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Stigmatized Discretion: A Survey of the Impact of Stigma Associated With Substance Use Disorder on the Hiring of Teachers in Recovery

Nick Hoskins Roberts
nroberts9859@gmail.com

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STIGMATIZED DISCRETION:
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Nick Hoskins Roberts
Approved by
Dr. Bobbi Nicholson, Committee Chairperson
Dr. Ronald Childress
Dr. Rebecca Goodwin

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APPROVAL OF DISSERTATION

We, the faculty supervising the work of **Nick Hoskins Roberts**, affirm that the dissertation, **Stigmatized Discretion: A Survey of the Impact of Stigma Associated with Substance Use Disorder on the Hiring of Teachers in Recovery** meets the high academic standards for original scholarship and creative work established by the EdD Program in **Leadership Studies** and the College of Education and Professional Development. This work also conforms to the editorial standards of our discipline and the Graduate College of Marshall University. With our signatures, we approve the manuscript for publication.

Dr. Bobbi Nicholson	*Bobbi Nicholson*	7/12/22
Leadership Studies	Committee Chairperson Major	Date
Dr. Ronald Childress	Ronald Childress (Jul 12, 2022 11:33 EDT)	7/12/2022
Leadership Studies	Committee Member Major	Date
Dr. Rebecca Goodwin	*Rebecca Goodwin*	07/12/2022
External	Committee Member External	Date

DEDICATION

This dissertation is dedicated to my mom, Jane Hoskins Kessell, for instilling in me a lifelong passion for learning, and for leading by example as a consummate educator. I would also like to dedicate this to my loving wife, Amy. Without your support and sacrifices, this would not have been possible. And to my children, Keagan and Cora, may this work inspire you to always aim high.

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ABSTRACT

The purpose of this study was to analyze the effect of stigma associated with substance use disorder (SUD) on the hiring of teacher-applicants in recovery. The ongoing opioid epidemic has dealt many disastrous blows to the United States, particularly in the Appalachian region of the country. As the coal industry was declining in the 1990s and 2000s, prescription opioids flooded the state of West Virginia, bringing with them a dwindling economy and a rise in crime rates, unemployment, and overdoses. Recent legislation has helped in pharmaceutical accountability/regulation and recovery options for individuals suffering from SUD. As more people in recovery are reintegrating into society, they face barriers due to the stigma associated with SUD. Identifying employers' specific concerns about employing or supervising individuals in recovery has been the subject of several recent studies (Becton et al., 2017; Becton et al., 2020; Wright McDougal, 2015), and this investigation into the education arena has expanded that research trend.

The non-experimental, descriptive study was conducted by administering a modified version of the *Employer Perspectives and Willingness Questionnaire* to a non-random, convenience population of P-12 school administrators and human resources directors in all 55 districts of WV. This study identified top concerns administrators and human resources directors have regarding hiring people in recovery. The information was gathered by analyzing how employers' personal experience with SUD influences the degree of stigma they may possess. Although there is SUD-related stigma in this field, there are also people who are supportive if certain protections for all stakeholders are in place. It was also revealed that there exists a need for more professional development regarding SUD for education administrators and human resources directors.

CHAPTER 1

INTRODUCTION

It is a sad fact that more and more Americans are being affected by the condition of drug addiction, or substance use disorder (SUD), in one way or another. The American Psychiatric Association defines SUD as a "complex condition in which there is uncontrolled use of a substance despite harmful consequence" (2020, SUD section). Currently, the most lethal and economically crippling abusable substances fall under the opioid classification, with drugs such as heroin and prescription painkillers having ravaged the nation (Cicero, 2020). As a result, SUD has become more prevalent than ever, and the rate of drug overdoses in the United States is rising (Centers for Disease Control and Prevention, 2021).

Among the more persistent issues that have arisen for people with current and former SUDs is the stigma associated with the condition (Phillips & Shaw, 2012). Batastini et al. define stigma as "the negative outcomes that occur when a social, economic, or other characteristic label is attributed to an individual or group of individuals sharing a particular quality" (2017, p. 777). Stigma manifests in different forms such as enacted stigma (i.e., how stigmatized people have directly experienced discrimination), perceived stigma (i.e., how people in the stigmatized group think others view them), and self-stigma (i.e., how stigmatized people negatively view themselves) (Luoma et al., 2007). Stigma in all its forms has been shown to affect the employment process for people with and/or in recovery from SUD (Becton et al., 2020).

Individuals with former SUDs (i.e., people in recovery) may have accrued criminal charges, ruined relationships with friends and family, and lost jobs or been unemployed for extended periods of time because of the condition, which can negatively affect others and hinder their chances of reintegration (Luoma et al., 2007). When people with SUDs recover and try to

transition into being productive, responsible members of society, they sometimes encounter various hurdles resulting from stigma associated with SUD.

Perceived stigma may keep individuals from seeking treatment, and due to the progressive nature of the condition, the person afflicted gets worse if left untreated. People suffering from SUD may engage in behaviors (e.g., lie about their illness, commit crimes, damage relationships with employers, friends, and family, etc.) that they would not ordinarily do. Regardless of the public stigma associated with the condition, SUD is a condition that does not discriminate in whom it affects; nor is it a result of someone's being weak-willed or morally deficient (Hyman, 2005). In fact, in the 2017 National Survey on Drug Use and Health, it was revealed that one in 12 American adults (18.7 million people) had an SUD (Mental Health and Substance Use Disorders, 2020).

Once a person acknowledges the SUD and seeks treatment for it, she – or a loved one – is left with the intimidating task of getting help by navigating the field of addiction recovery resources. Assuming she finds a reputable treatment program that successfully enables her to stop taking the substance to which she is addicted and/or alleviates any underlying conditions, the SUD is considered to be in remission, and she is now in recovery (American Psychiatric Association, 2020). Although achieving and maintaining recovery is possible and new pathways to recovery are continually emerging, a person with a highly stigmatized condition must now learn how to reintegrate into society. Some potential barriers to this reentry include finding housing, mending relationships, getting a driver's license and vehicle, acquiring an education/trade/skill, and becoming employed. These obstacles can prove challenging to the need of balancing one's recovery obligations/treatment with the routine of everyday life (Davies et al., 2015).

The U.S. Department of Health and Human Services' 2016 Surgeon General's Report on Alcohol, Drugs, and Health showed that nearly 25 million Americans who once disclosed that they had an SUD were in recovery (i.e., stable remission for one year or longer). Were this many individuals to be employed, a dual benefit would accrue: It would be not only good for the economy but would also constitute a crucial part of their recovery because employment provides the recovering individual with structure, purpose, and accountability (Becton et al., 2017). Though these people may seek out employment, studies have shown that employers have reservations about hiring someone in recovery due to the stigma attached to the condition of SUD (Baldwin et al., 2010). The focus of this study is to expand what is known about how the stigma of SUD affects the hiring process by examining its potential effects in the field of education; specifically, what administrators view as legitimate concerns regarding the hiring of people in recovery.

Substance Use Disorder

For the purposes of this research in this field, "substance use disorder" is essentially a catchall term that encapsulates the abuse of all drugs. The technical names for this condition have included "addiction," "alcoholism," "drug dependency," "habituation," "substance-related disorder," and so on, and have changed throughout the years. The International Classification of Diseases breaks the different substances down even further for diagnostic purposes (Room, 1998). Regardless of the term of the day, the stigma associated with SUD has remained constant.

The United States has had a long history with combating alcoholism and drug addiction. Though alcohol has been around and remained more socially acceptable since the country's inception, illicit substance abuse can be traced as far back as the mid-1800s with the emergence of opium smoking. Opium dens in California created America's first drug epidemic which, in

turn, led to the country's first drug laws in 1875 (Drug Enforcement Administration Museum, n.d.). Since then, the US government has attempted to deal with SUD in various ways, such as Prohibition, the Controlled Substances Act, the creation of the Drug Enforcement Administration, the War on Drugs, and drug laws with mandatory sentences for possession and/or distribution (Wagener & Thomas, 2020).

The current SUD epidemic in the US is primarily fueled by opioids, which are defined by the Centers for Disease Control and Prevention (2021, Commonly Used Terms section) as the following:

Natural, synthetic, or semi-synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Prescription opioids are generally safe when taken for a short time and as directed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused and have addiction potential.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association, 2013) lists eleven different criteria for acquiring an SUD diagnosis. Some examples of these symptoms include taking more of a substance than prescribed, the inability to stop taking the substance, and living a lifestyle that revolves around getting and/or recovering from the substances (Hartney, 2020). Even without a formal diagnosis, the symptoms/behaviors associated with SUD often make the person aware that something is wrong, whether he admits it right away or not.

Though the entire country has been ravaged by the widespread effects of SUD, the Appalachian region, and one state in particular, has been hit the hardest: West Virginia. The relatively small, picturesque state commonly referred to as "Almost Heaven" is currently experiencing anything but. Many of the previously profitable extraction industries such as coal and natural gas have proven to be unsustainable in terms of supply and regulation and have sent their profits to out-of-state interests (Chinni & Rivera, 2016).

By 2012, Coal production was the lowest it had been in 30 years, while unemployment followed a similar downward trajectory hitting a nine-year low (Boettner, 2014). According to Adams and Bleizeffer (2020), coal production was cut in half between 2008 and 2016. There are several reasons, which are often hotly debated, for the decline in the coal industry. The prevailing conservative narrative is that Obama-era Environmental Protection Agency legislation regulating carbon emissions and demanding "cleaner coal" hindered the industry's output. Though these regulations certainly played a part, the fact is that competition from natural gas, combined with the declining prices in production of solar and wind energy, has affected coal production as well (2020). This not only means an ongoing loss of jobs in the coal industry, but in coal industry-related jobs like equipment manufacturing and railroads as well (2020).

The decimation of the coal industry, the declining economy, and rising poverty led to a growing population of out-of-work and often injured people. The amount of prescription narcotic pain medicine being dispensed from the 1990s through the 2010s seemed to grow along with the unemployed workforce. The flooding of painkillers into West Virginia only added to the despair of the state. Hydrocodone and oxycodone were overprescribed and underestimated in terms of their potential for addiction. These legal prescriptions spilled over into street-level drug sales, and prescription opioids became the drug of choice for many West Virginians. Once federal

legislation forced drug companies and prescribing physicians to be more cautious, thorough, and selective in whom they gave medicine, many patients were cut off, leaving a void for other cheaper, more potent drugs like heroin and fentanyl to explode in usage over the past two decades, making West Virginia the epicenter of the drug epidemic (Saloner et al., 2019). The condition of addiction – for a number of reasons that will be more fully explored in Chapter Two – had chosen the Mountain State as Ground Zero.

Employers' Stigma Associated with SUD

Employment has always been considered a goal for a person in recovery from SUD, but it is now viewed as being part of the rehabilitation process (Martinson et al., 2020). Employment can not only provide structure and stability in one's life, but also purpose, responsibility, and accountability. Working also is an important indicator of the recovering individual's chances of not relapsing, in contrast to recovering individuals who remain unemployed (Harrison et al., 2020). This pattern of success continues for people in recovery programs that allow employment as well; the people who work tend to stay in recovery (2020). It is apparent that employment is an important part of one's recovery, and people who stay in recovery "demonstrate greatly reduced healthcare, social, and societal costs, such as fewer drug-related accidents and greater workplace productivity" (Becton et al., 2020, p. 40).

A major roadblock to achieving employment, however, is the stigma held by employers (Corrigan et al., 2010). SUD is a condition that has traditionally been viewed as being behaviorally driven, thus placing more perceived personal responsibility and blame on the afflicted individual. Researchers have found that employers feel less sympathy, tolerance, and understanding for people with SUD because this condition is understood to be "a result of actions under his or her control" (2010, p. 2162).

Another highly stigmatized aspect of SUD is having a criminal record or previous involvement in the criminal justice system. Employers tend to look negatively at criminal records on an applicant's background, and that can impede a person in recovery who has accrued SUD-related criminal offenses from obtaining employment (Batastini et al., 2017).

People in recovery from SUD can also face another barrier to employment in the form of a questionable work history, such as multiple stints at different jobs or prolonged gaps in employment. Employers want to hire someone who is worth the investment of time it takes to train and acclimate a new hire, so if there are prolonged periods of unemployment on one's resume, this would be a red flag. According to a study by Farber et al. (2019), the employer participants revealed that they will call back more applicants who have shorter spells of unemployment and fit within a certain age range.

Although there has been substantial research on the effects of stigma associated with people in recovery from SUD and how that affects employment opportunities in various fields (e.g., business, industry, entertainment, etc.), less is known when it comes to applicants in the field of education. Due to the highly stigmatized nature of SUD, administrators hiring for professional positions such as teaching, counseling, or administration could potentially exercise more scrutiny with applicants who are in recovery. Understanding administrators' willingness/apprehension and attitudes toward hiring people in recovery is a crucial step forward that could contribute to our understanding of how stigma associated with SUD affects the hiring process in this arena.

Problem Statement

The opioid epidemic has wreaked havoc in West Virginia (Saloner et al., 2019). The state leads the nation in overdoses, further reducing an already depleted workforce (Merino et al.,

2019). As people with SUD recover and reenter society and the workforce, they bring with them such obstacles as past criminal records and gaps in employment, and face the stigma associated with SUD as well (Holzer et al., 2003; Uggen et al., 2014). Learning administrators' concerns regarding hiring people in recovery and the extent to which those concerns affect decisions regarding the hiring of potential teachers with SUD is a necessary contribution to this research area.

Purpose

Previous research has examined employer attitudes toward hiring people in recovery from SUD in industries such as arts and entertainment, business and administration, information and support, production and manufacturing, sales and retail, and service (Becton et al., 2017). The purpose of this research is to look specifically at the education industry and what administrators or human resources directors may view as legitimate concerns about hiring people in recovery from SUDs in order to determine whether previous findings regarding SUD stigma apply to this field as well. By assessing areas such as the administrators' and human resources directors' personal experience(s) (or lack thereof) with people in recovery, their knowledge of SUD in a general sense, and their attitudes toward hiring a teacher-applicant in recovery affect their willingness to hire, this study will seek to contribute to the research on how SUD stigma affects the hiring process. Given the extent of the opioid crisis in West Virginia as well as the ongoing teacher shortage, such an examination is due (Cicero, 2020; Sutcher et al., 2019).

Research Questions

Research Question 1: To what extent does prior knowledge of and/or experience with SUD affect school administrators' or human resources directors' inclination to hire?

Research Question 2: To what extent does an applicant's disclosure of SUD affect school administrators' or human resources directors' inclination to hire?

Method

This study featured a nonexperimental, descriptive design, the purpose of which was to gather data to describe education administrators' and hiring directors' attitudes toward teacher applicants with former SUDs and to examine whether those attitudes affect hiring outcomes. An online questionnaire designed to explore those attitudes and selected demographic information was sent to education administrators in all 55 school districts in West Virginia. Due to the sensitive nature of the survey content and the natural tendency for respondents to present themselves in a positive light (even in an anonymous survey), the indirect questioning approach developed by Kaye et al. (2011) was utilized to reduce the potential impact of social desirability bias (Fisher, 1993). Additional information regarding this method and survey distribution can be found in the third chapter of this document and a copy of the survey itself is in Appendix B.

Projected Population/Sample

The study used nonrandom, convenience sampling to survey a population of educational administrators (i.e., principals, assistant principals, superintendents, assistant superintendents, and human resources or hiring directors) from all 55 school districts in West Virginia. The responding participants, selected based on their leadership positions within the state's education system, formed the sample.

