

# Recognizing Impairment in the Workplace

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## Purpose

The purpose of this course is to outline the risk factors, signs, symptoms and interventions associated with impairment in the workplace and to meet the Florida CE requirements.

## Goal

Upon completion of this course, the nurse should be able to:

- Identify 6 types of risk factors.
- Identify at least 10 behavioral and physical signs of impairment in the workplace.
- Identify at least 10 behavioral and work-related signs of diversion.
- Discuss the elements of Florida's mandatory reporting laws.
- Outline the essential steps to making a report or referral.
- Describe the elements of the Intervention Program for Nurses (IPN).
- Discuss employer programs and initiatives to promote safety and provide assistance.
- Discuss impairment treatment options.

## Introduction

In New Hampshire in 2013, David Kwiatkowski, a hospital worker infected with hepatitis C, injected himself with patients' narcotics and then refilled the syringes with saline and administered the contaminated solution to patients. Kwiatkowski infected 46

patients in New Hampshire, and nearly 8000 people in 8 states required testing. Similar diversions are taking place in hospitals across the United States every day.

The American Nurse Association (ANA) estimates that 10% of the nursing workforce is impaired because of substance abuse or physical illness, but some other organizations estimate the percentage is more realistically 15 to 20%. In most cases, impairment is associated with substance abuse, which can include alcohol, illicit drugs, and prescription drugs, although some impairment is related to psychological or physical impairment.

According the National Survey on Drug Use and Health (NSDUH) over 21 million American adults had a substance abuse disorder in 2014 with 80% associated with alcohol and 1 out of 8 with both alcohol and drugs.



Prescription drug abuse is especially a concern for healthcare workers, such as nurses, because they have easy access to medications through diversion of patient medications. Prescription drugs that are frequently abused (and diverted) include amphetamines, opioids, sedatives, tranquilizers, and inhalants.

### **Risk factors for substance use disorder**

Some people are more vulnerable to substance use disorder than other. While both drug and alcohol addiction appear to have a genetic component (40 to 60% by some estimates), other factors may increase vulnerability:

<b>Factors</b>	<b>Examples</b>
Psychological	Depression, anxiety, low self-esteem learning disabilities, mental health disorders. People may attempt to self-medicate.
Behavioral	Rebelliousness, violence, risk-taking behavior, academic problems, conduct disorder, aggressive behavior, response to social or peer pressure to drink/take drugs.
Social	Positive reinforcement to drinking/drug taking by family, friends.
Family	Hx of drug or alcohol use by parents or siblings, family traum, dysfunctional family.
Physical	Chronic pain, chronic illness, physical disability.
Role-related	Burnout, lack of adequate support in the work environment, work overload. Lateral violence

Nurses have a higher risk of substance use disorder than the overall population. Nurses are more likely to seek help for physical complaints (insomnia, anxiety, depression) rather than substance abuse, which is the underlying problem. This allows the

substance abuse to continue and may even result in prescriptions that exacerbate the addiction.

## Signs of impairment and diversion

Nurses face much stress in their work from caring for difficult patients, dealing with life and death decisions, working long shifts, working overtime, and rotating shifts. Some may have chronic pain, especially lower back pain. The easy access to medications at work to reduce stress and discomfort can become a temptation, a “one-time” thing that escalates.

Healthcare workers who are impaired rarely admit to **impairment** unless confronted, and many take extra precautions to avoid discovery, such as chewing gum or eating breath mints to disguise the smell of alcohol and claiming to have allergies to explain runny nose and bloodshot eyes. Alcoholic nurses may drink at work, disguising the alcohol in soft drinks or coffee.

Those who are impaired are often in denial about the extent of their impairment and may believe that it is “under control” even though it is severely impacting their personal and professional lives. Impaired nurses are unlikely to voluntarily report their substance abuse because, in most cases, doing so results in temporary or permanent loss of employment and, in some cases, loss of insurance that might cover the costs of rehabilitation. Admitting to substance abuse, especially if it involves diversion, may in some states result in loss of nursing license or restrictions to the nursing license (such as restrictions on administering medications).

