

Universal Paid Leave: A Pathway to Treating Substance Use Disorder

OCTOBER 2021

National paid leave would improve the health and economic security of the more than 20 million people in the United States experiencing a substance use disorder (SUD) – three in four of whom are active participants in the labor force.¹ Rates of persistent substance use have been on the rise, but the trifecta of a public health crisis, an economic recession, and racial trauma has exacerbated these trends in the past year – resulting in increased misuse, hospitalizations, neonatal abstinence syndrome (NAS), maternal mortality, and deaths by overdose, impacting millions of individuals and their families. Untreated SUDs jeopardize the health of our workforce and increase the cost of doing business, driving up healthcare expenditures and costing employers an additional \$8800 for each employee who isn't in treatment.² The time is right for a new approach to address the underlying causes of SUDs and the policy interventions that can support recovery, especially for those who are turning to substance misuse as a coping mechanism in the face of pandemic-related stress. [View our full issue brief online.](#)

Factors that contribute to untreated SUDs:

- Sustained economic stressors like unemployment or inadequate pay that make affording housing, childcare, and other bills a challenge³
- Lack of paid leave to support the time commitment associated with treatment programs
- Scarcity of affordable, culturally- and trauma-responsive SUD treatment programs
- Racialized social stigma from the medical community and society at large
- Fear that criminalization will lead to incarceration or loss of child custody – particularly for mothers of color⁴

Essential workers are more likely to start or increase substance use than non-essential workers (25 percent vs. 11 percent).

Risk of exposure to the coronavirus and the need to pay for child care, rent, and other essential bills means that essential workers face compounded stressors in their efforts to stay gainfully employed.⁵ This places women – who represent the majority of essential

workers in health care, critical retail, and social work – and single mothers especially at a higher risk for developing an SUD than non-essential workers.⁶

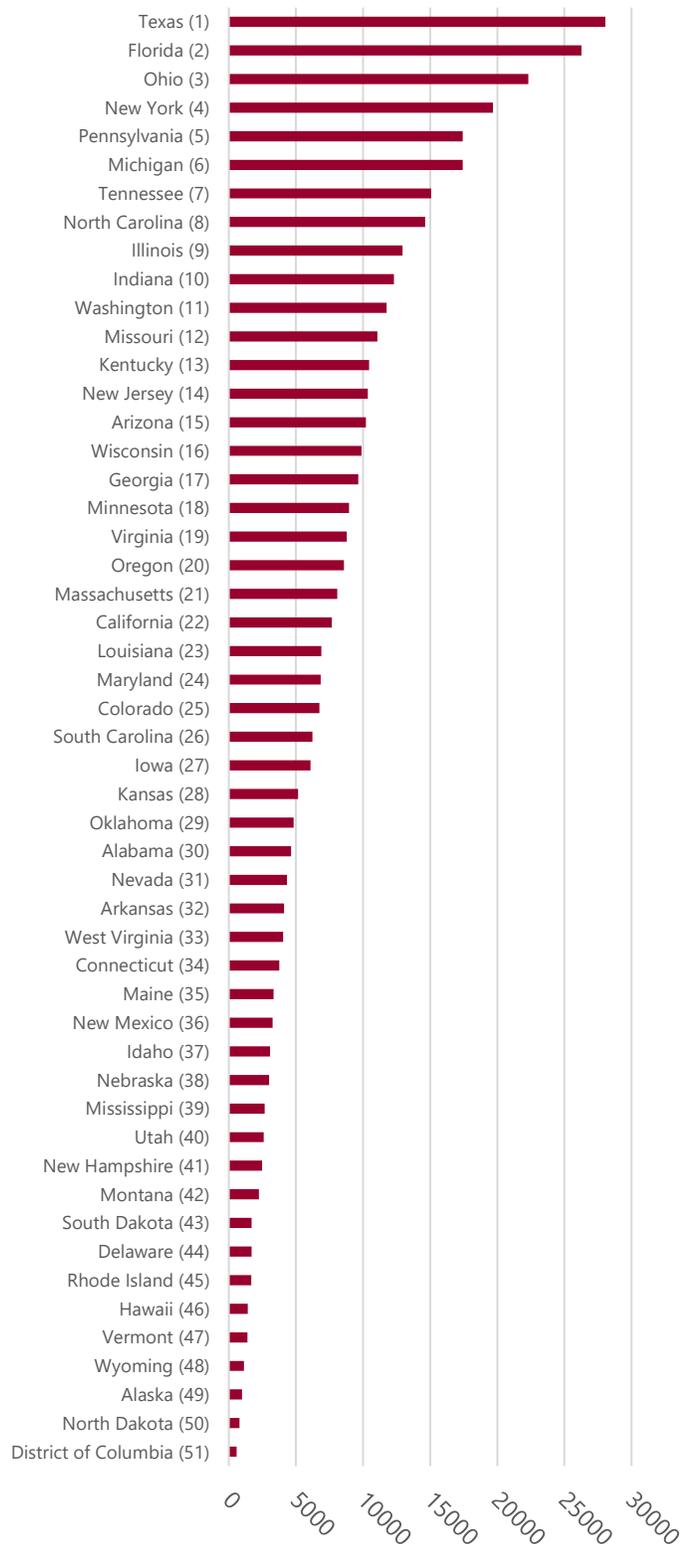
SUDs have historically impacted every part of the nation, but the pandemic has worsened a growing challenge for our public health and the economy. From 1999 to 2019, nearly six million Americans died from substance-induced causes, a figure which is rapidly rising in almost every state due to persistent, untreated SUDs.⁷ Only time will tell the full impact of the pandemic on lives of those living with SUDs, but early figures suggest that the health and economic crises of COVID-19 have caused a rapid increase in SUDs, overdose deaths, and related public health issues like Fetal Alcohol Syndrome (FAS), or NAS.⁸

