

Supporting Safety-sensitive Workers with Alcohol Use Disorder

Alcohol use disorder (AUD) affects people of all races and ethnicities, across social groups and employment levels. As such, AUD occurs among workers in safety-sensitive occupations such as:



Police



Firefighters



Airline and private pilots



Attorneys



Judges



Healthcare professionals

Safety-sensitive workers (SSWs) hold the safety of the public in their hands, therefore it is important that they receive **effective, timely, and validated treatment** to ensure the best outcomes and protect the public. If they are unable to complete their jobs adequately and safely, their actions place the public at risk.

How Does Addiction Care Differ for Safety-sensitive Workers?

When healthcare professionals diagnose and treat individuals in safety-sensitive occupations, they must consider each patient's occupation when formulating a treatment plan. Many groups of SSWs have specialized care management protocols that balance an individual's need for care with the safety of the public they serve.^{1,2}

These protocols typically combine:

- Higher standards for treatment success.
- Intensive initial treatment.
- Extended disease monitoring (often five years or more).
- Ongoing adjustments to continuing care plans to maintain safety.



Outcome research supports the efficacy of this combination of intensive treatment followed by long-term disease monitoring in multiple safety-sensitive professions.³

SSW addiction care combines treatment and extended disease monitoring, which includes:

- Establishing care and disease management parameters for members of each cohort.
- Providing a rapid response safety net in cases where an individual poses a potential danger to the public.
- Increasing the probability of sustained remission.
- Promoting the best possible outcome for members of that cohort.
- Balancing the individual's need for privacy with the public's need for safety.

What Should a Healthcare Professional Do If Their SSW Patient Has a SUD?



Many safety-sensitive professions have protocols that must be followed to ensure the public is not exposed to the harm that can occur if a given provider, officer, or other worker's health or judgment risks public safety. Healthcare professionals treating SSWs have an obligation to both the public as well as the patient and should, at a minimum, follow these two initial steps to determine the best treatment approach:²

Initial Steps to Determine Best Treatment Approach for SSWs:²

- 1 Search for professional protocols for the SSW's respective profession, which are often state or province-specific.**

One quick and effective way of gathering information is to determine if that SSW is in a profession and state with a professional assistance program.

- 2 Determine if a professional assistance or health program exists in the state or province.**

Such guidelines and programs share the burden of managing the complexity of such cases while balancing public safety. Referral to these programs is mandatory for many professions. Providers who ignore mandated referral requirements risk public safety and jeopardize their own licenses.⁴

What are Professional Health Programs?

Professional Health Programs are state- or province-legislatively sanctioned organizations whose goal is to simultaneously promote public safety and the best prognosis for professionals who develop substance use disorders, including alcohol use disorders, in a covered cohort.

Examples include:



Pilots:

Commercial and private pilots in the U.S. have licensure requirements, managed by the Federal Aviation Administration (FAA), regarding substance use disorders (SUDs).

Commercial airlines have policies and procedures that ensure their pilots remain healthy and the public is protected as well. Private pilots are obligated to report a history of AUD to the FAA and must be followed by an Aviation Medical Examiner with expertise in SUDs. *Additional information about protocols for pilots can be found on the [FAA's website](#).*



Healthcare professionals:

Most states in the U.S. and several Canadian provinces have Physician Health Programs. Most are sanctioned and protected by appropriate legislative and licensing board rules and statutes. Many of these programs cover allied professionals, such as dentists, physician associates/assistants, pharmacists, and nurses.

States have varying degrees of regulations regarding other healthcare workers, including nurses and nurse practitioners, social workers, nursing assistants, and eldercare workers. Each state, province, and/or corporate entity differs in which organization covers which profession and in the degree of anonymity allowed for the licensed professional.

Over the past 30 years, professional health programs have become more uniform in how they operate, relying on the experience and research of the best-designed programs, bolstered by substantive outcome research.

Physician Health Programs have the largest portfolio of procedures, protocols, and outcome research. *Additional information about these state programs, including contact information for referrals, program services, and professions served, can be found on the [Federation of State Physician Health Programs website](#).*



Lawyers:

Some states have similar programs for attorneys and judges. *Additional information about Lawyer Assistance Programs can be found on the [American Bar Association website](#).*



Law Enforcement Personnel and Firefighters:

Support and recovery networks for police and firefighters vary significantly. Larger organizations such as the DEA and FBI have sophisticated personnel monitoring programs. Some state police have oversight programs as well. Many municipalities have Employee Assistance Programs for their police and fire providers, but these organizations rarely have the funding and infrastructure to ensure the best prognosis.

What are the Key Components of Managing SSWs with Substance Use Disorders?