The ABCDEs of addiction include:

- A: The inability to **A**bstain.
- B: Impairment in **B**ehavioral control.
- C: **C**raving for drugs or rewarding experience.
- D: **D**iminished recognition of significant problems with behavior/personal relationships.
- E: Dysfunctional **E**motional response.

Behavioral signs of impairment	Physical signs
<ul style="list-style-type: none"><li>• Personality changes, mood swings.</li><li>• Underperforms and makes excuses.</li><li>• Frequent absences and late arrivals.</li><li>• Shows resentment of authority.</li><li>• Wears long sleeves even when temperature is high.</li><li>• Appears visibly intoxicated, high.</li><li>• Reeks of alcohol or marijuana.</li><li>• Fails to keep appointments or meet deadlines.</li></ul>	<ul style="list-style-type: none"><li>• Chronic rhinorrhea.</li><li>• Track marks.</li><li>• Bloodshot eyes.</li><li>• Poor hygiene.</li><li>• Weight loss or weight gain.</li><li>• Slurred or unclear speech.</li><li>• Hand tremors, muscle fasciculations.</li><li>• Excessive drowsiness.</li><li>• Rapid speech.</li></ul>

<ul style="list-style-type: none"> <li>• Makes increasing numbers of errors.</li> <li>• Takes longer to carry out tasks.</li> <li>• Has increasing difficulty getting along with family and coworkers.</li> <li>• Refuses drug testing.</li> <li>• Has intense bursts of energy.</li> <li>• Has increasing absences and vague health complaints.</li> </ul>	<ul style="list-style-type: none"> <li>• Sallow skin color.</li> <li>• Frequent diarrhea.</li> <li>• Dilated or constricted pupils.</li> <li>• Frequent nosebleeds.</li> <li>• Insomnia.</li> <li>• Confusion, memory loss</li> <li>• Tremors</li> </ul>
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One problem with impaired nurses is that nurses who lose employment for impairment or diversion in one state and are not subjected to disciplinary action or adequately treated for addiction often go on to work in other hospitals or states and continue with the same behavior.

For example, according to an NBC2 report, a nurse was accused of diverting 686 bottles of fentanyl and 476 bottles of midazolam while working in Colorado in 2015. She lost her job in February but by March 2015 was working in Florida and obtained a Florida nursing license by May after which she lost two more positions for diverting drugs. There is no national registry for impaired healthcare workers.

Nurses who abuse illegal opioids (such as heroin or cocaine) or prescription opioids (such as morphine, oxycodone, or fentanyl) almost always resort to **diversion** to feed their addiction even though, when confronted, they frequently deny doing so out of shame and/or concern about legal actions against them since stealing drugs is a felony.

Studies indicate that the typical impaired nurses' substance of choice includes both alcohol and drugs, but nurses are more likely to be addicted to prescription drugs than street drugs because they have access to prescription drugs through diversion.

Common methods of diversion include:

- Using waste narcotics for personal use.
- Failing to dose the patient properly and stealing part of the dose.
- Removing excessive amounts of PRN medications for personal use.
- Tampering with patients' drugs, such as replacing injection with saline and oral tablets with NSAID.

Behavioral signs of diversion	Workplace signs
<ul style="list-style-type: none"> <li>• Administers more narcotic drugs than other nurses.</li> <li>• Volunteers to administer drugs to others' patients.</li> <li>• Comes to work early, stays late, volunteers for overtime.</li> </ul>	<ul style="list-style-type: none"> <li>• Narcotics records do not reconcile.</li> <li>• Patients do not appear to have relief from pain medication.</li> <li>• Drug choice and/or dosage is inappropriate for patient's level of pain.</li> <li>• Medications missing.</li> <li>• Medication tampering (broken vials).</li> </ul>

<ul style="list-style-type: none"> <li>• Takes frequent bathroom breaks.</li> <li>• Reports wasting excessive amounts of drugs.</li> <li>• Carries drugs, syringes in pockets.</li> <li>• Increasing personal/professional isolation.</li> </ul>	<ul style="list-style-type: none"> <li>• Improper storage of injection supplies.</li> <li>• Excessive time spent near drug supply.</li> <li>• Frequent administration of PRN medications.</li> <li>• Failure to document waste.</li> <li>• Fentanyl patches show tampering or disappear.</li> </ul>
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## Mandatory reporting laws

While mandatory reporting laws may vary somewhat from one state to another, virtually all require that nurses who are impaired and/or diverting drugs be reported to the appropriate authorities. Additionally, the American Nurse Association (ANA) requires reporting impaired nurses as an ethical obligation.

