Recovery-Ready Workplace Toolkit

Guidance and Resources for Private and Public Sector Employers

FEDERAL RECOVERY-READY WORKPLACE INTERAGENCY WORKGROUP

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We are pleased to release Recovery-Ready Workplace Toolkit: Guidance and Resources for Private and Public Sector Employers. Developed through the efforts of the Office of National Drug Control Policy, the Domestic Policy Council, and 12 federal departments and independent agencies, this toolkit supports efforts in the fourth pillar of President Biden's Unity Agenda for the Nation, beating the opioid and overdose epidemic. The toolkit also supports the implementation of President Biden's inaugural National Drug Control Strategy, which calls for National Drug Control Program Agencies to expand employment opportunities for people in recovery from substance use disorder and to promote Recovery-Ready Workplace (RRW) policies.

This toolkit provides information, tools, and resources to help employers from all sectors—government, for-profit, non-profit, and not-for-profit—effectively prevent and respond to substance misuse in the workforce, and reduce its impact on employers and on the broader community. Made available through the Recovery-Ready Workplace Resource Hub, which is hosted by the Employment and Training Administration at the United States Department of Labor, this toolkit is intended to be useful across sectors and industries. It offers employers and local or statewide RRW initiative leaders a range of resources to help them effectively address substance use in the workforce and successfully hire, onboard, and retain people who are in or seeking recovery from substance use disorder.

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Substance use in the workforce is widespread. In 2021, 26.9 million Americans aged 18 or older with a substance use disorder were employed. Of these, 77.6 percent (20.9 million) were employed full-time. Employers are both especially hard-hit by substance use disorder and uniquely positioned to address it in a way that benefits not only them, but their employees, and the broader community. Untreated substance use disorder is extremely costly to employers, resulting in missed workdays, reduced productivity, unnecessary employee turnover, and increased healthcare costs. Substance use disorder can also make hiring qualified candidates challenging and can increase the risk of work-related accidents and associated liabilities. Because of this, adopting RRW policies is not simply the right thing to do—it makes good business sense.

Since the start of the Biden Administration, more than 12 million jobs have been created across the United States. We are investing in America again. We are reigniting manufacturing and other sectors and redoubling our commitment to buying American-made products. As President Biden has stated, these efforts will translate to "more people with good jobs and the dignity and security that comes with a paycheck." We must effectively address substance misuse and addiction in the workforce in order to reach our full potential, growing our economy and building the industries of the future.

Businesses and other employers understand this. They recognize that substance use disorder is a health condition and not a moral failing or form of willful misbehavior. They also understand that, when employees fear that seeking help for a substance use problem may result in termination, discipline, loss of advancement opportunities, or other negative impacts, they will hide their

condition. This exposes them, their fellow workers, and the organization to unnecessary risks and leads to problems, such as reduced productivity, increased turnover, and higher healthcare costs. As a result, many businesses and other employers seek guidance on how they might develop and implement sensible policies that address substance use disorder as a health condition and increase their return on investment.

A compilation of knowledge and resources gathered from businesses, state and local governments, the Federal Government, researchers, and other stakeholders, the RRW Toolkit will help inform efforts to implement RRW policies in the Federal Government, and can help businesses, non-profits, unions and trade associations, and state and local governments contribute to prosperity while playing a leading role in developing a recovery-ready Nation.

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Acknowledgements

President Biden's National Drug Control Strategy (Strategy) calls for the Federal Government to expand employment opportunities for people in recovery and to promote the adoption of RRW policies across private and public sector workplaces, including state, local, and federal workplaces, businesses, non-profit and not-for-profit organizations. Developed in support of the President's Strategy, the Recovery-Ready Workplace (RRW) Toolkit and the RRW Resource Hub are the products of a collaborative effort undertaken through a federal interagency workgroup (IWG) co-convened by ONDCP and DPC. The expertise and contributions of IWG members were indispensable in the development of both resources. By hosting the RRW Resource Hub, the Employment and Training Administration at the United States Department of Labor is further supporting this effort.

A listing and description of the departments and agencies that participated in the development of the toolkit and the Recovery-Ready Workplace Resource Hub is located in Appendix 13.

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Table of Contents

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Table of Figures

★ ★ ★ ★ ★ ★

Introduction

Purpose

The Recovery-Ready Workplace (RRW) Toolkit is designed to help businesses and other employers prevent and respond more effectively to substance misuse[a] among employees, build their workforces through hiring of people in recovery, and develop a recovery-supportive workplace culture. It is also intended to serve as a resource to states, local governments, labor organizations, business groups, and non-profits considering launching multi-employer RRW initiatives at the local or state levels.[b]

Intended to be applicable across industries, sectors, and workplace types, including within the United States Federal Government, the RRW Toolkit consists of three primary components:

1. **Brief Overview of RRW Policies:** An overview of RRW policies and approaches across four broad areas: recruiting and hiring; prevention; facilitating help-seeking and accommodating treatment and support needs; and messaging, branding, and community engagement.

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[a] In this toolkit, the term "substance misuse" means use of prescription drugs other than as prescribed or without a prescription, problem use of alcohol, or any use of illegal drugs.

[b] RRW initiatives are sometimes referred to as recovery-friendly workplace (RFW) or recovery-supportive workplace (RSW) initiatives. This toolkit will refer to RRW except in cases where an initiative uses another term, such as RFW or RSW.

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2. **Getting Started:** Guidance on how to implement RRW policies, beginning with an organizational assessment and moving to implementation and continual improvement.
3. **Appendices:** Ready-to-use resources, such as checklists; sample RRW declarations; brief descriptions of selected RRW initiatives led by companies, unions or business groups, state or local government, or other entities; supplemental information on regulations and other topics; and a comparison of RRW and Drug-Free Workplace Program (DFWP) approaches.

This toolkit provides broadly applicable information and general guidance to employers and other stakeholders seeking to adopt RRW policies or to launch an RRW initiative. Recognizing that no toolkit can offer a comprehensive map for implementing RRW policies in a specific organization, worksite, or industry, the team developing this resource sought to provide a framework that will help guide implementation efforts across diverse workplaces.

Supplemental Resources

A wide and growing range of additional RRW resources are available through the RRW Resource Hub. This toolkit references resources available through the hub, which contains a broader array of resources than can be made available through the RRW Toolkit.

What is a Recovery-Ready Workplace?

RRWs adopt policies and practices that:

- Expand employment opportunities for people in or seeking recovery;
- Facilitate help-seeking among employees with substance use disorder (SUD);
- Ensure access to needed services, including treatment, recovery support, and mutual aid;
- Inform employees in recovery that they may have the right to reasonable accommodations and other protections that can help them keep their jobs;
- Reduce the risk of substance misuse and SUD, including through education and steps to prevent injury in the workplace;
- Educate all levels of the organization on SUD, addiction, and recovery, working to reduce stigma and misunderstanding, including by facilitating open discussion on the topic; and,
- Ensure that prospective and current employees understand that the workplace is recovery-ready and are familiar with relevant policies and resources.

Businesses and other employers, employees, customers, and society all benefit from RRW policies. Among the benefits are an expanded labor force, increased worker well-being, decreased turnover, improved productivity, and reduced health care costs. Employers adopting such policies help to reduce societal stigma and misunderstanding by fostering a culture in which addiction is recognized as a treatable health condition from which people can and do recover. When employees believe that their employer and supervisors have their best interest in mind, and when supervisors explain that team members can discuss

alcohol or other drug problems with them, employees are willing to speak to them about such problems and to seek help for SUD,[1] rather than hiding it. In implementing RRW policies, companies help build recovery-supportive work cultures in which it is safe to ask for help and where those who are in recovery will feel welcomed and supported.

RRWs may:

- Develop and implement innovative approaches for recruiting and onboarding people who are in or seeking recovery, such as fair chance and supported employment models for people who have SUD or are in recovery from it;
- Leverage tax credits, bonding programs, and partnerships (e.g., with treatment, recovery support, and workforce organizations; problem-solving courts; and other public or private entities) to employ people with or in recovery from SUD and/or to meet the needs of current employees with or in recovery from SUD;
- Adopt explicit branding as recovery-ready or recovery-friendly/recovery-supportive workplaces, communicating what that designation means not only to current and prospective employees, but to customers, industry groups, and the broader community;
- Establish a team specifically responsible for leading efforts to become and remain an RRW; and,
- Launch or accommodate peer support networks that may deploy recovery mentors or peer specialists and educators in the workplace.

The Federal Government, non-federal public sector, and the private sector can all establish RRWs. Additionally, states, local governments, unions, trade or industry groups, chambers of commerce, or independent entities such as community-

based organizations, can lead multi-employer efforts that offer training, technical assistance, consultation, and certification as RRWs

Why Become a Recovery-Ready Workplace?

Background

In 2021, 26.9 million Americans aged 18 or older with a substance use disorder (SUD) were employed. Of these, 77.6 percent (20.9 million) worked full-time. That year, an estimated 46.3 million Americans aged 12 or older had SUD. Of these individuals, 29.5 million (64 percent) had alcohol use disorder (AUD), 24 million (52 percent) had other drug use disorders, and 7.3 million (16 percent) had both an alcohol and other drug use disorder. Over 60 percent of Americans aged 18 and older with SUD were employed.[2] Untreated SUD in workers is associated with missed workdays, reduced productivity, increased disability, and higher health care and turnover costs.[3]

Substance use disorder in the workforce is widespread: In 2021, 26.9 million Americans aged 18 or older with an SUD were employed. Of these, 77.6 percent (20.9 million) worked full-time.

Cost of Substance Misuse in the Workforce

Substance misuse and addiction are not only common in the workforce, they are extremely costly to employers and to the economy more broadly. The estimated average per capita annual cost of employees with untreated SUD ranges from $2,689 in agriculture to $13,534 in the information and communications industry. However, research suggests there is a substantial

A 2021 Centers for Disease Control and Prevention (CDC) study described as "the most complete accounting to date of America's opioid crisis" estimated that opioid use disorder and fatal opioid overdose cost the United States economy **$1.02 trillion** in 2017.

return on investment for companies that adopt recovery-ready workplace policies. For each employee in recovery, estimated annual savings to employers range from $1,155 annually per capita in agriculture to $8,466 per capita in the information and communications sector.[4] Additionally, an analysis of data collected by the Association of Flight Attendants' Flight Attendant Drug and Alcohol Program (FADAP) found that participation in the program was associated with an average savings to employers of $780 per participant per month. Participation in FADAP was associated with improved "adherence to safety procedures and compliance with FAA and company policies," greater "rapport with management, coworkers, and customers," increased professionalism, reduced presenteeism, and greater reliability.[5,6]

Estimates of the cost of alcohol and other drug use disorders to the United States economy use different methodologies and vary widely. However, all suggest a substantial economic burden for the United States and for businesses. For example, a 2021 Centers for Disease Control and Prevention (CDC) study described as "the most complete accounting to date of America's opioid crisis"[7] estimated that opioid use disorder and fatal opioid overdose cost the United States economy $1.02 trillion in 2017. The estimate included health care and criminal justice costs, lost productivity, reduced quality of life due to opioid use disorder, and mortality due to overdose.[8] Since then, the annual cost has likely increased given that the annual number of fatal overdoses involving opioids has grown from 47,600 in 2017 to 80,411 in 2021, a 69 percent increase.[9]

Why Become a Recovery-Ready Workplace?

Rates of substance misuse, SUD, and overdose mortality vary by industry. However, no industry or sector is spared.

