



**THE RECOVERY FRIENDLY WORKPLACE TOOLKIT**

CT Department of Labor

CT Department of Public Health

Department of Mental Health and Addiction Services



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RECOVERY  
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**1.0 WHAT IT MEANS  
TO BE A RECOVERY  
FRIENDLY  
WORKPLACE**

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# 1.1



## **A NEW WAY OF LOOKING AT - AND DEALING WITH - SUBSTANCE MISUSE THAT AFFECTS THE WORKPLACE.**

The impact of substance misuse on the workplace has been an issue for a long time.

How we adapt to it and deal with it effectively is a more recent development. Today, there's a shift occurring in how employers handle employees whose use of substances has an impact on the work environment. We are slowly moving from a "zero-tolerance" mentality that emphasizes disciplinary action to a "recovery" policy environment that emphasizes help, hope, and realizing the economic potential of healthy employees.

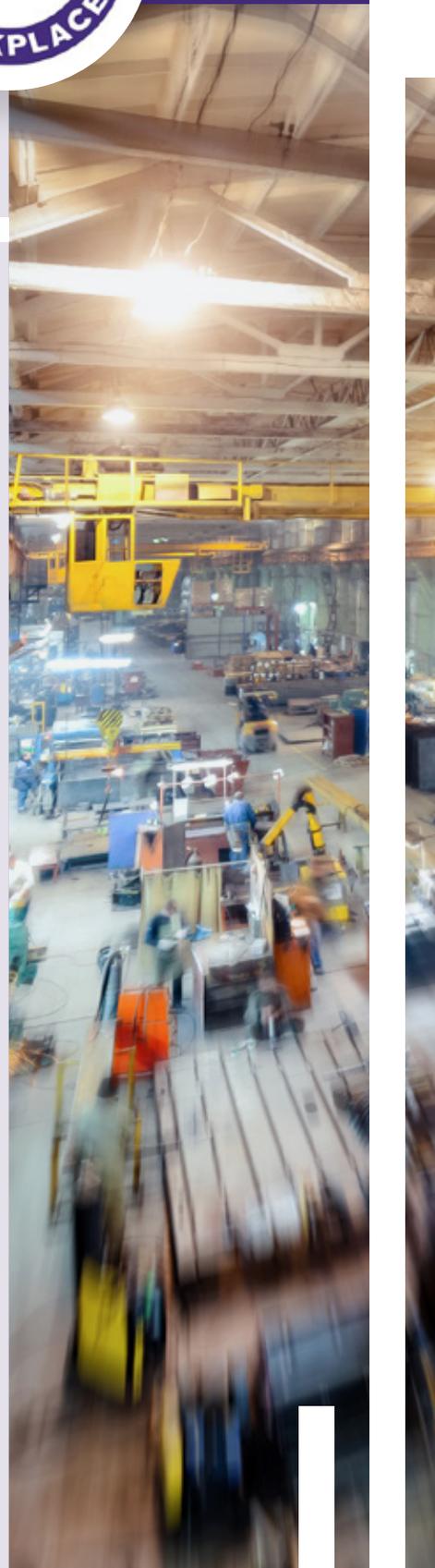
**"Recovery" means returning to a better condition.**

**It applies to workers who suffer accidents and injuries and manage chronic diseases.**

**It applies to those who are recovering from substance misuse as well.**

Becoming a Recovery Friendly Workplace (RFW) means keeping your organization strong by keeping employees on the job, even as they recover from substance misuse.

**THIS TOOLKIT WILL SHOW YOU HOW.**





## THE RECOVERY FRIENDLY WORKPLACE (RFW) TOOLKIT

By engaging this toolkit, you are taking a proactive role in creating a healthier working environment, and are pursuing a set of positive outcomes that include:

- Greater employee productivity
- Healthier, happier employees
- A safer work environment
- Employee retention
- A positive workplace culture

We – the Connecticut Department of Labor, Department of Public Health, and Department of Mental Health and Addiction Services – welcome you to this effort.

This toolkit and the resources behind it are intended to give you what you need to start down the path of being a Recovery Friendly Workplace.

With the tools in the toolkit, you'll be able to articulate a new policy, implement best practices, and connect with other resources that will keep you on the path to achieving the outcomes described above.



# 1.2



## SUBSTANCE USE DISORDER (SUD): UNDERSTANDING THE CONDITION

Businesses wishing to retain employees are looking for modern solutions to substance use, recognizing that substances, whether prescribed or illicit, can affect employees at the worksite. Today's recovery friendly approach involves strategies to acknowledge, manage and support employees that use substances. Both businesses and employees benefit when the focus is on recovery.

### SUD: A MEDICAL CONDITION

Strictly speaking, SUD is a medical condition. In 1987, the American Medical Association officially designated "addiction" as a disease and since then society, the healthcare profession, treatment and recovery organizations, and employers just like you have been struggling to understand and deal with its impact on the workplace.

**Substance(s) involved in substance use disorder may be legal or illegal. Opioids and other prescription medications are drugs. So are alcohol, marijuana and nicotine.**



SUD changes normal desires and priorities. It interferes with the ability to work, go to school, and to have good relationships with friends and family. It does NOT affect people based on their socioeconomic bracket, gender, age, or race. It is an equal-opportunity problem.

Equally important, it is incredibly widespread.

**The National Survey on Drug Use & Health (2018) reports that more than 21 million people in the U.S. are affected by SUD. Many of them go to work each day.**



Most importantly, SUD is treatable. For example, the National Institute on Drug Abuse (2020) reports that the relapse rate for drug addiction is as low as 40% when a person in recovery engages in medication-assisted treatment.

Recovery is possible. And the workplace can play a huge role in making it possible.





## SUD CAUSES & FACTORS

The exact cause(s) of substance use disorder are not known, but experts have pinpointed 3 areas of risk:

**Family history.** A person's SUD issues can often be linked to family history.

**Environmental factors.** This includes family life, school, peer pressure and exposure to addictive substances.

**Developmental factors.** Research has indicated strongly that when drug use begins early in life (prior to age 18), there is a greater likelihood it will become a SUD.

### OTHER FACTORS.

- On-the-job injuries
- Emotional hardship
- Depression
- Stress
- Post-traumatic stress disorder
- Low self esteem

## THE IMPACT OF THE OPIOID CRISIS ON SUD

Nationally, the epidemic of opioid misuse is a well-covered topic and in Connecticut, we've experienced our own share of suffering. Communities, families and individual lives have been shattered - and our economy has been impacted as well.

- Opioid-related deaths continue to top 1200/year.

- The advent of fentanyl has increased deadly overdoses.
- The loss of the state's prime-age labor force has slowed economic growth by 50%.
- Employers in all industry sectors are affected.
- Estimates are that we've lost 300 million work hours since 1999.

**Nearly 75% of American adults with an opioid use disorder are in the workforce (NSC 2017). This is why the problem needs to be addressed in the workplace.**



## WORKPLACE INJURIES

Sometimes SUD is the cause of workplace injuries, other times it is the result of a workplace injury.

Injuries sustained at work sometimes result in the use of prescription painkillers while the worker recovers physically. However, over reliance on prescription pain relievers can result in SUD for the worker - especially if the employee returns to work too soon.

It's also worth mentioning that not all workplace injuries are reported to the employer. Some are reported to the



insurance provider and remain unknown to managers and supervisors.

Be alert to workers who are experiencing pain on the job. It may be an indicator of SUD, or a contributing factor.

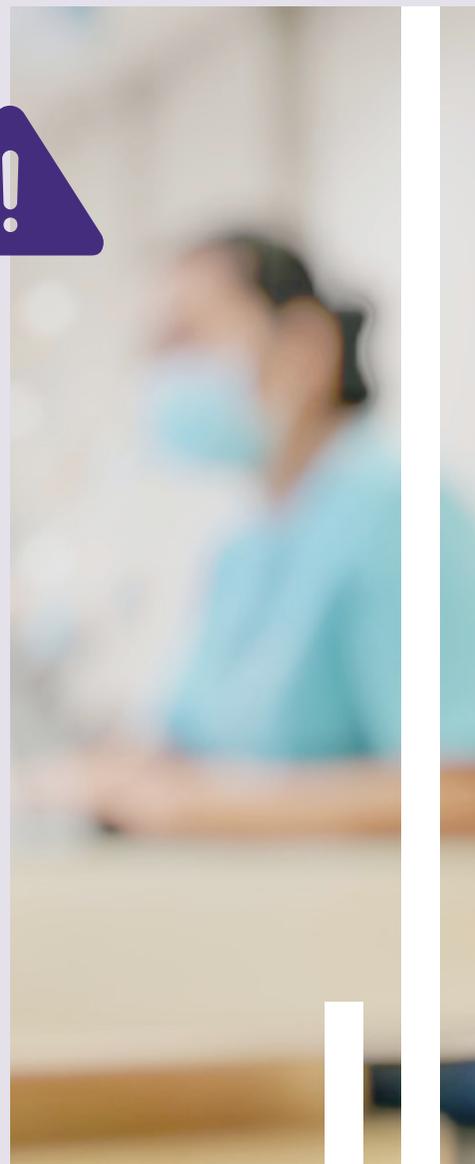
### **ABSENTEEISM AND PRESENTEEISM**

The first term we all know. In the present context it refers to lost workdays due to substance use. In fact, the CT Department of Labor estimates that we've lost 300 million work hours since 1999 due to opioids and other prescription drugs.