Limitations

The participants in this study were all administrators or school district hiring directors in the state of West Virginia, which limits generalization of the results to only states with the same

or similar characteristics (McMillan, 2016). Due to the sensitive nature of a questionnaire regarding potential social stigmas, some participants may have answered in a manner through which they believed their responses would be more positively received, even though this was an anonymous survey. West Virginia has also been affected differently by the opioid epidemic, so the results are further limited by that context (Saloner et al., 2019). These factors may affect the external validity of the data. Any results may be further limited by the possibility that even significant results may not be generalizable to even other participants in the study. This constitutes a potential challenge to the internal validity of the data. Though the researcher's own personal experience in and with the SUD recovery community provided a valuable insight into the mindset of a person in recovery who has experienced stigma in the hiring process, it may also be a source of bias and a limitation.

Significance

This research contributes to our understanding of the extent to which potential stigma associated with SUD may factor into the hiring process by specifically focusing on hiring educators. As the addiction epidemic continues to grow, knowledge of any potential relationship between the two must be further explored. Identifying any potential presence and source of stigma associated with SUD in education administrators' hiring decisions could result in an increased understanding of SUD, more informed hiring decisions, and could add to the broader issue of reducing stigma associated with SUD in general.

CHAPTER 2

REVIEW OF THE LITERATURE

The following review of the literature incorporates several research areas: the rise of the opioid epidemic in the US, the evolution of substance use disorder (SUD), barriers to employment for people in recovery (e.g., criminal records, gaps in employment), stigma toward individuals with current and former SUDs, and employer attitudes about hiring people in recovery. Each will be examined in the pages that follow.

The Opioid Epidemic

The ongoing opioid epidemic has been fueled by three different types of opioids which came in waves. First, prescription painkillers such as oxycodone and hydrocodone were overprescribed, abused, and illegally sold. Once federal regulations limited the amounts of prescription painkillers, they became more expensive and more difficult to find, so many addicted users turned to an illegal street-drug: heroin. When drug dealers realized they could "mix" their product with the more powerful prescription drug fentanyl, made it more profitable, this became standard practice (DeWeerdt, 2019, Epidemics on epidemics section). The combination of high demand and lethal potency made the number of deaths from overdoses in the United States skyrocket. According to the Centers for Disease Control and Prevention (2021, Leading causes of death section), "Opioid-involved overdose deaths rose from 21,088 in 2010 to 47,600 in 2017 and remained steady in 2018 with 46,802 deaths. This was followed by a significant increase in 2019 to 49,860 overdose deaths."

Compton et al., write that "[t]he U.S. opioid crisis exerts a major impact on health and social outcomes" (2020, p. 41). Aside from the detrimental effect they have had on people's health, opioids have also invaded the workforce, and employers have had to evolve in their

response on how to handle it. With each overdose death, a potential contributor to the workforce is lost as well. The Society of Actuaries (Davenport et al., 2019, p. 4) released the following findings from their report:

> We estimate that the total economic burden of the opioid crisis in the United States from 2015 through 2018 was at least $631 billion. This estimate includes costs associated with additional health care services for those impacted by opioid use disorder (OUD), premature mortality, criminal justice activities, child and family assistance programs, education programs and lost productivity.

Although federal law prohibits the termination of an employee who is seeking treatment for addiction (Americans with Disabilities Act, 1990), people who are caught using drugs on the job can be fired. Employers in this position must now weigh the financial option of investing in treatment for the individual (if the employee is willing) or replacing him. Jordan et al. (2008) researched the cost/benefit relationship of an employer investing in treatment for employees with SUD, and the results of the study indicated that employers typically break even, depending on the salary (2008). The further depleted workforce only adds to the poverty and unemployment of a location.

A Ravaged State

More so than anywhere else in the United States, the entire Appalachian region of the country felt the impact of and continues to be affected by the opioid epidemic, with West Virginia being the state that has suffered the most during this crisis. With its geographical isolation and diminishing economy, especially in relationship to the demise of the coal industry, the Mountain State has been fertile ground for SUD. West Virginia continues to lead the nation in overdoses per capita, most of which occurred in the southwestern part of the state (the top

three at-risk counties being Cabell, Wayne, and Lincoln) with the exception of Berkley County in the eastern panhandle (Batdorf, 2018). Saloner et al. (2019, p. 633) write:

> West Virginia is at the epicenter of a national opioid overdose crisis. In 2016 West Virginia had a fatal opioid overdose rate of 43.4 per 100,000 population — more than triple the US average of 13.3 per 100,000. Most opioid overdose fatalities in West Virginia can be linked to heroin and illicit fentanyl. The West Virginia crisis has strained the capacity of health care providers, law enforcement, and social service systems and has exacted a considerable toll on many communities.

This problem did not happen by chance; there were several factors that made West Virginia more susceptible to the onslaught of narcotic pain medicine which jump-started the crisis (Bowen et al., 2018). The historically blue, labor-friendly state flipped red in the 2000 election after the Democrats pushed toward an environmentally friendly energy policy that threatened to eliminate what was left of the coal industry (Chinni & Rivera, 2016). In an economy that has relied for decades on extraction industries such as coal and natural gas, such policies were politically fatal, and the shrinking severance tax enabled by the State Legislature enriched only the top-level executives (Reed, 2020). The 2006 tax cuts under Governor Joe Manchin vaporized another $220 million in state revenue (Blanc, 2018). Unemployment and poverty have continued to increase in recent years, the population has shrunk to 1,792,147 (down 3.3% since 2010, thus further decreasing the federal funding for an already underfunded education industry), and the median household income is currently 49th in the country ($46,711) (QuickFacts West Virginia, 2019). All three were crushing economic factors that correlated with the rise in SUD (Gawande et al., 2020).

Rural areas were hit particularly hard in several ways by the coal industry (Bowen et al., 2018). Coal mining (especially underground mining) is a notoriously dangerous job, leading some researchers to highlight the injuries miners sustained as the beginning of the mass distribution of prescription opioids. Many residents were over-prescribed potent painkillers, which then led to the spill-over effect of extra pain pills on the street (Metcalfe, 2019). This high number of pain pills dispensed in West Virginia led to a rise in opioid abuse (Congressional Subcommittee on Oversight and Investigations, 2018). When the pharmaceutical industries incurred stricter regulation with regard to controlled substances, there was a significant reduction in the numbers of prescriptions written. This led only to an increase in the usage of street drugs like heroin, however, which made the number of overdoses rise.

Due to the tragedy that is the astronomical number of people who have died as a result of SUD-related illness and overdoses, there has been a mounting initiative to hold the pharmaceutical companies accountable. Cabell County, the county hurting the most in West Virginia, has filed suit in the state's Southern Federal District Court against pharmaceutical manufacturer, Johnson & Johnson, and the three main distributors: AmerisourceBergen, Cardinal Health, and McKesson (*City of Huntington v. AmerisourceBergen Drug Corporation, 2020).* CNBC reported that the case ultimately reached a landmark settlement of $26 billion set to be paid out over several years, but victims directly affected by the opioid epidemic did not feel that this was enough (2021). Mulvihill (2021) describes the importance of the initial filing:

> The West Virginia case against the national distribution companies - AmerisourceBergen, Cardinal Health and McKesson - is the first of those cases to go to trial. From 2015 to 2020, more than 700 people died of opioid overdoses in Cabell County, which has a population of under 100,000. (para. 17)

Though this action appears to be a step forward in making restitution for harms done as well as deterring future companies from lying to the public to turn a profit regardless of how many lives are lost, the reality is that these pharmaceutical executives will not be held to the same standard as street-level drug dealers. Darnell Washington, a dealer from Virginia who sold a batch of heroin which resulted in an overdose, was sentenced to 15 years in federal prison because overdoses are now being treated as crimes in an effort to deter the selling of lethally potent drugs. Billionaire families such as the Sacklers who controlled Purdue Pharma during their deliberately dishonest market flood of OxyContin, however, will receive nothing more than a misdemeanor and a fine that their company must pay (Keefe, 2021).

Multiple efforts have been made to stop this detrimental trajectory. More funding has been used to fight the epidemic, with innovative statewide programs and initiatives developed that have achieved various levels of success (Office of Drug Control Policy, 2020). Numerous residential and outpatient recovery facilities have appeared all over West Virginia, although they are often met with public outcry from locals (Yorgey, 2019), as have many 12-step fellowship meetings, faith-based organizations, and recovery outreach groups. Their success rates are difficult to gauge, however, due to the anonymous/confidential aspect to most of those programs (Wagener, 2021). The Comprehensive Opioid Addiction Treatment (COAT) program, which focuses on long-term retention using medication assisted treatment in order to boost success rates, was initiated in West Virginia and has had results of 37.8% patient retention for less than a year and 14.7% retention for at least ten years (Lander, 2020).

 The opioid epidemic has continued to affect West Virginia, especially during the COVID-19 pandemic when new barriers to recovery emerged. Stay-at-home orders prevented in-person recovery meetings where socialization is crucial, intake processes for residential recovery

centers were revised or even halted, and reliance on telehealth for therapeutic services made access difficult for many. People have nonetheless recovered and continue to recover from SUDs. SUD cannot be cured, but there are "evidence-based methods for rehabilitation, which should be readily available, holistic, individualized, and maintained long-term to prevent relapse" (Becton et al., 2020, p. 40). The fact that a person has recovered from SUD, however, does not mean that she is immediately accepted back into mainstream society. She now faces the barriers that stigma associated with the condition create.

Substance Use Disorder (SUD)

Opioids are highly addictive substances, which is why the flood of prescriptions in the 1990s and 2000s gave so many individuals who were already at risk for addiction (e.g., those with a genetic predisposition or living in high poverty and unemployment areas) the chance to develop SUD. Additionally, in most cases, many prescribing physicians to this day are unable to tell who will react negatively to narcotic pain medicine and who will abuse it (Mayo Clinic, 2018). The explanation for narcotics' highly addictive properties is contained in the following explanation:

Opioids trigger the release of endorphins, your brain's feel-good neurotransmitters. Endorphins muffle your perception of pain and boost feelings of pleasure, creating a temporary but powerful sense of well-being. When an opioid dose wears off, you may find yourself wanting those good feelings back, as soon as possible. This is the first milestone on the path toward potential addiction. (Mayo Clinic, 2018, para. 3)

The leading cause of accidental death in 2014 was drug overdose (i.e., 47,055 people), and even though the number of recovery options are increasing, the rate of relapse can be as high as 91% (Chopra & Marasa, 2017). By far the most prevalent drugs associated with SUD fall

under the opioid classification, and 49,860 people died from an opioid overdose in 2019 (70.6%

of all drug overdose deaths) (Centers for Disease Control and Prevention, 2021). Though the

popularity of opioids in all their forms has been rising since the 1990s, the COVID-19 pandemic

created another upward trend. Early numbers obtained by counting the number of failed urine

tests and overdose-related emergency room visits suggested this escalation (Haley & Saits,

2020), but more recent reports indicate that the spike in overdose deaths may be as high as 90%,

meaning that as many as 93,331 people died from a drug overdose in 2020 (Katz & Sanger-Kats,

2021).

> The death toll from Covid-19 surpassed 375,000 last year, the largest American mortality
>
> event in a century, but drug deaths were experienced disproportionately among the
>
> young. In total, the 93,000 deaths cost Americans about 3.5 million years of life,
>
> according to a *New York Times* analysis. By comparison, coronavirus deaths in 2020
>
> were responsible for about 5.5 million years of life. (Katz & Sanger-Katz, 2021)

The effects of alcoholism and drug abuse account for 1.5% of the world's costs on

disease treatment, and that number goes up to 5% in certain parts of the world (Dubey et al.,

2020). The increasing number of people with SUDs related to opioids has affected various

aspects of society. In addition to the afflicted individual, the people closest to the person with

SUD feel the most damage caused by dealing with a loved one in active addiction: parents,

siblings, spouses, grandparents, and friends. Even those who do not have a person with SUD in

their families most likely know someone with it. Unfortunately, a growing number of children

are subjected to the nature of the condition, as stated by Chopra & Morasa (2017):

> In the United States, 7.5 million children reside with at least one parent who abuses drugs
>
> or alcohol. Mothers are twice as likely to lose custody of their children. They have higher

rates of comorbid abuse and psychopathology and limited social supports. Child service

agencies, commonly involved in these scenarios, are often pressured to find permanent

placement for children, within an expedited timeframe, inconsistent with the need for

sufficient time for recovery and goals of family inclusion and unity.

The current negative effects of the opioid epidemic on children reinforce those socioeconomic

and education factors and genetic make-up that correlate with SUD, which could perpetuate the

epidemic unless effective treatment and recovery measures are established and implemented.

Treatment Methods and Related Legislation

Treatment for SUD has evolved from the 18th century until now, and people are still

working on identifying best practices (Talchekar & Sklar, 2020). The American Medical

Association (AMA) officially classified alcoholism as a disease due to its chronic, progressive,

and fatal nature, and this gave physicians the ability to bill insurance for alcoholism treatment

(2020). All drug addictions, no longer just alcohol, were classified as diseases by the AMA in

1987. More significant pharmacological developments occurred in 1994 when the Food and

Drug Administration (FDA) approved the use of naltrexone for alcohol treatment and in 2002

approved buprenorphine (a medication that works by blocking the brain's opioid receptors,

thereby eliminating the euphoric sensation from opioids) (2020). Once this medication assisted

treatment (MAT) gained popularity, it was clear that there must be strict oversight on how the

drugs were prescribed and dispensed.

The first major piece of legislation regarding SUD was the Controlled Substances Act

(1970), which broke down the regulated substances into five categories based on factors

including the substance's potential for abuse (Talchekar & Sklar, 2020). In 1999 the Drug

Addiction Treatment Act was passed in an effort to refine the Controlled Substances Act by

imposing strict rules on doctors prescribing narcotics for SUD treatment (2020). The Mental Health Parity and Addiction Equity Act (MHPAEA) passed in 2008, requiring health insurance companies to cover SUD treatment (2020). Subsequently, the Affordable Care Act of 2010 added to MHPAEA by ensuring that state health insurance plans also included treatment for SUD (2020).

All of the aforementioned innovations and pieces of legislation paved the way for the current state of SUD recovery services in the United States. The success of the Alcoholics Anonymous (AA) 12-step program inspired other substance-specific fellowships (e.g., Cocaine Anonymous [CA], Narcotics Anonymous [NA]) which adopted AA's methods but tailored them to the individual's "drug of choice." The number of treatment centers has grown in proportion with the rise of SUD cases, and this has become an industry in itself:

> Drug, alcohol and other addiction rehab in the United States is big business - $42 billion this year. There are now 14,000+ treatment facilities and growing. A total of 3.7 million persons received treatment, but many more need it and facilities are filled to capacity. Insurance coverage for rehab has increased, but scandals abound as shoddy facilities opened and patient brokering, overbilling and deceptive marketing became common. Reforms are pending. Private equity firms are investing. (Research and Markets, 2020, para. 1)

Recovery and the Barriers to Reintegration

Once a person with substance use disorder (SUD) seeks treatment and successfully manages to recover from the cycle of addiction – whether that be through 12-step fellowship meetings, treatment centers, incarceration, outpatient therapy, or medication assisted treatment (MAT) – he must now face the task of reintegrating into society. This may be easier for some

people than others, depending on the severity of the damage done while in active addiction. For some, it is simply a matter of returning to a supportive family and an understanding employer; however, other people lose much more, and they have deeper holes to climb out of.