Rates of substance misuse, SUD, and overdose mortality vary by industry. However, no industry or sector is spared. A 2015 analysis of data collected from 2008 to 2012 found that the highest rates of past month heavy alcohol use among full-time workers were in the mining (17.5 percent) and construction industries (16.5 percent), while the highest rates of past month illicit drug use (19.1 percent) and past year SUD (16.9 percent) were in the accommodation and food services industry.[10] According to another study, one in six construction workers reported observing coworkers visibly under the influence of alcohol in the workplace.[11] Bureau of Labor Statistics (BLS) data from 2011 to 2016 showed that 43 percent of drug overdose deaths at work occurred in only three industries – transportation and warehousing, construction, and healthcare and social assistance.[12] Similarly, a Massachusetts review of death certificates by industry found an overall opioid overdose death rate of 48.8 per 100,000 across industries, but rates of 226.2 per 100,000 in the construction and extraction industry and 244.1 per 100,000 in farming, fishing, and forestry combined. Additionally, the material moving and the installation, maintenance and repair sectors were found to have rates well over twice the average.[13,14] The data make clear that SUD is widespread in the workforce. Businesses have an interest in finding ways to more effectively address substance misuse in the workplace, thereby reducing the costs it imposes on them.

The data make clear that SUD is widespread in the workforce. Businesses have an interest in finding ways to more effectively address substance misuse in the workplace thereby reducing the costs it imposes on them.

Benefits of Becoming an RRW

Adopting RRW policies is not simply the right thing to do—it makes good business sense.

Given the data, it is clear that businesses and other employers must be equipped to effectively address SUD in the workforce. How businesses and other employers address—or fail to address—this challenge matters. As noted above, research suggests not only that substance misuse can be costly to businesses, but also that the adoption of RRW policies can lower employer costs associated with substance misuse by reducing work absences, increasing productivity, and lowering healthcare, disability, and workers' compensation costs.[15] The adoption of RRW policies may also benefit businesses and employees by reducing stigma, increasing communication, and building trust in the organization and coworkers. Additionally, when employers publicly adopt RRW policies, they signal that they are good corporate citizens; that they are part of the community and are committed to addressing community or national challenges—in this case, SUD and overdose.

There is a growing number of statewide RRW initiatives led by state government or by independent organizations, such as recovery community organizations, chambers of commerce and other non-profit and not-for-profit entities. These initiatives can help businesses adopt recovery-ready policies by providing training, consultation, and other resources and by certifying workplaces as recovery-ready or recovery-friendly. Certification typically allows businesses and other employers to display a sign or logo affirming that they are recovery-ready. Adopting RRW policies is not simply the right thing to do—it makes good business sense.

Why Become a Recovery-Ready Workplace?

Local governments and unions have also launched RRW initiatives. Information on initiatives led by state and local governments, chambers of commerce, unions or other entities, and resources provided by them or the Federal Government are available, on the RRW Resource Hub.

Overview of RRW Policies

Overview

RRW policies can be described as falling under four primary domains or pillars:

1) **Prevention and Risk Reduction;**
2) **Training and Education—**includes stigma reduction efforts**;**
3) **Hiring and Employment; and,**
4) **Treatment and Recovery Support.**

The graphic below shows the four RRW pillars capped by an employer's RRW declaration, a pledge or statement that expresses the employer's commitment to becoming an RRW and describes what that will entail. The pillars rest on the engagement, outreach, collaboration, and other activities needed to successfully implement RRW policies.

Why Become a Recovery-Ready Workplace?

Figure 1- Four RRW Policy Pillars

RRW policies are based on the recognition that SUD is a health problem and that employers have both a role and an interest in preventing it, facilitating access to appropriate care and support, and educating the workforce to reduce stigma and increase SUD and recovery literacy across the organization. As feasible, recovery-ready employers take actions and adopt policies to:

- Hire people in recovery, including those with a history of criminal justice system (CJS) involvement related to their substance use;
- Identify work-related risk factors for substance use and take steps to address them;
- Ensure employees have access to treatment, recovery supports and other services and supports they need;
- Delineate clear return-to-work polices to facilitate a successful transition back to the workplace following treatment or to manage work during treatment when an absence is not required;

- Offer appropriate medical or disability leave to receive treatment for injuries and other conditions leading to pain and to receive SUD treatment when needed;
- Provide for reasonable accommodations, such as scheduling flexibility or leave to permit receipt of outpatient treatment or recovery support services or to participate in mutual aid meetings, such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and SMART Recovery;
- Allow for temporary reassignment from certain safety-sensitive positions when needed;
- Plan for the return to work following SUD treatment or the continuation of work during treatment, providing needed reasonable accommodations and workplace supports, if available, and specifying expectations, milestones and time lines;
- Permit temporary or permanent modification of minor job requirements or reassignment to a vacant position as a reasonable accommodation when warranted;
- Support employee resource groups (ERGs) or other employee-led activities by or on behalf of employees in recovery from SUD; and,
- Facilitate access to peer recovery support services or peer mentoring in the workplace provided by recovering employees who volunteer to serve in such a role, by individuals employed to serve in that function, through an agreement with a recovery community organization (RCO) or other entity, or with the help of local volunteers.

Pillar 1 - Prevention and Risk Reduction

Workplace prevention consists primarily of actions, policies, or programs to reduce substance misuse risk factors, such as work-related injury; policies regarding use of opioids for treatment of pain under insurance or health plans; stress; or medical or disability leave limitations that may create an incentive for

injured employees to take opioids in order to return to work. Steps employers can take to reduce the risk of substance misuse among employees include, but are not limited to:

- Reviewing and updating policies, procedures, and practices to reduce injury risk (includes ergonomic/repetitive motion injuries as well as injury risks associated with the operation of equipment, lifting, and other activities);
- Examining how opioids are used to treat pain under health plans, especially in relation to work-related injuries, and working with insurers, health plans, and providers to prevent unnecessary exposure to opioids among employees;
- Assessing whether lack of medical/disability leave or limitations in such benefits create an incentive to utilize opioids in order to return to work quickly following injury, and making adjustments as feasible to reduce such risk factors;
- Identifying and working to address other factors that may increase the risk of substance misuse, such as excessive or unpredictable work hours or toxic work environments;
- Examining practices and policies around alcohol use during work-related social events and other work activities;
- Building SUD and recovery literacy across the workplace and working to reduce the stigma associated with substance misuse; and,
- Leveraging health and wellness programs to promote health and wellness and create opportunities to seek help early.

Pillar 2 - Training and Education (includes stigma reduction efforts)

People who are openly in recovery, whether they are employees, volunteers, or contractors, can serve as trainers and can support stigma reduction efforts.

A change in policies and practices alone is not enough to become recovery-ready. Employees often lack understanding of SUD and recovery and are frequently not familiar with organizational substance use policies and related benefits and resources. Addressing this requires organization-wide training and education, both as a foundation for successful implementation and periodically as a refresher or update for employees. Education about what it means that the business or other employer is an RRW may need to be part of the new employee onboarding process.

A 2022 national private sector workforce survey involving a representative sample of adults working at least 35 hours per week at a company with at least 10 employees found that workers would be more likely to ask for help with an SUD if their manager directly stated that employees could share with them about substance use problems. Survey respondents also indicated that they were more likely to share their status with their direct manager than anyone else in their organization.[16] This underscores the need for targeted training for supervisors and managers. Not surprisingly, the survey also found that employees often were not aware of their organization's substance use policies, confirming the need for periodic reminders or updates on substance use policies, benefits, and resources.

Examples of RRW training topics include:

Why Become a Recovery-Ready Workplace?

- An overview of the business or other employer's commitment to RRW policies and the actions the company is taking in response to the commitment;
- SUD and recovery literacy, including the prevalence of SUD and recovery, and the impact of substance misuse among employees and family members on the workplace;
- Stigma, its impact on the organization and on the individuals and families affected by SUD, and how to reduce it, including through adoption of neutral, science-based language about SUD, recovery, and related topics;
- The company's substance use policies and the steps it is taking to ensure that employees can ask for help for a substance use issue;
- How to seek help for SUD and available benefits *(e.g., employee assistance program, insurance coverage, medical or disability leave, return-to-work policies/plans/agreements, potential accommodations, etc.);*
- Available resources, such as health and wellness programs, employee resource groups, mentoring and peer recovery support;
- For managers and supervisors:
    - Communicating with employees about substance misuse and SUD; linking employees with appropriate organizational resources, including the employee assistance program (EAP) and/or member assistance program (MAP); and managing a successful return to the workplace when an absence for addiction treatment is required; and,
    - Provisions of the Americans with Disabilities Act (ADA) and the Rehabilitation Act, including requirements to offer reasonable accommodations to applicants and employees who have disabilities and protections, with very limited exceptions, against the disclosure of applicants' and employees' medical information.

People who are openly in recovery, whether they are employees, volunteers, or contractors, can serve as trainers and can support stigma reduction efforts. While

the fact that one has had treatment and/or is in recovery is not per se a qualification to provide substance use literacy training, people in recovery may be able to bring the extra dimension of personal lived experience to the training, potentially making it more concrete and relatable.

Pilar 3 - Hiring and Employment

Hiring and employment policies encompass who is hired, the processes for selecting qualified candidates, and how a business or other employer responds to substance misuse among employees. For employers that are not required to conduct drug testing and elect not to do so, the organization's policies for addressing substance misuse and SUD among employees will hinge upon the protocols adopted for responding to signs of substance misuse or SUD in the workplace and to requests for help for alcohol and other drug problems. For employers that conduct drug testing, whether as a voluntary practice or as a requirement under a Drug-Free Workplace Program or other federal or state drug testing program, the policies for responding to a positive drug toxicology test are critical as well. SUD is a health condition and, when it progresses to addiction, it is a chronic condition that can be treated, but generally not cured, like diabetes or heart disease.

> When employees fear discipline, termination, or other negative impacts if it becomes known they have an alcohol or other drug use disorder, they have a strong incentive to hide their SUD, rather than seeking help for it. This exposes them, their fellow workers, and the organization to unnecessary risk and leads to problems such as reduced productivity and higher healthcare costs.

The default response to positive drug tests or to substance-related impairment in the workplace should be to link the employee with needed services and supports.

This is true even for the individual who may not have SUD. Education, a reminder of policies, and potentially an agreement to additional testing for a period of time will generally be more effective than sanctions as a response to non-dependent substance misuse. Disciplinary action is not an appropriate response to employee health conditions. When employees fear stigma, discrimination, discipline, termination, or other negative impacts if it becomes known they have an alcohol or other drug use disorder, they have a strong incentive to hide their SUD, rather than seeking help for it. [17] This exposes them, their fellow workers, and the organization to unnecessary risk and leads to problems such as reduced productivity and higher healthcare costs.

Because a significant percentage of people with SUD have a history of CJS involvement and, because people with a history of CJS involvement commonly have or are in recovery from SUD,[18,19,20] it is helpful to think of "fair chance"[c] hiring policies as addressing past or current substance misuse as well as past or current CJS involvement. Fair chance employers work to ensure that employment decisions are based on applicants' qualifications, and not on a history of CJS involvement or of SUD treatment. In practice, this means not asking applicants about arrests or convictions until a conditional offer of employment is made.

Examples of RRW hiring and employment policies and practices include:

- Adopting fair chance hiring approaches under which individuals in recovery, including those with a history of CJS involvement, are employed and may

[c] The term "fair chance hiring" is synonymous with "second chance hiring." Today, "fair chance hiring" is the preferred term.

be proactively recruited through partnerships with treatment providers, recovery community organizations (RCOs), recovery residences, supported employment programs, drug courts, and other community partners[d] (see below for graphic representation of such an approach);

- Eliminating any questions about arrests or convictions from job applications, deferring them until a conditional offer of employment is made (Commonly known as a ban-the-box policy, this practice is required in certain states and localities and, as of October 2, 2023, in the federal government); [21]
- Developing relationships with workforce centers, treatment providers, supported employment providers, recovery community organizations, and other partners who can help employers recruit qualified individuals in recovery and can help support current employees who are in or seeking recovery;
- Establishing policies to address substance use as a health condition, emphasizing access to treatment and support and developing post-treatment return-to-work policies/plans;
- Offering employees who are in treatment or recovery reasonable accommodations as appropriate and feasible; and,
- Identifying state and federal laws and regulations, collective bargaining agreements, or other factors that may facilitate or impede aspects of RRW policy implementation and determining how to navigate them.