"Presenteeism" is a relatively new term.

It refers to workers who are physically on the job, but are so distracted by the damage that SUD is causing in their lives – personally, or from family members and other loved ones suffering from SUD – that they are ineffective at work.

The point: SUD hurts businesses in many ways.



# 1.3



## THE STUDY OF SUD

### DIFFERENT LEVELS OF USE

Here's an overview of 4 stages of substance use to help you understand the levels that people may be experiencing (Substance Abuse and Mental Health Services Administration/SAMHSA)

- **Experimental use.** This often involves friends and peers who share a substance experience for recreational purposes.
- **Regular use.** In this phase, the person misses work. He or she is preoccupied about their supply. Isolation is common and usage often increases as tolerance for the substance increases.
- **Problem use.** Motivation to work declines, and behavior changes become obvious. Preoccupation with substance use eclipses other interests, such as relationships. In problem use, users often become secretive. Sometimes they start dealing to ensure a steady personal supply.
- **Addiction.** In addiction, denial of the problem is present, and physical, emotional and mental declines are noticeable. Family and friends may be alienated. Financial and legal problems often occur, and suicidal or self-destructive behaviors are present.

### A MEDICAL CONDITION - NOT A PERSONAL FAILURE



Addiction was once considered a moral failure, a family curse, or a personal weakness. Today it is not considered to be any of these things. Instead, it is a medical condition.

**Drug addiction literally changes the way the brain functions. That's why organizations such as the American Medical Association define it as a disease.**



Many of the biological and environmental risk factors that contribute to SUD have been identified, but even experts in the field cannot determine why some people become addicted to drugs.

Final point: SUD is treatable and beatable. It's a medical condition that can be overcome. According to SAMHSA, more than 20 million Americans have a substance use disorder (2018), and many of them are working to restore their health, relationships, and their jobs.

# 1.4



## FIGHTING THE STIGMA OF SUD

The stigma surrounding SUD makes matters worse. That's a key part of being a Recovery Friendly Workplace (RFW) – reducing negative judgments and perceptions around workers with a SUD, which can:

- Damage self esteem
- Increase stress and isolation
- Prevent people from seeking help
- Increase prejudice and discrimination
- Increase lost productivity further
- Reduce morale in the workplace

### A few facts to remember

- **Workers with SUD didn't choose the condition**
- **SUD doesn't define who and what a person is**
- **Listening is a powerful tool**
- **Using evidence-based facts is good for business and for people**
- **Research has proven that positive organizational psychology has significant benefits for employers, employees, and stakeholders**



### A FEW FACTS THAT MAY SURPRISE YOU



- People don't need to "hit bottom" before finding help
- There is no single recovery or treatment program that works for everyone
- The Affordable Care Act includes benefits for SUD treatment
- Remaining kind, compassionate, and human is the best approach
- Recovery Friendly Workplace programs are being created all over the country

### LANGUAGE MATTERS



Constructive language tends to emphasize the person, not the condition.

**Replace:** "Addict," "junkie," and "druggie" with "person with a substance use disorder" or "person in recovery."

**Replace:** "Drug abuse" with "drug use" or "substance misuse."

**Replace:** "Dirty" with "using," or "actively using."

**Replace:** "Clean" with "in recovery" or "substance-free."

**Replace:** "Medication is a crutch" with "Medication is a recovery tool" in the context of medication-assisted treatment.

# 1.5



## THE POWER OF A POSITIVE WORKPLACE

### THE PROBLEMS WITH PRESSURE

In the past, businesses believed that a high-pressure culture will drive their financial success, but this belief has been proven both wrong and costly.

Healthcare costs at companies with pressurized work environments are nearly 50% higher than at other companies.

Consider these statistics (BMC Public Health 2018) and it's easy to see why the high-pressure workplace is failing:

- Workplace stress causes 550 million lost workdays annually.
- 60%-80% of workplace accidents are stress related.
- 80% or more of doctor's visits are triggered by stress.
- Pressure at work is also linked to a lack of engagement and lack of loyalty.

### MAKING THE CASE FOR WORKPLACE WELLBEING

It's been shown that employees prefer "workplace wellbeing" to material benefits.

It started with perks such as office gyms, flex time, and telecommuting, but a Gallup poll showed that the key to employee productivity is employee engagement – the

degree to which employees feel that they and their employer are joined in a common cause.

The Harvard Business Review (2015) cited these 4 essentials to creating a positive workplace.

**Fostering social connections.** This results in less sick time and better job performance.

**Demonstrating empathy.** This equates to stronger, resilient relationships.

**Going the distance to provide help.** A key ingredient in loyalty and trust.

**Encouraging communication about problems.** This leads to a "safe" culture where problems are understood and solved.

**To sum it up: When a company has a positive culture – in which recovery practices are embraced – it can achieve better financial performance, customer satisfaction, productivity, and employee engagement.**



# 1.6 FAQs



## **What is a Recovery Friendly Workplace (RFW)?**

A Recovery Friendly Workplace is a CT business that has adopted policies and practices that support employees in recovery from substance use disorder (SUD).

## **How much does it cost to be an RFW?**

There are no external costs to become an RFW.

State-supplied resources, such as this toolkit, are free. The costs a business will face are internal – mainly in the form of time that must be spent to form policies and practices, communicate with employees about the program, and interface with advisers.

## **What are the benefits of becoming an RFW?**

- Money saved through reduced absenteeism
- Healthier work environment
- Greater productivity
- Lower health care costs
- Greater workplace safety
- Access to advisors and other resources.

## **What if my company already has an Employee Assistance Program (EAP)?**

A Recovery Friendly Workplace initiative can work within your EAP. Regardless of whether it's an internal EAP, external EAP, or a hybrid program, an RFW initiative is simply another way your EAP works to help employees.

### **Key things to consider:**

- Positioning the RFW program as a significant addition to your EAP.
- Identifying areas of overlap.
- Using existing EAP communications channels to spread the word about RFW.
- Making sure RFW resources are quickly available to interested employees.
- Notifying and coordinating with your insurance/EAP services provider(s).



## How does the federal Family Medical Leave Act (FMLA) impact employees and employers dealing with SUD?

The FMLA exists to protect the job and benefits of an employee during an unpaid leave of absence. It has specific provisions regarding time off for treatment of SUD.

The FMLA defines the rights of employees and employers within the process of approving an unpaid leave of absence for SUD.

It's important to remember that state and federal FMLA policies differ and must be examined to determine which ones govern how you implement this particular benefit.

**NOTE:** In 2022, the FMLA will apply to all CT employers.

See the Resources section for more information on FMLA.

## What if my company has safety-and security-sensitive jobs and employees?

There are federal laws related to drug-testing requirements for industries that perform public safety and national security roles. Some examples: Federal Aviation Administration, National Highway Traffic Safety Administration, and the Federal Railroad Administration.

Most state and local law enforcement officers and emergency service providers are also required to undergo drug testing. However, the laws and regulations affecting these tests vary from state to state and agency to agency.

The State of Connecticut has developed its own set of "high-risk or safety sensitive" occupations. A full list is available online at: <https://www.ctdol.state.ct.us/wgwkstnd/laws-regs/HRSSOccupationsList.pdf>

If your company employs people in these sectors, stay current regarding drug testing policies, as they can help identify employees with potential SUD issues.



## **What is the insurance impact of becoming an RFW?**

Insurers are still developing policies regarding RFWs. As of now, there's simply not enough experience or data for them to have specific business practices in place for RFWs.

### **Actions to consider:**

- Notify your insurer of your intent to implement the RFW program.
- Ask them for an assessment of any impact on your current policies and pricing.
- If you have an Employee Assistance Program, notify its managers and vendors.
- In the future, be alert to insurance carriers' changes in policies regarding RFWs.

## **How does the Americans with Disabilities Act (ADA) relate to a company being a Recovery Friendly Workplace?**

ADA provisions for defining what is a "disability" are still evolving as they relate to substance use disorder, and it is wise to seek professional counsel on how to interpret the current definitions and practices. Here is the 2020 interpretation of the ADA codes regarding alcoholism and SUD:

### **Alcoholism**

Alcoholism is not automatically considered a disability under the ADA. A person addicted to alcohol is considered disabled only when the condition substantially limits in at least one major life activity, which may include, but is not limited to, the ability to work.

### **Substance Use Disorder**

An employee is considered disabled as a result of having a substance use disorder only when the condition is substantially limiting in at least one major life activity. Individuals who have completed a supervised drug rehabilitation program may be covered.

