

# Universal Paid Leave: A Pathway to Treating Substance Use Disorder

By Isabelle Atkinson

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**National paid family and medical 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).** SUD is defined as impairment such as health issues, disability and difficulties with committing to obligations at work or school that is caused by persistent use of alcohol, opioids and other substances.<sup>1</sup> For decades, a punitive approach focused on criminalization has failed to help people with SUD and caused great harm, particularly to Black and Indigenous communities. Rates of persistent substance use have been on the rise over the past decade. Now, 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 for overdoses and neonatal abstinence syndrome (NAS) and deaths by overdose, impacting millions more individuals and their families. The time is right for a new approach to address the underlying causes and help people with SUD recover: make SUD treatment accessible by improving health care policies and enacting national paid leave, integrate mental and behavioral health services, address bias in the health care system and improve economic supports for workers and people with low incomes.

## **Economic Disinvestment, Structural Racism and Criminalization Exacerbate the Challenge of Substance Use Disorder**

Substance use disorders tend to be viewed as an individual problem, but an individual's risk of developing SUD – and whether they can access treatment or must face punishing health, economic, and legal outcomes – is shaped by systemic factors. People may turn to substance use as a coping mechanism to relieve the distress of unaddressed childhood trauma and ongoing discrimination and stigma rooted in centuries of systemic racism and injustice.<sup>2</sup> In the absence of access to mental health services, many women turn to self-medicating with illegal substances or misusing prescription opioids for conditions such as anxiety.<sup>3</sup> Policy decisions over many decades have led to stressful life circumstances – including the loss of quality jobs linked to deindustrialization and the weakening of unions,<sup>4</sup> disinvestment in affordable housing,<sup>5</sup> and fraying social safety

net programs<sup>6</sup> – that disproportionately affect Black, indigenous and other people of color and those living in rural communities. Economic stressors for women like unemployment, non-family-friendly work schedules and an inability to make ends meet only add to the factors that make developing an SUD more likely.

Historically, the public policy response to substance use in the U.S. has been racially-motivated discrimination, stigmatization and criminalization.<sup>7</sup>

Though individuals from any race or ethnicity in both urban and rural settings can experience an SUD, federal and state policy in the U.S. has traditionally framed SUDs involving substances other than alcohol as an ‘urban’ issue, a conception both geographically and racially coded, that could be corrected by incarcerating illicit substance users and those who sell illicit substances in primarily Black and Latinx communities as a part of the “War on Drugs”.<sup>8</sup> In contrast, the public policy response to people whose SUDs are associated with alcohol – two-thirds of whom are white<sup>9</sup> – has tended not to involve similar levels of stigmatization,

criminalization, or racist stereotyping. Alcohol SUDs are sometimes viewed as more “socially acceptable or recreational in nature” as opposed to a disease.<sup>10</sup> The racist, punitive approach to SUDs has resulted in lasting harm to stigmatized communities and a failure to effectively address the multigenerational impact of untreated SUDs in all communities.<sup>11</sup>

While racist punitive measures, like longer sentences for illicit substances more commonly circulated in communities of color like crack cocaine, persist today, the social and policy response to SUDs is shifting to towards more rehabilitative measures. Rising rates of opioid-use disorder (OUD) in white communities beginning in the 1990s have also contributed to the pivot from viewing persistent alcohol and illicit drug use as a criminal issue to a public health issue.<sup>12</sup>

The criminalization of substance use, especially during pregnancy – which can lead to incarceration or the potential loss of child custody – drives fear in pregnant people, resulting in fewer women seeking prenatal care and SUD treatment, ultimately endangering the health and well-being of mothers, infants, and their families.<sup>13</sup>

Additionally, social stigma and a legacy of distrust of medical institutions among people of color keeps pregnant people and their babies from receiving the treatment they need for an SUD. For example, compared to their white counterparts, Black and Latinx<sup>14</sup> individuals with opioid use disorder (OUD) are 60 to 75 percent less likely to receive or

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### **Addressing SUD Without Stigmatizing Appropriate Use**

The stigmatization of opioid misuse has also harmed people with physical disabilities and severe or chronic pain. When appropriately managed, opioids can be part of a treatment plan for people with severe or chronic pain conditions. Yet the punitive approach to SUD has resulted in pain patients facing additional stigma and barriers to treatment.