Policy Solutions

Addressing the social and economic barriers that prevent people with SUDs from seeking treatment has the potential to help millions recover from what is a preventable illness, especially in light of the issues exacerbated by the COVID-19 pandemic.

- Establish comprehensive paid family leave through the Build Back Better Act to provide people with SUDs and those who

Increase in Annual SUD-Related Deaths between 1999 and 2019



care for them with the time and financial security needed for treatment and recovery

- Pass the bipartisan Emergency Support for Substance Use Disorders Act (S.166/H.R.706) and the Family Support Services for Addiction Act (S.485/H.R.433). These will expand access to SUD treatment programs – especially for pregnant people, parents, and people of color - by allocating funding for culturally- and trauma responsive care.⁹
- Increase funding for social safety net programs like Medicaid, SNAP and universal housing choice vouchers. These would reduce the economic stressors that contribute to SUDs and support the financial stability of caregivers helping loved ones with SUDs.
- Integrate mental health services and implicit bias training into health care systems and federally-funded programs that serve persons with lower incomes, like Medicaid.¹⁰
- Track racial- and gender-disaggregated statistics on SUD hospitalization rates, overdose deaths, NAS births, and other health conditions associated with SUD with the help of funding from the CDC and the Health Resources and Services Administration.¹¹

Substance use disorders cause immense damage to individuals, their families, their communities, and the economy. Policies that target the factors that lead to SUDs and that acknowledge the importance of treatment over criminalization will go a long way in undoing the harm that SUDs cause – especially for pregnant people, their babies, people of color, and the communities that care for them.

¹ SAMHSA defines substance use disorder as impairment caused by the recurrent use of alcohol or other drugs (or both), including health problems, disability, and failure to meet major responsibilities at work, school, or home. Substance Abuse and Mental Health Services Administration (2020, September) *Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (page 35). Retrieved 5 October 2021, from SAMHSA website:

<https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf>; Goplerud, E., Hodge, S., and Benham, T. (2017, November) A Substance Use Cost Calculator for US Employers With an Emphasis on Prescription Pain Medication Misuse. *Journal of Occupational and Environmental Medicine*, 59(11), 1063-1071. [doi:10.1097/JOM.0000000000001157](https://doi.org/10.1097/JOM.0000000000001157)