## **What are the legal issues related to being an RFW?**

Recovery Friendly Workplace programs are relatively new, and their legal ramifications are still taking shape. Employers should contact their firm's attorney or initiate a conversation with a firm that is experienced in employment law.



### **Key topics to discuss include:**

- Potential conflicts between state laws vs federal laws
- CT Law 21a-408 and medical marijuana usage
- Employer rights vs Employee rights
- Union relationships
- Privacy issues
- Reasonable Suspicion and drug testing policies
- Termination policies
- Family Medical Leave Act (FMLA) provisions
- Occupational Safety and Health Administration (OSHA)
- Mental Health Parity Act
- Americans with Disabilities Act (ADA) provisions
- Health Insurance Portability and Accountability Act (HIPAA) privacy provisions
- Workers Compensation

### **How does employee use of medical marijuana relate to a Recovery Friendly Workplace?**

The use of medical marijuana relative to the workplace is a legal area that is still unclear, largely because of potential conflicts between federal and state laws. It's advisable to talk to legal counsel with experience in employment law to understand exactly how medical marijuana bears on the operation of your Recovery Friendly Workplace.

### **Key issues to discuss:**

- CT Law (21a-408).
- Rights of employers vs rights of employees.
- Policies around pre and post-employment drug testing, "reasonable suspicion," and disciplinary action for substance use.



## **Do Recovery Friendly Workplaces actually work?**

Recovery in general is good for business because it holds these benefits:

- Improved productivity.
- Decreased healthcare costs.
- Reduced injuries.
- Reduced absenteeism. Employees in recovery take less unscheduled time off than their peers and miss less work than employees with SUD – and the general workforce.
- Reduced Presenteeism. This refers to workers who are physically at work, but so distracted by the impact of SUD on their personal and family lives that they are ineffective workers.
- Reduced employee turnover.

## **Where can employers turn for more help and access to resources?**

See the Resources section of this toolkit.

# 1.7 GLOSSARY



Below is a handful of terms that will enable you to have an informed discussion of SUD with other people affected by the condition in the workplace.

**Addiction.** The main aspect of this term's definition is that it is a chronic and deadly disease – a healthcare condition that affects the physical and mental health of a person. It is being replaced by Substance Use Disorder (see definition).

**Affordable Care Act (ACA).** Also called "Obamacare," this healthcare legislation required Medicaid and all insurance plans sold on the Health Insurance Exchange to provide services for SUD treatment.

**Behavioral Health.** The area of health care that is concerned with substance use and other mental health disorders.

**Benzodiazepines.** Psychoactive drugs that act as tranquilizers and muscle relaxants, sometimes used in the treatment of alcohol withdrawal.

**Buprenorphine.** A synthetic opioid used for pain relief and also used to treat opioid use disorder.

**Coping strategies.** The behavioral and psychological work that people with SUD do to handle the effects of stressful events that trigger substance use.

**Denial.** The tendency of individuals with SUD to deny or distort the realities associated with their drinking or drug use.

**Dependence.** A term often used synonymously with "addiction."

**Fentanyl.** A powerful synthetic opioid 50 to 100 times more potent than morphine, available in legal prescription and illegal forms. Fentanyl produces sensations of euphoria and provides pain relief.

**Intervention.** A meeting between a person with SUD and his or her family and/or others



to address the problems being caused by the individual's SUD-related behavior.

**Medication Assisted Treatment (MAT).** Medication-assisted treatment (MAT) combines behavioral therapy with medications to treat SUD.

**Methadone.** Used to reduce withdrawal symptoms from opioid use.

**Methamphetamines.** A synthetic stimulant, it creates euphoria, increased physical activity, decreased appetite, faster breathing, and rapid and/or irregular heartbeat, among other symptoms.

**Naloxone.** Used to help people in the midst of an opioid (or heroin or morphine) overdose, it blocks opioid receptors in the brain.

**Opioids.** A family of drugs used to treat pain that also produce a "high." Chronic use of opioids can lead to tolerance, physical dependence, and addiction.

**Oxycodone.** An opioid produced for pain relief, Oxycodone (as well as Oxycontin and Percocet) can result in dependency and addiction.

**Peer Support Groups.** A general term referring to relationships that support patients recovering from SUD. Examples: Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and online forums.

**Person-first language.** A way of communicating about substance use and the people it affects. Example: Rather than describe someone as an "addict", he or she would be described as a "person with a substance use disorder." Person-first language helps people understand that the disease is subordinate to the individual's identity.

**Recovery Friendly Workplace.** This refers to a growing number of organizations that embrace pro-SUD recovery policies and practices as a way of simultaneously helping employees and creating a stronger economic foundation.



**Sponsor.** A volunteer within a 12-step program (Such as AA or NA) who is available to help newer members by providing support, encouragement, and guidance to promote recovery.

**Relapse.** A term used to describe a recurrence of substance use.

**Suboxone.** A medication treatment for opioid dependence.

**Substance Use Disorder.** The Substance Abuse and Mental Health Services Administration (SAMHSA) offers this definition of SUD: “Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.”

**Taper.** A recovery method of lowering a dose of medication in smaller increments over time to help wean a person with SUD off the use of the substance.

**Trigger.** A stimulus that produces a reaction in a person with SUD that may increase his or her vulnerability to a relapse of substance use disorder.

**Withdrawal.** Symptoms that arise when use of a drug is fully stopped after dependence has been developed.



**2.0 SUBSTANCE  
USE DISORDER:  
IMPACT IN THE  
WORKPLACE**

**THE RECOVERY FRIENDLY WORKPLACE TOOLKIT**

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## THE COSTS OF SUBSTANCE USE DISORDER (SUD)

There is no question that supporting recovery from SUD is good for business.

There's also no question that businesses that allow SUD in the workplace to go undiscussed and untreated will continue to lose money, time, productivity, and employee morale.

To make the case for becoming a Recovery Friendly Workplace (RFW), use the information in this section. Share it with supervisors and leadership. Let your colleagues see that supporting recovery is not just the wise, humane, healthy course of action.

**It's also beneficial to the bottom line.**



# 2.1



## LOOKING AT ALL SIDES OF THE ISSUE

### The economic impacts

NOTE: The information in this section is sourced from: National Institutes of Health (2017, 2018), The Minnesota RFW Program (2020), National Safety Council (2018, 2020), and SAMHSA (2004-2020).

### A Substance Use Calculator for Employers:

The National Safety Council has developed a Substance Use Cost Calculator for Employers.

To use the calculator, [click here](#).



### THE DOWNSIDE



Big picture: SUD equates to

**\$400 billion a year in healthcare costs.**

**75%**

**of adults with untreated SUD are part of the US workforce**

– and they miss around 50% more work days than their fellow employees.

- Heavy drinking alone is estimated to cost \$82 billion each year in lost productivity.
- People who misuse alcohol are 270% more likely to have an accident.
- **Opioid misuse has impacted 70% of employers.**



### THE UPSIDE

- Each dollar spent on treatment and early intervention saves \$4 in healthcare costs and \$7 in law enforcement and criminal justice costs.
- Workers who get treatment for SUD save an average of \$3200 for their employers annually.
- Employees in recovery save around \$500 each year in health plan usage costs compared to those with untreated SUD.
- Employees who stay committed to recovery tend to stay as committed to their employer as their peers.
- Employees in recovery miss 5 days fewer each year than those not in recovery.

### THE HUMAN COST

- Many of us have seen and know firsthand the human toll SUD can take. Motor vehicle crashes, legal trouble, domestic abuse, workplace accidents, health problems, and economic hardship are just a few of the symptoms.



- **Only 10% of people** with SUD are getting treatment for the condition – despite the fact that recovery is possible.

**10% TREATED**

**90% UNTREATED**

- Nationally there are **22+ million people in recovery** – slowly succeeding in creating healthier homes, lives, and workplaces.

**22+** million people in recovery 

## THE SOCIAL STRAIN

- Family instability is perhaps the most critical social cost of SUDs. Families often experience significant tension and conflict when an adult with SUD remains untreated, and the impact reverberates in the workplace.
- Other social effects include disability, mental health conditions, homelessness, incarceration, crime, and suicide.
- Last of all, people with untreated SUD tend to become isolated, depressed, and unable to reclaim their identity as a family member, friend, and coworker.



# 2.2



## HANDLING SUD IN THE WORKPLACE

**80%** Human Resources (HR) Decision-Makers

believe that substance use disorder impacts their employees

**yet only 25%**

feel prepared to deal with the issue.



### SIGNS OF SOMEONE STRUGGLING WITH SUD

- **Absenteeism.** This is among the leading indicators of SUD – especially increased absenteeism and increased used of sick time and vacation time.
- **Job disappearance.** Frequent or unexplained absence from work.
- **Job performance.** Unusually poor or inconsistent job performance.
- **Accidents and near-accidents.** Either on the job or at home.
- **Concentration.** Difficulty in focusing, or inability to focus at all.
- **Judgment.** Look out for an increase in poor decision-making and on-the-job errors.

