

Persons in Safety-Sensitive Occupations

All safety-sensitive workers, by definition, have a responsibility to the public. The extent of the effect on the public comes from two factors:

- a. The size of the population safety-sensitive workers affect and the depth of the effect from potential impairment, and
- b. The amount of public trust that is implied in that worker's occupation.

Both of these factors place a burden on treatment, its efficacy, and the importance of that patient's recovery for overall public welfare. These two factors color decisions that are made regarding the type, intensity, and setting of treatment provided to this special population.

| SAFETY-SENSITIVE OCCUPATIONS | |
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| Safety-sensitive workers can come from many different occupations, including: | |
| <ul style="list-style-type: none">• Health care professionals• Police officers• Airline pilots• Attorneys | |

Aggressive treatment and continued monitoring does more than assure the safety of the public at large. The consistent and sustained care of one individual helps his or her entire cohort.

Safety-sensitive workers do best when offered cohort-specific treatment, which facilitates adequate self-disclosure and the subsequent repair of the damage produced by past substance-related behaviors. Once they develop a substance use disorder, many safety-sensitive workers compromise their job efficiency and at times create public harm.

| SAFETY-SENSITIVE WORKERS' KEY QUALITIES | |
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| <ol style="list-style-type: none">1. All safety-sensitive workers, by definition, have a responsibility to the public.2. Safety-sensitive workers do best when offered cohort-specific treatment, which facilitates adequate self-disclosure and the subsequent repair of the damage produced by past substance-related behaviors.3. Some safety-sensitive workers have direct access to addicting substances.4. Health care professionals commonly have difficulty adopting the role of a patient. | |

Health care workers (physicians, advanced practice registered nurses (APRNs), physician assistants, dentists and dental workers, veterinarians and animal workers, nurses and pharmacists) commonly have ready access to addictive substances. The treatment of such individuals should include management of drug access, drug refusal skills, work environment modification to decrease drug access and other occupation-specific interventions geared to decrease relapse.

Health care professionals commonly have difficulty adopting the role of a patient. However, one needs to become a patient before treatment can successfully commence. Academic health care workers who serve as faculty in a health professionals' school, or who may be medical directors of hospitals or other treatment facilities, have the most difficulty - they have such special expertise and depth of technical knowledge that they over-rely on those assets. They may have difficulty maintaining the patient role and accepting the recommendations of their own treating physician or other clinician.

The diagnostic admission criteria for safety-sensitive workers who have a substance use disorder do not differ in form from diagnostic admission criteria for patients from the general public. The final treatment placement, however, may need to be distinctly different for reasons described below:

| Persons in Safety-Sensitive Occupations Dimensional Admission Criteria | |
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| Dimension 1: Acute Intoxication and / or Withdrawal Potential | In Dimension 1, withdrawal management can be provided at any level that is medically appropriate, provided that the individual is kept from his or her work if there are known or suspected concerns for public safety. In |
| Dimension 2: Biomedical Conditions and Complications | Dimension 2, biomedical problems may prove especially vexing in health care professionals who "know too much for their own good" and attempt to direct their personal care without input from their real medical team. |
| Dimension 3: Emotional, Behavioral or Cognitive conditions and Complications | The emotional and behavioral needs of safety-sensitive workers are similar to those of the general public. Physicians, for instance, have rates of depression that are comparable to rates among the general public (though their rates of suicide are higher). The safety-sensitive worker must have a more comprehensive assessment, and a more measured approach to intellectual deficits caused by substance use disorders, whether acute or chronic. |
| Dimension 4: Readiness to Change | This Dimension is important in the care of safety-sensitive workers. Workers are often motivated and ready for action in order to keep their job more than they are interested in recovery and wellness. |
| Dimension 5: Relapse, Continued use, or Continued Problem Potential | <p>The most important issue in Dimension 5 comes from what is termed "relapse intolerance." For many safety-sensitive workers, there is little or no tolerance for relapse. This intolerance comes from two places: 91) the potential for real public harm, and (2) the reprisal from licensing agencies, legal action, professional organization or command structures.</p> <p>All safety-sensitive workers should participate in a random, observed drug-screening program of sufficient sophistication to detect surreptitious substance use or other additive drug / alcohol use which was not identified in the original assessment.</p> |
| Dimension 6: Recovery Environment | All patients who develop substance use disorders need to address their environment. In the case of many safety-sensitive workers who have drug exposure in their workplace, the work environment should be modified to accommodate the patient returning from treatment for a substance use disorder. |