The overarching concept of managing SSWs with SUDs, such as AUD, is based on the concept that the best outcome occurs when **chronic disease management is used**.^{5,6}

As with other chronic conditions, each person with AUD needs to build life skills to compensate for their condition and, when practiced over the years, such skills become integrated into daily life. Even after the integration of recovery skills into daily life, AUD needs some level of lifelong vigilance to maintain remission.



Comprehensive Assessment:

- When concerns emerge about an individual in a safety-sensitive occupation, a comprehensive evaluation by a healthcare professional is imperative. Some occupations have written guidelines for such an assessment.
- For example, physicians have established and validated protocols for the assessment of physicians with SUDs,⁴ and pilots have mandated procedures developed by the FAA.
- Individuals in these groups have a lot to lose if they disclose difficulties with substances or medical complications from their use. A single medical encounter is never sufficient in determining the extent of a SUD in an SSW.

Anyone with a concern for impairment can contact a professional assistance program to inquire about the referral process, state requirements, and recommended next steps (anonymously if needed).



Patient-centered, Occupation-focused Treatment:

The treatment provider must be familiar with:

- The work environment of their SSW patients.
- Applicable regulatory requirements.
- The specific demands of safety-sensitive jobs.

They must also be able to:

- Differentiate between illness, disability, and impairment as they apply to safety-sensitive work.
- Develop profession-specific return-to-work recommendations that satisfy employers and regulators in safety-sensitive industries.
- Understand the nuances and limitations of disability and employment law as they apply to SSWs.

This knowledge ensures that treatment, continuing care, and return-to-work plans are properly tailored to the unique needs of this population.



Treatment Among Peers:

- SSWs have unique experiences, stressors, and challenges associated with their professional identities. For SSWs, this includes the **integration of personal and professional norms** that promote public trust.
- Treatment programs for SSWs must have **profession-specific, psychologically safe spaces to explore the public safety consequences of substance use**.
- The trust placed in SSW's drives professional identities and codes of conduct that can intensify the **stigma, shame, and denial associated with AUD** among individuals who are expected to “know better” and are held to higher standards of conduct by the public.
- Profession-specific peer supports leverage the power of shared experience to help **normalize otherwise shameful behavior – an essential component of healing**. Experience has shown that unresolved shame in AUD tends to diminish recovery engagement.
- And, while SSWs also benefit from group therapy and mutual support with the general population, these are not appropriate venues for disclosing impairment and intoxication in the operating room, commercial airline cockpit, or patrol car – underscoring the **need for specialized, peer-specific treatment venues that allow for appropriate disclosure and processing of such material**.



International Peer-support Resources Available*:

- [International Doctors in Alcoholics Anonymous \(IDAA\)](#) - Physicians, dentists, and other doctoral-level healthcare providers.
- [International Lawyers Alcoholics Anonymous \(ILAA\)](#) - Lawyers, judges, law students, and other legal professionals.
- [Birds of a Feather International \(BOAD\)](#) - Pilots and cockpit crewmembers.
- [Law Enforcement Officer Alcoholics Anonymous \(LEOAA\)](#) - Police officers and other first responders.

**Many states and provinces also provide state-specific resources and support groups.*

Components of Long-term Health Support and Verification ▼

SSWs should remain healthy to maximize their work performance and minimize the risk of public harm. Healthcare professionals and professional assistance programs have an obligation to the public to continuously evaluate SSWs with AUD through:

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Case Management:
 - Individual coaching and support to assist with recovery and continuing care engagement, verification of health and program status, and occupational assistance.

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Biomarkers:
 - SSWs should participate in screening protocols over a longer time frame—commonly years—to ensure they remain in remission. This improves public safety and solidifies trust in the SSW professions. Alcohol testing that utilizes blood phosphatidyl alcohol, urine ethyl glucuronide and ethyl sulfate, and hair or nail ethyl glucuronide are commonly used biomarkers for verifying abstinence in SSWs. Urine screening with definitive confirmation is critical to ensure accuracy and accountability to all parties involved.

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Workplace Liaison:
 - A supportive peer or supervisor to provide periodic status updates and feedback on performance to the professional assistance program. Provides an early warning system for illness recurrence that could compromise public safety.

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Involvement in Recovery Activities:
 - Involvement in ongoing recovery activities such as attendance at peer support meetings (e.g., Alcoholics Anonymous, SMART Recovery). Profession-specific mutual support groups are also strongly encouraged.

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Concomitant Treatment of Co-existing Conditions:
 - AUD does not occur in a vacuum. Proper diagnosis of identified mood, anxiety, and trauma disorders, or other co-occurring health conditions, should occur simultaneously to ensure the professional is healthy and the public is safe.

These components are collected by the professional assistance program and reviewed by staff experts in this addiction sub-specialty. The professional assistance program follows these important indicators to determine whether the SSW remains in remission and can practice their profession safely.

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