- **Appearance.** A downturn in physical appearance and personal hygiene.

### HOW TO TALK TO AN EMPLOYEE ABOUT SUD: DO'S AND DON'TS:



If you had an SUD, chances are good you'd be very sensitive to being confronted with it, especially in the workplace. Caution and care are highly advised. Here are a few guidelines to consider:

- **DO have the conversation privately.** This reduces the chance that the employee will feel either 1. Threatened or 2. Acutely self-conscious. Your goal is not to get the employee to admit there's a problem, but if there is one, he or she is more likely to be open about it behind closed doors. If this happens, be ready with next steps and options. Be prepared to talk about being a Recovery Friendly Workplace.
- **DO use performance reviews as a place to start** - especially if there are performance-related issues to bring up. But don't wait for an annual review if you feel there's a problem that needs to be addressed now. Set a meeting and document the results.



- **DO ask questions rather than make accusations.** Minnesota's RFW program offers this approach to an employee with a possible SUD: "I've noticed you missed quite a few deadlines and days of work. Your performance has declined and it seems you have trouble concentrating. Is everything ok? Is there anything I can help with?" This line of inquiry opens a door for the employee to step through, if he or she is ready.
- **DO expect denial.** Those in the grasp of an SUD will often refuse to acknowledge a problem. If this is the case, move on with procedures you have for poor performance or behavior. Set expectations clearly according to existing policies. Document your encounter.
- **DO stick to facts.** Remember – all your actions need to be based on facts: performance, actions, and policies. Suspicion is not enough.
- **DON'T ignore the signs or the situation.** An employee with SUD is not going to suddenly get better. Dealing with it professionally and compassionately is the correct course of action.
- **DON'T approach an employee** unless you have legitimate, reasonable, documented instances where you feel there was evidence of SUD-related behavior.
- **DON'T be aggressive.** You might be aggravated or upset by the employee's behavior, but refrain from being abrupt, loud, accusatory, or confrontational.
- **DON'T make snap judgments.** Keep an open mind about how you can help the employee and how a positive outcome can be achieved.



# 2.3



## DIFFERENT PATHS FORWARD

**There is no single road to recovery. Once an employee has acknowledged that a substance use disorder (SUD) exists, here are the main options to consider.**



- **Employee Assistance Program.** If you have an EAP, the employee can be directed to its resources for treatment, recovery, and peer support.
- **Non-EAP treatment.** If no EAP exists, the employee can review insurance-funded options as possible courses of action. Private and group insurance policy provision for SUD must be examined. The Affordable Care Act does require Medicaid and all insurance plans sold on the Health Insurance Exchange to provide services for SUD treatment.
- **Self-initiated treatment.** As the employer, you can direct the employee to the resources included as part of this toolkit, and make sure the employee understands that he or she has your support in pursuing recovery.

- **Create a plan for returning to work.**

Following the initiation of treatment for the SUD, it's often wise to sit down and chart a return to work. This encourages ongoing engagement with treatment as a means of keeping the position.





RECOVERY  
WORKS

**3.0 CREATING A  
RECOVERY FRIENDLY  
WORKPLACE**

**THE RECOVERY FRIENDLY WORKPLACE TOOLKIT**

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# 3.1



## ASSESSMENT OF CURRENT PRACTICES

Before launching an Recovery Friendly Workplace (RFW) initiative, it is important to assess your current health and safety practices regarding substance use disorder (SUD) to know where you stand and what you may need to honor based on past practices.

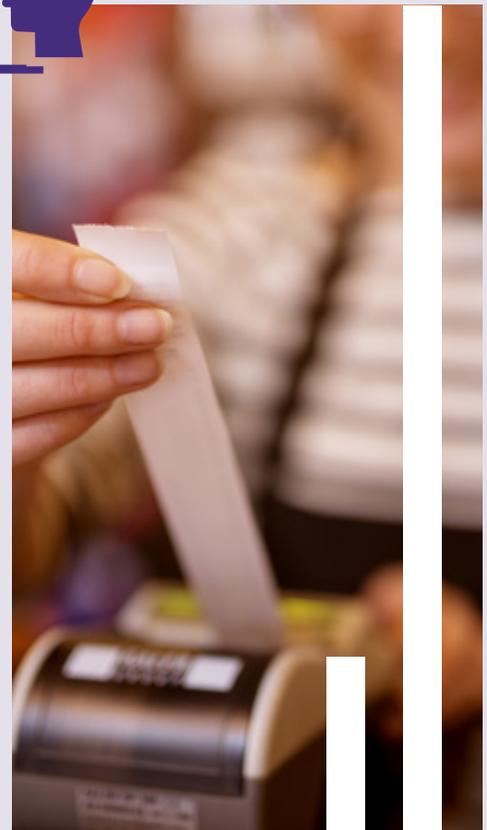
Here's a list of questions to help guide your initial assessment.

- **What is your organization's history with SUD?** Is there a high incidence of substance use disorder?

What practices and protocols have been used to handle it? What are the gaps in your policies that would prevent an employee from accessing help?

- **What resources are in place now for employees seeking help related to SUD and mental illness?** Have these resources been used - and are they effective?
- **What is the internal awareness level of what you do for employees with SUD?** Do all employees know of current offerings?
- **What is the level of sophistication among employees regarding substance use?** Do people know what it is and what to do if they see behavior they think is related to SUD?

- **Does your company hire people in safety-and security-sensitive industries?** These industries may require specific actions on your part regarding an employee with SUD.
- **What ideas do your employees have to support recovery in the workplace?** Front-line employees often have good ideas for how to deal with front line problems.



# 3.2



## CONNECTICUT'S 5 PRINCIPLES



The Department of Health has identified 5 Key Principles to guide the development of a new approach to dealing with substance use disorder (SUD) in the workplace. Here's a summary of the 5 Key Principles and what they mean.

### 1. EARLY IDENTIFICATION

#### What it means:

- SUD in general does not go away without treatment, so it's essential to be alert to the issues, identify employees who may be struggling with SUD, and intervene early so that the problem can be addressed and contained.
- Employees who appear to be impaired in the workplace should be assessed according to employer policies and made to feel that they are receiving compassionate attention that's intended to help.

### 2. INSTANT SUPPORT

#### What it means:

- Employers who are willing to take fast action on this issue are more likely to retain their employees, increase productivity, and be recognized for having a positive company culture.
- The key is to establish your Recovery Friendly Workplace first so there's a framework for helping the employees who need it.

### 3. EMPLOYER FLEXIBILITY

#### What it means:

- Some employees with SUD may need to take a leave of absence for treatment. It's critical to see the advantages of keeping an employee who can be a long-term contributor to the company.
- Other employees in recovery may benefit from the structure and order of their jobs. They also may get a sense of purpose and identity, stability, and social support. So it's important to be flexible in your thinking about SUD in the workplace. For some employees, their job is an important part of recovery.
- The employer's flexibility may even be the catalyst for the employee to get help in the first place. So be prepared to be open-minded in your approach to implementing an RFW.

### 4. REGULAR REVIEW

#### What it means:

- SUD is a disability that requires simple, but consistent communications.

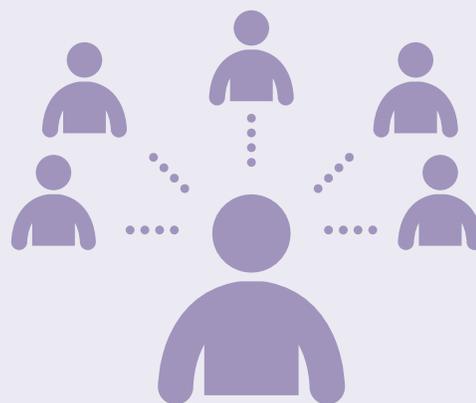


- Due to the chronic nature of addiction, and the necessity of external motivation during the early stages of recovery, regular review of an employee's job performance by his or her supervisor(s) should be conducted in an atmosphere of positive reinforcement.

## 5. ENLISTING SUCCESS

### What it means:

- Large issues that impact the workplace (like SUD) can be solved more effectively when organizations mobilize together.
- For example, look at workplace safety. It takes employers, employees, union officials, contractors, suppliers, distributors, and others in the supply chain to collectively make safety a priority. When this is achieved, safety improves and accidents are reduced.
- Addressing substance use as a workplace issue is no different. It's up to the companies that are advanced enough to create a Recovery Friendly Workplace to involve others in the effort.



# 3.3



## PUTTING THE 5 PRINCIPLES INTO PRACTICE

### 1. EARLY IDENTIFICATION

#### Putting it into practice

- Some industries require drug screening. A partial list includes: Transportation, construction, manufacturing, defense, law enforcement, and others related to public safety. If these measures are already company policy, they can be used for SUD identification.
- In workplaces where drug screening and testing are not in place, managers often need to rely on what they see. If there's visual evidence of what may be SUD-related behavior, the event should be documented. Before addressing the issue with the employee, see Section 2.0/How to talk to an employee about SUD.