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to consistently use any medication to treat their OUD during pregnancy.<sup>15</sup> Black and Indigenous pregnant people and mothers also face a higher likelihood of being reported to child welfare authorities by medical personnel for suspected substance use compared to their white counterparts.<sup>16</sup>

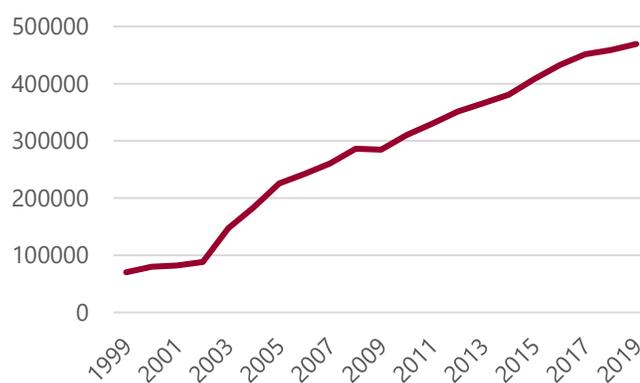
For those who can overcome social stigma, millions are still unable to seek treatment for an SUD because the time, money and resources needed for SUD treatment conflict with work, school or family obligations. The ramification of our historically inadequate response to SUDs is that millions of people are not getting the treatment that they need, creating a barrier to health and economic security for them and their families. People affected by SUD need policies that make treatment accessible and affordable, support their health and recovery and enable them to maintain bonds with their loved ones and communities.

## The Expanding Crisis Was Touching Every Corner of America – Even Before the Pandemic

**From 1999 to 2019, nearly 6 million Americans died from substance or alcohol-induced causes, a figure which is rapidly rising due to persistent, untreated SUD.**<sup>17</sup>

Substance and alcohol overdose deaths in the past 20 years are especially increasing in communities in color – up by nearly 400 percent in both Native American and Black communities, by 350 percent in Latinx communities, and by more than 950 percent in Asian American and Pacific Islander (AAPI) communities.<sup>18</sup>

Annual Drug or Alcohol-Induced Deaths, 1999-2019



One of the fastest rising trends in SUDs has been the misuse of prescription pain relievers like opioids, which were misused by 10.1 million people in the United States in 2019 (3.7 percent of the population aged 12 years or older) according to the Substance Abuse and Mental Health Services Administration (SAMHSA).<sup>19</sup> Opioid-related deaths were five times higher in 2019 than they were 20 years ago, from under 10,000 deaths in 1999 to nearly 50,000 deaths in 2019.<sup>20</sup>

SUDs are a significant public health challenge for pregnant people and their babies, who may be born preterm, with low birth weight, Fetal Alcohol Syndrome (FAS), or Neonatal Abstinence Syndrome (NAS), which is “a group of conditions caused when a baby withdraws from certain drugs that they are exposed” to in utero.<sup>21</sup> SUDs can also cause health problems for pregnant people both during pregnancy and postpartum, such as

pre-eclampsia, heart failure, and sepsis.<sup>22</sup> Despite \$3 billion in additional healthcare expenditures to treat NAS in the past decade, rates of opioid and methamphetamine-affected births are four times higher, particularly for pregnant people with low incomes, people living in rural communities, or who are receiving Medicaid coverage for their pregnancy.<sup>23</sup>

## **The Pandemic Has Worsened a Growing Challenge for Public Health and the Economy**

**Early figures indicate that the health and economic crisis of COVID-19 have caused a rapid increase in SUDs and related deaths.** In just the first six months of the pandemic, reported drug-overdose related deaths increased by 17 percent.<sup>24</sup> People with SUDs are also 1.5 times more likely to contract COVID and face higher rates of hospitalization and death, with starker consequences for people of color in particular: 13 percent of Black people with an SUD and COVID died compared to 9 percent of white people with an SUD and COVID.<sup>25</sup>

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

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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. Essential workers are more likely to start or increase substance use than non-essential workers.<sup>26</sup> This is placing 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.<sup>27</sup>

