

Treatment for Drug Use and the Need for Paid Family and Medical Leave

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Drug use and dependence take a terrible toll on many of America's families. The growing opioid epidemic is only the latest in a series of crises that have had devastating effects on vulnerable communities. Treatment programs and the support of family caregivers often aid the recovery of people with substance use disorders – but too many people do not have the supportive workplace policies they need to make ends meet while seeking treatment or providing care for a family member dealing with a drug use disorder. **A national paid leave plan would help provide economic security for working people who need time away from their jobs for a range of serious family and medical needs, including seeking or providing care related to drug use and dependence. Paid leave could also facilitate cost-effective treatments that help prevent job loss or incarceration for people with drug use disorders.**

The Opioid Epidemic is the Latest Escalation of the Nation's Devastating Drug Crisis

- ▶ **Drug use and dependence have been a widespread problem in the United States for decades, and low-income communities and communities of color suffer most.** Illicit drug use peaked in the 1970s, declined in the 1980s, and rose again in the 1990s.¹ In response to increasing drug use, the government prioritized punishment over treatment, disproportionately criminalizing and incarcerating Black people.² Over the years, Native American, Black and Latino communities have suffered compounding effects because of lack of access to care and treatment and higher risk factors.³ Drug overdose death rates continue to rise in Native American, Black and Latino communities.⁴
- ▶ **The dramatic rise of opioid use and dependence in the last 10 years has had devastating consequences.** Starting in 2008, prescription drugs became the second most commonly used illicit drug after marijuana.⁵ The rapid escalation in opioid use led to an estimated 2.7 million people with opioid use disorders in the United States in 2015.⁶ Opioid-related deaths nearly doubled between 2010 and 2015, according to the Centers for Disease Control and Prevention, from 16,651 to 33,091 deaths.⁷ Opioid overdoses have quadrupled since 1999.⁸ Increasing opioid use and dependence has also contributed to a rise in the use of heroin as an alternative.⁹ The number of people with heroin use disorder doubled between 2002 and 2012, from 214,000 to 467,000 people.¹⁰
- ▶ **Opioid use and dependence disproportionately affect young, low-income adults in rural communities.** The demographic groups with the highest prevalence of opioid use

disorders are adults ages 18 to 25,¹¹ non-Hispanic whites,¹² people with incomes below 200 percent of the federal poverty line,¹³ rural communities¹⁴ and people in West Virginia, New Hampshire, Kentucky, Ohio and Rhode Island.¹⁵

Millions of People Need Time Away From Their Jobs to Seek Treatment for Drug Use Disorders or to Provide Care

- ▶ **Many people with substance use disorders are employed and need time away from their jobs for effective treatment.** More than two-thirds (68 percent) of adults who report using illicit drugs were working in 2012.¹⁶ A recent survey found that more than 70 percent of employers say they have been affected by prescription drug use among their employees.¹⁷ People with drug use disorders need time away from work in order to seek the treatment they need to improve their health, keep their jobs and remain productive employees. Treatments for prescription opioid use disorder have proven successful in enabling patients to recover and manage their disorders long term.¹⁸ Treatments are also cost-effective and can reduce criminal behavior.¹⁹
- ▶ **Family caregivers also need time away from their paying jobs to help with substance use disorder treatment and recovery.** Family members can play a key role in the care and recovery of people with substance use disorders by helping loved ones with health care arrangements, treatment and financial assistance.²⁰
- ▶ **Paid family and medical leave would benefit family caregivers and people seeking treatment for substance use disorders, yet few workers have access to it.** Just 14 percent of people in the U.S. workforce have access to paid family leave through their employers,²¹ and fewer than 40 percent have employer-provided short-term disability insurance that allows them to receive partial pay while they recover from a serious health issue, which may include a drug use disorder.²²

“I have an opioid addiction and I just finished a 28-day in-patient rehabilitation in Reno, Nevada, and graduated into 28-day transitional living. I’m lucky that my mom, who is retired, has been able to care for my school-aged children while I received this much-needed addiction treatment program to avoid a long prison sentence. Their father couldn’t take time off from work to care for our kids because he has no paid leave... It was never an option for him to take time, so my entire family is lucky my mom was able to care for our kids... I am forever changed from the rehabilitation I received and wish all families could be saved like mine was.”