### 2. INSTANT SUPPORT

#### Putting it into practice

- **Training supervisors and managers to spot the first signs of drug misuse** and scheduling routine check-ins with employees will help enhance rapport and staff engagement.
- **Enacting strong company drug policies** through an RFW initiative may also help increase the likelihood that employees will feel supported and that they will not be discriminated against for their problem.

- **Managers, supervisors, and human resources personnel** can be responsive and helpful by consistently putting information from this toolkit front and center before their employees.
- **Encouraging employees with SUD to engage other resources** sends the message that support is available. Community hotlines, Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, community mental health centers, private therapists or counselors, and treatment centers can be helpful.
- **Specifically, Peer Recovery Support programs have experienced significant success** in helping people with SUD. Peer Recovery Support providers offer valuable guidance by sharing their own experiences recovering from SUD, helping to build skills, and assisting with specific needs that someone with SUD is facing.

### 3. EMPLOYER FLEXIBILITY

#### Putting it into practice

- **There may be a temporary need to move an employee to light duty, non-hazardous work, or another job modification** while he or she engages in a recovery program.
- **Many employers cannot allow an employee to take paid or unpaid time off from work**, but it's important to



remember that terminating an employee with SUD is a permanent loss, while allowing modified duty is a temporary measure that can serve the interests of both employer and employee.

- **You can address employee needs related to SUD** just as you would with employees who have other health-related conditions. This also means working in accordance with personnel policies and collective bargaining agreements, if applicable.
- **The Job Accommodation Network (JAN)** is a service provided by the U.S. Department of Labor's Office of Disability Employment Policy. It provides free, expert, confidential guidance to employers regarding workplace accommodations and disability employment issues, including SUD.
- **Depending on the employee's needs and the employer's policies**, possible solutions may include the use of paid or unpaid leave, counseling and attendance at support meetings, a modified daily schedule, temporary reassignment to a less stressful job, flexible use of leave time, or the ability to work from home.

#### 4. REGULAR REVIEW

##### Putting it into practice

- **Create a Recovery Accommodation Plan (RAP).** This is initiated when an employee enters treatment or shows an interest in recovery support services. RAPs generally include these steps:
  - Education of those involved with information regarding substance misuse and the recovery process. This includes management and co-workers.
  - Establishing the plan. This involves meeting with the employee to agree upon what's involved – before the employee returns to work. This meeting takes into consideration clinical recommendations for recovery. The RAP should then be documented.
  - The employee reviews and signs the RAP agreement, making it clear that the employee is expected to follow what has been agreed upon.
  - The RAP team meets at regular intervals, which at first are daily, then weekly, and eventually monthly. The plan can be reviewed and adjusted as necessary.
  - Adherence to the RAP protocol will enable all involved parties to measure the effectiveness of the plan.
- **Drug screening can be a deterrent to relapse.** An option is to include screening upon request as a provision of the RAP.
- **As part of the RAP process**, remember to provide the employee with a list of peer and community supports and encourage him or her to participate in related support groups such as Alcoholics Anonymous (AA), Narcotics Anonymous



(NA), and similar resources.

- **As the timeframe for the RAP reaches its end point**, consider allowing the employee time for an extension. Also for consideration: Encourage or require that your employee continue with a peer-based support plan alongside or after the RAP.

## 5. ENLISTING SUCCESS

### Putting it into practice

- **Consider partnering with organizations that are affiliated with yours:** suppliers/vendors, contractors, clients, and other organizations in the same business sector should be aware of your initiative and why it constitutes good business practice.
- **Working through your Chamber of Commerce** is a good place to start.

Explore partnerships with other companies to share best practices related to facing SUD in the workplace.

- **Some organizations commit to creating a resource center for SUD.** The CT International Union of Operating Engineers (IOUE) Local 478 created a Members Assistance Program (MAP), which has become an innovative tool in facing the opioid crisis.



# 3.4



## BEST GUIDELINES

### THE 10 BEST GUIDELINES FOR YOUR RECOVERY FRIENDLY WORKPLACE INITIATIVE



There are only a handful of Recovery Friendly Workplace programs in the U.S. Conclusive data regarding performance metrics and practices are still being collected. But here are the most essential guidelines to include in your planning and actions.

#### 1. Get buy-in from leadership and employees alike.

Share a topline description of the RFW program – and be clear about what’s in it for everyone involved: Better productivity, better safety, happier employees, greater loyalty and engagement – and creating a healthier work environment.

#### 2. Talk about it openly.

For too long, “addiction” has been covered up by silence and shame. It’s time to change the way we talk about it. Make the narrative about recovery, hope, and forward movement.

#### 3. Reduce gossip and protect personal dignity.

When an employee is suffering from SUD, colleagues tend to talk about it. But you can reset the tone by asking everyone to respect privacy, embrace recovery, and pull together.

#### 4. Pay attention to your language.

Use constructive language that emphasizes the person, not the disease or disorder. Examples: Replace “Addict,” or “druggie” with “person with a substance use disorder” or “person in recovery.” Replace: “Drug abuse” with “drug use” or “substance misuse.” Replace: “Clean” with “in recovery” or “substance-free.”

#### 5. Treat SUD like what it is – a health condition.

SUD is a health issue and it can be treated effectively. An employee with diabetes is essentially no different than one with SUD. And an employee recovering from a disabling accident should be treated no differently than one recovering from SUD.

#### 6. When you’re hiring, keep an open mind.

If the prospective employee reveals a history of SUD or that they are in recovery, remember that he or she has a medical condition that doesn’t necessarily disqualify



them from being a good employee. Reconsider possible candidates who have a “criminal background” that is only related to their SUD.

### **7. Create wellness programs.**

Work/life balance and wellbeing can be incorporated into the workplace. From flex time to healthy eating options, wellness program send the message that work and personal health should be joined.

### **8. Be alcohol-conscious.**

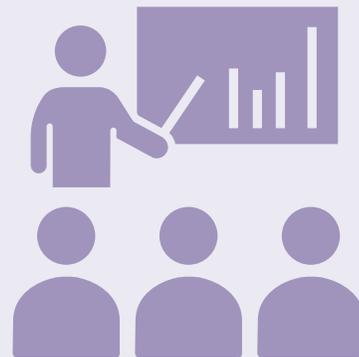
Serving alcohol at work events can be a trigger for someone with SUD. Consider a variety of non-alcoholic options.

### **9. Participate in recovery-focused community events.**

Making your position known publicly tells everyone that being a Recovery Friendly Workplace is a point of pride.

### **10. Build a working relationship with recovery organizations.**

Make sure area recovery groups are positioned as a resource for employees.



# 3.5



## STATE AND REGIONAL RESOURCES

Below is a description of state and local resources that are recommended to help you establish and operate your Recovery Friendly Workplace. For contact information, see the Resources section of this toolkit.

### STATE RESOURCES

#### **drugfreect.org**

Drugfreect.org is a starting point for any organization seeking to become a Recovery Friendly Workplace. It is a central resource for medication safety, prevention and intervention, and treatment and recovery resources.

#### **The Department of Mental Health and Addiction Services (DMHAS)**

DMHAS is a health care agency whose mission is to promote the overall health and wellness of persons with behavioral health needs through an integrated network of holistic, comprehensive, effective, and efficient services and supports that foster dignity, respect, and self-sufficiency. While DMHAS serves all Connecticut citizens, its mandate is to serve adults (over 18 years of age) with psychiatric or substance use disorders, or both, who lack the financial means to obtain such services on their own.

#### **Connecticut Community for Addiction Recovery (CCAR)**

CCAR is a partner organization to the RFW initiative and **provides training for participating employers**. Key points to know regarding CCAR:

- CCAR organizes recovery communities in the state.
- They can help you navigate the process of implementing recovery-focused training for your organization and its people.
- **One of CCAR's main areas of expertise is training.** They have online and in-person training sessions, many offered with CEUs. Some examples:
  - Recovery Coaching Basics
  - Recovery Coaching and Professionals
  - Webinar Training Series for Recovery Coaches
  - Ethical Considerations for Recovery Coaches
- **CCAR can connect your organization to local Recovery Community Centers (RCCs)** that will connect anyone with SUD to the help they need.

### REGIONAL RESOURCES

#### **Regional Behavioral Health Action Organizations (RBHAOs)**



The RBHAOs are funded by DMHAS. They serve as a strategic community partner and resource, supporting and coordinating initiatives related to mental health, suicide, substance misuse, and problem gambling. The RBHAOs work across the behavioral healthcare continuum acting as a liaison between region and state. There are 5 regional RBHAOs, which can be accessed in the Resources section of this toolkit.

### **American Job Centers (AJCs)**

AJCs, located throughout CT, are partnerships of organizations working to provide workforce assistance to job seekers and businesses.

Services range from employment workshops and résumé assistance for job seekers to recruitment services and tax credit programs for employers. AJCs can also provide support for the Recovery Friendly Workplace initiative.