[d] Some employers may also consider making contingent offers of employment to individuals with current SUD, provided that needed services and supports are available, such individuals are willing to access them, and there are no legal or regulatory barriers to doing so.

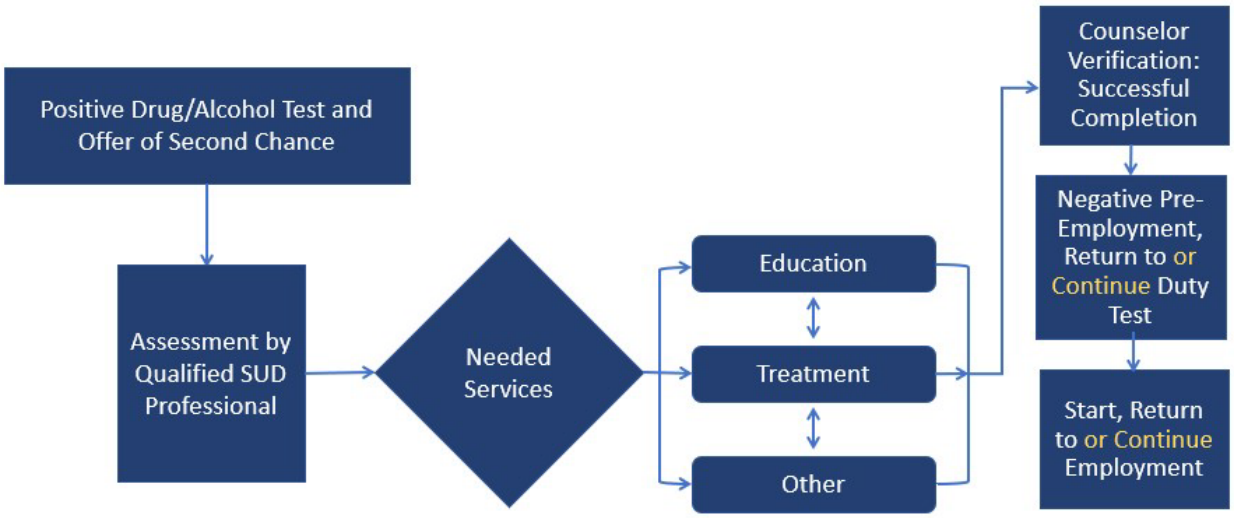

Figure 2 - Sample SUD Fair Chance Hiring and Employment Graphic.

Adapted from Indiana Substance Use Treatment Law HEA 1007 Employer guidelines, May 2019

Relevant hiring resources include:

- The Business Case: Becoming a Fair-Chance Employer, National Employment Law Project (while criminal justice-specific, it is applicable to a significant portion of people with or in recovery from SUD due to the high rates of criminal justice system involvement associated with drug use);
- How criminal justice reform can offer employers a labor shortage solution, Thompson-Reuters;
- The Second Chance Business Coalition promotes fair chance employment and provides employers with resources to hire and provide career advancement to people with criminal records;
- How the Public and Private Sectors Can Implement Second-Chance Hiring, United States Chamber of Commerce (includes video and resources links); and,
- The Department of Veterans Affairs (VA) Compensated Work Therapy (CWT) program, which helps veterans with SUD and mental health

conditions find competitive employment nationally. CWT programs are located within all VA medical centers. A list can be found here.

Pillar 4 - Treatment and Recovery Support

While employee assistance programs and health insurance benefits commonly provide access to treatment, and in some cases, may offer access to recovery support services, these are not the only mechanisms for ensuring employee access to needed SUD services and supports. Small businesses may be limited in their ability offer such benefits. However, they can develop relationships with local treatment providers, RCOs, supported employment providers, and other organizations to ensure that employees have access to needed services and support in the community and, potentially, in the workplace. Additionally, companies can support employees in creating their own supports by launching employee resource groups or by allowing employees to volunteer to serve as workplace recovery coaches or recovery mentors. Businesses can also partner with RCOs or otherwise provide for dedicated recovery support services in the workplace. Thus, the approaches businesses and other employers can take to ensure access to treatment and recovery support go beyond examining benefits and updating them as needed and feasible. Examples of implementation activities in this area include:

- Reviewing benefits and resources to ensure ready access to comprehensive, evidence-based SUD treatment and to information, supports, and resources through the company, through health or wellness programs, or through partnerships with treatment providers, RCOs and other organizations;

- Exploring the possibility of providing peer mentoring or recovery support services in the workplace through volunteer employee efforts, agreement with a local RCO, or through establishment of dedicated peer support/recovery coach positions; and,
- Supporting employee efforts to establish employee resource groups around recovery and/or substance-free recreation or lifestyles.

For information on how to access treatment, recovery support, mutual aid (support groups), and other services see Appendix 5.

Organizational Culture

A company's culture can serve to facilitate or impede its efforts to become recovery-ready. The 2022 private sector workplace survey cited above also found that workers reporting "high levels of trust in their organization to address employee concerns and to behave ethically" were more likely to be willing "to seek help for an SUD from workplace resources, and were more likely to feel comfortable disclosing their recovery status." While cultures vary from one workplace to another and from one sector to another, the study findings appeared to suggest a lessening in the stigma associated with addiction and recovery. The majority of respondents said that their opinion of a person either would not change or would improve if they learned the individual was in recovery from SUD. Despite this, respondents who had SUD or who were in recovery said they feared disclosing their status would have negative consequences. This underscores the need to move away from punitive substance use policies and to effectively communicate substance use policies across the organization. To the extent that those who have an SUD or who are in recovery fear that disclosure of their status will result in reduced esteem in the eyes of colleagues, open

discussion on addiction, recovery, stigma, and employee perspectives and experiences could remove barriers to help-seeking and could help build a recovery-supportive environment. The survey also found that psychological safety and trust in the employer were key factors associated with willingness to disclose SUD or recovery status.[22]

Getting Started

Assessment

When considering becoming an RRW or when actively working to become one, businesses and other employers should consider conducting an organizational and environmental assessment. Organizational and environmental assessments can assist both in determining whether to become a recovery-ready employer and how one wishes to go about doing so. Assessments can be informal or more structured. Assessments help employers better understand which policies may need to be changed and help identify the changes that may have the most significant impact. The assessment provides a snapshot of polices, practices, and organizational culture before RRW implementation which can be used to plan implementation and track progress. It will also help identify factors such as regulations or collective bargaining agreements that may facilitate or impede the adoption of RRW policies.

Factors businesses and other employers may wish to assess include, but are not limited to:

- The estimated cost of substance misuse to their organization and the potential savings from adopting RRW policies (see National Safety Council (NSC) Cost Calculator, below);
- Current policies and potential benefits from the adoption of recovery-ready policies (e.g., whether an organization utilizes fair chance hiring and employment policies in relation to applicants and employees with SUD);
- Legal and regulatory environment, including Equal Employment Opportunity (EEO) laws, Drug-Free Workplace or other drug testing requirements, statutory or regulatory restrictions on employing people with past drug-related criminal convictions, etc.;
- Industry- or workplace-specific needs/risks (e.g., vehicle or equipment operation and other safety-sensitive functions, access to controlled substances, etc.);
- Contractual requirements (e.g., collective bargaining agreements);
- Level of SUD and recovery literacy across the organization;
- Awareness of SUD policies, benefits, and resources among employees;
- The extent to which available EAP, health insurance benefits, and health and wellness programs are equipped to help employees achieve and sustain recovery;
- Utilization of EAP, insurance or other benefits for SUD;
- Substance-related incidents (e.g., accidents, documented impairment in the workplace, etc.);
- Turnover rates, absenteeism (utilization of paid and unpaid leave), and productivity;
- Availability of relevant employee-led supports, such as employee resource groups, mentoring, coaching or other recovery support services;
- Whether there are organizations with which the business may want to partner to support RRW implementation (e.g., treatment providers, RCOs, a

supported employment program, an American Jobs Center, or a local or state chamber of commerce);

- Medical or disability leave and post-treatment return-to-work policies;
- Training of supervisors and managers about how to communicate about SUD and create a safe environment for discussing the topic and how to assist employees who seek help for an alcohol or other drug problem;[e]
- Employees' level of trust in the organization, their supervisors, and coworkers, and recommendations for building trust, if warranted;
- Prevalence of substance misuse, SUD, and overdose in an organization's industry, the communities in which it operates, and—if the data is available—in the organization itself;
- Workplace factors that could increase the risk of substance misuse in the workforce, including injury, stress, norms about alcohol and other drug use, workplace alcohol policies, and employee distrust or sense of disempowerment;
- Workforce composition (e.g., age distribution, gender or culture) and how best to communicate about and address SUD with the workforce or subgroups within it;
- Workforce roles (e.g., management, supervision, administration, equipment operation, etc.) and whether any are associated of higher risk of substance misuse, or whether substance use among individuals in certain roles is associated with an elevated risk of harm;
- Federal, state, or local laws and regulations that may affect how one can adopt RRW policies, including Drug-Free Workplace Program or other drug testing requirements and industry-specific regulations;

[e] Employers may wish to make clear that they will not seek information about an SUD other than as needed for justifying leave, for supporting a reasonable accommodation, or as otherwise allowable under law.

- Return-to-work policies or reasonable accommodations that the organization may be able to offer, such as flexible scheduling or leave to permit receipt of services and supports or temporary reassignment; and,
- If one has a unionized workforce, whether negotiations would be required around certain potential policy changes and whether unions offer services and supports for their members that may provide a template for components of the organization-wide approach.

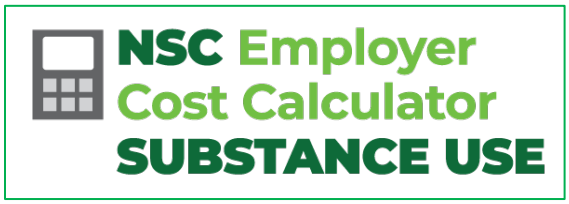

Figure 3 - Link to NSC Employer Substance Use Cost Calculator

By clicking on the image above, one can consult the Substance Use Cost Calculator developed by the National Safety Council, a non-profit organization, in collaboration with NORC at the University of Chicago.

A sample assessment and implementation checklist are available in Appendix 1. Additional assessment, implementation, and monitoring resources are available in Appendix 3.

Statement, Declaration, or Pledge

It is important to establish a vision and/or goals for the RRW implementation process. This can be accomplished through a brief statement, declaration or pledge. If possible, the statement should be developed with support from employees from across the organization, including those who are in recovery.

This will help secure buy-in across the organization and may lead to a more meaningful and useful declaration.

An organization's statement, pledge, or declaration should explain what it means that the organization is becoming recovery-ready. It should serve as both a values statement and a broad policy statement that can guide efforts and communicate the organization's commitment to employees, job applicants, and other stakeholders. The declaration or pledge makes clear the commitment the organization has undertaken, the principles behind that commitment, and the reasons for which the company has made such a pledge.

Sample RRW declarations can be found in Appendix 2.

Staffing the Effort

A dedicated implementation team reflecting the diverse roles and communities comprising the organization's workforce can help maintain focus and foster buy-in across the organization.

As with any special project, the staffing of your implementation effort is an important consideration. When implementation is no one's primary responsibility, momentum and accountability can be lost. A dedicated implementation team reflecting the diverse roles and communities comprising the organization's workforce can help maintain focus and foster buy-in across the organization.

However, businesses and other employers may prefer other implementation approaches. For example, larger companies may have individuals or teams charged with organizational and/or business innovation, change management, and quality improvement whom they wish to lead such efforts. Smaller

companies may find it most feasible to assign the task to a human resources department or even to a single individual in the case of very small organizations.

