, lack of child care, lack of computing/technical skills, probation/treatment program requirements, and continued substance use/relapse (Dunigan et al., 2014; Magura, 2003; Schottenfeld, Pascale, & Sokolowski, 1992; Sigurdsson, Ring, O'Reilly, & Silverman, 2012; Zanis, Coviello, Alterman, & Appling, 2001). Furthermore, sensitivity to stressors after transitioning to the work environment may contribute to relapse and job loss, often creating gaps in employment. Employment gaps and poor work history, along with a criminal history and the stigma associated with substance use, add to the difficulty in obtaining employment (Schottenfeld et al., 1992). Additionally, several external factors may also contribute to the employment difficulties of persons with SUD. In a study of women participating in drug court, treatment consumers and providers also highlighted the barrier of lack of stable housing

* Corresponding author.
E-mail addresses: tom.sherba@mha.ohio.gov (R.T. Sherba), kathryn.coxe@mha.ohio.gov (K.A. Coxe), beth.gersper@mha.ohio.gov (B.E. Gersper), jessica.linley@mha.ohio.gov (J.V. Linley).

https://doi.org/10.1016/j.jsat.2018.01.015
0740-5472/

while also identifying a lack of life-skills training in treatment programs and a lack of employment opportunities in the community for people with criminal histories as further challenges in meeting essential life needs, including employment needs (Morse et al., 2014).

Although much research has been done from 1995 to 2012 on the effectiveness of employment services for persons with severe mental illness (SMI) (Marshall et al., 2014), there have been a limited number of studies examining the employment needs of persons with SUD in recovery and not necessarily enrolled in treatment, no research has established EBPs for substance abuse treatment settings (Magura, Staines, Blankertz, & Madison, 2004; Melvin et al., 2012). Laudet and White (2010) examined the role of employment in a recovery-oriented system of care (ROSC): a model for coordinated recovery support services to give clients the tools to improve their lives in all areas, including employment. They concluded that sustained recovery likely includes employment, and advocated for further implementation and evaluation of ROSC models. Silverman, Holtyn, and Morrison (2016) examined the therapeutic utility of employment in treating SUD in their review of models of therapeutic workplace interventions. They suggested that persons with SUD might stay abstinent if required to do so as a condition of employment or to maximize their wages. Kemp, Savitz, Thompson, and Zanis (2004) explored a series of strategies to assist parolees, mandated to substance abuse treatment, gain employment. Their study of four different vocational interventions produced data showing that completion of vocational services was strongly associated with obtaining employment 12 months post enrollment. Svikis et al. (2012) conducted a multi-site clinical trial to evaluate a three-session, manualized program designed to train substance abuse treatment consumers in the skills needed for employment. They found no intervention-specific effect: intervention and standard of care groups had similar rates of employment at 12 and 24 weeks. There is a paucity of evidence-based practices (EBPs) to help persons in substance abuse treatment programs address employment challenges.

Limitations exist in the literature to determining barriers and facilitators to offering employment services in substance abuse treatment settings. There is no employment intervention that has been generally adopted by the addiction treatment field; research has often focused on specific populations within the drug using community (Magura, Blankertz, Madison, Friedman, & Gomez, 2007), was completed decades ago, or focuses solely on SMI, with substance abuse as a secondary diagnosis or subset of the sample (Marshall et al., 2014; Melvin et al., 2012).

The purpose of this research initiative was two-fold: to examine the existing literature on employment and SUD to inform the policymakers of a large Midwestern U.S. state; and to examine the employment experiences of consumers of substance abuse treatment programs in that state to provide a better understanding of what employment services are offered and what needs treatment agencies have in the area of employment services. This study is unique in examining barriers and facilitators to offering employment services within substance abuse treatment settings from both the consumer and provider perspectives. Data generated through this research may inform policy to invest resources in employment services within substance abuse treatment settings.

2. Methods

From July 2015 through June 2016, Ohio's behavioral health authority, the Department of Mental Health and Addiction Services (OhioMHAS), utilized its statewide substance abuse surveillance system, the Ohio Substance Abuse Monitoring (OSAM) Network, to examine employment needs of persons receiving treatment for SUD. Established in 1999, the OSAM Network is a prospective, longitudinal study of illicit and prescription drug abuse in Ohio (Siegal, Carlson, Kenne, Starr, & Stephens, 2000). The Network consists of eight regional epidemiologists located in the following regions of the state: Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo, and Youngstown. Regional epidemiologists conduct focus groups with persons receiving substance abuse treatment. Treatment consumer focus group findings are cross referenced with findings from focus groups conducted with community professionals who provide substance abuse prevention/treatment services (i.e., social workers and counselors/therapists), as well as with those whose work is directly impacted by substance abuse (i.e., law enforcement, probation officers, and coroners). Once integrated, these data provide OhioMHAS with real time, accurate epidemiologic descriptions that policymakers need to plan appropriate prevention and intervention strategies. Thus, to aid OhioMHAS to achieve the aims of determining what employment services are offered and what needs treatment agencies have in the area of employment services, OSAM added employment questions to its established drug trend study protocol.

Regional epidemiologists were professionals with at least a master's degree in a social science (public health, psychology, social work, counseling, anthropology, or sociology) with relevant research experience in qualitative research methods. Each regional epidemiologist was trained on the OSAM research protocol, including recruitment methods, focus group procedures, and data management. Focus groups, inclusive of current drug trend analysis and the additional examination of employment services, lasted 1–2 h and were conducted separately with treatment consumers and treatment providers. There were approximately 4–12 participants per focus group. To ensure uniformity and quality of data collection, the study coordinator completed periodic field observations and listened to random samplings of focus group audio recordings from each region, providing epidemiologists with feedback to improve accuracy and consistency of data collection.

2.1. Participants

Participants consisted of adults aged 18 years and older enrolled in substance abuse treatment and substance abuse treatment providers (i.e., social workers and counselors/therapists). Regional epidemiologists contacted substance abuse treatment agencies by phone or email in their respective regions to invite study participation of their clientele and clinical staff. This study's participants were recruited from publicly-funded substance abuse treatment programs in each of OSAM's eight regions. Publicly-funded substance abuse treatment programs were chosen for study participation as these programs were the greatest in number. Each epidemiologist was required to interview a minimum of 80 treatment consumers and 20 treatment providers from at least five different treatment agencies per region during the 12-month study. Thus, the study's target sample size was 640 consumers and 160 providers.

The sampling plan was based on strategies for mixed purposeful sampling for qualitative study. Patton (1990) defined purposeful sampling as selecting information-rich cases for in-depth study with sample size and specific cases dependent on the study's purpose. The purpose of this research initiative was to gain a statewide perspective on employment experiences of consumers of substance abuse treatment programs. Our sampling combined the strategies of maximum variation sampling and convenience sampling. As outlined by Patton, maximum variation sampling picks a wide range in variation among persons of interest. A sample from each of the state's drug epidemiologic surveillance regions was drawn to ensure a diverse study sample. Furthermore, epidemiologists were required to recruit half of their participants from their region's main urban area and the other half from the region's suburban and rural communities. Our sample size was determined based on convenience: the time allotted and resources available for the study. While this study's findings were generated through convenience sampling, participants were also selected through maximum variation sampling; hence there was no reason to suspect that nonparticipating persons also enrolled in publicly-funded substance abuse treatment programming in Ohio differed from this study's sample, as the study sample was diverse with every community type represented.