**Florida statutes:** In the state of Florida, mandatory reporting is governed by Statute 464.018 (1K) (2012), which states clearly that failing to report impairment places the person's own license in jeopardy:

- The following acts constitute grounds for denial of a license or disciplinary action as specified in 456.072 (2) and 464.0095 (Nurse Licensure Compact):
  - **Failing to report to the department any person who the nurse knows is in violation of this part or of the rules (see below) of the department or the board; however, if the nurse verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, the nurse is required to report such person only to an impaired professionals consultant.**
- Statute 456.072 includes:
  - Being unable to practice with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition
  - Testing positive for any drug, as defined in s. 112.0455, on any confirmed pre-employment or employer-ordered drug screening when the practitioner does not have a lawful prescription and legitimate medical reason for using the drug.
  - Being terminated from a treatment program for impaired practitioners, which is overseen by an impaired practitioner consultant . . . for failure to comply, without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug treatment or alcohol treatment program.

- Statute 112.0455 defines “drug” as alcohol, including distilled spirits, wine, malt beverages, and intoxicating liquors; amphetamines; cannabinoids; cocaine; phencyclidine (PCP); hallucinogens; methaqualone; opiates; barbiturates; benzodiazepines; synthetic narcotics; designer drugs; or a metabolite of any of the substances listed herein.

## Confronting and Reporting

Despite mandatory reporting requirements, nurses are often very reluctant to report others even when confronted with clear evidence, but this reluctance can endanger patients and the person who is impaired. In Florida, reports must be made to one or both of the following:

- **Florida Department of Health (DOH):** This is the disciplinary referral and results in an investigation by the Board of Nursing, but action may be delayed for months while investigation is carried out (1-850-245-4444). A complaint can be filed online: <https://www.flhealthcomplaint.gov/> The Board of Nursing actions may include a fine, reprimand or revocation of license, or referral to the IPN for evaluation and treatment.
- **Intervention Program for Nurses (IPN)** (1-800-840-2720): This adjunct to the Board of Nursing is the alternative to disciplinary action and initial action usually occurs within 1 to 3 days.

The American Nurses Association (ANA) recommends that colleagues confront impaired nurses directly before reporting to a higher authority, such as to a supervisor or directly to the DOH or IPN, allowing the person the opportunity to self-report. However, studies show many nurses fail to confront or report for a variety of reasons:

- Fear of incorrect assessment of the impairment.
- Fear of retaliation and repercussions, including physical attacks.
- Concern that the report will not be taken seriously.
- Concern about disloyalty (tattle-tale).
- Concern about jeopardizing another’s employment.
- Belief that a supervisor will know the situation and report.
- Fear of being sued.

Rather than confronting, co-workers often enable impaired workers by covering up errors, making excuses, and increasing their own workload. Co-workers may try to “rescue” an impaired nurse through personal support and counseling, but this is rarely effective and is not appropriate. Typically, by the time a nurse’s addiction manifests in the workplace, the problem is severe and has already impacted other aspects of the person’s health, family, and social life. So, what may appear to be a small one-time problem (coming to work smelling of alcohol) may, in fact, be the sign of a serious chronic addiction.

When considering confronting and/or reporting a colleague, it's important to think of addiction as a disease and not a moral failing. Confronting and reporting a nurse who is impaired may be the greatest act of kindness in the long run, saving the nurse's career and life. **If the reporting nurse feels any concern for personal safety, the nurse should not confront the impaired person directly or alone but should report the concerns to a supervisor.**