Important: If a portion of the workforce is unionized, active union involvement and support are critical to successful RRW implementation. Moreover, certain changes an employer wishes to implement may require union approval or a modification of an agreement.

Planning and Implementation

Overview

The environmental and organizational assessment should provide a baseline map for implementation efforts, identifying areas where policies and practices are not fully aligned with RRW principles, key potential RRW allies, and legal, regulatory, or other barriers to implementation. Organizations working with a state or local RRW initiative may be able to obtain assistance in conducting an assessment and in mapping out an implementation plan in consultation with an advisor or consultant made available through the initiative.

There is no single right way to go about RRW implementation and businesses should not shy away from beginning the process even if they believe it may take time to make certain changes and/or will be difficult or impossible to adopt some. Every step toward becoming an RRW is important and beneficial.

Getting Started

Businesses and other employers may want to stage their implementation efforts, either to follow a critical pathway or to pace changes over time, giving the employer an opportunity to test one new policy and make any needed adjustments before undertaking changes in other areas. There is no single right way to go about RRW implementation and businesses should not shy away from beginning the process, even if they believe it may take time to make certain changes and/or will be difficult or impossible to adopt some. Every step toward becoming an RRW is important and beneficial. In short, employers facing challenges in implementing RRW should avoid allowing the perfect be the enemy of the good.

Every step toward becoming an RRW is important and beneficial. In short, employers facing challenges in implementing RRW should avoid allowing the perfect be the enemy of the good.

Businesses in a state or community without an RRW initiative may want to reach out to the local or state chamber of commerce to see if there is interest in partnering to develop a statewide or local RRW effort.

A graphic representation of the RRW implementation process can be found here. The RRW Implementation Checklist, a customizable table that assists with the assessment and implementation processes, is located in Appendix 1. Additional resources to assist in conducting organizational and environmental assessments and for monitoring progress can be found in Appendix 3.

Identifying Community Partners

Community partners can be essential to successful adoption of RRW policies. These partners can range from a state or local RRW initiative, to state or local

chambers of commerce, SUD treatment providers, RCOs, American Jobs Centers, and supported employment initiatives. States generally maintain SUD treatment provider directories and a number also provide RCO directories. Additionally, local treatment providers can be identified through FindTreatment.gov. In developing and implementing RRW policies, larger, multi-state or multi-national corporations may also want to develop partnerships with national organizations, such as the United States Chamber of Commerce, the National Black Chamber of Commerce, American Job Centers, the Society for Human Resource Management (SHRM), trade groups, unions, or other entities.

Fair Chance Hiring

Fair chance hiring and employment protocols can also be an effective means of building and maintaining a strong and effective workforce and are a key tool for becoming an RRW. The State of Indiana developed a protocol that can be found in the Indiana Substance Use Treatment Law HEA 1007 Employer Guidelines. The Sample Second Chance Hiring & Employment Protocol flowchart, above, was adapted from that protocol.

Monitoring

Monitoring builds on the assessment conducted prior to adopting RRW policies, using it as a baseline against which to track progress. Broadly speaking, monitoring should examine process measures and outcomes. Process measures tell employers whether they are doing what they set out to do. That is, they give an indication of how well the organization is implementing RRW policies. In the RRW implementation context, businesses and other employers may wish to track

a range of relevant outcomes for which a baseline was established in the assessment (or for which the employer would like to establish a baseline in order to measure progress in the future). Potential outcome measures include:

- Turnover and vacancy rates;
- Scheduled and unscheduled paid and unpaid leave utilization;
- SUD treatment referrals, expenditures, or claims;
- EAP utilization;
- Overall health expenditures;
- Positive toxicology tests;
- Incidents or injuries related to substance misuse-; and,
- Through employee surveys:
    - SUD and recovery literacy;
    - Understanding of relevant organizational policies and benefits;
    - Perceptions of colleagues with or in recovery from SUD; and,
    - Willingness to seek help for alcohol or other drug concerns.

For a list of potential employee survey topics, see Appendix 12.

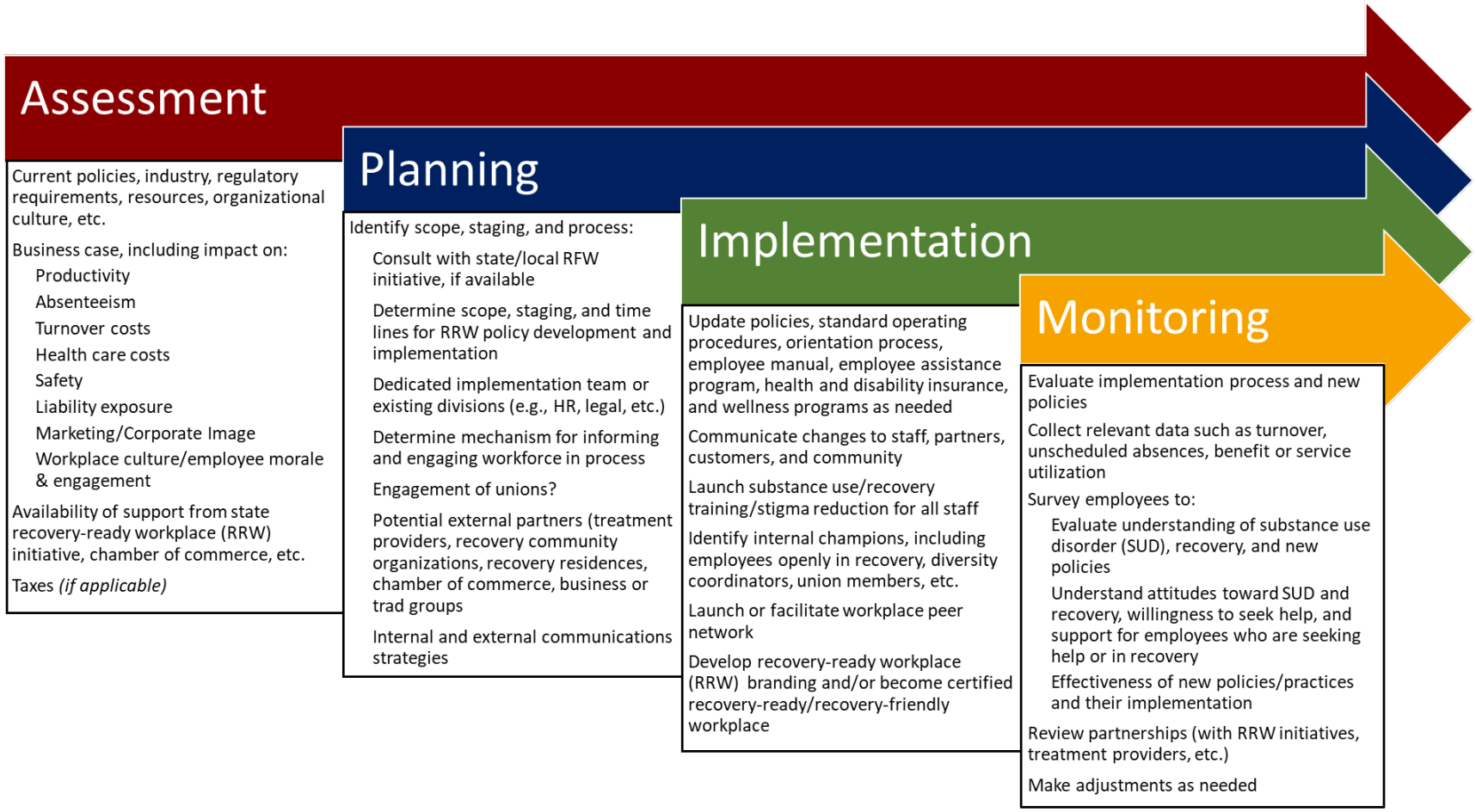

Figure 4 - RRW Policy Implementation Process Graphic

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Conclusion

In developing this toolkit, the foremost goal of participating federal agencies was to create a useful reference document for public and private sector employers in diverse sectors and industries and fields. No single document can provide a comprehensive, step-by-step guide to RRW in a specific worksite or organization. This toolkit will serve its intended purpose if it helps diverse employers map a process for becoming more recovery-ready—one that works for them—whether that process is comprehensive and transformative or staged and gradual. As they become available, ONDCP and federal partners plan to add materials to the appendices that offer industry-specific guidance or otherwise build on and complement the document.

Recommendations or questions regarding the toolkit should be emailed to: MBX.ONDCP.RRWToolkit@ondcp.eop.gov.

Glossary

Acronyms and Initializations

Acronym	Name
AA	Alcoholics Anonymous
ADA	Americans with Disabilities Act, under the Equal Employment Opportunity Commission
AOD	Alcohol and Other Drug
ASAM	American Society of Addiction Medicine
AUD	Alcohol Use Disorder
CJS	Criminal Justice System
CWT	Compensated Work Therapy
DFWP	Drug Free Workplace Program
DSM 5	Diagnostic and Statistical Manual, fifth edition
EAP	Employee Assistance Plan
ERG	Employee Resource Group
FDA	Food and Drug Administration
MAT	Medication Assisted Treatment
MOUD	Medications for Opioid Use Disorder
NA	Narcotics Anonymous
OUD	Opioid Use Disorder
RCO	Recovery Community Organization
RRW	Recovery Ready Workplace
SMART Recovery	Self-Management and Recovery Training

Glossary

Acronym	Name
SU	Substance Use
SUD	Substance Use Disorder

Definitions

Addiction – A broad term generally used to refer to severe SUD and sometimes applied to certain compulsive behaviors that exhibit similar behaviors and neural mechanisms to SUD (e.g., compulsive gambling). The American Society of Addiction Medicine (ASAM) defines addiction as "a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences." For information see the ASAM definition of addiction.

Alcohol Use Disorder (AUD) – Use of alcohol in a manner that meets at least two of 11 diagnostic criteria in the 5th Edition of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM 5). Examples of criteria include continued use despite negative consequences, craving for alcohol, a pattern of consuming larger amounts of alcohol over a longer period of time than intended, and withdrawal symptoms in the absence of alcohol. For more information, see Appendix 7.

Alcoholics Anonymous (AA) – A 12-Step mutual aid group dedicated solely to helping people achieve and sustain recovery from AUD. Many who participate also have or are in recovery from other SUDs.

American Job Center – Established under the Workforce Investment Act, an American Job Center offers training referrals, career counseling, job listings, and similar employment-related services.

Glossary

American Society of Addiction Medicine (ASAM) – A professional medical society representing over 7,000 physicians, clinicians, and associated professionals in the field of addiction medicine.

Americans with Disabilities Act (ADA) – A federal civil rights law that prohibits discrimination against people on the basis of disability in a manner similar to other civil rights laws prohibit discrimination on the basis of race, color, sex, national origin, age, and religion. The ADA guarantees that people with disabilities have opportunities equal to those others enjoy in relation to employment, purchasing goods and services, and participating in state and local government programs.

Compensated Work Therapy (CWT) – A VA clinical vocational rehabilitation program that provides evidence based and evidence informed vocational rehabilitation services; partnerships with business, industry and government agencies to provide Veteran candidates for employment and Veteran labor, and employment supports to Veterans and employers.[23]

Diagnostic and Statistical Manual, 5th Edition (**DSM 5)** – The current edition of the American Psychiatric Association's handbook used to guide the diagnosis of mental disorders in the United States and much of the world.

Drug Free Workplace Program (DFWP) – Comprehensive programs that address illicit drug use by Federal employees and in federally regulated industries.[24]

Employee Assistance Program (EAP) – A voluntary, confidential program that helps employees (including management) work through various life challenges

that may adversely affect job performance, health, and personal well-being to optimize an organization's success.