² Ibid (Goplerud, 2017); McPherson, T. L. (2020, December). *New Analysis: Employers Stand to Save an Average of \$8,500 for Supporting Each Employee in Recovery from a Substance Use Disorder*. Retrieved 10 October 2021, from NORC at the University of Chicago website: <https://www.norc.org/NewsEventsPublications/PressReleases/Pages/new-analysis-employers-stand-to-save-an-average-of-8500-for-supporting-each-employee-in-recovery-from-a-substance-use-dis.aspx>

³ Center for Substance Abuse Treatment. (2009). *Substance Abuse Treatment: Addressing the Specific Needs of Women (Chapter 6: Substance Abuse Among Specific Population Groups and Settings)*. Rockville (MD): Substance Abuse and Mental Health Services Administration. (US); 2009. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK83240/>; Lotzin, A., Grundmann, J., Hiller, P., Pawils, S., & Schäfer, I. (2019, October). Profiles of Childhood Trauma in Women With Substance Use Disorders and Comorbid Posttraumatic Stress Disorders. *Frontiers in Psychiatry*, 10. doi:10.3389/fpsy.2019.00674

⁴ Faherty, L.J., Kranz, A.M., Russell-Fritch, J., Patrick, S.W., Cantor, J., & Stein, B.D. (2019, November). Association of punitive and reporting state policies related to substance use in pregnancy with rates of neonatal abstinence syndrome. *Pediatrics*, 2(11), e1914078. doi:10.1001/jamanetworkopen.2019.14078

5 Czeister, M.E., Lane, R.I., Petrosky, E. et al. (2020, August). *Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States (Table 1)*. Morbidity and Mortality Weekly Report, 69(32). Retrieved 5 October 2021, from Centers for Disease Control and Prevention website: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf>;

6 Robertson, C., & Gebeloff, R. (2020, April) *How Millions of Women Became the Most Essential Workers in America*. Retrieved 5 October 2021, from *The New York Times* website: <https://www.nytimes.com/2020/04/18/us/coronavirus-women-essential-workers.html>

7 Centers for Disease Control and Prevention, National Center for Health Statistics. (2020). *Multiple Cause of Death 1999-2019 on CDC WONDER Online Database*. Retrieved 4 June 2021 from <http://wonder.cdc.gov/mcd-icd10.html>. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Figure was calculated by querying for deaths by state and then year, and then filtered for drug and alcohol-induced deaths as a multiple cause of death.

8 Admon, L. & Winkelman, T. (2019, April) Substance use and pregnancy: What we know and what we can do. Retrieved 5 October 2021, from University of Michigan Institute for Healthcare Policy & Innovation website: <https://ihpi.umich.edu/news/ihpi-briefs/substance-use-and-pregnancy-what-we-know-and-what-we-can-do>; March of Dimes Foundation. (2019, June). *Neonatal abstinence syndrome (NAS)*. Retrieved 5 October 2021, from the March of Dimes website: [https://www.marchofdimes.org/complications/neonatal-abstinence-syndrome-\(nas\).aspx](https://www.marchofdimes.org/complications/neonatal-abstinence-syndrome-(nas).aspx)

9 López-Pelayo, H., Aubin, H.J., Drummond, C. et al. (2020). *“The post-COVID era”: challenges in the treatment of substance use disorder (SUD) after the pandemic*. *BMC Medicine*, 18, 241. doi: 10.1186/s12916-020-01693-9. Information on S.166/H.R.706 Emergency Support for Substance Use Disorders Act can be found at <https://www.congress.gov/bill/117th-congress/senate-bill/166> and information on S.485/H.R.433 Family Support Services for Addiction Act of 2021 can be found at <https://www.congress.gov/bill/117th-congress/house-bill/433>

10 National Institute on Drug Abuse. (2020, September 18). *Principles of Effective Treatment*. Retrieved 5 October 2021, from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>

11 March of Dimes. (2020). *Bolster the Nation's Infrastructure and Surveillance Efforts During COVID-19*. Retrieved 5 October 2021, from <https://www.marchofdimes.org/materials/COVID19-Infrastructure-and-Surveillance%20.pdf>

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

© 2021 National Partnership for Women & Families. All rights reserved.