Some people coming out of SUD treatment lack basic necessities, such as having a skillset/education, transportation, and adequate housing accommodations, further complicating reintegration (Harris et al., 2014). These necessities can be exacerbated in rural areas of the country (Henry, 2020). Additionally, it is common for people with SUD to also be diagnosed with another underlying condition (e.g., depression, anxiety, mood disorders) that can further prevent barriers to successful reintegration (symptoms of the illness, stigma, length of time unemployed) (Harris et al., 2014). Whatever the baseline prognosis, people with SUD cannot be cured, and most of the time, recovery is an ongoing process involving outpatient appointments, meetings, church, or other sources of therapy. Maintaining a balance between self-care and taking the steps to get back on track can be a trying process, but it is crucial for successful reintegration.

Employment is a key factor in rejoining society and recovery from SUD. Conversely, there can be numerous hurdles that one must jump to get a job as a person in recovery. Once thought of as a goal in one's rehabilitation, it is now itself considered to be a treatment measure (Becton et. al, 2020). Having a job generally makes a person feel better about themselves and raises their degree of contentment because of the social connection, individual empowerment, and self-determination (2020). In illustrating how important working is to one's recovery, Becton et. al state the following:

> Integrating employment and recovery models for individuals with substance related
> disorders has proven to be beneficial, with employment significantly related to

completing substance abuse treatment … Additionally, research showed that those who

are unemployed have a higher chance of heavy alcohol use, illicit drug use, and substance

abuse than individuals who work part-time or full-time … (2020)

Obstacles in the Hiring Process

Once a person in recovery from SUD applies for a job and secures an interview, she can

often be met with the decision of having to disclose her condition to the employer and deal with

potential ramifications, such as being viewed as different or acquiring a stigmatizing label.

Another problem with the decision of disclosing SUD to a potential employer is the fact that

potential requirements accompany the disclosure, such as the applicant's possibly needing

accommodations at work (e.g., doctor's appointments, meetings). A potential benefit to

disclosure, however, is the opportunity to explain that a negative work history or criminal

background was attributable to the SUD itself and not to the applicant in recovery (Adams,

2018). Because of the Americans with Disabilities Act (ADA) and the Family and Medical

Leave Act (FMLA), employees with SUD are legally protected and entitled to accommodations,

and without disclosing the SUD, these could be in jeopardy (Rehab After Work, 2020).

In a scoping literature review (i.e., a method of targeting the existing state of research

literature in order to create a potential research plan based on previous analyses) by Gewurtz et

al. on the topic of barriers to employment that people with disabilities have encountered, there

were seven related topics discovered, one of which was disclosure; specifically,

when/where/how and if one should disclose his disability to an employer (2016). Data from this

study include the following results: employers typically look unfavorably on applicants'

disclosing their condition on a cover letter which reduces the chances of an interview being

offered; approaches to disclosure vary by visibility of the disability (e.g., a criminal background

and gaps in employment could be considered "visible" qualities because they could prompt inquiry by the employer); the timing of the disclosure during the interview affects its effect (e.g., the beginning of the interview is most favorable); and not disclosing invisible disabilities until they are discovered on the job could be problematic (2016).

Gaps in Employment

One of the potential red flags to emerge with a person in recovery during an interview is having gaps in employment in one's work history. Employment gaps can result for many reasons. This is something employers may question if they encounter it on a resume, as work history is traditionally viewed as the most important indicator of potential job performance (Harris et al., 2013). Baldwin illustrated that people with former SUDs experience job loss at a higher rate than the general population (2010), one of the obvious reasons for which is that such individuals have a work history with periods of unemployment. A major contributor to periods of unemployment is incarceration, which can lead employers to reject applicants (LePage et al., 2018).

In an effort to measure the usefulness of using unemployment as a sorting criterion, Eriksson and Rooth sent over 8,000 fictitious job applications to seven different types of employers (2014). The gaps in employment spanned the following different classifications: "contemporary unemployment, past unemployment immediately after graduation, past unemployment between jobs, work experience, and number of employers" (2014, p. 1016). One important result from their study is the high value employers typically place on recent unemployment versus past unemployment (2014). Here is a summary of their findings:

> Our analysis provides several policy-relevant results concerning employers' hiring
>
> behavior. First, long-term spells of unemployment in the past do not matter for

employers. This suggests that subsequent work experience eliminates this negative signal. Second, employers do not treat contemporary short-term unemployment spells differently. This implies that employers understand that worker/firm matching takes some time. Third, employers attach a negative value to contemporary unemployment spells lasting at least nine months for medium/low skill jobs. This suggests that employers perceive such spells as a negative signal and, hence, is supportive of the existence of stigma effects. Finally, work experience seems important to employers, especially for high skill jobs. Our results indicate that employers use different hiring strategies for medium/low skill and high skill jobs — relying more on negative signals (unemployment) for medium/low skill jobs and positive signals (work experience) for high skill jobs. (2014, p. 1035)

This information is especially relevant to people in recovery, in that they may be more likely to have recent stints of unemployment due to the progressive nature of the condition. In 2017, Van Belle et al. expanded on Eriksson and Rooth's (2014) research by repeating the experiment of having potential employers "rate the job candidates on statements central to four theoretical mechanisms often related to the scarring effect of unemployment: general signaling theory, (perceived) skill loss, queuing theory, and rational herding" (p. 1). General signalizing theory occurs when one action signals another (i.e., long periods of unemployment signal that the applicant is unmotivated). Perceived skill loss occurs when employers assume that unemployed people have been out of practice long enough to forget their skills. Queuing theory involves employers' placing applicants in a queue based on how desirable they are as potential employees; the more qualified or appealing the applicants are, the higher up the queue they go. Long stints of recent unemployment could move applicants toward the bottom of the queue.

Rational herding is simply the process through which employers mimic the hiring patterns and criteria of other employers (i.e., long stints of recent unemployment are deemed undesirable for one company, so they must be for another company as well) (2017).

The results produced by Van Belle et al. (2017) reinforced previous studies, but they also showed that the fact that employers who are hesitant to hire applicants with long periods of unemployment on their resume is due to their perception of unemployment as being synonymous with reduced intelligence, social skills, and motivation (2017).

New ways of analyzing employment history and using it as an accurate predictor of job performance, however, are being explored. In a longitudinal study, Sajjadiani et al. took over 16,000 job applications for Minnesota school teaching positions (applicants self-reported their employment histories) and then used machine learning techniques to code the responses related to previous employment into measures (2019). Such codes included "work experience relevance, tenure history, and history of involuntary turnover, history of avoiding bad jobs, and history of approaching better jobs" (2019, p. 1207). Using these codes, they predicted how the teachers would perform and discovered that "work experience relevance and a history of approaching better jobs were linked to positive work outcomes, whereas a history of avoiding bad jobs was associated with negative outcomes" (2019, p. 1207).

Depending on the job, if an employer chooses not to hire an individual strictly because of his history with SUD, that choice may be viewed as discrimination on the basis of denying someone employment because of a disability:

Under Federal civil rights laws, most recovering addicts are protected against any form of discrimination, including workplace and employment discrimination. The Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, the Fair Housing

Act (FHA), and the Workforce Investment Act (WIA) all protect the rights of 'individuals with disabilities,' which can include anyone with 'a physical or mental impairment that substantially limits one or more major life activities.' Although the exact outcome is always decided on a case-by-case basis, most individuals who suffer or are recovering from substance use disorders are regarded as having a disability, and are therefore protected from employment discrimination. (Semel Institute of Neuroscience and Human Behavior, 2021, para. 2)

There are stipulations to this protection, however. People with SUDs who are in active addiction, for example, are not protected because one must either have completed a program of recovery or be actively participating in one (Leslie et al., 2019). This stipulation of requiring proactive treatment in order to be legally protected is exclusive to SUD under the Americans with Disabilities Act, leading some to assert that Congress is propagating the stigma of SUD by suggesting that it is behaviorally driven (Leslie et al., 2019).

Criminal History

People in active addiction can often get into legal trouble. Some of the charges commonly involved with SUD include drug possession/distribution, driving under the influence (DUI), driving while intoxicated (DWI), breaking and entering, shoplifting, forgery, and many others. Some of these charges are grounds for immediate disqualification from a job. Having a criminal record is another potential effect of someone with an SUD, former or current, which is problematic because employment is critical for recovery from SUD (LePage et al., 2018). Approximately 58% of the prison population qualifies as having or having had an SUD (2018), and the number of United States citizens with a criminal record is equal to the total number of Americans with a four-year degree (Batastini et al., 2017). Holzer et al. (2003) reported that in

many employment fields, a person with an arrest record and history of SUD and/or other health problems will receive very few job offers, and occupations such as teaching (which requires contact with children) will offer the most resistance.

At least 10,000 people a week are released from federal and state prisons, with many of those having been incarcerated for non-violent drug offenses. This fact, coupled with the culture trending away from the harsh drug laws like mandatory sentencing, make it probable that this number will increase (Batastini et al., 2017). With more people with SUD-related criminal records entering the workforce and having to face employers with potentially stigmatized viewpoints, there could be an opportunity for unemployment rates for those in recovery to rise.

An applicant's criminal record can harm her chances of employment even if she was never formally charged with that crime, because even arrests that never resulted in formal charges will appear (Uggen et al., 2014). A criminal background check is routine when applying for employment and sometimes results in an automatic disqualification of the applicant, especially for felony offenses (2014). The increased availability of background checks has made them commonplace in today's hiring process due to the modern ease of accessing data, and minor crimes (potentially related to SUD) could certainly prevent employment, although research has shown that discrimination can be minimized by personal contact and discussion between the employer and the applicant (2014). Additionally, employers in many professions are legally prohibited from hiring people with certain offenses on their criminal records (e.g., childcare, healthcare, security services) (Holzer et al., 2003).

Although some organizations make any criminal mark on one's permanent record grounds for dismissal, the majority of organizations rely on the hiring employer's discretion (Uggen et al. 2014), and 60% of employers surveyed said that they would not hire someone with

a criminal record (Batastini et al. 2017). Kuhn surveyed participants with former hiring experience and discovered that the recency of the offense and the nature of the offense were taken into consideration by most; however, some participants responded that they would disqualify the applicant no matter what the offense (2019). Minor (2018), however, revealed that workers with criminal records who get jobs are more likely to remain employed and are less likely to quit than their fellow employees

Stigma Associated with Substance Use Disorder

Merriam-Webster defines stigma as "a mark of shame or discredit" (n.d., Definition of stigma section). In expanding on the origin and evolution of the concept, Merriam-Webster states the following:

> *Stigma* was borrowed from Latin *stigmat-*, *stigma*, meaning 'mark, brand,' and ultimately comes from Greek *stizein*, meaning 'to tattoo.' Earliest English use hews close to the word's origin: *stigma* in English first referred to a scar left by a hot iron — that is, a brand. In modern use the scar is figurative: *stigma* most often refers to a set of negative and often unfair beliefs that a society or group of people have about something — for example, people talk about the stigma associated with mental illness, or the stigma of poverty. (n.d., Definition of stigma section)

For the purposes of this paper, the word "stigma" will refer to the figurative use (i.e., negative or unfair beliefs).

Throughout history and continuing to this day, various groups have been stigmatized; in fact, any individual or group that deviates from the "norm" is at risk of stigmatization (Towler, 2005, p. 1). In 1963, Erving Goffman began the exploration of stigma when he posed categories for the following different stigmatized groups:

- abnormal body (e.g., physically disabled);

- tribal identities (e.g., race, gender, religion, or nationality); and

- blemishes of individual character (e.g., alcoholism, mental illness, unemployment, homosexuality)

These categories continue to be expanded upon, adding more dimensions such as how dangerous the person appears to be, how visible the stigmatized variable is, and whether or not it can be controlled (2005). The motives for possessing and propagating stigmas – especially regarding groups – have been referred to as "stigma power," and this is a tactic of control used to exploit and/or exclude "others" (Link & Phelan, 2014, p. 24).

Stigma can exist in various forms; it is more complex than one person viewing another person/group as different or stereotypical. Luoma et al. (2007) describe the concepts of enacted stigma, perceived stigma, and self-stigma. Perhaps the most commonly associated form of stigma is enacted stigma, wherein the individual directly experiences some form of discrimination such as not getting hired for jobs, not receiving the same level of service/care from an organization, or personal attacks in one's own social circle (2007). A by-product of enacted stigma is perceived stigma, which involves a stigmatized group or individual's belief about how much stigma exists and how it directly influences society (2007). The third form of stigma, self-stigma, is enacted stigma internalized because it occurs when the stigmatized individuals accept negative attributes about the stigmatized group with which they are associated (2007). Self-stigma can produce guilt, shame, and fear, which can motivate an individual's interactions with society (e.g., decisions to not seek treatment, employment, and/or relationships) (2007).

The highly stigmatized groups today include people with mental illnesses and people with what are thought to be behaviorally driven disorders (i.e., the afflicted individual is considered responsible for his condition because it resulted from his own actions) (Rossler, 2016). In describing the magnitude of this stigmatization, Rossler writes the following:

The stigma attached to mental illness is ubiquitous. There is no country, society or culture where people with mental illness have the same societal value as people without a mental illness. In a survey that included respondents from 27 countries, nearly 50% of persons with schizophrenia reported discrimination in their personal relationships. Up to 2/3 of these people anticipated discrimination while applying for work or looking for a close relationship. While stigma is universal, the experience of the stigmatized person is influenced by culture. (The size of the problem section)

Due to discrimination, disabilities and mental illnesses can be impediments to one's functioning in society; but when that disability is viewed as behaviorally driven, the stigmatization intensifies (Corrigan et al., 2010).

In a 2010 study, Corrigan et al. investigated the difference in stigma associated with medical issues versus behaviorally driven medical issues in employers: specifically, American and Chinese employers. Using an Employer Perspective Scale (EPS) consisting of 27 items to compare employer attitudes toward bone cancer, HIV/AIDS, mental illness, alcohol abuse, and drug abuse, the researchers discovered that potential applicants with SUD were viewed as more responsible for their condition than those with bone cancer, HIV/AIDS, and mental illness (2010). In a similar study in 2018, Nieweglowski et al. used community-based participatory research methods and 12 focus groups, generating common stigma themes (i.e., dangerous, self-

destructive, unemployable) and surmising that this stigma led to restricting employment opportunities.

The stigma associated with SUD is prevalent in modern society. Though there have been significant improvements in how people with SUD are viewed and how SUD operates in the individual (the aforementioned transition from SUD being a moral failure to a condition, treatment evolving from locking people with SUD in insane asylums to creating residential recovery services and therapy groups, and even the prevalence of the condition as a result of the opioid epidemic caused some to realize that it can happen to people from all walks of life), there is still a long way to go. In research conducted by Birtel et al. (2017) on 64 residents in an SUD treatment facility, data showed that with higher levels of perceived stigma (how the afflicted individual thinks others perceive him) come increased depression, anxiety, and insomnia; however, individuals with perceived social support showed an increase in self-esteem, well-being, and sleep patterns.