Employee Resource Groups (ERG) – Voluntary, employee-led groups whose aim is to foster a diverse, inclusive workplace aligned with the organizations they serve. They're usually led and participated in by employees who share a characteristic, whether it's gender, ethnicity, religious affiliation, lifestyle, or interest.

Fair chance hiring and employment policies – Policies and practices that promote the idea that all qualified candidates should be fairly considered for a job, regardless of their criminal histories or history of SUD. These involve not asking applicants about arrests or convictions until a conditional offer of employment is made.

Medication-Assisted Treatment (MAT) – MOUD and counseling or other therapeutic or specialty treatment services combined. Non-preferred term because medications are a treatment in and of themselves, and not simply an adjunct to other services. MOUD can be effective in the absence of counseling or other services and should not be withheld when these are not available. (Note: When used for the purpose of treating OUD, United States law restricts the administration of methadone to opioid treatment programs, which offer counseling and other services.)

Medications for Opioid Use Disorder (MOUD) – Medications approved by the Food and Drug Administration (FDA) for the treatment of opioid use disorder (OUD) and the use of these medications for treating OUD.

Mutual aid – "Mutual aid is a voluntary exchange of services and resources between members of society for mutual benefit."[25] Since the founding of Alcoholics Anonymous (AA) in 1935, mutual aid societies/groups for people with or in recovery from alcohol and other drug use disorder have grown substantially. There are numerous 12-Step groups based on the AA model, most notably, Narcotics Anonymous (NA). Other widely recognized groups include SMART Recovery, Women for Sobriety, and LifeRing Recovery. For a listing of mutual aid groups that includes secular and faith-based approaches, see the Faces and Voices of Recovery Guide to Recovery Groups.

Naloxone (Naloxone Hydrochloride) – An FDA-approved medicine used to reverse an opioid overdose. Naloxone is an opioid antagonist. That means it disrupts the binding of other opioids to neural receptors, blocking their effects. Naloxone is available as a nasal spray in generic form and under the brand names NARCAN® and Kloxxado® and also as an injectable drug. On March 29, 2023, FDA approved NARCAN® a four milligram (mg) naloxone hydrochloride nasal spray for sale as a nonprescription over-the-counter (OTC) drug. RiVive, a three milligram (mg) naloxone hydrochloride nasal spray, was approved as a nonprescription or OTC drug on July 28, 2023.[f]

[f] On May 22, 2023, the FDA also approved a nalmefene hydrochloride nasal spray under the brand name Opvee as a nonprescription OTC for the treatment of known or suspected opioid overdose in adults and pediatric patients 12 years of age and older.

Narcotics Anonymous (NA) – A 12-Step mutual aid group for people with SUD. Launched after AA, which focuses exclusively on AUD, NA welcomes people with other SUDs.

National Drug Control Strategy *(Strategy)* – The *Strategy* delineates the strategy and specific actions the Federal Government will take to reduce illegal use of drugs and its consequences. Issued by ONDCP on behalf of the President of the United States, the *Strategy* provides a template for coordinated action across the many Executive Branch agencies with a role in drug policy and related activities and programs. The 2022 NDCS.

National Safety Council (NSC)– A national non-profit safety advocate that focuses on eliminating the leading causes of preventable injuries and deaths by providing consulting, networks, tools/resources, research, and training to employers and others.[26]

National Survey on Drug Use and Health (NSDUH) – An annual survey on the use of tobacco, alcohol, and other drugs; SUD; receipt of substance use treatment; mental health conditions and the use of mental health services based on a nationally representative sample of the civilian, noninstitutionalized population aged 12 or older in the United States.[27] The 2021 NSDUH report, released in 2022.

Opioid Use Disorder (OUD) – Use of opioids in a manner that meets at least two of 11 diagnostic criteria in the DSM 5. Examples of criteria include continued use despite negative consequences, craving for opioids, a pattern of taking larger amounts of opioids over a longer period of time than intended, and withdrawal

symptoms in the absence of opioids. OUD is a form of SUD. For more information, see Appendix 5. For strategies for addressing opioids in the workplace, see Appendix 11.

Paraphernalia – In relation to illegal use of drugs, any equipment, product or material of any kind which is primarily intended or designed for use in manufacturing, compounding, converting, concealing, producing, processing, preparing, injecting, ingesting, inhaling, or otherwise introducing a controlled substance into the human body. (Note: The definition of illegal paraphernalia in state laws varies. For example, fentanyl test strips are considered illegal paraphernalia in some states, but not in others.)

Person-first language – Wording that emphasizes the person first, not a disability or condition. "Person with a substance use disorder," rather than "addict" or "alcoholic" is an example of person-first language.

Reasonable accommodation – Under Title I of the Americans with Disabilities Act (ADA), a reasonable accommodation is any change or adjustment to a job or work environment that permits a qualified applicant or employee with a disability to participate in the job application process, to perform the essential functions of a job, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities. For more information, see the Equal Employment Opportunity Commission's Your Employment Rights as an Individual with a Disability.

Recovery community organization (RCO) –An independent, non-profit organization led and governed by representatives of local communities of

recovery that engages in a range of activities for the benefit of the entire community, such as education and advocacy and the provision of peer recovery supports. For more information, see this definition and listing of standards for RCOs.

Recovery-Friendly Workplace (RFW) – Essentially synonymous with RRW, this term is widely used, most notably by the state of New Hampshire and the states that have adopted its framework and branding.

Recovery-Ready Workplace (RRW) – A workplace or employer that has adopted policies and practices that expand employment opportunities for people in or seeking recovery, respond to SUD as a health condition and foster SUD and recovery literacy across the organization, inform employees in recovery of their potential eligibility for reasonable accommodations, reduce the risk of substance misuse and SUD, including through education and steps to prevent injury in the workplace. For more information see: What is a Recovery-Ready Workplace?

Recovery-Supportive Workplace (RSW) – Another term that is essentially synonymous with RRW. Notably, the Behavioral Health and Racial Equity Initiative (Be HERE) uses the term. Be HERE is an initiative of Health Resources in Action, a Boston-based non-profit organization.

Remission – In relation to SUD disorder, remission is defined as no longer meeting DSM 5 diagnostic criteria for a substance use disorder. One can be in remission without being abstinent or without identifying as being in recovery or recovered.

Self-Management and Recovery Training (SMART Recovery) – A mutual aid organization offering an approach to change. It is built around a 4-Point Program:

(1) building and maintaining the motivation to change, (2) coping with urges to use, (3) managing thoughts, feelings, and behaviors in an effective way without addictive behaviors, and (4) living a balanced, positive, and healthy life.[28]

Specialty SUD Care – Refers to treatment provided at a facility that specializes in treating SUD as opposed to a general medical setting, such as a primary care practice or general hospital.

Substance Misuse – The use of prescription drugs other than as prescribed or without a prescription, problem use of alcohol, or any use of illegal drugs.

Substance Use Disorder (SUD) – Under the DSM 5, an SUD can be diagnosed when individuals meet at least two of 11 diagnostic criteria (symptoms), each of which falls into one of four categories: 1) impaired social control; 2) social problems; 3) risky use; and 4) physical dependence. Experts generally concur that severe SUD most closely aligns with what is commonly thought of as addiction. See Appendix 7 for additional information on SUD.

Workplace Supported Recovery Program (WSRP) – A Workplace Supported Recovery Program consists of a suite of policies adopted by an employer to prevent substance misuse, reduce stigma, and encourage recovery. In effect, a WSRP is an employer-led RRW initiative.

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Appendices

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Appendix 1 – Recovery-Ready Workplace Assessment and Implementation Checklist

Appendix 1 - Recovery-Ready Workplace Assessment and Implementation Checklist

Recovery-Ready Workplace (RRW) Activity, Practice, or Policy	Yes	Partly	No	NA	Notes
We have conducted an analysis of the likely impact of substance use in our organization and the likely benefits of adopting RRW policies (e.g., using the NSC Employer SU Cost Calculator)					
We have determined how we will implement RRW policies (e.g., through a staged process, with a dedicated implementation team, with support from a state or local recovery-ready or recovery-friendly workplace initiative, etc.)					
We prioritize linking employees with SUD to services and supports and have clear policies to implement this priority. These policies:					
• Are clearly communicated to new and existing employees and understood by them					

Appendix 1 - Recovery-Ready Workplace Assessment and Implementation Checklist

Recovery-Ready Workplace (RRW) Activity, Practice, or Policy	Yes	Partly	No	NA	Notes
• Provide for reasonable accommodations as needed, including for participation in treatment, recovery support, and mutual aid					
We offer employee health insurance that includes comprehensive substance use disorder benefits					
We offer EAP services and our EAP provider is aware of and aligns its efforts with our substance use policy					
We offer a wellness program that provides access to information and resources for employees with SUD or with family members experiencing SUD					
We are unable to offer health insurance to our employees, but have established relationships with local partners such as SUD treatment providers and RCOs					

Appendix 1 - Recovery-Ready Workplace Assessment and Implementation Checklist

Recovery-Ready Workplace (RRW) Activity, Practice, or Policy	Yes	Partly	No	NA	Notes
We recognize that people in recovery can be an asset and prioritize their hiring by:					
• Working with employment service providers, workforce centers, SUD treatment providers, RCOs, the Veterans Administration, or other entities to hire people in recovery and to support employees who are in recovery					
• Working with an Individual Placement and Support (IPS) or other supported employment providers to hire and support people in recovery or would be interested in exploring this					
We can/may be able to support a substance use fair chance hiring policy[g]					

[g] Under a substance use fair chance hiring policy prospective employees who test positive for drug or alcohol use or who report having a current SUD can be offered contingent or probationary employment, subject to receiving an assessment and complying with conditions the employer may wish to posit, such as completion of treatment and/or submission to regular toxicology testing.

Appendix 1 - Recovery-Ready Workplace Assessment and Implementation Checklist

Recovery-Ready Workplace (RRW) Activity, Practice, or Policy	Yes	Partly	No	NA	Notes
We actively train all levels of our organization about substance misuse/SUD, and recovery to ensure substance use literacy and to reduce stigma					
We train all organizational levels on the impact of stigma and how to reduce it[h]					
Our training and awareness activities include presentations by or discussions with people in recovery from SUD[i]					
We take steps to prevent substance use in the workforce by:					
• Reviewing work processes and taking steps to reduce injury risk					

[h] This can be done by company/organizational personnel or through an agreement with a qualified organization.

[i] These can be employees in stable recovery, community members, or representatives of recovery community organizations or other entities.

