



RECOVERY  
**WORKS**

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

**THE RECOVERY FRIENDLY WORKPLACE TOOLKIT**

CT Department of Labor

CT Department of Public Health

Department of Mental Health and Addiction Services



# 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.

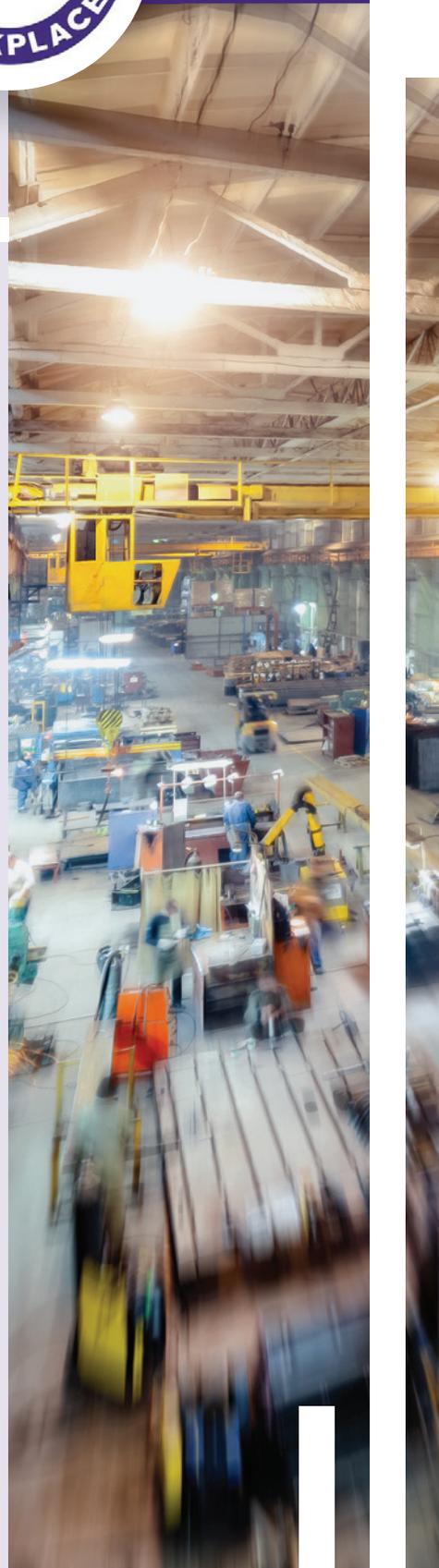
**"Recovery" means returning to a better condition.**

**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.

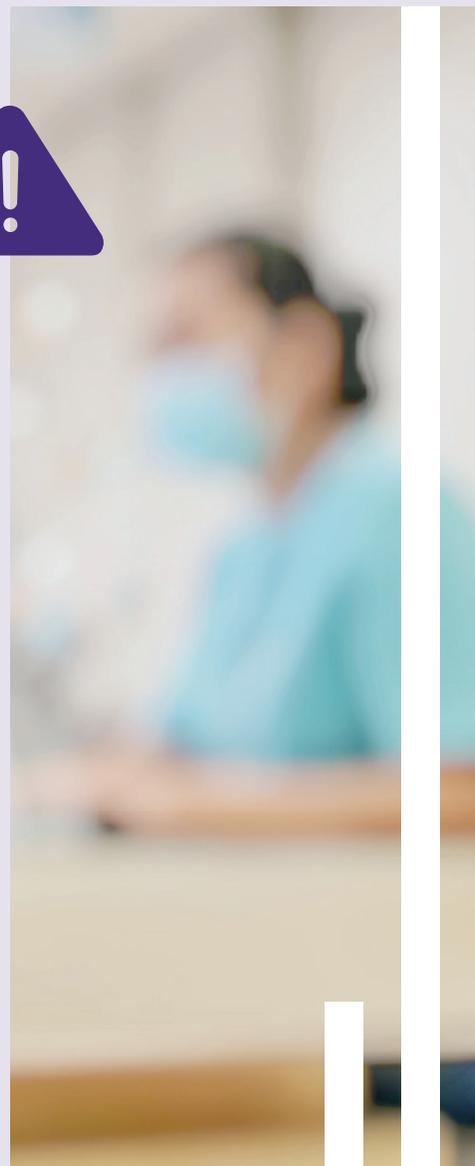
### **ABSENTEEISM AND PRESENTEEISM**

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.