### **Regional American Job Center Peer Navigators**

Peer navigators in each of the state's American Job Centers hubs are trained to help individuals affected by the opioid crisis as they prepare for new careers and help them obtain employment that is particularly suited to their recovery efforts. See the Resources section of this toolkit for a listing of regional offices.



# 3.6



## SAMPLE INTERNAL COMMUNICATIONS

**THIS DECLARATION CAN BE POSTED, SHARED VIA EMAIL, INSERTED INTO PAYCHECK ENVELOPES, READ ALOUD AT EVENTS, AND COMMUNICATED IN OTHER WAYS TO “PUT THE WRITING ON THE WALL.”**

### **Sample statement:**



**“Our company has made a commitment to become a Recovery Friendly Workplace.**

This means we value the health and safety of all employees who are willing to accept workplace-based help and support for substance use disorder.

It also means we are committed to fighting the stigma associated with addiction and mental illness.

As we become a Recovery Friendly Workplace, please know that we will be promoting policies and practices intended to bring about positive changes within our workplace and the community. If you have any questions about this new effort, contact.

**[Name of contact.]”**



**Company Name:**

**Address:**

**Date:**

It is the workplace policy of \_\_\_\_\_ that as of \_\_\_\_\_ we have made a commitment to our employees that together, we have the right to work in an environment free from substance misuse. Furthermore at \_\_\_\_\_ we recognize that is in our interest to provide a work environment where employees are able to perform their duties safely and efficiently free from individuals under the influence of drugs and or alcohol.

It is the policy of \_\_\_\_\_ that employees shall not unlawfully manufacture, distribute, dispense, possess, use or be under the influence of a controlled substance not prescribed for him/her by a physician, while on the job or in the workplace.

Controlled substances are classified into Five (5) Schedules under federal law according to their degree of risk, abuse or harm. While the federal government classifies medical marijuana as a Controlled Substance I Drug (no current acceptable medical use), the State of Connecticut classifies it as a Controlled Substance II Drug (high potential for abuse).

In accordance with Conn. Gen. Stat. § 31-51t et seq., no employer may require an employee to submit to a urinalysis drug test unless the employer has a legal basis to mandate such a request. An employer has the legal basis to: (1) to conduct a pre-employment test of a prospective employee pursuant to Conn. Gen. Stat. § 31-51v, random testing pursuant to Conn. Gen. Stat. § 31-51x (b) and reasonable suspicion testing pursuant to Conn. Gen. Stat. § 31-51x(a).

Certain employees may be eligible for a leave of absence under the Family and Medical Leave Act or eligible for up to 40 hours of leave under the Paid Sick Leave law. Please contact human resources or the Connecticut Department of Labor for questions related to specific eligibility.



Our commitment to this Recovery Friendly Employer Policy recognizes that in addition to providing a substance free work environment, we must also provide a stigma free recovery friendly environment which encourages the following:

1. We recognize that drug and alcohol addiction is a disease to be treated the same as any other medical condition an employee may suffer from.
2. We encourage employees who are struggling to maintain sobriety while at work to reach out to fellow employees, supervisors and managers for assistance, and to voluntarily participate in the employer's Employee Assistance Policy ("EAP") if available.
3. We recognize that employees are most productive, effective and efficient when they work in an environment which is supportive of individuals and families who are affected by substance abuse. We will provide all accommodations allowed under state and federal law for individuals and families affected by substance abuse.
3. We are committed to providing our employees with the tools necessary to achieve recovery and will provide our employees with connections to services directly or indirectly which will help them to achieve and or maintain their sobriety and promote abstinence from substance misuse.
4. We are committed to providing our employees initial and on-going education and training information on the cause and effect of substance use disorders.
5. We are committed to hiring and maintaining employment opportunities for individuals who are or have been affected by substance abuse, seek treatment and maintain a history of recovery and sobriety.



New message



To

Subject News: We are becoming a Recovery Friendly Workplace

**[Name of organization] is becoming a Recovery Friendly Workplace**

In conjunction with the CT state Departments of Labor and Public Health, the decision has been made for this organization to become a Recovery Friendly Workplace (RFW).

Why? Two reasons.

**One, because employees like you are our strongest assets.** Two, because substance use problems in any form impact all of us - emotionally, physically, psychologically, socially, and economically.

**Here's what being a Recovery Friendly Workplace means to all of us:**

- **Anyone with a substance use disorder (SUD) should feel free to come forward in confidence** to his or her manager or supervisor and acknowledge that a problem exists.
- **An employee who agrees that his or her on-the-job performance is being affected by an SUD is entitled to help**, and managers and supervisors will be able to connect the person with resources for treatment and recovery.
- **When substance use impacts our organization it will be treated with fairness and respect for the individual's privacy.**

The goal is to help any employee at any level who has a substance use problem to recover their health and keep their job. We believe it's the right thing to do for everyone involved.

**If you have questions, please direct them in confidence to [Name of contact] by email.**

**Thanks for your time and attention.**

Send



# IF YOU HAVE A SUBSTANCE USE PROBLEM, DON'T KEEP IT A SECRET



## **WE ARE A RECOVERY FRIENDLY WORKPLACE**

- Employees are the most valuable asset this organization has. Without you, our work cannot continue.
- That's why any employee who has a substance use issue is encouraged to come forward in complete privacy to his or her manager or supervisor.
- We as an organization will help anyone with a substance use problem to access the right resources to get help - and keep their job.

**IF YOU HAVE QUESTIONS, PLEASE DIRECT THEM IN CONFIDENCE TO [NAME OF CONTACT] BY EMAIL.**



Building an RFW can be made easier if you understand how people think and feel about substance use that affects the workplace. A short, online confidential survey (done through Survey Monkey or another online tool), distributed by email, can give leaders and managers insight about their current culture. Here are recommended questions.

### **Introduction:**

#### **[Name of organization] is becoming a Recovery Friendly place.**

This means we will work develop practices and policies that help employees with a substance use disorder (SUD) to get treatment so they can recover – and keep their job.

Part of the effort is understanding how employees like you perceive substance use issues. Taking this completely confidential survey will help. It should only require a few minutes of your time – thanks for your help.

### **Survey questions:**

#### **1. Rate how strongly you agree/disagree with this statement:**

Substance use – whether it's alcohol, prescription drugs, or any other substance – is definitely a problem at our company.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

#### **2. Rate how strongly you agree/disagree with this statement:**

Substance use – whether it's alcohol, prescription drugs, or any other substance – should be dealt with compassionately.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree



**3. Rate how strongly you agree/disagree with this statement:**

Substance use – whether it’s alcohol, prescription drugs, or any other substance – should be dealt with by punishing the employee.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

**4. Rate how strongly you agree/disagree with this statement:**

Substance use – whether it’s alcohol, prescription drugs, or any other substance – is a private health problem.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

**5. Rate how strongly you agree/disagree with this statement:**

It’s possible for someone at our company to face a substance use issue – whether it’s alcohol, prescription drugs, or any other substance – and still keep their job.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree



**6. If you had a substance use problem, what would be your main concerns if you admitted it to your manager or supervisor (Feel free to check more than one)**

- I'd lose my privacy
- I might lose my job
- My co-workers would find out
- I'd have to get help
- I'd be demoted
- I'd have to file an insurance claim

**7. Rate how strongly you agree/disagree with this statement:**

There are people at work who have a substance use issue but it doesn't affect me.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

**8. If I wanted to learn more about my company's policies as a Recovery Friendly Workplace, the ways I'd like to learn about them are (feel free to check more than one):**

- Confidential email exchange with my manager/supervisor
- Confidential one-on-one meeting
- Company-wide presentation
- Meeting of my department only
- Website
- Video

# 3.7



## TRAINING FOR MANAGERS AND SUPERVISORS.

### Connecticut Community for Addiction Recovery (CCAR)

As mentioned earlier, CCAR is a Hartford-headquartered partner organization to the RFW initiative and **provides training for participating employers.**

Key points to know regarding CCAR:

- CCAR organizes recovery communities in the state.
- They can help you navigate the process of implementing recovery-focused training for your organization and its people.
- **One of CCAR's main areas of expertise is training.** They have online and in-person training sessions, many offered with CEUs.

Some examples:

- Recovery Coaching Basics
  - Recovery Coaching and Professionals
  - Webinar Training Series for Recovery Coaches
  - Ethical Considerations for Recovery Coaches
- **CCAR can connect your organization to local Recovery Community Centers (RCCs)** that will connect anyone with SUD to the help they need.

### Regional Behavioral Health Action Organizations (RBHAOs)

There are five RBHAOs in the state. They were formed by the Department of Mental Health and Addiction Services (DMHAS) to maximize resources and improve integration related to mental health and substance use program planning, training, advocacy and resource development. See RBHAO in the Resources section of this toolkit.

RBHAOs can provide education and training for your company in the following areas: mental health, opioid education, suicide prevention, Narcan administration training, and more. Each RBHAO is different, so contact the one closest to your company to determine the full scope of its capabilities.