Appendix 1 - Recovery-Ready Workplace Assessment and Implementation Checklist

Recovery-Ready Workplace (RRW) Activity, Practice, or Policy	Yes	Partly	No	NA	Notes
• Working with temporary disability and health insurers to prevent unnecessary use of opioids					
• Identifying and addressing unnecessary workplace stressors, including poor supervision and toxic cultures					
We provide for or facilitate access to peer resources, such as:					
• Employees with lived experience of SUD who volunteer to serve as confidential/off-line points of contact for information about substance misuse, SUD, treatment, and recovery support					
• Employees in recovery from SUD who volunteer to provide mentoring to employees in early recovery who desire such					

Appendix 1 - Recovery-Ready Workplace Assessment and Implementation Checklist

Recovery-Ready Workplace (RRW) Activity, Practice, or Policy	Yes	Partly	No	NA	Notes
• Dedicated peer recovery support specialists who are employed by the company or are available through an agreement with an RCO or similar entity					
• Employee resource groups (ERGs)/affinity groups centering on substance misuse, SUD and/or recovery					
• Other					
We inform employees of the rights and protections afforded to people in treatment or in recovery from SUD under the Americans with Disabilities Act and other federal and state laws, including in relation to reasonable accommodations and medications for the treatment of OUD or other SUD					

Appendix 1 - Recovery-Ready Workplace Assessment and Implementation Checklist

Recovery-Ready Workplace (RRW) Activity, Practice, or Policy	Yes	Partly	No	NA	Notes
We have identified any industry or sector-specific factors that may affect how we are able to implement RRW policies and have or are in the process of developing RRW policies and procedures that take these into account. Examples of such factors include:					
• Drug-Free workplace program requirements, if applicable					
• U.S. DOT and state laws and rules regarding the operation of commercial motor vehicles					
• Other safety sensitive roles (e.g., in construction, law enforcement, or emergency response)					
• State laws that establish relevant requirements beyond those in federal law					
• Labor agreements					

Appendix 1 - Recovery-Ready Workplace Assessment and Implementation Checklist

Recovery-Ready Workplace (RRW) Activity, Practice, or Policy	Yes	Partly	No	NA	Notes
We communicate to new and existing employees, customers, and the broader public that we are a recovery-ready (or recovery-friendly) employer and explain what this means					
We have or are planning a process for periodically reviewing our RRW implementation process and making adjustments to the policies and processes to improve and sustain efforts over time					
If available in the state(s) and community(ies) in which we operate, we participate in a recovery-ready or recovery-friendly workplace initiative and have been certified as such when certification is offered through state or local initiatives					

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Appendix 2 – Sample Recovery-Ready Workplace Statements

Appendix 2 – Sample Recovery-Ready Workplace Statements

Sample RRW Statement # 1

Recognizing the impact of substance use on our employees, our customers, the communities in which we work, and our company, [NAME OF COMPANY] is committed to becoming a recovery-ready workplace. This means we recognize that substance use disorder (SUD) is a health condition that affects our employees and our company and that people can and do recover. It also means that we will work to prevent SUD in our workforce and to ensure that employees with SUD have access to the services and supports they need. In support of this, we will strive to create a workplace where it is safe to ask for help and where recovery is embraced, supported, and celebrated. We will work to hire people in recovery from SUD.

Accomplishing this requires more than the stroke of a pen. Therefore [NAME OF COMPANY] has taken/is taking the following steps:

- List of key steps planned and/or taken

For more information on this or on how you can support this effort, please contact [NAME] at [email address, phone].

Sample RRW Statement #2

[NAME OF COMPANY] believes that it has an important role to play in building a healthier and more prosperous [NAME OF NEIGHBORHOOD, CITY, COUNTY, STATE, ETC.]. As a good corporate citizen, [NAME OF COMPANY] recognizes that it can play a role in helping [NAME OF NEIGHBORHOOD, CITY, COUNTY, STATE, ETC.] reduce alcohol and other drug use and its consequences. To this end,

Appendix 2 – Sample Recovery-Ready Workplace Statements

[NAME OF COMPANY] is committed to becoming a recovery-ready employer. This means we are committed to educating our workforce on substance use disorder (SUD) and recovery and to creating a workplace where it is safe to ask for help and where colleagues in recovery are valued and supported. It also means that we will strive to create employment opportunities for people in recovery, recognizing that people in recovery are among the most dedicated and productive of employees. To accomplish this [NAME OF COMPANY] is undertaking/has undertaken the following steps:

- Establishing a recovery-ready workplace planning and implementation workgroup with diverse representation from across the organization, including employees in recovery[j] and those with experience of substance use disorder (SUD) and recovery in their families
- Conducting an organizational assessment to identify ways we can ensure that:
    - Employees feel it is safe to seek help for SUD and know how to do so
    - We provide access to needed educational, treatment, and recovery support services to employees and their families
    - We make available reasonable accommodations to provide equal employment opportunities, including to facilitate a successful return to or continuation of duty while in or seeking recovery through

[j] After an individual has started working, an employer may only ask disability-related questions if they are job-related and consistent with business necessity – for example, when an accommodation is requested or when an employee is having performance issues that may be related to a known medical condition. Therefore, employers cannot ask employees if they have or are in recovery from SUD in order to recruit them as members of an RRW implementation team. However, employers can make an announcement explaining how employees, including those who are in recovery and wish to participate in the implementation process, can signal their interest in doing so.

scheduling flexibility, telework, reassignment as feasible and appropriate or other mechanisms

- We have in place policies and needed partnerships to successfully hire people who are in or seeking recovery
- We can identify willing recovery champions within the workforce and/or facilitate the creation of employee resource groups, formal or informal peer mentoring
- We identify and address substance use risk factors we can mitigate, such as injury risk, stress, and excessive or unpredictable work hours
- We evaluate our organizational culture in relation to alcohol and other drug use and implement any needed changes in policies, practices, or traditions to be more inclusive of people in or seeking recovery
- We identify and engage external partners who can help us successfully achieve this commitment

For more information on this or on how you can support this effort, please contact [NAME] at [email address, phone].

Sample RRW Statement #3 (From Connecticut Recovery-Friendly Workplace Initiative)

[NAME OF COMPANY OR ORGANIZATION] 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].

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Appendix 3 – Assessment, Implementation, and Monitoring Resources

Appendix 3 - Assessment, Implementation, and Monitoring Resources

Substance Abuse and Mental Health Services Administration's (SAMHSA's) Drug-Free Workplace Program (DFWP) Toolkit provides general information on organizational assessments at the SAMHSA home page and information on qualitative and quantitative assessment methods. The DFWP Toolkit also provides information on selecting an EAP and the costs and benefits of having one. In addition, SAMHSA's 2021 resource, Employee Assistance Program Prescription Drug Toolkit and Fact Sheets, provides useful information for employers and EAPs on addressing prescription drug misuse.

The National Institute for Occupational Safety and Health (NIOSH), part of the Centers for Disease Control and Prevention (CDC), is working to develop an integrated set of evidence-based policies, programs, and practices that support RRW implementation under the Workplace Supported Recovery Program (WSRP), part of its Total Worker Health Program®. These support employers in:

- Reducing workplace hazards that may promote the development of SUD, help perpetuate them and/or undermine recovery from SUD;
- Increasing workplace supports that help prevent the development or perpetuation of SUD and facilitate recovery from SUD;
- Helping employees maintain or regain employment during recovery; and,
- Promoting overall growth and well-being among employees, work organizations, families, and communities.

Additionally, the CDC provides information on how to conduct a workplace health assessment. A workplace health assessment is a process of gathering information about the factors that support and/or hinder the health of employees at a particular workplace and identifying potential opportunities to improve or address them. Finally, the NIOSH Worker Well-Being Questionnaire (WellBQ)

provides an integrated assessment of worker well-being across multiple spheres, including individuals' quality of working life, circumstances outside of work, and physical and mental health status.

New Hampshire's Recovery-Friendly Workplace Initiative convenes a community of practice for states and other entities wishing to adopt the New Hampshire approach. As of January 2023, the community of practice had representation from 29 states and one Canadian province. The Recovery Business Alliance also helps companies become recovery-ready, which it refers to as becoming "recovery-responsive."

The Grayken Center Employer Resource Library provides a number of useful tools for assessing organizations and implementing RRW policies, including:

- Guiding principles and steps for developing a cross-functional advisory team to guide company efforts to respond to substance misuse;
- A Benefits Coverage Questionnaire to ensure that employees have access to comprehensive and affordable health insurance coverage for SUD treatment;
- A Claims Data Review Sheet template to help guide a review of insurance, disabilities, EAP, and leave claims related to SUD;
- A survey on employee understanding of SUD and of related employer benefits, willingness to seek help, perceptions of the workplace culture, and other matters;
- Sample questions for employee focus groups on the mental health and substance use needs of employees, barriers to meeting those needs, and suggestions for overcoming them;
- Sample CEO letter on use of non-stigmatizing language;

- Sample Employee Guide for Absence Management/leave policies;
- Sample Drug and Alcohol Policy;
- Sample naloxone information for employees;
- A Policies and Practices Checklist; and,
- A list of critical addiction-related health services to include in insurance plans.

Additional relevant information and resources are available through the Employee Assistance Society of North American (EASNA) and the International Employee Assistance Professionals Association (EAPA). Information on EAP services in the Federal Executive Branch is available through the Office of Personnel Management (OPM).

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Appendix 4 – What is Substance Use Disorder?

Appendix 4 - What is Substance Use Disorder?

Under the 5th Edition of the American Psychiatric Association's Diagnostic and Statistical Manual (DSM 5), substance use disorder (SUD) can be diagnosed when individuals meet at least two of 11 criteria (symptoms), each of which falls into one of four categories: 1) impaired social control; 2) social problems; 3) risky use; and 4) physical dependence. Based on the number of diagnostic criteria met, SUDs are categorized as mild (2-3), moderate (4-5), or severe (6 or more). Experts generally concur that severe SUD most closely aligns with what is commonly thought of as addiction. Through screening, mild-to-moderate SUD can be identified and addressed before it becomes severe, substantially impairing, costly to treat, and more likely to result in lasting disability or death. The 11 criteria are:

1. Using in larger amounts or for longer than intended
2. Wanting to cut down/stop using, but not managing to
3. Spending a lot of time to get/use/recover from use
4. Craving
5. Inability to manage commitments due to use
6. Continuing to use, even when it causes problems in relationships
7. Giving up important activities because of use
8. Continuing to use, even when it puts you in danger
9. Continuing to use, even when physical or psychological problems may be made worse by use
10. Increasing tolerance
11. Withdrawal symptoms[29]

While the terms "substance use disorder" and "addiction" are often used interchangeably, they are different. Substance use disorder includes problem substance use that is not addiction. Additionally, the term "addiction" is

sometimes applied to certain compulsive behaviors in which individuals may engage despite negative consequences and which individuals may be unable to stop, despite a desire to do so. These are sometimes referred to as "process addictions" or "behavioral addictions" and include internet addiction, sex addiction, and compulsive gambling disorder. Of these, only the latter is officially recognized in the DSM 5.

The American Society of Addiction Medicine (ASAM) defines addiction as "a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences." More detailed and technical definition can be found in this 2011 ASAM Public Policy Statement.

At present, there is no laboratory test to diagnose alcohol or other drug use disorders, although brain imaging studies and other research have yielded insights into the neurobiology of SUD and the neurobiology of recovery from it. Additionally, many conditions caused directly or indirectly by substance use can be diagnosed. For example, chronic alcohol use can result in cirrhosis of the liver or neurological conditions such as Wernicke-Korsakoff syndrome, alcohol-related neuropathy, and alcohol-induced cerebellar degeneration. Non-fatal opioid overdose can result in damage to the brain and other organs, and injection of drugs or risky behaviors associated with drug use increases risk for a number of contagious conditions, such as HIV, hepatitis C, and endocarditis, an infection of the heart tissue. Additionally, alcohol consumption during pregnancy can lead to fetal alcohol spectrum disorders (FASDs), a group of conditions that can occur in a person who was exposed to alcohol before birth. These effects can include

physical problems and problems with behavior and learning. Often, a person with an FASD has a mix of these problems.[30] Use of opioids during pregnancy can result in neonatal abstinence syndrome (NAS). When this occurs, an infant who was exposed to opioids in utero experiences withdrawal symptoms due to the lack of opioids following delivery. This condition can be readily treated through tailored withdrawal management protocols.

The graphics below show the impact of substance use and the recovery process through neuroimaging and provide images of a healthy and diseased heart as a point of comparison.