### Plan of action

- **Observe and document:** Often a nurse becomes concerned after a series of observations but has no clear evidence of impairment and is reluctant to file a report that may be incorrect. In this case, the nurse should begin to observe closely and to carefully document questionable behavior, including date, time, witnesses, description of behavior, and any action taken, avoiding subjective statements.
- **Share concerns:** The nurse may share observations and concerns with a senior colleague and/or a supervisor so that they can evaluate the situation and determine how to proceed.
- **Confront/Intervene:** The nurse should address concerns directly without accusing or diagnosing but should not expect that the impaired nurse will admit to a problem. The nurse may provide the impaired nurse with a brochure about any employment assistance program that is available:
  - "I'm concerned about you. This is what I've observed: You have come to work late 3 times this week, your eyes are bloodshot, your nose is running constantly, and you dozed off at the desk this afternoon."
- **Report:** This is the difficult step, but it is the most important:
  - If the impaired nurse was directly confronted, the impaired nurse will often implore the other nurse not to report or will emphatically deny that a problem exists, so the nurse must remain firm and sympathetic: "I feel that I need to discuss these observations with the supervisor, and I can talk to the person myself now or you can do that first if you want."
  - If reporting directly to a supervisor: The nurse should review any documentation and be prepared to provide objective evidence: "I'm concerned about nurse X. This is what I've observed...."

Note that many workplaces now have protocols in place for intervening and/or reporting, and if this is the case, the nurse should follow that protocol. If a nurse is obviously impaired at work (drunk, disoriented, unstable, altered mental status, smelling of alcohol), then emergent action is required, and the nurse who observes this impairment should immediately contact a supervisor and prevent the nurse from

contact with patients. If necessary, the impaired nurse should be transported to the emergency department for treatment (such as for an overdose).

- **Self-report:** For those who recognize that they have a problem or fear that they will be reported, it is always better to self-report than to be reported by others because admitting to a problem is the first step in recovery. The nurse should contact the IPN directly and begin the process of enrolling.

## Intervention Program for Nurses

The **Intervention Program for Nurses**, first established in 1983 and authorized by Florida state legislation, is a program that is considered a national model and is designed to protect the public health and safety while offering assistance and early intervention to nurses who cannot safely practice because of substance abuse or physical or psychological/psychiatric conditions. The Florida Department of Health contracts with IPN to provide services to nurses. IPN is funded through the Board of Nursing license renewal fees.

IPN provides an alternative to disciplinary action by the Board of Nursing. Participation is voluntary although some nurses are referred to IPN for evaluation, and participation is mandated if they are to retain their licenses. Most nurses participate as an alternative to disciplinary action.

Steps in IPN:

- **Telephone:** Once a referral is made to the IPN, the nurse must telephone the program: **1-800-840-2720**. This initiates the process.
- **Paperwork:** A screening form and various waivers and releases must be signed to allow evaluators to obtain records and to communicate with employers and facilities and the Board of Nursing about the nurse's progress.
- **Refrain from practice:** The nurse cannot practice until the evaluator determines fitness to practice, which is evaluated on an ongoing basis.
- **Evaluation:** The nurse receives a list of approved providers and may choose an evaluator who determines whether the nurse is appropriate for IPN monitoring and whether the person needs treatment. If treatment is recommended the IPN will assist the nurse with treatment options.
- **Monitoring agreement:** Treatment is outlined in this agreement that usually covers a 2- to 5-year period. Treatment is individualized and based on referral, evaluation, and IPN requirements. Nurses usually receive a restriction on administering narcotics for at least a year.

After receiving the monitoring agreement, the nurse is assigned a case manager and must undergo random toxicology screening and may attend a nurse support group (over 150 are available throughout the state). The case manager notifies the nurse

when the person is validated to resume nursing practice although the nurse may have to abide by some restrictions. The following may be required:

- Inpatient drug or alcohol treatment.
- Weekly counseling meetings.
- Regular psychiatric visits.
- Random urine drug testing.
- Mandatory check-in calls Monday through Friday.
- Mandatory notification of employers of IPN status.
- Restrictions on all alcohol intake.
- Restrictions on taking medications without prior IPN approval.
- Restriction on any use of specific medications.
- Possible loss of narcotic-administration privileges.
- Possible loss of prescription medication administration privileges.
- Possible requirement for working under supervision.
- Restrictions on working environment (home health, hospice).
- Requirement for workplace performance monitoring.
- Restriction on multiple jobs and overtime work.

Fitness to work is determined by the nurses stability, support systems available, problem-solving ability and judgment, cognitive status, coping ability, and decision-making ability as well as completing requirements outlined in the monitoring agreement.