**For contact information, see the Resources section of this toolkit.**



# 3.8



## LEGAL CONSIDERATIONS

### KEY POINTS TO REMEMBER

It's important to know that Recovery Friendly Workplace programs are relatively new, and their legal ramifications are still taking shape. Employers should contact their firm's attorney or initiate a conversation with a firm that is experienced in employment law.

### They can help you navigate the legal issues successfully, including:

- Employee privacy and confidentiality
- Compliance with federal, state and local regulations
- Potential conflicts between state laws vs federal laws
- CT law 21a-408 and medical marijuana usage
- Employer rights vs Employee rights
- Union relationships
- Industry regulations and standards
- Reasonable Suspicion and drug testing policies
- Termination policies
- Family Medical Leave Act (FMLA) provisions
- Occupational Safety and Health Administration (OSHA)
- Mental Health Parity Act
- Americans with Disabilities Act (ADA) provisions.

- Health Insurance Portability and Accountability Act HIPAA privacy provisions
- Workers Compensation

### Specific legal considerations

There are federal laws, statutes, and provisions that may pertain to someone with substance use disorder in the workplace. Please note that laws and requirements can vary by state and business type.

### Americans with Disabilities Act (ADA)

The American with Disabilities Act prevents an employer from discriminating against an employee simply for having a disability, disease, or medical condition, such as substance use disorder. Current alcohol or illegal drug use is not protected, but those in recovery or treatment are covered by the ADA.

### CT Fair Employment Practices Act (CFEPA)

This Act (CFEPA) protects employees from discrimination on the basis of a mental disability as defined by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders.

The DSM-5 is the latest edition of the Manual and it includes addiction to illegal opiate drugs as an Opioid Use Disorder. And so, under CT state law, drug addiction



would be a mental disability entitled to protection against discrimination.

### **Family Medical Leave Act (FMLA)**

The Family Medical Leave Act legally ensures that employees are able to take unpaid leave for serious medical conditions, including treatment for substance use disorder.

Covered employees can take job-protected leave for a total of 12 workweeks in any 12-month time period (federal FMLA) and/or 16 workweeks in any 24 month time period (CT FMLA) for treatment that is administered by a health care provider.

However, not all companies or employees are eligible for FMLA.

### **Occupational Safety and Health Administration (OSHA)**

OSHA is concerned with on-the-job safety and health. Its policies extend into a few key areas that overlap with a Recovery Friendly Workplace programs.

### **The Alliance Program**

OSHA is becoming involved with Recovery Friendly Workplace programs through its Alliance Program, which enables the agency to develop voluntary, collaborative working relationships with organizations that are committed to workplace safety and health.

Through the Alliance Program (which has been adopted by New Hampshire's RFW program) OSHA works with organizations to provide information, guidance and access to

training resources to help protect workers, particularly by raising awareness of physical well-being and empowering workplaces to provide support for people recovering from substance use disorders.

### **Mental Health Parity Act**

The Mental Health Parity and Addiction Equity Act of 2008 requires insurance groups offering coverage for mental health or substance use disorders to make these benefits comparable to general medical coverage.

Deductibles, copays, out-of-pocket maximums, treatment limitations, etc., for mental health or substance use disorders must be no more restrictive than the same requirements or benefits offered for other medical care. (SAMHSA)

### **Workers Compensation**

Workers' compensation benefits may be denied if the employee suffered injuries on the job while intoxicated or under the influence of illegal substances.



# RECOVERY WORKS

## 4.0 RESOURCES FOR EMPLOYERS & EMPLOYEES/ FAMILIES

### **THE RECOVERY FRIENDLY WORKPLACE TOOLKIT**

CT Department of Labor

CT Department of Public Health

Department of Mental Health and Addiction Services



# 4.1



## RESOURCES FOR EMPLOYERS

### STATE/REGIONAL RESOURCES

#### **CT State Department of Labor**

Connecticut Department of Labor – WIOA  
Administration Unit

Robert E. Bongiolatti  
Operations Coordinator  
CTDOL WIOA Administration Unit  
860-263-6599  
robert.bongiolatti@ct.gov

#### **Department of Mental Health and Addiction Services (DMHAS)**

The CT Department of Mental health and  
Addiction Services has good background  
information on substance use disorder

<https://portal.ct.gov/dmhas>

#### **Connecticut Community for Addiction Recovery (CCAR)**

CCAR is a Hartford-headquartered  
partner organization to the RFW initiative  
and provides training for participating  
employers. CCAR can also connect your  
organization to local Recovery Community  
Centers (RCCs) that will connect anyone  
with SUD to the help they need. Main  
website: <https://ccar.us/>

Training website: [https://  
addictionrecoverytraining.org/](https://addictionrecoverytraining.org/)

#### **Regional Behavioral Health Action Organizations (RBHAO)**

This link will show the 5 RBHAO chapters,  
which can provide education and training  
for your company in the following areas:  
problem gambling, mental health, opioid  
education, suicide prevention, Narcan  
administration training, and more. Each  
RBHAO is different, so contact the one  
closest to your company to determine the  
full scope of its capabilities.

[https://portal.ct.gov/DMHAS/Commissions-  
Councils-Boards/Index/Regional-Behavioral-  
Health-Action-Organizations-RBHAs](https://portal.ct.gov/DMHAS/Commissions-Councils-Boards/Index/Regional-Behavioral-Health-Action-Organizations-RBHAs)

#### **American Job Centers**

AJCs, located throughout CT, are  
partnerships of organizations working to  
provide workforce assistance to job seekers  
and businesses. AJCs can also provide  
support for the Recovery Friendly  
Workplace initiative.

[http://www.ctdol.state.ct.us/ajc/factsheets.  
htm](http://www.ctdol.state.ct.us/ajc/factsheets.htm)

#### **CT Clearinghouse**

Connecticut Clearinghouse is a statewide  
library and resource center for information  
on substance use and mental health  
disorders, prevention and health promotion,  
treatment and recovery, wellness and other  
related topics.

<https://www.ctclearinghouse.org/about/>



### **National Alliance on Mental Health (NAMI) Connecticut**

NAMI Connecticut provides support, education and advocacy for Connecticut's citizens affected by mental illness.

<https://namict.org/learn-more/about/>

### **The Connecticut Business and Industry Association (CBIA)**

The CBIA is a strong networking platform for businesses.

<https://www.cbia.com/>

### **LOCAL RESOURCES**

#### **CT Chambers of Commerce**

Area COCs are also good networking tools that can connect you to other organizations facing issues related to SUD and recovery in the workplace. This site is a directory of local chapters.

<https://www.officialusa.com/stateguides/chambers/connecticut.html>

### **NATIONAL RESOURCES**

#### **The Job Accommodation Network (JAN)**

This is a service of the U.S. Department of Labor's Office of Disability Employment Policy (ODEP). It is the leading source of expert, confidential guidance on workplace accommodations and provides one-on-one consultation to employers and employees, as well as service providers and others, free of charge. <https://askjan.org/>

If you have a question about workplace accommodations or the Americans with Disabilities Act (ADA) and related legislation, make contact with JAN at (800) 526-7234.

#### **SAMHSA: Drug-Free Workplace Toolkit**

This link connects to basic tool kit elements for a drug-free workplace.

<https://www.samhsa.gov/workplace/toolkit>

#### **National Safety Council**

The NSC has authored useful content for employers regarding opioid use that affects the workplace. This content is entitled Drugs at Work: What Employers Need to Know

<https://www.nsc.org/work-safety/safety-topics/drugs-at-work>

#### **U.S. Chamber of Commerce**

Contains useful information for employers with links to additional resources including a substance use cost calculator, links to useful information from the National Safety Council. <https://www.uschamber.com/event/the-opioid-epidemic-the-front-lines-the-boardroom>



### **CDC Foundation**

There are a number of materials and links to information regarding opioids, overdose information, evidence-based policies and interventions, support for employees struggling with OUD, and external links including a national helpline.

<https://www.cdcfoundation.org/businesspulse/opioid-overdose-epidemic-resources>

### **Workplace Mental Health**

The Partnership for Workplace Mental Health is a program of the American Psychiatric Foundation. It collaborates with employers to advance effective approaches to mental health and promotes the business case for quality mental health care. For more information see [www.workplacementalhealth.org](http://www.workplacementalhealth.org)



# 4.2



## RESOURCES FOR EMPLOYEES & FAMILIES

### STATE/REGIONAL RESOURCES

#### **Connecticut Community for Addiction Recovery (CCAR)**

CCAR is a centralized resource in CT for all things recovery. Whether you are contemplating a life in recovery, are new to recovery or are in long term recovery, CCAR is here to help you to navigate the recovery community, by connecting you with others in recovery and providing access to area support services.

Main website: <https://ccar.us/>

#### **LiveLOUD/Live Life with Opioid Use Disorder**

LiveLOUD is a campaign from the state Department of Mental Health and Addiction Services, with information about Connecticut's opioid crisis, immediate resources, treatment options and family support.