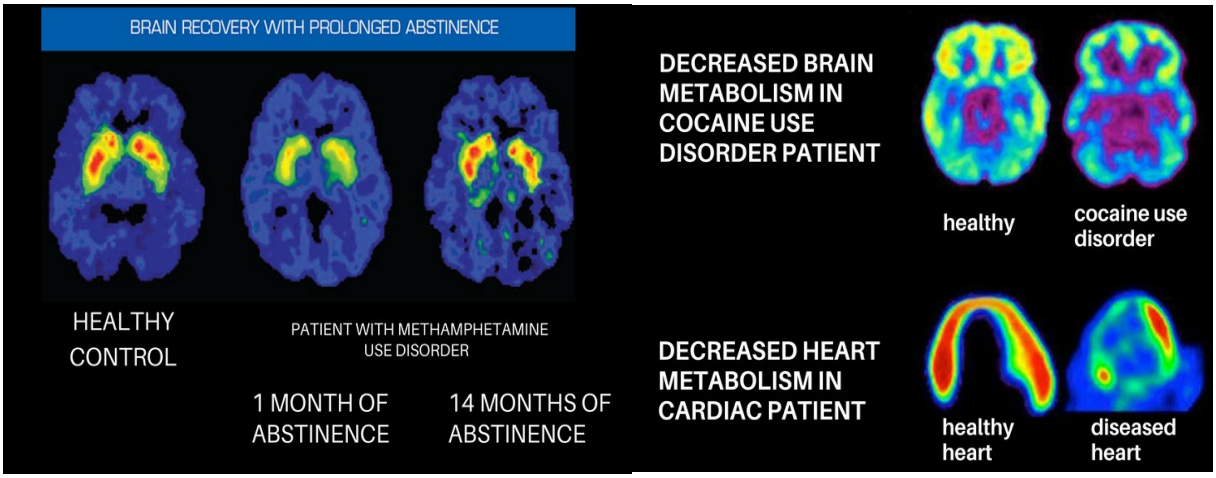

Figure 5 - Brain Recovery FMRI Graphic

Source: Recovery Research Institute. The Neuroscience of Addiction Recovery (www.recoveryanswers.org/recovery-101/brain-in-recovery/)

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Appendix 5 – Treatment, Recovery Support, and Mutual Aid Resources

Finding Treatment

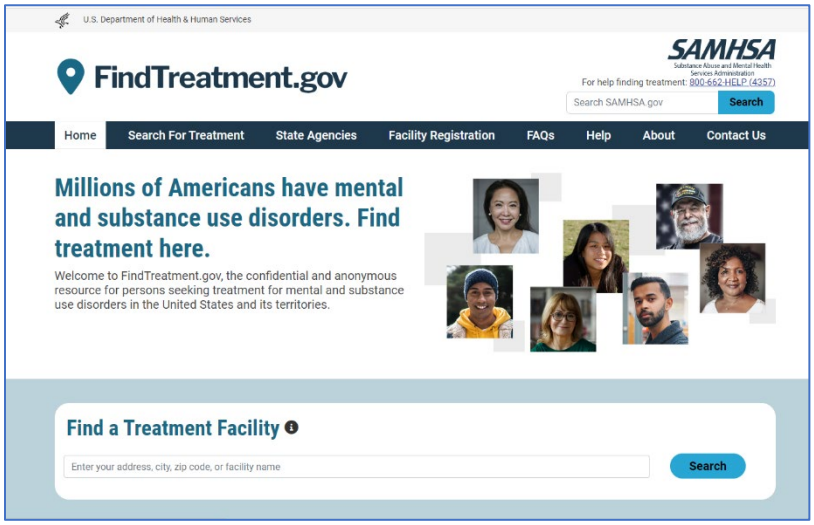

Figure 6: FindTreatment.gov

Substance Abuse and Mental Health Services Administration's (SAMHSA's) national substance use disorder and mental health treatment locator FindTreatment.gov provides a national searchable database of treatment providers by state and locality. Searching by zip code, by treatment type, or features (e.g., services for youth and/or co-occurring substance use and mental health disorders) will map the results. The listing includes prescribers who offer medications for opioid use disorder (MOUD) and opioid treatment programs, where methadone is provided for the treatment of opioid use disorder (OUD). Additionally, the site provides information on treatment options, how to find quality treatment, paying for treatment, and content to increase understanding of addiction and mental health. Additionally, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) hosts the Alcohol Treatment Navigator, to help individuals understand alcohol treatment options and search for nearby treatment, including telehealth services.

Recently, SAMHSA launched a related portal, Find Support. Among other resources, it includes:

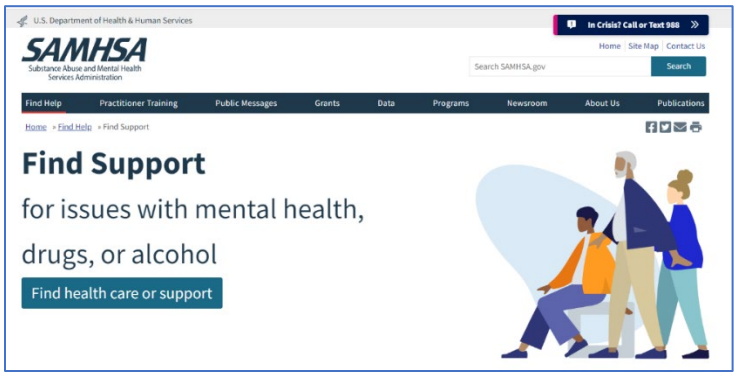

Figure 7: SAMHSA Find Support

- Telephone, text, or chat help;
- Information on how to help a loved one and how people whose family members have mental or substance use disorders can help themselves;
- Stories about recovery;
- An entry on the SAMHSA National Helpline through which one can obtain treatment referrals and information about mental health and drug or alcohol use disorders, prevention, and recovery; and,
- A link to the National Suicide & Crisis Lifeline, which can be reached by call or text at 988 and through online chat at 988lifeline.org.

Finally, NIAAA's Rethinking Drinking site helps individuals understand alcohol treatment options and search for nearby treatment, including telehealth services.

Employee Assistance Programs (EAPs) and/or health plans likely have agreements with a network of providers and may provide coverage for services from out-of-network providers subject to higher out-of-pocket costs for the employee. Employers adopting recovery-ready workplace policies should review the provider network lists available through their plans to ensure that they are accurate and provide for a comprehensive array of services. Sometimes, services covered under a plan are not accessible to employees who need them. To avoid this, it is important to ensure provider network adequacy by determining whether a sufficient number and range of covered providers are part of the network and are

taking new patients. Services need to not only be accessible, in principle, they need to be accessible in a timely manner.

Finding Recovery Support Services

While FindTreatment.gov does not include recovery support services providers, the SAMHSA Peer Recovery Center of Excellence has launched an RCO locator organized by the 10 geographic regions as defined by the United States Department of Health & Human Services. Some states provide directories as well. For example:

- Massachusetts Bureau of Substance Addiction Services – RCO listing
- New Hampshire Department of Health and Human Services – RSS listing and RCO map
- Missouri Department of Mental Health – RSS listing and map
- Recovery Idaho – RCO listing and maps.
- Recovery Partners of Vermont – RCO listing and map
- Ohio Department of Mental Health and Addiction Services – RCO listing and map
- Friends of Recovery New York – RCO Listing
- Texas Health and Human Services – RSS listing
- Wisconsin Department of Health Services – RCO listing and map

Finding Support Groups (Mutual Aid)

Today, there is a growing range of mutual aid options, although the number of options can be limited outside of urban areas. Increasingly, however, mutual aid groups offer virtual meetings. The Faces and Voices of Recovery Guide to

Recovery Groups provides a comprehensive listing that employees and employers can consult.

Appendix 6 – Comparison: Drug-Free Workplace Program & Recovery-Ready Workplace Policies

Appendix 6 – Comparison: Drug-Free Workplace Program & Recovery-Ready Workplace Policies

Drug-Free Workplace Program (DFWP) Requirements	Recovery-Ready Workplace (RRW) Suggestions
1. Prepare and distribute a formal drug-free workplace policy statement. This statement should clearly prohibit the manufacture, use, and distribution of controlled substances in the workplace and spell out the specific consequences of violating this policy.	1. Prepare a combined DFWP and RRW workplace policy statement emphasizing that SUD is a health condition and that it is the organization's goal to help employees with SUD achieve and sustain recovery so that they can fully contribute to the organization, their families and their communities. The statement should detail employee options for seeking information, resources, or help regarding possible SUD.

Drug-Free Workplace Program (DFWP) Requirements	Recovery-Ready Workplace (RRW) Suggestions
2. Establish a drug-free awareness program. The program should inform employees of the dangers of workplace substance use; review the requirements of the organization's drug-free workplace policy; and offer information about any counseling, rehabilitation, or Employee Assistance Plans (EAPs) that may be available.	2. Establish a combined DFWP and RRW awareness program providing information on substance use disorder, treatment, and recovery. The program could highlight: the workplace impacts of substance use, the requirements of the organization's DFWP, the opportunities created under the organization's RRW policies, and the resources available to employees, including EAP, health insurance coverage, peer recovery supports, affiliation groups, etc.

Drug-Free Workplace Program (DFWP) Requirements	Recovery-Ready Workplace (RRW) Suggestions
3. Ensure that all employees working on the federal contract understand their personal reporting obligations. Under the terms of the Drug-Free Workplace Act, an employee must notify the employer within five calendar days if she or he is convicted of a criminal drug violation in the workplace. (Federal government employees have similar reporting obligations.)	3. Ensure that all employees understand that acknowledging or seeking help for an alcohol or illicit drug use disorder is encouraged and will not lead to disciplinary action. Emphasize that, as per the combined DFWP/RRW policy statement, the organization's first choice when addressing employee substance use is to offer treatment or other needed services.
4. Notify the federal contracting agency of any covered violation. Under the terms of the Drug-Free Workplace Act, the employer has 10 days to report that a covered employee has been convicted of a criminal drug violation in the workplace.	4. In meeting this DFWP requirement, be sure to explain the actions being taken under the RRW program to respond to this instance and to substance use in the workforce more broadly.

Drug-Free Workplace Program (DFWP) Requirements	Recovery-Ready Workplace (RRW) Suggestions
5. Take direct action against an employee convicted of a workplace drug violation. This action may involve imposing a penalty or requiring that the employee participate in an appropriate rehabilitation or counseling program.	5. Emphasize in combined DFWP/RRW statement that the organization's first choice when addressing employee substance use is to offer treatment or other needed services. Note that, as a general matter, the employer does not believe it is appropriate to discipline employees for having or exhibiting the symptoms of a health condition.
6. Maintain an ongoing good faith effort to meet all the requirements of the Drug-Free Workplace Act throughout the life of the contract.	6. Continue efforts to prevent substance use in the workforce by reducing workplace risk factors; providing ongoing employee education on SUD, treatment, and recovery; making available services; and monitoring RRW policies and their implementation, making adjustments as need to improve outcomes.

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Appendix 7 – Sample Fair Chance Employment Policy

Appendix 7 - Sample Fair Chance Employment Policy

Protocol	New Candidate	Existing Employee
Fair chance offer: Candidate or employee is offered screening, assessment, and contingent or continued employment following a positive toxicology test or reasonable suspicion of substance misuse. This offer is contingent upon agreement by the candidate or employee to follow clinical recommendations and to abide by the terms of a contingent employment or return-to-work agreement.	Contingent offer of employment subject to: 1) screening and/or assessment by designated substance use professional or organization; 2) completion of indicated services (e.g., education, specialty SUD care, recovery support services, etc.) and 3) acceptance of contingent employment offer that *may* include requirements such as toxicology testing, participation in outpatient treatment, receipt of recovery support services, etc.	Continued employment subject to: 1) screening and/or assessment by designated substance use professional or organization; 2) completion of indicated services (e.g., education, specialty SUD care, recovery support services, etc.) and 3) follow through on return-to-work plan that *may* include requirements such as toxicology testing, participation in outpatient treatment, receipt of recovery support services, etc.

Protocol	New Candidate	Existing Employee
Employment or return-to-work recommendation (by assessing SUD professional following completion of recommended services)	Once the candidate has satisfactorily completed the recommendations of the designated substance use professional or agency, the candidate will be recommended as ready for employment by the provider and may be subject to an additional per-employment toxicology test.	Once the employee has satisfactorily completed the required steps and is recommended for return to duty by the designated substance use professional or agency, the employee will have a return-to-duty toxicology test and can resume work activities.
Contingent employment or return-to-work plan	Such a plan could include an agreement to receive clinically recommended outpatient services, receive recovery support services, and be subject to periodic or random drug testing beyond normal requirements for a specified period of time. The supervisor should be engaged as a partner and supporter in the effort.	Such a plan could include an agreement to receive clinically recommended outpatient services, receive recovery support services, and be subject to periodic or random drug testing beyond normal requirements for a specified period of time. The supervisor should be engaged as a partner and supporter in the effort.