IPN provides referrals and support groups and relapse prevention groups to help the impaired nurse to stay free of drugs or alcohol but is not itself a treatment program. Rather, it refers the nurse for treatment. If the nurse does not progress, discontinues treatment, or fails to comply with the program, this information is sent to the Department of Health so it can take action to remove the nurse's license. The impaired nurse does incur significant costs because the treatment and drug testing is not free.

### **Employer initiatives**

The most common method of dealing with impaired nurses for many years has been to fire them or report them to the Board of Nursing for disciplinary action. However, this often just passes the impaired nurse on to employers in other facilities or states. In some cases, nurses are criminally prosecuted for diverting drugs. However, while these methods serve to punish, they do little to rehabilitate and to retain otherwise competent nurses.

A current goal now in Florida and many other states is to prevent impairment and diversion and to help those nurses who are impaired and possibly diverting drugs to recover and to continue to work in the field of nursing without loss of their nursing licenses.

### **Fitness to practice**

Policies and procedures may be in place to identify those who are in need of help to overcome impairment. Elements may include:

- Pre-employment drug testing.
- Probable cause drug testing.
- Mental health evaluation.

### **Protocol**

Each facility should develop a protocol for receiving and dealing with reports (both in-house and external) of impairment and diversion. This protocol should be provided to all staff members and reviewed in detail during staff meetings when the protocol is introduced and during subsequent orientations. The protocol should outline intervention procedures, documentation requirements, reporting and referral options, and return-to-practice guidelines.

### **Education**

Lack of sufficient knowledge about the addiction process combined with familiarity with prescription drugs and administration can often lead nurses to self-medicate and to fail to recognize the signs of addiction. Additionally, this inadequate knowledge feeds into the negative perception of addiction. All staff members should be required to attend classes in substance abuse. The classes should include:

- Risk factors for substance abuse.
- Physiology of addiction.
- Signs and symptoms of substance abuse.
- Resources available, including alternative programs such as IPN.
- Ethical and legal obligations to report.
- Screening tools for alcohol use disorders, such as CAGE and AUDIT (Alcohol Use Disorders Identification Test), so participants can self-assess.

#### **Cage tool** (2 "yes" answers indicate possible alcoholism)

Have you ever felt the need to **C**ut down on your drinking?  
Have people **A**nnoyed you by criticizing your drinking?  
Have you ever felt **G**uilty about drinking?  
4. Have you ever felt you needed a drink first thing in the morning (**E**ye-opener) to steady your nerves or to get rid of a hangover?

- Screening tools for drug-abuse, such as DAST(Drug Abuse Screening Test), which asks about drug use in the previous 12 months:

<b>DAST tool</b>	<b>No</b>	<b>Yes</b>
1. Have you used drugs other than those required for medical reason?	0	1

2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "yes.")	1	0
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? (If never use drugs, choose "no.")	0	1
6. Does your spouse (significant other or parents) ever complain about your use of drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

**DAST scoring:**

- 1-2 low level, reassess later
- 3-5 moderate level, further assessment needed.
- 6-8 substantial level, intensive assessment needed.
- 9-10 severe level, intensive assessment needed.

**Diversion prevention program** All nursing staff are generally advised that the organization is focusing on diversion prevention and is closely monitoring controlled substances as well as other drugs and will conduct regular audits of automated drug dispenser reports and medical records. Nurses are prohibited from sharing passwords and/or controlled substance access codes. With a diversion prevention program, all staff should be educated in the signs of diversion and know the steps to reporting concerns.

**Employee assistance program** There are many different types of employee assistance programs (EAPs) available for nurses, some associated with the Board of Nursing (such as IPN) and others with professional associations or unaffiliated. EAPs provide a range of different services to assist employees to cope with stressors that occur at home and in the work environment.

Some EAPs offer comprehensive services, such as counseling, support groups, and education while others may provide referrals and list of resources. The goals of employee assistance programs are generally similar to those of IPN, to provide an alternative to disciplinary action for nurses who are impaired.