SUD is even more stigmatized than smoking and obesity (Phillips & Shaw, 2013), even though cancer and heart failure are the two leading causes of death in the US (Centers for Disease Control and Prevention, 2021). The researchers used a factorial design (two categories: actively using and in remission versus the three groups: SUD, smoking, and obesity) to have the 161 participants read vignettes with variations of the two-by-three combination (2013). As predicted, the fictional people with SUD drew the highest score of desired social distance (2013). Again, it is important to note that this study used scenarios involving people in recovery from SUD, and the stigmatization remained consistent. Continuing with the factorial and fictional scenario model of stigma analysis, a 2017 study reported the following results:

Different attributes of people with a drug addiction and of the characteristics of their

addiction modulated stigma in ways that are mostly consistent with attribution theory and

related research. For example, female gender and younger age of people with a drug

addiction diminished several stigmatizing attitudes; greater duration of addiction and

social influence to use drugs increased them. Furthermore, characteristics of respondents

modulated stigma: women, younger respondents, and those with higher education

expressed less-stigmatizing responses than others. (Sattler et al., p. 415)

The stigma associated with SUD is so problematic that the reduction of it has actually

been suggested as a way to combat the opioid epidemic as stated in the following:

A large body of research indicates that this stigma is persistent, pervasive, and rooted in

the belief that addiction is a personal choice reflecting a lack of willpower and a moral

failing. Though the severity of the stigma varies with the particular drug being used,

evidence shows that stigmatizing beliefs underlie views about addiction in general. Rates

of stigma are extremely high both in the general public and within professions whose

members interact with people with addiction, including the health care professions. One

national survey revealed that three quarters of primary care physicians were unwilling to

have a person with opioid use disorder marry into their family, and two thirds viewed

people with opioid use disorder as dangerous. (McGinty & Barry, 2020, p. 1291).

McGinty & Barry go on to say that societal stigma reinforces the self-stigma by encouraging the

afflicted individual to hide her illness and not seek treatment (2020). This can be an issue for

both someone who is actively using and for a person in recovery if they are made to feel like

they have to live a life of secrecy. Previous attempts at stigma reduction programs such as the

"Disease Like Any Other Campaign" have been ineffective due to the lack of evidence-based

information and have even reinforced stigma in some cases (2020). Other suggestions for stigma reduction include the following: the person-first language (i.e., a person with SUD rather than a substance abuser), emphasizing the humanity of the individual instead of the condition; personal narratives from people in recovery; and showcasing successful treatment messaging. All of these tactics have been successful in reducing stigma associated with HIV/AIDS (2020).

The media (news, movies, television shows) have been shown to be influential on which way the SUD stigma pendulum swings (McGinty et al., 2015). Many news programs depict the more extreme behaviors that can be symptomatic of SUD – deviance, violence, psychosis – while the stories of recovery and treatment are less frequently highlighted (2015). Films like *Requiem for a Dream* (Aronofsky, 2000) and *Drugstore Cowboy* (Van Sant, 1989) detail sensationalized, hopeless endings associated with SUD and portray stereotypical behaviors, while Emmy Award-winning shows like *Intervention* (Mettler, 2005) and Academy Award-winning documentaries such as *Heroin(e)* (Sheldon, 2017) depict the harsh realities of SUD, but also detail the recovery process and testimonials of people in recovery. The presentation of information is important because research has shown that the media can influence perceptions, especially if the viewer is ignorant about the subject or has no experience with a person with SUD (2015). Using the media to educate people about SUD is one way to reduce the stigma associated with it, which could alleviate some of the other obstacles to reintegration (i.e., disclosure, criminal history, and gaps in employment) and could factor into an employer's decision to hire.

Employer Attitudes Toward People in Recovery from Substance Use Disorder

The importance of someone in recovery getting a job should not be understated. As previously mentioned, there can be several factors that prevent successful reintegration for a

person in recovery: stigma (perceived, enacted, self-stigma), potential wreckage of one's past (criminal history, gaps in employment), and acquiring basic needs (transportation, housing). When a person in recovery seeks employment, he could potentially be carrying all this baggage into an interview and then must deal with the dilemma of disclosing the SUD to the employer. Due to the highly stigmatized nature of people with SUD and people in recovery from SUD, the employer could possess negative beliefs regarding SUD which could result in the discriminatory act of the employer denying the applicant a job due to their disability.

In a 2018 study, LePage et al. sought to determine at what point in the hiring process one's history with incarceration comes into play and how much of a factor the length of time incarcerated is. They discovered that people with SUD-related charges who have spent time in prison naturally gained gaps in employment, so the job application part of getting a job was affected (2018). Additionally, the type of criminal offense mattered to the employers with violent offenses perceived most negatively (2018). Employers also disclosed that the more honest an applicant was about his crimes, the better his chances of acquiring a job were (2018).

Negura and Maranda (2008) conducted a survey which revealed that employer participants showed attitudes toward people with SUD that fell into four types -- close-minded, ambivalent, tolerant, or supportive -- and suggested further discussion on how to incorporate SUD education into employer training (2008). In fact, there are now organizations that actively work with employers to reduce stigma by providing the employer with a clear picture of what recovery could look like in a professional setting, and the results have shown that the more that employers are educated about SUD, the more willing they are to help their employees (Henry, 2020).

A study by Wright-McDougal and Sias also explored the comparison between employer stigma associated with SUD and mental health disorders (2015). The researchers stated that these two groups show the highest unemployment rates among people with disabilities, with SUD being the higher and more stigmatized; but the research did not illustrate the specific concerns of the employers who fueled this. One hundred eight employers were surveyed and by using descriptive statistics and logistic regression, the researcher determined, among other things, that it is socially acceptable to deny employment based on an SUD. The researcher also suggested that future research should be expanded across the US for increased external validity (2015).

The most recent and relevant contributions to this literature review are two studies from Becton et al. (2017; 2020) emphasizing the importance of employment to the recovery process of individuals with SUDs, as well as confirming the stigma associated with SUDs historically held by employers (2020). In the 2017 study, Becton et al. asked employers open-ended questions to determine specific views toward hiring people with SUDs – an important study, given their finding that one-quarter of people in recovery have been declined employment after disclosing their condition. These employers came from seven different categories of industry: arts and entertainment, business and administration, information and support, production and manufacturing, sales and retail, service, and other. This study described recovery as being something more than just remaining abstinent from drugs by highlighting employment, relationships, and having purpose as being essential. The authors found some concerns traditionally held by employers about people in recovery were lack of productivity, absenteeism, and healthcare costs. Through the lens of attribution theory, this study highlighted how employers in different industries view SUD as being a consequence derived from personal choice. One hundred eighty-six employer participants were surveyed with open-ended questions

in this mixed methods study. The participants then identified their positions within the industries as policy developer, human resource personnel, and supervisor. Participants then completed the online questionnaire, responding to two questions regarding personal experience with people in recovery and thoughts on hiring people in recovery. After the surveys were completed, the researchers coded the qualitative data by identifying themes and categorizing like responses into connected concepts. The researchers then used the demographic data to examine potential relationships among sex, industry, and employer position. The theme, frequency, percentage of respondents, and key words were all displayed in a table for each question, and several excerpts from participant responses were provided, including participant motivation, and participant level of honesty (2017).

In the 2020 study by Becton et al., it was reported that people with SUDs made up 8.6% of the workforce, and that these individuals encountered employment obstacles such as "discrimination, stigma, and employer-related concerns" (p. 40). Though this study researched the same area as the 2017 study (i.e., employers' willingness to hire people in recovery) it differed in its specific focus on the role of employer concern and its method of using an online questionnaire with multiple choice responses versus the method of deriving themes from open-ended questions regarding employers' general attitudes toward hiring someone in recovery. The researchers highlighted the importance of understanding how employers' personal experiences and background information affected potential bias. There were 382 participants, all of whom were employers demographically represented by race, sex, ethnicity, and education. The two instruments used in this study were the *Employer's Attitudes Questionnaire* and the *Willingness to Accommodate Scale*. Like the 2017 study, the industry types were broken down into seven categories, but education/administration was not one of them. The results suggested that the

more experience employers have with people in recovery – or if they are in recovery themselves – the more likely they are to hire people with SUDs. Employers who look less favorably on hiring individuals in recovery have less experience with this population and disclose being influenced by the media. Additionally, the researchers discussed a need for more research in specific areas/industries to compare employer attitudes toward hiring people in recovery.

It was the goal of this study to discover the prevalence of employer stigma in the education industry. The field of education differs from the industries represented in Becton et al.'s studies (2017, 2020) because it involves the added responsibility of being entrusted with the care of children/students. Due to the unique characteristics inherent in a teacher's job requirements, the extent to which potential stigma exists in education administrators and how it factors into the hiring process should be determined.

CHAPTER 3

METHOD

As the opioid epidemic continues to destroy lives and economies across the country, the COVID-19 pandemic seems only to have made things worse in terms of overdose rates (Swift, 2021). Due to the stigma associated with substance use disorder (SUD), people in active addiction are reluctant to seek treatment (Luoma et al., 2007). Individuals with SUD who recover from the condition are still stigmatized, making it more difficult for them to reintegrate into society, which is crucial to one's recovery (Becton et al., 2020). As more people acquire and recover from SUD, more people will attempt to reenter society and likely face discriminatory barriers to employment. Studies have shown that SUD-related stigma exists in employers in industries such as business, production/manufacturing, and retail (2020), but there has been no research into potential employer stigma in the field of education.

This chapter contains a plan for executing the study into whether hiring stigma found to be associated with the employment of people with former SUDs in other fields is potentially held by employers in the public education arena as well. The design presented contains the following sections: research questions, research design, sample/population, data collection, and data analysis.

Research Questions

The research was conducted using a modified version of the *Employer Perspectives and Willingness Questionnaire* (EPWQ) with permission from the authors (Becton et al., 2020) to elicit education administrators' and hiring directors' perceptions on the following research questions:

Research Question 1: To what extent does prior knowledge of and/or experience with SUD affect school administrators' or hiring directors' inclination to hire?

Research Question 2: To what extent does an applicant's disclosure of SUD affect school administrators' or hiring directors' inclination to hire?

Research Design

The non-experimental, descriptive study was conducted by administering a modified version of the *Employer Perspectives and Willingness Questionnaire* (EPWQ) (Becton et al., 2020). The self-reporting survey was given to a non-random, convenience population of P-12 school administrators and hiring directors, with the respondents composing the sample (McMillion, 2016). Previous studies into this area of research have been both qualitative and quantitative (Becton et al., 2017; Becton et al., 2020), but the previous quantitative designs in survey format yielded more relevant data. In the aforementioned research (2017; 2020), the numerical format items of the quantitative surveys versus the qualitative open responses have shown to be more effective in obtaining employer attitudes as they specifically relate to personal experience. The final section contained items which collected demographic information about the participants.

With the goal of understanding what informs education employers' attitudes toward applicants in recovery, the research process was designed to be as generalizable as possible. The resulting data were analyzed using descriptive and inferential statistics and presented in an appropriate written and/or visual manner. The most effective and efficient manner of collecting the desired numerical data and analyzing them was via the online survey and resulting analytical methods (Fink, 2013). With a sensitive and hotly debated topic such as SUD stigma (especially in terms of how it factors into potential employer discrimination), participants could possibly

provide what they think are the desired answers rather than reporting how they truly feel, whether that response is generated consciously or subconsciously. This phenomenon, known as social desirability bias, could yield inaccurate data unless the survey questions are worded in a such a manner as to separate participants from perceived consequences for providing responses they feel could be jeopardizing to their professional and/or personal lives (Fisher, 1993). In order to gather useful data while offsetting potential social desirability bias, an indirect questioning method was utilized for this study. Rather than seeking personal/individual perceptions on the subject, this indirect questioning method asked participants to view themselves as representatives of a group within the population (Kaye et al., 2011). By soliciting the perspectives of these respondents on how they believe education administrators as a whole regard teacher-applicants in recovery and the potential stigma associated with SUD, the chances of participation were expected to increase, as demonstrated by the research of Kaye et al. (2011) and Adams (2018).

Sample/Population

With the number of people with SUDs/former SUDs in the workforce rising (Becton et al., 2020), it is necessary to continue to identify and analyze any potential stigma associated with SUDs held by employers. The population for this proposed research broadened what is known about the effects of stigma in hiring decisions by expanding its reach into the education environment. A statewide population of P-12 school administrators and human resources directors was chosen to provide a variety of demographic representation. The various positions within this education administration population included the following: assistant principal, principal, assistant superintendent, superintendent, and human resources or hiring directors.

Additionally, the target population has direct involvement in the hiring process of educators. The responding participants constituted the sample.

Data Collection

After acquiring approval from Marshall University's Institutional Review Board, the link to the researcher-generated survey was sent to all P-12 education administrators and human resources directors in the state of West Virginia. Within the body of the email, there was an incentive offered for participating in the research. The link took the participant to the survey hosting platform, Qualtrics.

The survey itself began with a cover letter that clearly stated the purpose, addressed and assured confidentiality concerns (due to the sensitive nature of the survey on both a personal and professional level), and provided directions for consenting to participate in the study. The instrument used was a modified version of the *Employer Perspectives and Willingness Questionnaire* (EPWQ) originally used by Becton et al. (2020) and with permission of the researchers. The first section of the instrument contained questions about the scope of responsibilities based on the participant's identified position including hiring policies and practices related to employees in recovery from SUD and identified aspects of the participant's organization as it relates to teachers in recovery. The second section gauged the participant's experience and knowledge regarding individuals and/or employees in recovery, using a Likert-type scale and open-ended items. The survey concluded with items regarding demographic information.

Data Analysis

This research data were analyzed using IBM SPSS Statistics 27. This program was chosen because of its wide selection of data analysis and presentation tools (Stehlik-Barry &

Babinec, 2017). The data from instrument items regarding the four research questions were

analyzed using both descriptive and inferential methods.

CHAPTER 4

ANALYSIS OF DATA

This chapter contains the results of the study, including descriptive information about the sample and statistical analyses of the data. The study was conducted using a modified version of *The Employer Perspectives and Willingness Questionnaire* (Becton et al., 2020), retitled as *Employment Dimensions of Reentry to the Workforce* (Appendix B), and focused on two research questions related to substance use disorder (SUD):

Research Question 1: To what extent does prior knowledge of and/or experience with SUD affect school administrators' or hiring directors' inclination to hire?

Research Question 2: To what extent does an applicant's disclosure of SUD affect school administrators' or hiring directors' inclination to hire?

Population and Sample

The population for this study included public (not private) education administrators (P-12) in all 55 districts of WV: specifically, superintendents, assistant superintendents, principals, assistant principals, and human resources directors. These positions were selected because of their participation in and influence on the hiring processes for teachers. After compiling an email list from the West Virginia State Department of Education and each district's website for the target population, the survey instrument was sent to a population of administrators ($N = 1,291$) via an anonymous survey link generated by Qualtrics.

The survey collection period lasted 35 days and resulted in 425 recorded responses. After analyzing the responses, it was discovered that 115 (27%) participants did not finish the survey, although some data were still taken from surveys that were at least 50% complete. This resulted

in an *n* of 320, which is 25% of the target population. The sample size relative to the population was robust enough to justify representation.

The online instrument began with a consent page, which was a gateway to the survey. Those who proceeded were then given definitions for two frequently used terms (i.e., substance use disorder and public education). The survey consisted of two parts: Part I (SQ1-SQ7) instructed participants to respond as they believed their peers in administration or human resources would respond, while Part II (SQ9-SQ10) instructed participants to respond according to their personal beliefs/opinions. (SQ8 was an open-ended response that provided qualitative data to both RQs.) The last section was composed of five demographic questions (SQ11-SQ15).

The sample included representatives from all targeted subgroups (i.e., superintendents, assistant superintendents, principals [elementary, middle, and high school], assistant principals [elementary, middle, and high school], and human resources directors), spanning varied education levels, years of experience, sex, race, and ethnicity.