In general, doctors and emergency departments – the primary administrators of medical care to reverse an overdose – have been obligated to focus their attention on COVID cases, leading to a deprioritization of care for people with SUDs.<sup>28</sup> However, COVID has exacerbated racial disparities in treatment for SUD that existed long before the pandemic. In addition to decreased access to health care, poor social determinants of health, and higher risk for COVID-19, SAMHSA reports concerns about how COVID will interrupt already poor rates of SUD treatment for Black and Indigenous people of color – nearly 9 in 10 of both the 2.3 million Black people and the 3.3 million Latinx people with an SUD are not yet receiving treatment.<sup>29</sup>

## **A Lack of Treatment for SUDs Can Impact Individuals, Their Families, Their Communities and Our National Economy**

Untreated SUDs increase health care costs for both families and their employers: health care expenditures for employers of people with an SUD can be more than three times the amount for an employee without an SUD because of emergency room visits for overdose treatments and injuries associated with substance use.<sup>30</sup> That figure is likely even higher for workers with an SUD who don't have employer-sponsored health care. Alternatively, employers save almost as much when they support an employee in treatment for an SUD as they would spend if that employee were not seeking treatment.<sup>31</sup>

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**Employers spend an additional \$8,800 for each employee with an SUD not seeking treatment. Meanwhile they save \$8,500 for supporting every employee in treatment.**

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In addition, if people with an SUD don't have access to paid sick or medical leave, they have to choose between delaying their care in order to maintain their employment and missing workdays and losing income or potentially a job. This can also lead to significant turnover-related expenses for employers.<sup>32</sup> Just 23 percent of people in the U.S. workforce have access to paid family leave through their employers and 40 percent have employer-provided short-term disability insurance that allows them to receive partial pay while they address a serious health issue, including an SUD.<sup>33</sup> Nearly one-quarter of private sector workers cannot even earn a single paid sick day.<sup>34</sup> As a result, many workers don't have the job security necessary to seek treatment, which can escalate the workplace stress that leads to increased SUDs, causing a vicious cycle that costs employers more than \$400 billion annually, and harms both the livelihoods and lives of workers with SUDs.<sup>35</sup>

Lack of paid leave at work may also contribute to SUD, as workers who lack time to fully recover from injuries may experience chronic pain and related stress. An analysis of opioid overdose deaths in Massachusetts found that overdose rates were higher in industries with lower access to paid sick leave.<sup>36</sup> Improved return-to-work programs that include adequate paid leave have been identified as an important intervention in reducing SUD and overdose rates.<sup>37</sup>

In addition to saving employers' expenses on health insurance coverage, employee absenteeism, and training replacements, treatment for an SUD – along with other interventions – supports prolonged employment, better access to economic mobility, increased housing stability,<sup>38</sup> better health, healthier interpersonal and family relationships<sup>39</sup> and higher odds of long-term SUD management and recovery.<sup>40</sup>

## Addressing the Social and Economic Barriers that Prevent People from Seeking Treatment Could Help Millions to Recover

Substance use disorders can 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 toward undoing the harm that SUDs cause – especially for workers, pregnant people and their babies, people of color, and the communities that care for them.

Policies that promote social inclusion, increase motivation and provide more financial resources for treatment help ensure that individuals with SUDs are supported both within the workplace and community and are granted a greater potential for improved quality of life. Social supports are needed, especially in light of the ongoing issues exacerbated by the COVID-19 pandemic.<sup>41</sup>

### Policymakers should prioritize:

- Passing federal legislation that protects people with an SUD from criminal charges and incentivizes access to treatment and care without fear of judgment, incarceration, child removal and other legal repercussions;
- Enacting universal paid family and medical leave that provides people with SUDs and those who care for them the time needed for treatment and recovery;
- Expanding access to SUD treatment – especially for pregnant people, parents, and people of color by funding culturally- and trauma-responsive care that can be accessed via telemedicine and other digital tools;<sup>42</sup>
- Increasing funding for social safety net programs to reduce the economic stressors that contribute to SUDs and support family caregivers as they contribute financially to their family members' treatment;
- Integrating behavioral therapy and mental health services into our health care systems and federally-funded programs that serve persons with lower incomes, like Medicaid;<sup>43</sup>
- Reducing the explicit and implicit bias endemic in the health care system, bias which especially stigmatizes women and people of color from seeking SUD treatment, chronic diseases, and other illnesses;
- Tracking racial- and gender-disaggregated statistics on SUD hospitalization rates, overdose deaths, neonatal abstinence syndrome (NAS) births, and other health conditions associated with SUD.

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