### **Employee wellness program**

Wellness programs are essentially preventive in that they try to promote the health and well-being of employees. Wellness programs may include:

- Exercise programs.
- Smoking cessation programs.
- Nutrition/Diet information.
- Support groups.
- Biometric screening (BP, blood sugar, hemoglobin, height, weight).
- Communication portal.
- Incentives for participation.

### **Treatment approaches**

Various approaches to treatment are used with the impaired nurse, depending on the individual person's needs. Relapses are common, and this is one of the reasons that many nurses have 5-year contracts with the IPN. More than one treatment approach may be valuable. Treatment approaches may include:

### **Mental health evaluation/treatment**

Evaluation is generally carried out by a psychiatrist or a certified addiction professional who is best able to assess the nurse's need for treatment. In some cases, the nurse may need to be hospitalized for medically-supervised withdrawal and for inpatient rehabilitation services. Some impaired nurses have only mental health problems and not substance use disorders, so psychiatric treatment may be necessary to stabilize the nurses and address their issues. The largest group of those referred to the IPN (58%) have dual diagnoses.

### **Methadone and buprenorphine**

Methadone (Dolophine®) and buprenorphine (Subutex®) are narcotic medications that are used to reduce withdrawal symptom, to reduce the "high" caused by taking opioids, and to reduce drug cravings. They are frequently used for extended periods as maintenance therapy for addiction. States differ in allowing these drugs to be used by nurses in practice. However, these are narcotic drugs, and the use generally violates the complete abstinence contract regarding fitness for work that is part of the monitoring agreement of the IPN.

### **Support groups**

Support groups, in general, vary considerably in makeup. Some are led by peers and others by professionals. IPN has more than 150 support groups located throughout the state of Florida, and these groups are led by IPN-approved facilitators. Nurses often find talking with others who are undergoing the same

challenges to be helpful. Different topics may be discussed under guidance of the leader.

### **12-step programs**

While 12-step programs are a type of support group, they differ from the IPN support groups in that they are peer led and everything discussed is considered confidential. They are not specific to healthcare, so participants may come from many walks of life.

### **In-patient rehabilitation**

Impaired nurses may be hospitalized for various periods of time (usually 28 to 90 days) for comprehensive treatment and therapy. The nurse may initially undergo detoxification and be provided support in a stable environment. Various types of therapy, including cognitive behavioral therapy, motivational interviewing, matrix model, contingency management, and family therapy may be provided.

### **Cognitive behavioral therapy**

CBT is a relatively short-term goal-oriented form of psychotherapy frequently used with impaired individuals to help them to identify unhealthy patterns of thought and behavior and to change their perceptions, reactions, and behaviors. Clients usually have weekly therapy for a few months.

### **Motivational interviewing**

Motivational interviewing is a type of nonjudgmental psychotherapy in which the client is helped to become aware of problems, consequences, and risks associated with behavior and to become motivated to change.

### **Relapse prevention**

Staying clean is an ongoing process because relapse is very common, 40 to 60% according to the National Institute of Drug Abuse. Relapse prevention programs help the clients to identify triggers, make plans for dealing with relapse, cope with cravings, and identify a support system.

### **Summary**

Impaired healthcare workers, such as nurses, are an increasing problem because of the stress of nursing and easy access to patient medications. Risk factors for substance use disorders include genetic psychological, behavioral, social, family, physical, and role-related factors. There are both behavioral and physical signs of impairment. Impaired nurses often resort to diversion, so colleagues must be aware of the behavior signs of diversion and workplace signs.

Florida's mandatory reporting laws require that nurses report other nurses who cannot practice safely because of physical or mental illness or use of alcohol, drugs, or other chemicals. In Florida, impaired nurses can be reported to the Florida Department of Health for disciplinary action through the Board of Nursing or to the Intervention Program for Nurses, an alternative to disciplinary action. The impaired nurse must be confronted and reported: observe and document, share observations, confront/intervene, and report. Nurses may (and should) self-report.

Employers should take an active role through employer initiatives that may include fitness to practice evaluations, protocols, education, screening, diversion prevention programs, employee assistance programs, and employee wellness programs. Treatment approaches include mental health evaluation and treatment, methadone/buprenorphine, support groups, 12-step programs, in-patient rehabilitation programs, cognitive behavioral therapy, motivational interviewing and relapse prevention.

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