Table 1 shows the participants' current position in the education field. The most responses were from elementary school principals, while middle school and high school principals were the second largest group. This information was drawn from SQ15.

Table 1

Participants' Current Position

Current Position	*n*	Percent
Superintendent	18	6.12%
Assistant Superintendent	20	6.80%
Elementary Principal	110	37.41%
Middle School Principal	31	10.54%
High School Principal	38	12.93%
Elementary School Assistant Principal	14	4.76%
Middle School Assistant Principal	21	7.14%
High School Assistant Principal	28	9.52%
Human Resources Officer	14	4.76%
Total	294	99.98%

In addition to every targeted position being represented, the participants' education levels were provided by SQ14. The majority of participants' highest education level was by far a master's degree (84.59%), with only one participant possessing solely a bachelor's degree (0.33%) and 15.08% of participants holding a doctoral degree. These data are presented in Table 2.

Table 2

Participants' Education Level

Education Level	*n*	Percent
Bachelor's Degree	1	0.33%
Master's Degree	258	84.59%
Doctoral Degree	46	15.08%
Total	305	100%

SQ12 was used to gauge the participants' years of experience in a position with hiring capacity. The majority of the participants (59.33%) had fewer than 10 years in one of these positions. These data are shown in Table 3.

Table 3

Participants' Years of Experience in a Hiring Capacity

Years of Experience	*N*	Percent
0-5	84	28%
6-10	94	31.33%
11-15	44	14.67%
16-20	34	11.33%
>20	44	14.67%
Total	300	100%

Table 4 shows that a large majority of participants identified as European American and "Other," but when the responses provided for the "Other" category were read, all of those

participants except one wrote in "White" (96.56%). The next largest group was African

American at only 2.06%. There were two Native Americans, one Hispanic/Latino American, one

Other who wrote in "mixed," and no Asian Americans. This information was taken from SQ13.

Table 4

Race/Ethnicity

Race/Ethnicity	*N*	Percent
African American	6	2.06%
Asian American	0	0.00%
European American	281	96.56%
Hispanic/Latino American	1	0.34%
Native American	2	0.69%
Other	1	0.34%
Total	291	99.99%

SQ11 asked participants to select their sex. Most participants (65.69%) identified as

female, about one third identified as male, and less than 1% preferred not to answer.

Table 5

Sex

Sex	*N*	Percent
Male	102	33.33%
Female	201	65.69%
Prefer not to answer	3	0.98%
Total	306	100%

Findings

The results of this study showed how the sampled employers in the education

administration sector defined recovery from substance use disorder (SUD), their level of

experience with people in recovery, and what they viewed as being legitimate concerns about

hiring people in recovery. The most common concerns expressed related to the specific

substance that was being abused, whether teachers in recovery were emotionally stable enough to

handle the stresses of the profession, how reliable they would be at producing quality work, their

ability to respond appropriately to criticism or termination, and whether they would require

excessive supervision. Additionally, while most participants viewed employees in recovery as

being valuable members of their organizations, they also indicated that their districts do not

provide any addiction/recovery awareness/sensitivity training. Results of the survey are provided

as they relate to each research question.

Findings Related to Research Question One: *To what extent does prior knowledge of and/or*

experience with SUD affect school administrators' or hiring directors' inclination to hire?

Responses collected to answer RQ1 featured both quantitative and qualitative data. These will be reported separately in what follows.

Quantitative Responses for RQ1

A primary goal of this study was to gauge the extent to which an education administrator's or human resource director's prior knowledge of and/or experience with SUD affects their inclination to hire an applicant in recovery from SUD. Because discrimination has been shown to be reduced through increases in personal contact and conversations between employers and applicants with SUD (Uggen et al., 2014), the researcher answered RQ1 with SQ1, SQ8 (open-ended response that related to both RQs), SQ9, and SQ10.

The first measure, assessed through SQ1 via the indirect questioning method, was to determine how participants believed that fellow education administrators and human resources directors defined the word "recovery." This was done with a multiple-choice item with three definitions for "recovery" and a fourth option if the participant did not know how to respond. Participants were instructed to select all items that applied to their identified definition. Table 6 shows that the majority of participants (56.66%) selected "remaining abstinent and sober" as at least one of their definitions.

Bivariate correlations were conducted to determine whether there was a relationship between each independent variable and participants' definitions of recovery, and the only result of significance identified the participant's race/ethnicity as a significant factor in her/his definition. The non-normal distribution of the race variable, however (highly skewed at 1.378), with 97% of the sample identifying as European Americans, suggests the correlation may be more a manifestation of the non-normal distribution than a genuine relationship.

Table 6

Definition of Recovery

#	Field	Choice Count
1	Remaining abstinent and sober	234
2	Currently in addiction treatment	66
3	Completed addiction treatment	87
4	I do not know	26
		413

SQ9 was designed to gauge participants' views of their individual districts' policies and practices as they relate to employees in recovery. This item posed applicable statements with a yes/no response option. The results show that the majority of participants believe their districts view employees in recovery as being valuable to the workplace. A slight majority of participants (54%) believe that their districts provide sensitivity and awareness training for SUD. Fifty-eight percent believe that their districts strive to provide a friendly work environment, while 54% believe their districts provide adequate accommodations for employees in recovery. Only 22 out of 99 participants stated that their districts believe that having employees in recovery is good for public relations, while 86 participants (71%) reported they know that their districts have employed people in recovery. These data are arrayed in Table 7.

Table 7

Participants' Districts' Policies and Procedures

Field	Our district believes that employees in recovery can be valuable members of the workforce.	Our district provides addiction and recovery awareness or sensitivity training to all employees.	Our district strives to create a friendly work environment.	Our district does a good job of promptly providing adequate accommodations for individuals in recovery.	Our district believes that hiring employees in recovery is good for public relations.	To your knowledge, has your district previously employed any persons in recovery?	Total
Yes	140	101	94	68	22	86	511
No	21	120	67	58	77	39	382

It was the intent of SQ10 to gauge the level of experience participants have had with people in recovery in their personal lives as well as in their professions. These were important data to have because studies have shown that the more knowledge/experience one has with people in recovery, the less stigma they assign to SUD (Becton et al., 2017; Becton et al., 2020; Uggen et al., 2015). This item provided statements with which participants either agreed or disagreed. A slight majority of participants (54%) reported having had personal contact with a person in recovery in the work environment, while 57% have worked with someone in recovery who relapsed. Eighty-two percent of participants have had personal contact with a person in recovery outside of the work environment, and 76% of those participants also knew someone who relapsed. Finally, 73% of participants have had friends or family in recovery. These responses are reflected in Table 8.

Table 8

Personal and Professional Experience with People in Recovery

Field	Yes	%	No	%	Total
Have you had any personal contact involving a person in recovery IN the work environment?	145	54%	123	46%	268
Have you ever worked with a person in recovery who relapsed?	114	43%	150	57%	264
Have you had any personal contact involving a person in recovery OUTSIDE of the work environment?	243	82%	53	18%	296
Have you known someone in your personal life who was in recovery and relapsed?	226	76%	72	24%	298
Have you had family/friends who are in or have been in recovery?	219	73%	81	27%	300

Bivariate analyses conducted in SPSS were used to determine whether there were any relationships between each independent variable and participants' views on school/district/county policies and/or practices as they relate to people in recovery, and 13 significant correlations were returned. Many, however, resulted from a high level of

multicollinearity among the dependent variables, which will not be reported, while others

showed high levels of skewness in the independent variable (i.e., less than -1 or greater than 1).

Among the latter, a participant's sex was shown to have a potentially significant relationship

with how districts provide addiction and recovery awareness or sensitivity to all employees, how

districts provide a recovery-friendly work environment, and the district's history of employing

people in recovery. With two thirds (66%) of this sample identifying as female, however, it is not

possible to determine whether those relationships would occur in a sample with a more normal

distribution.

The same is true for participants' levels of education (85% of the sample hold a master's

degree), race and ethnicity (97% are White), and position (38% are employed as elementary

principals, more than twice the number in any other category of the 11 options offered).

There were significant relationships identified that were not affected by the skewness of

the sample (levels of .05). Table 9 below, reflects a positive relationship between participants

having contact with a person in recovery at work and believing such individuals can be valued

members of the workforce.

Table 9

Bivariate Correlation Between Working with Persons in Recovery and Beliefs About Their Value

to the Workforce

	Contact at Work	Valued
Contact at Work	--	.188*
Valued	.188*	--

*Correlation is significant at the $p < 0.05$ level (two-tailed).

The other relationship seemingly not affected by the skewness of the sample showed a positive relationship between participants who'd had contact with recovering individuals in the work environment and whether their districts provide addiction and recovery awareness or sensitivity to all employees, whether their districts provide a recovery-friendly work environment, whether their districts provide accommodations for employees in recovery, and whether their district has hired individuals in recovery.

Qualitative Responses for RQ1

There was one open-ended item on the survey (SQ8), and it offered a chance for participants to provide any additional thoughts they had pertaining to teacher-applicants/employees in recovery. Responses taken from this item addressed a wide range of topics and were used to address both RQs. A phenomenological analysis which was chosen for this survey item due to its ability to derive thematic constructs from qualitative data (McMillan, 2016).

The responses were analyzed and the following themes about teachers in recovery emerged: (a) understanding and support for those in recovery, (b) concerns about the effects of the recovering individual relapsing (lengthy process of termination, affecting coworkers/students, and the overall stress of the teaching profession), and (c) a need for SUD-related training. Each of these is examined below.

Understanding and Support. There were multiple responses within the understanding-and-support theme that related to RQ1 (To what extent does prior knowledge of and/or experience with SUD affect school administrators' or human resources directors' inclination to hire?) One participant made the following observation:

I personally feel it can only be decided on an individual basis. I know recovering addicts that I would not hesitate to have work in my building. However I also know some that I would not want to work in my building. I do believe, depending on the drug of choice that permanent cognitive abilities are lost or severely damaged beyond the mental capacity of expectation I would have.

Another participant echoed a similar sentiment:

Speaking first hand to knowing someone who holds a steady job, who is disciplined, knows right from wrong, and continued to drink their way through several years of life leads me to answer a little differently. I come to education with a bit of a different light because I've seen the first-hand effects of alcoholism, as well as how proper treatment and recovery programs can be effective for individuals that are struggling with addiction-who somehow continue to hold that steady job and raise a family. The impacts are tremendous. The scars still there, but knowing that those who are WILLING to take the step INTO recovery, complete whatever program, AND get their life back on track says a lot to me about what potential educators we could be hiring. They are looking to BE better to STAY better and to if applying would appear to have the drive to put their passions into something more than what held them (or their family) back previously.

Some participants described having personal experience with spouses or family members with SUD and addressed how this experience builds both understanding and skepticism. One response was, "Having family members who are substance dependent, I am sympathetic, but my job is to protect my staff and students. I don't know the answers to this epidemic, but I know people need a sense of purpose and hope." Another participant reported the following:

From personal experience dealing with a spouse with an addiction, every employee/job

applicant that goes through recovery should be given the opportunity to work in the

public education system, if they so desire. I do believe from the personal experience with

my spouse, sobriety should be obtained for at least one year before being given that

opportunity. Sobriety is possible. Addiction doesn't discriminate against individuals, so

neither should our judgment.

Finally, there was one participant who disclosed being in recovery who made this statement:

Good Morning, I am this employee. I am blessed with 33 years of living clean and sober.

I have been an administrator for 27 years. With every new opportunity, I have to check

the boxes that pop up on all applications: have you been arrested? suspended? rehab?

criminal charges expunged? I am fortunate to have the history and professional credibility

to walk HR and Superintendents through my past to see a man in recovery who is still

doing the things he needs to do to stay clean and sober. It's a teachable moment for all in

the room as they truly see the person in front of them.

Concerns About Relapsing. Participants' personal experiences also yielded less than

optimistic outlooks which reflect the second theme: concern. One of those participants reported

this situation:

I supervised an individual that had been in recovery for 4+ years and was an

excellent/superior educator and then relapsed. The relapse was detrimental to students,

families, and co-workers and ended in termination due to willful neglect of duty and

inappropriate behavior. The situation was tragic and difficult as the employee did not

want to accept the help being offered because 'he/she did not have a problem.'

Another participant had a similar experience:

In my experience, it was a process to terminate an employee in my county that had

addiction issues or someone in recovery that just could not adhere to the daily

expectations. We have since adopted a drug policy for our county and I am hopeful that it

will be followed through when teachers are obviously high at work, using and coming to

work, and also recovering addicts that just cannot perform due to being medicated or

lasting effects of being an addict.

One participant wrote, "Working in recovery I have seen too many times that they often believe

they can handle situations too soon in their recovery and it leads to failure of the individual." The

final notable response in the negative theme portion of RQ1 was the following:

I have experienced people in recovery and only one of many that I have known was

successful in not relapsing. When we are dealing with people's children, we are held to a

much different standard than other professions. There is no room for potential relapse in

our profession as it puts children at risk.

Need for SUD-Related Training. The third theme, a need for SUD-related training for

employers, also included responses informed by personal knowledge/experience. One participant

stated, "District personnel in charge or hiring have little knowledge and no real understanding of

addiction. They needed to be educated as to the 'real' world of addiction." Another participant

said, "I feel we do not have enough training on how to support recovering peoples in the work

place."

There were two responses that discussed the legality of an applicant's disclosing their

history with SUD:

When hiring individuals, unless they have a previous arrest warrant, we are not allowed

to ask them about their personal life during interviews. This might come out after hiring

the individual. So it makes it difficult to identify if they ever had a problem in the past, and might have one in the future. On interview day, they bring their best self, so we hire based upon that experience. Those questions are job related, and not personal, which makes it hard to identify who would be in recovery from a past addiction.

The second response confirmed this concern:

In my field, we do not know any information about employee's previous drug abuse or recovery status. This isn't something that is asked or told during the hiring process. If we discover issues or hear of a previous addiction, if the problem does not effect their work duties, it is a non-issue. If work habits and duties are not met or are subpar, we have a process for improving those things but questions about recovery or drug abuse is not a factor for hiring or firing.

There was also a concern that the last comment regarding SUD-related support coming from personal experience was the following: "We have had substitute teachers in recovery that were some of the best substitutes we've had; however, the lack of community supports and resources available locally to ensure that they maintain their sobriety often lead to a loss of permanent employment due to relapse."

After dividing the responses into these three groups, there were 11 miscellaneous responses that ranged from well-wishes for the researcher to having no opinion one way or the other to commenting on the survey instrument as a whole. One of the miscellaneous responses which referred to the indirect questioning method was, "I appreciate that the survey focuses on what I perceive the group thinks rather than just what I personally think – whatever I think, the group needs to shift perceptions positively for this to make an impact." Two other comments regarding the survey method were, "It is hard to separate my personal beliefs from what I believe

others in the field would believe," and "If I was choosing answers for myself, they would have been different. I hear misconceptions about addiction and recovery routinely. As an employer, I wouldn't fear many of those indicators, unless the individual demonstrated them after hired."

Findings Related to Research Question Two: *To what extent does an applicant's disclosure of SUD affect school administrators' or hiring directors' inclination to hire?*

Responses collected to answer RQ2 featured both quantitative and qualitative data, These will be reported separately in what follows. It should be noted that SQ2-SQ7 all used the indirect questioning approach. Participants were asked to answer by how they believed members of their professional groups would respond due to the sensitive nature of the SQs.

Quantitative Responses for RQ2

The second question that guided this study investigated the extent to which a teacher-applicant's disclosure of SUD potentially affects their chances of being hired. The researcher used SQ2, SQ3, SQ4, SQ5, SQ6, SQ7, and SQ8 (open-ended response that related to both RQs) to answer RQ2.