— MomsRising member, Nevada

Drug Use Disorders Create Costly Health and Economic Burdens for Individuals and Their Families

- ▶ **Drug use and dependence, including related to opioids, take a substantial toll on individual health, productivity and income.**²³ Individuals with drug use and dependence face many adverse health effects, ranging from higher risks for psychiatric disorders to greater risks of HIV infections.²⁴ Getting early and ongoing treatment is key to avoiding repeated hospitalizations, higher

health care costs, and missed workdays that result in lost productivity for employers and lost income for workers.²⁵ Paid leave would allow people to take time away from work to seek or helped loved ones receive treatment, which can improve their health, prevent future lost productivity and reinforce workforce retention.

- ▶ **People caring for family members with drug use disorders also experience compounding economic effects.** Family caregivers often contribute financially to their family members' treatment and recovery from substance use disorders, which can cost thousands of dollars per year.²⁶ Without paid leave, these caregivers can lose income or their jobs altogether, creating an even greater economic burden that can have devastating and widespread consequences.

Ensuring People With Drug Use Disorders and Their Family Caregivers Have Paid Leave Would Benefit the Whole Country

Addressing the opioid epidemic and the nation's drug crisis generally requires a comprehensive range of interventions, including providing people with paid time away from their jobs for care and recovery. Paid family and medical leave enables working people to seek medical treatment related to a substance use disorder, or to care for a family member with one, without the threat of financial hardship. This essential support strengthens workforce participation and retention, reduces health care costs and boosts the economy – with lasting, widespread benefits for the nation.

It is well past time for national paid family and medical leave in the United States.

Specifically, a national paid family and medical leave insurance program would help all workers and family caregivers take paid leave to address serious family and medical needs, including serious health issues related to cost-saving, life-saving treatment for drug use. A responsibly funded, shared-cost system would mean that employers would not bear the full cost of leave and workers would be covered no matter where they live, their employers or their jobs. For more information, visit NationalPartnership.org/PaidLeave.

“My son had to attend outpatient groups daily. As he had no car, he needed someone to take him to his appointments and monitor his day-to-day recovery. In our area, buses are five miles away and he would have to make three to four transfers just to get to the outpatient clinic. Had I had the paid time off, I could have helped him. I am the sole provider of our home. I needed to work to pay the bills. I have worked at my current job for over 30 years and had an extended leave bank of over 100 hours, but as it was my son and not me, I wasn't allowed to tap into that account. It was extremely frustrating.”

— **MomsRising member, California**

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4 U.S. Centers for Disease Control and Prevention, National Center for Health Statistics. (2016, December). *Multiple Cause of Death 1999-2015 on CDC WONDER Online Database*. Retrieved 24 July 2017, from <https://wonder.cdc.gov/controller/saved/D77/D16F754>

5 See note 1.

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10 U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2012). *National Survey on Drug Use and Health*. Retrieved 24 July 2017, from <https://www.samhsa.gov/data/sites/default/files/NSDUHresults2012/NSDUHresults2012.pdf>

11 National Institute on Drug Abuse. (2016, February). *Abuse of Prescription (Rx) Drugs Affects Young Adults Most*. Retrieved 24 July 2017, from <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/abuse-prescription-rx-drugs-affects-young-adults-most>

12 See note 6.

13 Ibid.

14 Keyes, K.M., Cerdá, M., Brady, J.E., Havens, J.R., & Galea, S. (2014, February). Understanding the Rural–Urban Differences in Nonmedical Prescription Opioid Use and Abuse in the United States. *American Journal of Public Health, 104*(2): e52–e59.

15 See note 7.

16 Illicit drug use included marijuana, cocaine, heroin, hallucinogens, inhalants, the nonmedical use of prescription-opioids, tranquilizers, stimulants, and sedatives. See note 10.

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23 See note 9.

24 See note 1.

25 Ibid.; Birnbaum, H.G., White, A.G., Schiller, M., Waldman, T., Cleveland, J.M., & Roland, C.L. (2011). Societal Costs of Prescription Opioid Abuse, Dependence, and Misuse in the United States. *Pain Medicine, 12*, 657–667.

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The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at NationalPartnership.org.

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