<https://liveloud.org/>

#### **CT Alcoholics Anonymous**

This link connects to the main AA site for CT, including a schedule of meetings.

<https://ct-aa.org/>

#### **CT Al-Anon**

AL-ANON (and ALATEEN for younger members) is a worldwide organization that offers a program of help and mutual support for families and friends of someone

with a drinking problem whether or not the person with a drinking problem seeks help or even recognizes the existence of a drinking problem.

<https://www.ctalanon.org/>

#### **CT Narcotics Anonymous**

This link connects to the main NA site for CT, including a schedule of meetings.

<https://ctna.org/>

#### **The Hub (Regional Behavioral Health Action Organization)**

Regional Behavioral Health Action Organizations (RBHAO)

Regional Behavioral Health Organizations provide mental health and substance abuse prevention, treatment and recovery services for children and adults throughout the state.

[www.thehubct.org/recovery](http://www.thehubct.org/recovery)

#### **List of RBHAOs**

**Region 1:** The Hub: Behavioral Health Action Organization for Southwestern CT, A Program of RYASAP, Giovanna Mozzo & Margaret Watt

**Region 2:** Alliance for Prevention Wellness – BHCare, Pamela Mautte

**Region 3:** Southeastern Regional Action Council (SERAC), Michele Devine

**Region 4:** Amplify, Inc., Marcia Dufore

**Region 5:** Western CT Coalition, Allison Fulton



## **Regional American Job Center Peer Navigators**

Peer navigators in each of the state's American Job Center hubs are trained to help individuals affected by the opioid crisis as they prepare for new careers and help them obtain employment that is particularly suited to their recovery efforts.

### **Northwest Region**

Northwest Regional Workforce Development Board/Career Resources  
Sami Hajrula - hajrula@careerresources.org  
(203) 617-7719

### **Southwest Region**

The WorkPlace  
Robert Frost  
rfrost@workplace.org  
(203) 610-8500

### **North Central Region**

Capital Workforce Partners/EDSI  
Randy Ricketts  
rricketts@capitalworkforce.org.  
(860) 656-2575

### **South Central Region**

Workforce Alliance  
Allyson Quinn  
AQuinn@workforcealliance.biz  
(203) 867-4030 x 220

### **East**

Eastern Connecticut Workforce Investment Board/TVCCA  
Elizabeth Watson  
Ewatson@tvcca.org  
(860) 848-5930

## **NATIONAL RESOURCES**

### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

SAMHSA offers a range of resources related to substance use issues and recovery.

- National Helpline: 1-800-662-HELP (4357) or 1-800-487-4889 (TDD, for hearing impaired)
- Behavioral Health Treatment Services (search by address, city, or ZIP Code):

<https://www.samhsa.gov/>

## **OTHER RESOURCES FOR OPIOID USE FOR PAIN RELIEF:**

### **Federal Drug Administration (FDA) Patient Handouts:**

A Guide to Safe Use of Pain Medication and How to Dispose of Unused Medications

<https://www.fda.gov/Drugs/ResourcesForYou/Consumers>

### **Centers for Disease Control and Prevention**

CDC has information including Helpful Materials for Patients regarding the CDC Guidelines for prescribing opioids.

<https://www.cdc.gov/drugoverdose/patients/materials.html>



### **Turn the Tide**

Turn the Tide provides information for patients on opioid education, managing pain, taking opioids, safe storage and disposal, and helplines.

<https://turnthetiderx.org/for-patients/#about-opioids>

### **GENERAL RESOURCES FOR OPIOID OVERDOSE PREVENTION**

#### **Change the Script**

Change the Script is a statewide public awareness campaign (and communications tool kit) to help communities deal with the prescription drug and opioids misuse crisis. It connects town leaders, healthcare professionals, treatment professionals and everyday people with the resources they need to face prescription opioid misuse - and write a new story about what we can accomplish when we all work toward a shared goal. For information contact Connecticut Clearinghouse at <https://www.drugfreect.org/prevention-and-intervention/change-the-script-campaign/> or 1-800-232-4424.

#### **Opioid Overdose Prevention Toolkit**

This includes information for prescribers, patients and family members, first responders and community members.

<https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>

### **Narcan Quick Start Guide**

For a fast reference on the use of Narcan go to:

<https://www.narcan.com/pdf/NARCAN-Quick-Start-Guide.pdf>

### **NIH Opioid Overdose Reversal with Naloxone**

For information on Naloxone usage go to:

<https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>

# THE ROAD TO RECOVERY: 10 STEPS TO BECOMING A RECOVERY FRIENDLY WORKPLACE (RFW)

Here's an overview of the steps you can take to enact an Recovery Friendly Workplace initiative in your place of business. It's offered as a guideline only; the exact steps you need to take are up to you. Remember: the RFW toolkit has complete information and communications tools to help.



## 1

### GO TO DRUGFREECT.ORG

- The path to becoming a Recovery Friendly Workplace starts at [drugfreect.org](https://drugfreect.org). You can learn about the program and identify local resources that are ready to help your organization.



## 3

### BUILD CONSENSUS

Get acceptance of the RFW program from key stakeholders. The materials in this toolkit are a place to start.

## 2



### DO AN INTERNAL ASSESSMENT

Sample questions to get started:

- Is your company in a safety and security-sensitive industry?
- Do you have an EAP?
- What are your current policies related to drug use and drug testing?
- Whose responsibility is it to address substance use disorder (SUD) in the workplace?
- What is your current culture as it relates to drug use?
- What are the legal ramifications of becoming an RFW?
- In your hiring process, do you automatically discard anyone with a "criminal background?"



4

## MAKE A DECLARATION

The best way to do this is up to you. It could be a company-wide email posted to your intranet, posters displayed around the workplace, the topic of a company-wide meeting, or a combination of these things.



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## MOBILIZE STATE AND LOCAL RESOURCES

**Connecticut Community for Addiction Recovery (CCAR).** CCAR can provide training for participating RFW employers. CCAR has online and in-person training sessions, and can connect your organization to local Recovery Community Centers (RCCs) that can assist employees with substance use disorder (SUD).

**Regional Behavioral Health Action Organizations (RBHAOs).** RBHAOs can provide education and training in: mental health, problem gambling, opioid education, suicide prevention, Narcan administration training, and more.

**Regional American Job Center Peer Navigators.** Peer navigators in each of the state's American Job Centers hubs are trained to help individuals affected by the opioid crisis as they prepare for new careers and help them obtain employment that is particularly suited to their recovery efforts.



6

## DESIGNATE A PEER CHAMPION

Find a person inside your organization who will serve as a Peer Champion – an ally to anyone facing SUD at work. This person serves as a confidant and a liaison between the person with SUD, your company's managers, supervisors, and outside support.



7

## MAKE RESOURCES AVAILABLE

Being an RFW means providing employees with information and community resources, including local recovery assets. Your willingness to offer information about recovery is a significant part of setting the tone for success as an RFW.



9

## DO AN ANNUAL ASSESSMENT

RFW program performance should be assessed annually. Some metrics to consider:

- **Employee engagement.** Number of employees served.
- **Outcomes.** How have employees benefited from working at an RFW?
- **Management acceptance.** If being an RFW something that leadership values?
- **Organizational impact.** What has been the time impact on the people responsible for managing the RFW program?
- **Sick days used.** Compare sick days used year-to-year.



8



## TRAINING & EDUCATION

CCAR - the Connecticut Community for Addiction Recovery - is the lead organization for RFW training. They can educate and advise your managers and supervisors and connect anyone with SUD to local resources that help facilitate recovery.

10



## KEEP GOING!

Make being an RFW a permanent part of how you do business. Celebrate successes. Make adjustments. Keep recovery alive!



**THE RECOVERY FRIENDLY WORKPLACE TOOLKIT**

CT Department of Labor

CT Department of Public Health

Department of Mental Health and Addiction Services



# ACKNOWLEDGEMENTS

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· This publication is funded by a grant from the US Department of Health & Human Services(HHS) through the Department of Mental Health & Addiction Services (DMHAS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration (SAMHSA) or HHS.

# RECOVERY WORKS SOURCES



## Grateful acknowledgement of these sources that have been reviewed for background information:

Center for Disease Control	National Safety Council
CT Department of Labor	Nevada Recovery Friendly Workplace (DBPH)
CT Department of Public Health	New Hampshire Recovery Friendly Workplace
CT Department of Mental Health and Addiction Services	Occupational Safety & Health Administration
Drugabuse.gov	Pennsylvania Recovery Friendly Workplace
Gallup Management Journal	Recovery Research
Harvard Business Review	Shatterproof.org
Journal of Occupational and Environmental Medicine	SAMHSA: Substance Abuse and Mental Health Services
Medlineplus.gov	The Mayo Clinic
Minnesota Recovery Friendly Workplace	WisHope
NationalDrugScreening.com	
National Institutes of Health	

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CT Department of Labor  
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