SQ2 asked participants whether they thought the type of substance to which an applicant in recovery was previously addicted affects the hiring process. Eighty-two percent ($n = 260$) selected yes, while 19% ($n = 59$) chose no. Next, SQ3 requested that participants rank the list of five substances in terms of least serious/harmful to most serious/harmful. Overall, opiates/opioids were regarded as the most harmful. Stimulants were voted second, benzodiazepines came in third, marijuana was fourth, and alcohol was deemed the least harmful substance to abuse. Table 10 reflects these data.

Table 10

Harmfulness of Substances by Rank

#	Field	1 = Most Serious/ Harmful	2	3	4	5 = Least Serious/ Harmful	Total
1	Alcohol	43	14	29	91	137	314
2	Marijuana	12	40	22	134	106	314
3	Opiates/Opioids	195	63	8	10	38	314
4	Stimulants	60	181	27	34	12	314
5	Benzodiazepines	4	16	228	45	21	314

A significant relationship was detected between a participant's level of education and their view on applicants abusing stimulants and marijuana, while participants' race/ethnicity showed a significant relationship with stimulants and benzodiazepines; however, due to the overwhelming number of participants with a master's degree (85%) and the majority of participants' identifying as European American (97%), it is not possible to determine whether the relationships are accurate given the high level of skewness in the sample.

SQ4, as shown in Table 11, was designed to identify the most concerning characteristic potentially displayed by an individual in recovery. This item used a Likert scale that ranged from no concern to great concern. Participants were most concerned that they would lack emotional stability ($n = 174$), show poor judgement ($n = 167$), and become violent ($n = 110$).

A significant relationship was detected between participants who had contact with a person in recovery outside of work and how the participant viewed recovering individuals with regard to violent tendencies and inattention to detail. Again, however, because 82% of participants reported having made contact with a recovering individual outside of work, it is not possible to determine whether the relationship is genuine given the absence of a normally distributed sample.

Table 11

Common Concerns About Individuals in Recovery

#	Question	No Concern (%)	*n*	Some Concern (%)	*n*	Moderate Concern (%)	*n*	Great Concern (%)	*n*	Total
1	Become violent	10.41%	33	32.18%	102	22.71%	72	34.70%	110	317
2	Withdraw into his/her own world	4.72%	15	38.99%	124	38.99%	124	17.30%	55	318
3	Have a poor memory	10.69%	34	39.62%	126	37.11%	118	12.58%	40	318
4	Show poor judgment	1.89%	6	16.98%	54	28.62%	91	52.52%	167	318
5	Have poor grooming skills	21.70%	69	42.14%	134	29.87%	95	6.29%	20	318
6	Lack enthusiasm	14.78%	47	41.19%	131	31.76%	101	12.26%	39	318
7	Overlook details	6.29%	20	36.16%	115	38.05%	121	19.50%	62	318
8	Lack emotional stability	1.57%	5	14.15%	45	29.56%	94	54.72%	174	318

SQ5, SQ6, and SQ7 also measured concerns in the same Likert scale model, but these were directed specifically toward hiring/supervising education employees in recovery and separated into three sections on Qualtrics. The top concern was that these employees would fail to handle work pressure and stress (159 votes), followed by the concern that the employee would be unreliable (142). Failing to leave personal problems outside of work came in as the third greatest concern (139 votes).

Participants with experience with recovering individuals outside of work also correlated with concerns about an employee in recovery's negative response to authority and unreliability, but these results too were highly skewed (1.683) because of the non-normal distribution of the number of participants who had experience with individuals outside of work who were in recovery (82%).

Participants with contact with a person in recovery at the workplace showed a significant relationship with concerns about negative responses to authority, and this sample was symmetrical (.166). Participants with a personal relationship with someone in recovery who relapsed also shared a significant relationship with concerns about negative responses to authority as well, but these findings were skewed (1.213) because of the non-normal distribution of the number of participants who had a personal relationship with someone in recovery who relapsed (76%).

Participants' roles/positions showed a relationship with concerns for how employees in recovery would negatively interact with coworkers, but because the majority of participants' positions were elementary school principals (37.41%), skewness in the sample (.651) may account for this finding as well.

SQ6 also returned some significant relationships. Participants who had had contact with recovering individuals outside of work, for instance, showed a positive relationship with concerns about employees in recovery having a poor quality and quantity of work and lacking communication skills, but it is not possible to conclude whether there is a legitimate relationship due to the sample's (82%) being highly skewed at 1.683. These data are reflected in Table 12.

Table 12

Concerns About Supervising Individuals in Recovery

#	Question	No Concern (%)	#	Some Concern (%)	#	Moderate Concern (%)	#	Great Concern (%)	#	Total
1	Lack initiative	10.66%	34	39.18%	125	36.05%	115	14.11%	45	319
2	Fail to handle work pressure and stress	0.63%	2	16.93%	54	32.60%	104	49.84%	159	319
3	Fail to leave personal problems outside of work	2.82%	9	19.44%	62	34.17%	109	43.57%	139	319
4	Respond poorly to criticism	7.50%	24	37.50%	120	35.63%	114	19.38%	62	320
5	Show up late for work	7.52%	24	29.78%	95	32.92%	105	29.78%	95	319
6	Not respect authority	15.67%	50	35.11%	112	21.63%	69	27.59%	88	319
7	Be unreliable	5.36%	17	22.40%	71	27.44%	87	44.79%	142	317
8	Fail to get along with coworkers and supervisors	15.36%	49	36.36%	116	20.38%	65	27.90%	89	319

These data regarding potential relationships between participants' sex and concerns about employees in recovery having poor problem-solving skills, participants with personal contact with a person in recovery who relapsed and an employee in recovery's potential to produce poor quality work, and participants' positions and concerns about employees in recovery having poor academic skills are continued in Table 13.

Table 13

Concerns About Supervising Individuals in Recovery 2

#	Question	No concern (%)	#	Some concern (%)	#	Moderate concern (%)	#	Great concern (%)	#	Total
1	Fail to communicate with others	15.05%	48	42.01%	134	31.03%	99	11.91%	38	319
2	Not keep the job	4.40%	14	26.42%	84	34.91%	111	34.28%	109	318
3	Fail to produce an acceptable quality of work	7.52%	24	28.53%	91	30.09%	96	33.86%	108	319
4	Fail to produce an acceptable quantity of work	10.34%	33	30.72%	98	30.72%	98	28.21%	90	319
5	Lack adequate problem-solving skills	9.78%	31	34.38%	109	34.38%	109	21.45%	68	317
6	Lack adequate academic skills	27.99%	89	31.45%	100	23.58%	75	16.98%	54	318
7	Fail to advance in his or her career	26.02%	83	45.14%	144	21.94%	70	6.90%	22	319

The final set of data regarding potential relationships between participants' sex and concerns about employees in recovery having poor problem-solving skills, participants with personal contact with a person in recovery who relapsed and an employee in recovery's potential to produce poor quality work, and participants' positions and concerns about employees in recovery having poor academic skills is continued in Table 14.

Table 14

Concerns About Supervising Individuals in Recovery 3

# Question	No Concern (%)	#	Some Concern (%)	#	Moderate Concern (%)	#	Great Concern (%)	#	Total
1 Unanticipated difficulties in disciplining or firing the individual if necessary	10.03%	32	28.53%	91	30.72%	98	30.72%	98	319
2 Increased workers' compensation costs for the district	30.09%	96	34.48%	110	21.00%	67	14.42%	46	319
3 Potential accommodations that could be too expensive	28.84%	92	33.54%	107	24.45%	78	13.17%	42	319
4 Excessive amounts of supervision	8.78%	28	30.09%	96	30.09%	96	31.03%	99	319
5 The individual asking for excessive time off for medical/professional appointments	11.95%	38	27.36%	87	33.33%	106	27.36%	87	318
6 Other (Please specify.)	58.49%	31	11.32%	6	3.77%	2	26.42%	14	53

Qualitative Responses for RQ2

The aforementioned open-ended item on the survey (SQ8), again, had responses

applicable to RQ1 and RQ2. Using the same phenomenological approach applied to this item

regarding the first RQ, the researcher noted the following themes: (a) understanding and support,

(b) concerns regarding supervision, and (c) SUD-related training. Once grouped into these

themes, responses were selected that related to RQ2 (i.e., To what extent does an applicant's

disclosure of SUD affect school administrators' or human resources directors' inclination to

hire?)

Understanding and Support. In regard to statements of conditional support, one

participant said, "I do not believe that anyone in addiction recovery needs to be working around

children – until their recovery has been completed successfully." Another participant stated, "Everyone deserves a chance to be hired, but we must adhere to the currenting [sic] hiring guidelines," and an additional response was that "[e]ach situation would have to be viewed differently based on the person and situation."

There were a few responses that stated how the participant would be concerned, but that these concerns would be applicable to applicants not in recovery as well:

I feel that at least in my realm, adults are understanding. Once a person is in recovery, abstaining from all drug and alcohol use and actively working on rehabilitative measures, I feel our team would give a person the same chance as any other adult. Naturally, as educators we always worry about adult consistency and student safety. So, people will have general concerns with anyone who has had a history of poor decision making. However, people who have worked to demonstrate new patterns of behavior, deserve a chance.

Another participant offered similar feedback:

Many of the questions that I answered [were] of great concern, I feel that I would answer the same for people who are not in recovery. If the person in recovery is receiving therapy and successfully following the program over an acceptable period of time, granted they meet the hiring standards/qualifications for the job, I would not have a problem giving a person in recovery an opportunity for a job.

The final statement echoing the notion that these concerns are not just attributable to people in recovery was the following:

I don't think there is any major concern when hiring someone in addiction recovery. If someone has the earned degree, certification, and skills to do the job, there may be slight

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concern that something could go wrong but overall I believe principals/HR Personnel, and others in charge of hiring want the selected job candidates to be successful and will provide any support necessary. There are employees not in recovery, who have never suffered from substance addiction who still have many of the same issues and behaviors listed on the previous questions (misses work, fails to dress properly, has problems with authority, etc.) They are not viewed as being exclusive to employees in addiction recovery.

Concerns About Supervision. The next theme was concerns about hiring/supervising someone in recovery and how disclosure of a previous SUD could affect these processes. One participant said, "I am sure there would be public concern about a recovering addict having access to children at such a vulnerable age." There were other responses that were related to supervising children and/or concern about public perception. Another response was, "Because our school district is in a rural community where everyone knows each other, it would be a concern that the students may be aware of a recovering addict's past and it cause issues in the classroom." The following response addresses a number of related concerns:

Those working in the field of education have an obligation to maintain the confidentiality of students and staff and that not being followed would be of great concern. Schools store medications on site for students for seizures, ADHD, depression, anxiety and other health concerns. While those are kept locked, it would not be impossible for that lock to be breached. Schools maintain lots of portable tech tools in classrooms and labs. It would be a concern that anyone who slips in their recovery might target those items for money. There would be a concern that someone who slips in their recovery, even if no longer employed at a site where there are medications and expensive tech tools that they know

about, would possibly target that site. Schools typically are used for many different after school activities such as club meetings, city sports, school sports, etc. This opens them to the possibility of theft/unauthorized entry at times.

Most concerns, however, specifically mentioned the fear of an employee in recovery relapsing: "My concerns are more directed to the relapse and in their overall difficulty to remain sober and the liability that it may cause a school system," and "I would have concerns with the safety of students in the care of an individual recovering from a drug or alcohol addiction." This observation was followed by,

> I would feel the need to observe this employee more often. I shouldn't feel that way, but I'm sure I would observe them more frequently for signs of relapse especially during stressful situations. My greatest concern would be a relapse then something happening to one of the students while in their care.

SUD-Related Training. A final theme related to the importance of SUD-related training for both those who are in recovery and those who work with an individual in recovery. One participant said, "I believe it would be essential to provide support and resources for a person in addiction recovery. Accountability from the recovery program needs to be on-going and provided in a manner that is not punitive." Another person stated the following:

> Because we are in a state with many individuals in recovery, we need educated on how to onboard and support them in our field. They also need significant support in how to maintain work expectations. I am a mom of a recovering addict. I want to see the best for him and for all of those in recovery. I am also a superintendent and must meet the needs of our students with minimal interruption, especially that caused by an adult we hire. What a balancing act. I hope your research helps us begin this process.

Summary

The purpose of this study was to determine whether the stigma associated with SUD that has been established in various businesses/industries (Becton et al., 2017; Becton et al., 2020; Uggen et al., 2014) exists — and to what extent — in the field of education using the following two research questions:

Research Question 1: To what extent does prior knowledge of and/or experience with SUD affect school administrators' or hiring directors' inclination to hire?

Research Question 2: To what extent does an applicant's disclosure of SUD affect school administrators' or hiring directors' inclination to hire?

Based on both the quantitative and qualitative measures employed in this study, it appears the stigma associated with SUD does exist in the education industry as it does in other professional areas. Despite the fact that some of the SQs used the indirect questioning method (i.e., asking participants to respond as they believed others in their field would respond) and others did not, there were not any noticeable differences in how participants responded as representatives of the group versus how they answered with personal beliefs. Prior experience, both personal and professional, revealed through the qualitative data showed that this experience informed education administrators' beliefs about people in recovery – both favorable and unfavorable, although the majority of responses were concerns about a person in recovery working in the field of education. There were also several mentions of a need for SUD-related training/support for employees and supervisors.

The quantitative data showed that the number of participants who had experience with a person in recovery in the work environment was closely divided (i.e., 54% did; 46% did not), but the number of participants who had experience with a person in recovery outside of the work

environment (82%) was significantly higher than those who had not (18%), meaning that most participants had personal experience with an individual in recovery. There was a strong belief that the type of drug that a person with SUD abused affected an employers' decision to hire, indicating that certain drugs are more stigmatizing than others. Participants also expressed many concerns commonly held about people in recovery (lack of emotional stability, violent tendencies, displaying poor judgement, etc.) confirming that disclosure of SUD could affect an administrators' inclination to hire. The data also revealed that although the participants stated that their districts employed people in recovery, those same districts appear to believe that this is bad for public relations. These findings will be further explored in the following chapter.

CHAPTER FIVE

SUMMARY, IMPLICATIONS, AND RECOMMENDATIONS

The United States has had problems with alcoholism and drug abuse since the country's inception. There have been many substances abused, but the underlying condition, substance use disorder (SUD), remains the same. The most recent and most catastrophic phase of SUD evolution is the ongoing opioid epidemic. Though this problem has had a national impact, the states that have felt the most disastrous effects fall within the Appalachian region of the US, and one state has been hit the hardest: West Virginia.

For the last 30 years, West Virginia has endured numerous hardships both directly and indirectly related to the opioid epidemic. In addition to frequently leading the nation in overdoses per capita, West Virginia's economy has suffered. The demise of the coal industry coupled with a workforce overprescribed with painkillers led to a dwindling economy and a crippled population. As prescription opioid regulation increased and dispensed prescriptions decreased, many pill-dependent individuals turned to illicit drugs, such as heroin, and resorted to maintaining their addictions through crime.

Over the last 20 years, SUD recovery initiatives have had no choice but to expand. More treatment centers, recovery houses, medication assisted therapy options, and 12-step fellowships have popped up across the state. As a result of this, more people are receiving treatment services, maintaining their sobriety/recovery, and attempting to reintegrate into society. One of the most crucial aspects to a successful life of recovery is obtaining employment. Unfortunately, there can be many barriers in this pursuit.

Because of the nature of behaviors some individuals with untreated SUD exhibit — lying to conceal their addiction, failing to maintain gainful employment, alienating friends and family,

and committing criminal activities — there exists a stigma associated with the disorder. The stigma associated with SUD can be a direct barrier to a person in recovery from SUD gaining employment, which not only reduces the percentage of successful outcomes for people in recovery to maintain their sobriety, but also further adds to a depleted workforce. Studies have shown that stigma associated with SUD affects hiring outcomes in various employment industries (Becton et al., 2017; Becton et al., 2020; Luoma et al., 2007), but these have not specifically analyzed the field of education.

Purpose of the Study

The purpose of this study was to look at the education industry and what beliefs or preconceived notions administrators and human resources directors may possess regarding people in recovery from SUD. In conducting research related to administrators' and human resources directors' personal experience with individuals in recovery, their general views on SUD, and how these beliefs potentially affect their willingness to hire, this study sought to add to existing research in SUD-related stigma and its effect on hiring outcomes. The following two research questions were asked to address this purpose:

Research Question 1: To what extent does prior knowledge of and/or experience with SUD affect school administrators' or human resources directors' inclination to hire?

Research Question 2: To what extent does an applicant's disclosure of SUD affect school administrators' or human resources directors' inclination to hire?

Survey Response Rate

Over a thousand ($N = 1,291$) education administrators were sent the instrument link, and 425 recorded responses spanning a collection period of 35 days were received. One hundred fifteen (27%) participants did not complete the survey, but their data were still utilized if they

completed at least 50% of the survey. The final result was an *n* of 320 (25% of the target population).

Summary of Findings

The survey designed for this study utilized both quantitative and qualitative research approaches. Given the highly sensitive issue of stigma affecting the hiring process and the divisive views on people in recovery from SUD, the researcher anticipated a need for participants to justify certain beliefs in an open-ended response. This 15-item instrument was divided into two parts that asked participants to respond as both representatives of the group to which they belong (i.e., school or district administrators or human resources directors) as well as to answer by personal opinion. Utilizing the indirect questioning approach by asking participants to respond as representatives of a group was an effort to reduce the possibility of social desirability bias influencing responses (Fisher, 1993). The last part of the survey was composed of demographic questions.

Research Question 1 was developed to gauge the extent to which prior knowledge of and/or experience with SUD affects school administrators' or human resources directors' inclination to hire teacher-applicants in recovery. There have been numerous studies conducted on stigma related to mental illnesses, physical disabilities, and SUD (Baldwin, 2010; Batastini et al., 2017; Becton et al., 2017; Becton et al., 2020; Gewurts et al., 2016; Holzer et al., 2003; LePage et al., 2018; Leslie et al., 2019; Link & Phelan, 2014; Luoma et al., 2007) through which personal experience – positive or negative – has been shown to influence how employers view people with SUD (Becton et al., 2017). Participants in the Becton et al. study (2017) held positions with a hiring capacity in the following fields: arts and entertainment, business administration, information and support, production and manufacturing, sales and retail, and

service. These participants described in open-ended responses how challenging interactions with people in recovery influenced their hiring discretion as well as how personal/rewarding experiences affected their views (2017). This research question aimed to see whether and how those experiences affected education administrators' inclination to hire teacher-applicants in recovery. The survey items for this question included SQ1 and SQ8 through SQ10.

SQ1 asked participants to define the word "recovery." From a list of definitions supplied, participants had the option to check all that applied to their understanding of the term. As reported previously, 56.66% of participants checked "remaining abstinent and sober" as a component of their definition, suggesting that the majority of participants view a person in recovery as one who does not relapse back into active addiction. There were, however, 87 participants (21.07%) who selected "completed addiction treatment" as their definition or at least part of it, leaving room for a less restrictive view (i.e., not necessarily abstinent) of a person in recovery. If a teacher-applicant were to disclose their history of recovering from their SUD, the way in which they recovered may be a factor that could affect their hiring potential due to the amount of discretion the hiring employer possesses.

SQ 8 was an open-ended response where the participant had the opportunity to voice any comments or concerns regarding the nature of the research topic not prompted by the survey questions. The following themes about teachers in recovery were revealed: (a) a need for understanding and support for those in recovery, (b) concerns about the effects of the recovering individual's relapsing, and (c) a need for SUD-related training for education administrators.

Almost all of the responses reported were informed by personal experiences. As confirmed with previous studies, most of the participants who had positive experiences with either personal connections (friends or family members) in recovery or professional relationships

(co-workers in recovery) were more understanding and encouraging toward hiring a teacher-applicant in recovery. Additionally, participants who had little experience with SUD in general, experienced SUD only through an acquaintance, or worked with a person in recovery who relapsed were not supportive or more concerned about hiring teacher-applicants in recovery. Many of the concerns mentioned had to do with stereotypical views of a person in active addiction (e.g., violent, anti-social, untrustworthy, unreliable, and a risk to others, including the children who would be under their care). This reinforces the notion that knowledge of and experience with SUD can influence the hiring process in either a positive or negative way.

SQ9 asked participants for their views on how the districts in which they work handle SUD-related policies and procedures. Eighty-five percent of participants agreed that they think their districts value people in recovery as employees, but 71% of them also stated that they believe having people in recovery as employees in the district is bad for public relations. It should be noted that while the participants believe (or at least responded that they believe) that their districts value employees in recovery, a large majority admit that the public would not approve of this. Certain education administrative positions are appointed by publicly elected school boards, so it is not unreasonable to surmise that public approval and perception may affect an administrator's choice of whether they should hire a teacher in recovery.

SQ10 was the item that gauged the level of personal and professional experience the participants had or did not have with a person in recovery from SUD. About half of the participants said they had worked with a person in recovery, and approximately half of them also stated that they had worked with a person in recovery who relapsed. Eighty-two percent of participants reported that they knew of someone in their life outside of work that was not a friend or family member who was in recovery, 73% of participants have had close friends or family in

recovery, and 76% said that they knew someone in their personal lives who relapsed. It should be pointed out that the high exposure to relapse represented in these data could reinforce stigma associated with SUD and could affect hiring outcomes for teacher-applicants in recovery.

Research Question 2 was designed to find the extent to which the recovering individual's disclosure of SUD affects school administrators' or human resources directors' inclination to hire teacher-applicants in recovery. Federal law protects individuals with SUD from discriminatory hiring practices, preventing employers from asking about it outright during an interview. The problem that applicants with SUD can face is that some problematic items on background checks (e.g., criminal charges and gaps in employment) can be red flags to potential employers, leaving applicants to choose between disclosing and remaining silent. This can be a risky decision that can either pay off for them if they have an understanding and supportive hiring person, or it can backfire if the potential employer does not want to risk hiring a person with a history of SUD. Again, this is left to the discretion of the employer, so understanding what legitimate concerns they have about employing someone with SUD could inform future hiring decisions and professional development.

SQ2 – SQ8 were used to answer Research Question 2. With SQ2, participants were given a yes or no option regarding whether they believed the type of drug a potential teacher-applicant in recovery abused would affect administrators' decision to hire. Eighty-two percent of participants indicated that yes, the type of drug abused would indeed affect administrators' decision to hire, suggesting that within the stigma presently associated with SUD, there exist layers upon which those with SUD could be further stigmatized. This led into SQ3 in which participants ranked the list of drugs provided based on how harmful they thought administrators would find them. Sixty-two percent of participants ranked opiates/opioids as the most harmful,

making the fact that they are the predominant culprit in the ongoing drug epidemic especially concerning.

SQ4 was designed to identify which traits typically associated with people in recovery participants would view as being the most concerning. Out of the list of eight items, the participants, answering as representatives of their groups, identified their top concerns. The three most concerning items were related to a lack of emotional stability, poor decision-making skills, and being prone to violence. Having these preconceived notions of people in recovery and then interviewing a teacher-applicant in recovery who discloses that they have suffered with SUD could affect the hiring process. In fact, one of the open-ended responses explicitly stated that if this participant were hiring for a teaching position and had two candidates with the exact same qualifications – one in recovery and one not – the participant would use that as a deciding factor in hiring the person without a history of SUD.

SQ5 – SQ7 were directly related to having to supervise an employee in recovery. This list of concerns was broken down into three smaller lists to make it more user-friendly for participants. The most highly rated concerns from the entire list were related to people in recovery being unable to deal with the pressures of work, being unreliable, and not being able to leave personal problems outside of the workplace. One observation to take away from this, however, is that these top-rated concerns are not exclusive to people in recovery. In fact, job performance, attitude, and reliability are crucial to success for every employee. If a teacher-applicant discloses that they are in recovery and the hiring administrator is concerned about the aforementioned issues prior to that disclosure, the attached stigma could directly affect the hiring outcome. This presents a difficult decision for the teacher-applicant related to disclosing their condition, because even though employers in this research have taken the position that reporting

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a previous SUD is necessary, these data also suggest that this could negatively affect the hiring outcome.

Discussion

The discussion section will be divided into two parts, sample and method, the purpose of which is to analyze how this specific sample population affects this research and how the indirect questioning method was utilized in an attempt to yield more honest responses from participants.

Sample

The findings reported in this research are consistent with what previous studies regarding the effects of SUD-related stigma on the hiring process have shown. Specifically, past research has included populations from industries such as business, service, arts, information, production, and manufacturing, and has found that preconceived beliefs about people in recovery and the potential liability of employing those individuals can be affected by SUD-related stigma. Those findings express legitimate concerns, but the research also reports there are opportunities to overcome those barriers (Baldwin et al., 2010; Becton et al., 2017; Becton et al. 2020; Birtel et al., 2017; Corrigan et al., 2010; Harris et al., 2014; Harrison et al., 2020; Henry, 2020; Luoma et al., 2007; Martinson et al., 2020; Negura & Maranda, 2008; Rehab After Work, 2020; Semel Institute for Neuroscience & Human Behavior, 2021*)*. The subgroups analyzed in Becton et al.'s research ranged from business and finance professionals to blue-collar workers in the service industry.

This study contributes to the existing research by highlighting the existence of SUD-related stigma in the field of education. SUD is generally viewed as more a behaviorally- driven condition than a conventional medical one, inherently placing more fault on the afflicted than comparable conditions (e.g., diabetes, cancer, etc.) even though SUD has been classified as a

medical condition by the American Medical Association since 1987 and is billable to medical insurance (Talchekar & Sklar, 2020). Despite informed reports from the medical community, however, many people still view addiction as a choice or moral failure. Because some of the potential effects of SUD are more visible than the physical or behavioral characteristics of other medical conditions (e.g., criminal records, gaps in employment, deteriorated mental/physical well-being, and harm to others), however, it is understandable that this condition would be more highly stigmatized by some.

Wright McDougal's (2015) research comparing the stigma of hiring someone with a mental health disorder (MHD) to the stigma associated with hiring an individual with SUD discovered that the primary concern was that individuals with SUD would become violent. This present study reaffirms those data with an inclination toward violence ranking as the top concern in this sample. An important distinction between the two studies is that Wright McDougal's (2015) sample consisted entirely of human resources managers (HRMs), while this study involved individuals in additional roles relevant to the research questions.

There are also differences between this study and the ones to which it is an extension. The sample for Becton et al. (2017) showed a similar skewness among participants (i.e., approximately 66% of the participants in this present research were female, while only 33% were male, and one preferred not to answer). Becton et al. (2017), however, had a more even split with 51% male and 49% female. Another difference is that Becton et al. (2017) surveyed individuals in three roles (i.e., policy developer, 27.5%; human resource personnel, 51.9%; and supervisor, 20.6%), a sample which was also more symmetrically distributed compared to this study's two categories: education administrators (95%) and human resources directors (5%). Finally, in the

Becton et al. (2017) study, 63% of the participants were Hispanic and 37% were non-Hispanic. This highly contrasts to the 0.34% of participants who identified as Hispanic in this study.

Though some of the independent variables (i.e., selected demographic data) that were collected in this research showed some significant correlations with certain dependent variables, significant skewness in the elements of the sample precluded the establishment of credible relationships between or among the variables. Though the demographics in this sample were skewed, however, they were reflective of the total population in terms of race, education level among surveyed positions, and years of experience among surveyed positions. There are, for example, more elementary schools than middle schools and high schools, so it is only logical to expect a majority of administrative participants to be elementary principals.

It can be generalized that the more highly educated one is, the better comprehension one has over what society views as desirable. With this sample population being composed almost entirely of education administrators possessing master's and/or doctoral degrees, it could be inferred that one characteristic exclusive to this field – and this sample – is an increased awareness of how they felt they should answer. Most of the previously mentioned research regarding stigma did not address the potential effects of social desirability bias on their respective studies.

Method

Fisher (1993) specifically addressed the notion of social desirability bias (i.e., participants disclosing responses that they deem more socially acceptable than perhaps how they truly feel) when he reported the following:

Under indirect questioning, however, subjects are able to disengage themselves from the social implications of their responses, leading to larger estimates of normative beliefs and

evaluations. Subjects should most actively engage in impression management when they believe their responses will be used as evidence about themselves and not as objective statements about the 'real world.'

While this is not a widely used model for self-reporting surveys, it has been shown to produce credible results when specifically asking questions with responses that could be considered socially unacceptable or embarrassing (Fisher, 1993; Kaye et al., 2011). Due to the present debates surrounding SUD – Is it a disease or not? Should addicts be incarcerated or rehabilitated? What risk does an addict's societal reintegration pose to others? – the researcher felt justified in utilizing the indirect questioning method, despite its comparable lack in scholarly application.

SQ1-7 asked participants to respond as representatives of the group to which they belong. These SQs were borrowed from Becton et al.'s *Employer's Attitudes Scale* and were slightly modified to better address the target population of education administrators and human resources directors (2020). Becton et al. analyzed employer concerns across multiple industries, and those researchers utilized direct questioning. Their direct questioning yielded results that suggested the varied industries had different concerns. The business and finance industries were mostly concerned with quality of work and absenteeism. With this present study of education administrators and human resources directors, the primary concerns were potential violence and emotional stability. It should be noted that each industry and its corresponding top concerns directly relate to each industry's product: The business and finance sector wants reliable employees who can generate money, while education administrators prioritize having a responsible, compassionate teacher in a classroom who can responsibly educate children.

According to Becton et al. (2020, p. 44), however, the professionals were less likely to take chances on employing people in recovery because, "Many employers in the business and finance industry prefer to avoid problems associated with poor work performance or high absenteeism, including drug abuse and individuals with physical and/or mental disabilities." That professional sample is similar to this study's sample of education professionals. The results from the present study, however, were mostly favorable toward hiring people in recovery with the appropriate protections in place. Becton et al.'s study (2020), however, used the direct questioning approach, making it difficult to conclude whether the indirect questioning approach had much of an impact on the validity of the results.

Discussion Summary

Despite the knowledge that employment is crucial to a person with SUD maintaining her/his recovery as a functioning member of society (Becton et al., 2020), certain persistent barriers remain problematic. Stigma has been shown to be a pervasive hindrance to people in recovery who seek employment. Identifying employers' specific concerns about employing or supervising individuals in recovery has been the subject of a number of recent studies (Becton et al., 2017; Becton et al., 2020; Wright McDougal, 2015), and this investigation into the education arena has expanded that research trend.

The participants in this study revealed that there is indeed a stigma associated with SUD in this field as well, but there are also people who are supportive and understanding as long as certain protections for the employee, coworkers, and students are in place. This information was ascertained by analyzing how employers' personal experience with SUD influences and informs the degree of stigma they may possess. The discretion of the hiring education administrator is often the deciding factor in whether a teacher-applicant in recovery is offered a position. This

study identified top concerns administrators and human resources directors have regarding hiring people in recovery.

It was also revealed that there exists a desire and a need for more professional development regarding SUD for education administrators and human resources directors. Data from this research and previous studies have highlighted specific concerns that could be targeted in an effort to educate education employers and potentially reduce stigma, thus possibly resulting in more employees in recovery entering the workforce. With the ongoing teacher shortage, qualified teacher-applicants are highly desired.

Implications for Practice

This study was an extension of previous studies on the stigma associated with SUD and its potential effects on the hiring process. This study, however, focused specifically on the field of education because there has been no other research into SUD-related stigma as it applies to teacher-applicants in recovery. In analyzing the views of education administrators' and human resource directors' beliefs on individuals in recovery from SUD and examining how those views were influenced by personal/professional experience with people in recovery from SUD, more insight into how SUD-related stigma arises and what specific, legitimate concerns education administrators may have about it, is provided.

With this effort to comprehend education administrators' and human resources directors' causes for concern as they relate to people/employees in recovery from SUD, this study highlighted what were the most stigmatized aspects of SUD: types of drugs being abused (i.e., opiates/opioids) and negatively associated behaviors (i.e., violent tendences, poor judgment, emotional instability). It also analyzed how an applicant's voluntary disclosure (sometimes necessary to explain a criminal record and/or gaps in employment, though not legally required)

of SUD could jeopardize their chances of getting hired. Understanding why education administrators and human resources directors have causes for concern and what those concerns are could promote SUD-related training in an attempt to alleviate those concerns; this, in turn, could improve hiring outcomes for teacher-applicants in recovery. During this research, certain administrators anonymously disclosed that they themselves were people in recovery from SUD. Perhaps this study will encourage professional educators/administrators in recovery to work with state and/or district administrators to develop more informed and meaningful professional development as it relates to SUD.

Recommendations for Further Study

The purpose of this study was to assess the extent to which stigma related to SUD exists in the hiring of educators in recovery from SUD. The research was designed to gather data on education administrators' and human resources directors' views on people in recovery from SUD and to see whether these participants' experiences with people in recovery and/or an applicant's disclosure of being in recovery affected hiring outcomes for teacher applicants. This study was intended to contribute to the existing body of literature related to the role of stigma in employers' hiring practices as they relate to applicants in recovery. In compiling the literature review and conducting the study, certain areas for future research emerged and they are as follows.

1. The target population of this study was every education administrator and human resources director in all 55 school districts of West Virginia. West Virginia was not the only state in the Appalachian region affected by the opioid epidemic, however, so a study focusing on administrators and human resource directors in surrounding states could provide more diverse views in this geographic area.

2. This study was limited to an online survey sent to a listserv of work emails for education administrators and human resources directors. The target population may have been dissuaded from completing the survey because they did not have the time or inclination to do it at work and/or declined to complete it on their own time. Future endeavors could incorporate alternate methods of distributing the survey, such as social media platforms, physical surveys, phone calls, etc.

3. All 55 districts in West Virginia were surveyed as one. If district/county officials were to work on tailoring the survey items from SQ9 (which focused on the policies or practices of the school district/county in which the participant worked and instructed them to use a scale to rate those practices) to reflect their specific circumstances, professional development options could be developed consistent with participants' responses herein.

4. Certain demographics (i.e., race, ethnicity, education level, professional position) within the sample heavily skewed some of the data. Cultivating a population with a more normal distribution could yield significant data with lower levels of skewness.

5. Perceptions of this study were limited to only education administrators in relationship to hiring people in recovery from SUD. Significant insight could be derived from interviews with actual teachers in recovery willing to discuss their experience in getting hired to give a more complete picture.

6. This research focused exclusively on the potential stigma associated with SUD. Participants in this study and similar ones have mostly been encouraging and supportive about hiring people with SUD as long as proper protections are in place. If there is so much willingness from employers to hire people in recovery, more research needs to be

done to identify what – other than stigma – could be negatively affecting hiring outcomes.

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APPENDIX A: LETTER FROM IRB

MARSHALL UNIVERSITY®
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Office of Research Integrity	FWA 00002704
Institutional Review Board	
One John Marshall Drive	IRB1 #00002205
Huntington, WV 25755	IRB2 #00003206

January 10, 2022

Bobbi Nicholson, PhD
Leadership Studies, COEPD

RE: IRBNet ID# 1851125-1
At: Marshall University Institutional Review Board #2 (Social/Behavioral)

Dear Dr. Nicholson:

| **Protocol Title:** | [1851125-1] Stigmatized Discretion: A Survey of the Impact of Stigma Associated with Substance Use Disorder on the Hiring of Teachers in Recovery |

Site Location:	MUGC	
Submission Type:	New Project	APPROVED
Review Type:	Exempt Review	

In accordance with 45CFR46.104(d)(2), the above study was granted Exempted approval today by the Marshall University Institutional Review Board #2 (Social/Behavioral) Designee. No further submission (or closure) is required for an Exempt study **unless** there is an amendment to the study. All amendments must be submitted and approved by the IRB Chair/Designee.

This study is for student Nick Roberts.

If you have any questions, please contact the Marshall University Institutional Review Board #2 (Social/Behavioral) Coordinator Bruce Day, ThD, CIP at 304-696-4303 or day50@marshall.edu. Please include your study title and reference number in all correspondence with this office.

Sincerely,

Bruce F. Day, ThD, CIP
Director, Office of Research Integrity

APPENDIX B: SURVEY

Employment Dimensions of Reentry to the Workforce
Participant Consent

You are invited to participate in a research project designed to identify what administrators or human resources directors may view as legitimate concerns about hiring people in recovery from a substance use disorder (SUD). The intent is to determine whether previous findings from other occupational fields regarding SUD apply to applicants in this field as well. The study is being conducted by Dr. Bobbi Nicholson, principal investigator, and Nick Roberts, a doctoral student at Marshall University and has been approved by the Marshall University Institutional Review Board (IRB).

This survey is comprised of 15 items and will take no more than 15 minutes to complete. Your replies will be anonymous, so do not type your name anywhere on the form. There is one open-ended question, so please be careful not to identify yourself in your response.

There are no known risks involved with this study. Your participation is completely voluntary, and there will be no penalty or loss of benefits if you choose to not participate in this research study or to withdraw. If you choose not to participate, you may leave the survey site at any time. You may also choose to not answer any question by simply leaving it blank.

Your IP address will not be collected, and once you complete the survey, you can delete your browsing history for added security. Your responses will remain anonymous. No one will be able to identify you or your responses, and no one will know whether you participated in the study. Completing the online survey indicates your consent for the answers you supply to be included in the pool of responses.

If you have any questions about the study, you may contact Dr. Bobbi Nicholson at 304-746-2094 or Nick Roberts at 304-356-7413. If you have any questions concerning your rights as a research participant, you may contact the Marshall University Office of Research Integrity at (304) 696-4303.

By completing this survey, you are also confirming that you are 18 years of age or older.

You may print this page for your records. Thank you in advance for your willingness to share your knowledge and experience.

Sincerely,
Nick Roberts, EdD Candidate – Co-Investigator
Dr. Bobbi Nicholson, Advisor – Principal Investigator

For the purposes of this questionnaire, items are clustered into two groups. One group will ask that you respond as you believe people in your professional group would answer (i.e., people who participate in hiring decisions in the P-12 public education sector). Those responses will be viewed as representative of the group as opposed to individual views. The other group will ask questions about the policies or practices in the specific district/county in which you work.

Definitions for two frequently used terms in this questionnaire are as follows:

  o Substance use disorder (SUD): a complex condition in which there is uncontrolled use of a substance despite harmful consequence (American Psychiatric Association). These substances may include alcohol, opiates, stimulants, marijuana, etc.

  o Public education: public schools ranging from pre-kindergarten to 12th grade (not private schools).

Part I
Please respond to these questions as you believe people in your professional group would answer (i.e., people who participate in hiring decisions in the P-12 public education sector). Those responses will be viewed as representative of the group as opposed to your individual views.

The following questions are related to individuals who are currently in recovery from a history of substance use disorder (SUD).

Q1 How do you think employers in public education define recovery? (Please check all that apply.)

☐   Remaining abstinent and sober (1)

☐   Currently in addiction treatment (2)

☐   Completed addiction treatment (3)

☐   I do not know (4)

Q2 Do you think the type of drug formerly used by an applicant in recovery affects public education employers' decisions to hire him/her?

○ Yes (1)

○ No (2)

Q3 Assume that an applicant in recovery abused one of the substances listed below. Please rank these substances based on which you think public education employers would view as most

serious/harmful (1) to least serious/harmful (5).
Click and drag the items to put them in order.

_____ Alcohol (1)

_____ Marijuana (2)

_____ Opiates/Opioids (e.g. heroin, oxycodone, fentanyl, hydrocodone, methadone) (3)

_____ Stimulants (e.g. cocaine, amphetamine, methamphetamine, ecstasy) (4)

_____ Benzodiazepines (e.g. Xanax, Valium, Klonopin) (5)

Page Break

Q4 Following is a list of commonly held beliefs regarding individuals in recovery. On a scale of 1 to 4 where 1 = not a concern at all and 4 = a great concern, please choose the level of concern education employers would have about a teacher-applicant in recovery having these characteristics. Please respond to these questions as you believe people in your professional group would answer (i.e., people who participate in hiring decisions in the P-12 public education sector). Those responses will be viewed as representative of the group as opposed to your individual views.

How concerned are P-12 employers that a teacher-applicant in recovery may …

	No Concern (1)	Some Concern (2)	Moderate Concern (3)	Great Concern (4)
Become violent (1)	○	○	○	○
Withdraw into his/her own world (2)	○	○	○	○
Have a poor memory (3)	○	○	○	○
Show poor judgment (4)	○	○	○	○
Have poor grooming skills (5)	○	○	○	○
Lack enthusiasm (6)	○	○	○	○
Overlook details (7)	○	○	○	○
Lack emotional stability (8)	○	○	○	○

- -

Page Break ————————————————————————————

Q5 On a scale of 1 to 4 where 1 = not a concern at all and 4 = a great concern, please choose the level of concern you think education employers would have about the potential effects of hiring or supervising an individual in recovery. Please respond to these questions as you believe people in your professional group would answer (i.e., people who participate in hiring decisions in the P-12 public education sector). Those responses will be viewed as representative of the group as opposed to your individual views.

How concerned are P-12 employers that a teacher-applicant in recovery may …

	No Concern (1)	Some Concern (2)	Moderate Concern (3)	Great Concern (4)
Lack initiative (1)	○	○	○	○
Fail to handle work pressure and stress (2)	○	○	○	○
Fail to leave personal problems outside of work (3)	○	○	○	○
Respond poorly to criticism (4)	○	○	○	○
Show up late for work (5)	○	○	○	○
Not respect authority (6)	○	○	○	○
Be unreliable (7)	○	○	○	○
Fail to get along with coworkers and supervisors (8)	○	○	○	○

Page Break

Q6 On a scale of 1 to 4 where 1 = not a concern at all and 4 = a great concern, please choose the level of concern you think education employers would have about the potential effects of hiring or supervising an individual in recovery. Please respond to these questions as you believe people in your professional group would answer (i.e., people who participate in hiring decisions in the P-12 public education sector). Those responses will be viewed as representative of the group as opposed to your individual views.

How concerned are P-12 employers that a teacher-applicant in recovery may …

	No concern (1)	Some concern (2)	Moderate concern (3)	Great concern (4)
Fail to communicate with others (1)	○	○	○	○
Not keep the job (2)	○	○	○	○
Fail to produce an acceptable quality of work (3)	○	○	○	○
Fail to produce an acceptable quantity of work (4)	○	○	○	○
Lack adequate problem-solving skills (5)	○	○	○	○
Lack adequate academic skills (6)	○	○	○	○
Fail to advance in his or her career (7)	○	○	○	○

Page Break

Q7 On a scale of 1 to 4 where 1 = not a concern at all and 4 = a great concern, please choose the level of concern you think education employers would have about the potential effects of hiring or supervising an individual in recovery. Please respond to these questions as you believe people in your professional group would answer (i.e., people who participate in hiring decisions in the P-12 public education sector). Those responses will be viewed as representative of the group as opposed to your individual views.

As a group, education employers generally believe that hiring/supervising individuals in recovery could lead to …

	No Concern (1)	Some Concern (2)	Moderate Concern (3)	Great Concern (4)
Unanticipated difficulties in disciplining or firing the individual if necessary (1)	○	○	○	○
Increased workers' compensation costs for the district (2)	○	○	○	○
Potential accommodations that could be too expensive (3)	○	○	○	○
Excessive amounts of supervision (4)	○	○	○	○
The individual asking for excessive time off for medical/professional appointments (5)	○	○	○	○
Other (Please specify.) (6)	○	○	○	○

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Q8 OPEN-ENDED: Please feel free to share any additional information or thoughts pertaining to employees/job applicants in addiction recovery.

_____

_____

_____

_____

_____

Q9 The following statements are focused on the policies or practices of the school district/county in which you work. Using the scale below, please select the response you believe most accurately describes those policies or practices.

	Yes (1)	No (2)	I don't know (3)
Our district believes that employees in recovery can be valuable members of the workforce. (1)	○	○	○
Our district provides addiction and recovery awareness or sensitivity training to all employees. (2)	○	○	○
Our district strives to create a recovery-friendly work environment. (3)	○	○	○
Our district does a good job of promptly providing adequate accommodations for individuals in recovery. (4)	○	○	○
Our district believes that hiring employees in recovery is good for public relations. (5)	○	○	○
To your knowledge, has your district previously employed any persons in recovery? (6)	○	○	○

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Q10 The following questions relate to your personal experience with individuals in recovery.

	Yes (1)	No (2)	I don't know (3)
Have you had any personal contact involving a person in recovery IN the work environment? (1)	◯	◯	◯
Have you ever worked with a person in recovery who relapsed? (2)	◯	◯	◯
Have you had any personal contact involving a person in recovery OUTSIDE of the work environment? (3)	◯	◯	◯
Have you known someone in your personal life who is in recovery and relapsed? (4)	◯	◯	◯
Have you had family/friends who are in or have been in recovery? (5)	◯	◯	◯

End of Block: Part II

Start of Block: Demographics

Q13 The following information is being collected solely for analytical purposes and will be reported only in the aggregate. Your responses are anonymous, and your individual information will not be identifiable in any way.

Q11 Sex

　　○ Male (1)

　　○ Female (2)

　　○ Prefer not to answer (3)

Q12 How many years of experience do you have in a position with hiring capacity?

　　_____

Q13 With what ethnicity or race do you most identify?

　　○ African American (1)

　　○ Asian/Asian American (2)

　　○ European American (3)

　　○ Hispanic/Latino American (4)

　　○ Native American (5)

　　○ Other: (6) _____

Q14 What is the highest level of education you've achieved?

　　○ Bachelor's Degree (1)

　　○ Master's Degree (2)

　　○ Doctoral Degree (3)

Q15 Current Position:

○ Superintendent (1)

○ Assistant Superintendent (2)

○ Elementary Principal (3)

○ Middle School Principal (4)

○ High School Principal (5)

○ Elementary Assistant Principal (6)

○ Middle School Assistant Principal (7)

○ High School Assistant Principal (8)

○ Human Resources Officer (9)

End of Block: Demographics