Protocol	New Candidate	Existing Employee
Immediate contingent employment or continued employment with plan	In cases where the designated SUD professional or agency found that a candidate testing positive did not need/meet criteria for treatment, the employer can move to a contingent employment agreement immediately following screening and assessment. This could include a written agreement and periodic and/or random toxicology testing.	In cases where the designated SUD professional or agency found that an employee testing positive did not need/meet criteria for treatment, the employer can move to a contingent employment agreement immediately following screening and assessment. This could include a written agreement and periodic and/or random toxicology testing.
Employment/return-to-work toxicology test	Once the candidate has been reported as being ready for work by the designated SUD professional or agency, the candidate must undergo and pass a new pre-employment toxicology test.	Once the employee has satisfactorily completed the required steps and is recommended for return to duty by designated SUD professional or agency, the employee must undergo and pass a return-to-work toxicology test.

Protocol	New Candidate	Existing Employee
Follow-up Testing (When recommended by SUD professional)	Depending upon the recommendation of the substance use professional, the individual may be required to undergo periodic, unannounced drug testing for a specified period of time ("follow-up" testing) to support them in the avoiding substance misuse.	Depending upon the recommendation of the substance use professional, the individual may be required to undergo periodic, unannounced drug testing for a specified period of time ("follow-up" testing) to support them in avoiding substance misuse.

Protocol	New Candidate	Existing Employee
Disciplinary action	Not applicable	RRW employers do not discipline employees for having a health condition (SUD). Nonetheless, employees who happen to have SUD remain accountable for their actions or, in certain circumstances, for a failure to act. Accordingly, there may be circumstances where disciplinary action is warranted. For example, if an employee's actions or inaction while intoxicated result in financial or reputational harm to the employer, discipline may be warranted—especially when the employee in question was given prior notice about substance use and/or was participating in a return-to-work or continued work agreement/plan. In workplaces where employees are represented, of course, disciplinary actions must comport with applicable collective bargaining agreements.[k]

[k] Adapted from Indiana Substance Use Treatment Law HEA 1007 Employer Guidelines. Note that this table provides a broad template for developing policies. Employers will need to take into account the legal and regulatory requirements specific to their industry and the jurisdictions in which they operate and other factors in developing fair chance policies.

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Appendix 8 – Medications for Alcohol and Opioid Use Disorder

Medications for Alcohol Use Disorder

- **Disulfiram** – When taken in combination with alcohol, causes a significant physical reaction, involving nausea/vomiting, flushing, and heart palpitations. The knowledge that such reactions are likely if alcohol is consumed acts as a deterrent to drinking.
- **Naltrexone** – Blocks opioid receptors that are involved in the rewarding effects of drinking and craving for alcohol. Available as a daily tablet and as an extended-release injection given every four weeks.
- **Acamprosate** – Thought to promote abstinence from alcohol through actions on specific neurotransmitters.

To learn more about medications for the treatment of AUD, see the Treatment of Alcohol Use Disorder Patient Page from the Journal of the American Medical Association or, for more detailed information, see Substance Abuse and Mental Health Services Administration's (SAMHSA's) Medication for Alcohol Use Disorder: A Brief Guide.

Medications for Opioid Use Disorder

- **Methadone** - A long-acting opioid agonist that reduces opioid craving and withdrawal and blunts or blocks the effects of opioids. In the United States, it can only be provided through a licensed, registered, and accredited opioid treatment program. (Methadose®, and generics).

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[l] While less favored than medications for opioid used disorder (MOUD), the term medication-assisted treatment (MAT) is still commonly used. MOUD and MAT are not synonymous. The latter refers to MOUD in combination with psychosocial or behavioral services, such as counseling. The term MAT can be understood to suggest that medications are an adjunct to treatment and not a treatment themselves. This is inaccurate. MOUD alone are more effective for the treatment of OUD than counseling and other behavioral services without medication. Therefore, the initiation or continuation of MOUD should never be contingent the availability of counseling or

- **Buprenorphine –** A partial opioid agonist that reduces opioid craving and withdrawal and blunts or blocks the effects of opioids, but can induce withdrawal symptoms when taken by a person with high levels of opioid tolerance. (Suboxone® (Sublingual film), Subutex® (Sublingual tablets, Sublocade™ (Extended-release injection), Zubsolv (sublingual tablets), Belbuca (Buccal film), Brixadi (Extended-release injection), Butrans (Extended release transdermal film), and generics.
- **Extended-Release Naltrexone -** Blocks the euphoric and sedative effects of opioids such as heroin, morphine, and codeine. Naltrexone binds and blocks opioid receptors, and reduces and suppresses opioid cravings. (Vivitrol® and generics).[m]

Treatment with an agonist medication, such as buprenorphine or methadone, is associated with an estimated 50 percent reduction in deaths among people with OUD.

Compared to opioid use disorder (OUD) treatment that does not include medications, treatment that includes them is associated with greater treatment retention and reduced rates of illicit drug use,[31] SUD-related hospitalization, and overdose and related injury and death. In fact, treatment with agonist or partial agonist medications, such as methadone or buprenorphine, is associated with an estimated 50 percent reduction in deaths among people with OUD.[32,33,34,35,36,37] As the gold standard of care, MOUD should be the first-line treatment. Unfortunately, due to stigma, misunderstanding, and capacity limitations, more than three-quarters of Americans with OUD do not receive any

other services. It should be noted, however, that under federal law, when used for the treatment of OUD, methadone can only be administered through a licensed and accredited opioid treatment program, and these offer counseling services.

[m] To reduce the risk of opioid withdrawal symptoms, this medication should not be used unless the individual's last use of opioids was at least seven to 14 days earlier.

FDA-approved medications to treat their condition. In 2021, for example, only 22 percent of those with opioid use disorder received MOUD.[38] The infographic below provides information on FDA-approved medications for reversing opioid overdose, managing withdrawal symptoms, and treating OUD.

Figure 8 - NIDA Infographic: Medications for Opioid Overdose, Withdrawal & Addiction

Myths About Medications for Opioid Use Disorder

Myths and misperceptions about medications for opioid use disorder (MOUD) are common and likely have discouraged many from accessing this lifesaving treatment. One myth is that MOUD simply replaces one addiction for another or one drug for another. In fact, FDA-approved medications help individuals with OUD pursue a life in recovery. MOUD relieve cravings and, most importantly,

help prevent overdose and death. Medications also help people remain engaged in treatment. Compared to treatment without medications, OUD care that includes MOUD is associated with improved treatment retention, reduced illicit drug use, lower rates of criminal justice system involvement, and lower rates of overdose death and suicide.[39,40,41,42,43,44,45,46,47] Despite the clear medical and scientific evidence, stigma, myths, and misunderstanding continue to cloud the perception of this lifesaving treatment and may prevent its uptake.[48,49,50] Even among primary care doctors and SUD treatment professionals, MOUD can be highly stigmatized.[51,52] Moreover, negative attitudes about patients with SUD are prevalent among health professionals and result in reduced patient empowerment and poorer outcomes.[53]

Another common myth is that "true" or "full" recovery cannot include MOUD. This harmful myth can lead people to avoid taking MOUD or to discontinue its use as soon as possible, both of which place individuals at high risk of returning to use and potentially experiencing a fatal overdose. There is no scientific evidence to support the contention that recovery involving MOUD is inferior to recovery that does not involve medications. However, there is ample research showing that MOUD is safe and effective, and that discontinuation of medication is associated with greater risk of a return to use and overdose. Medications make it possible for people with OUD to focus on the work of recovery, they do not impede or limit recovery.

Medications make it possible for people with OUD to focus on the work of recovery, they do not impede or limit recovery.

To learn more about MOUD, see this National Institute on Drug Abuse (NIDA) MOUD infographic and this NIDA video. For more detailed information see

Appendix 8 – Medications for Alcohol and Opioid Use Disorder

SAMHSA Treatment Improvement Protocol (TIP) 63 – Medications for Opioid Use Disorder: For Healthcare and Addiction Professionals, Policymakers, Patients, and Families.

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Appendix 9 – Understanding and Addressing Stigma

Background

Stigma serves to distance, dehumanize, and exclude people who are believed to belong to an undesirable group. It encourages people to look past the whole person and, instead to judge individuals based on their perceived membership in such a group

Stigma serves to distance, dehumanize, and exclude people who are believed to belong to an undesirable group. When people are perceived to belong to a stigmatized group, a negative label can be applied to them. This stigmatizing label is based on a perceived or actual characteristic of the person. For example, individuals believed to have substance use disorder (SUD) can be labeled as "addicts," "alcoholics," or "users," and those with a history of criminal justice system involvement may be labeled "criminals," "felons," "convicts," or "ex-cons."[54] Even the terms "recovering addict" or "recovering alcoholic" bring with them a range of negative associations, as do terms such as "ex-felon." Stigma encourages people to look past the whole person and instead to judge individuals based on their perceived membership in an undesirable group. People with SUD may be perceived as dangerous, unpredictable, worthless, poorly motivated, unable or unwilling to meet primary role responsibilities, unemployable, solely responsible for their condition, unable to gain control of lives, and lacking in character or morally deficient.[55] Negative traits and stereotypes such as these are ascribed to perceived members of stigmatized groups, regardless of whether the individuals in question have those characteristics.[56]

The stigma associated with SUD is more severe than that associated with mental illness or other disabilities[57,58]—likely, in part, because of the perception that people with SUD chose to use substances or "did it to themselves." One service provider participating in a study reinforced this idea, stating that people with SUD are engaged in "ruining themselves and others."[59] A survey of people who had lost a loved one to a drug-related death found that nearly half of respondents experienced derogatory remarks about their loss, including "dehumanizing labeling, unspoken and implicit stigma, blaming of the deceased and that death was the only and the best outcome."[60] When SUD involves illegal use of drugs, the stigma of criminality is also overlaid—even when the individual in question does not have a criminal record.

When SUD involves illegal use of drugs, the stigma of criminality is also overlaid—even when the individual in question does not have a criminal record.

Fortunately, the facts show these negative stereotypes to be untrue. For example, SUD treatment outcomes and treatment adherence rates are similar to those for other chronic conditions, such as diabetes, hypertension, and asthma.[61,62] Like other chronic disorders, SUD requires a long-term commitment to treatment and recovery.[63,64] However, after approximately five years in remission, the risk of meeting diagnostic criteria for an SUD falls to 15 percent, which is the rate in the general population.[65]

Types of Stigma

As explained on the Recovery-Ready Resource Hub, there are three key forms of stigma:

1. **Social Stigma:** Based on misunderstanding, partial truths, and generalizations, social stigma assigns an undesirable label, or social identity, to members of a group. For example, people with or in recovery from SUD may be labeled as "addicts" and "alcoholics" and perceived as untrustworthy, deceitful, dangerous, or lacking in willpower or character. Similarly, people taking medications for the treatment of opioid use disorder (OUD) can be stigmatized through common misperceptions, including that taking medications is replacing one addiction for another, that their medication is simply a crutch, or that "true recovery" can only take place without medications.
2. **Structural Stigma:** Structural stigma is a natural and predictable outcome of social stigma. It emerges as punitive or discriminatory laws, policies, and practices that negatively affect the stigmatized group. For example, when groups are perceived to have a negative or criminal trait and to be to blame for it, punishment and social exclusion are natural policy responses.
3. **Self-Stigma:** Self-stigma occurs when members of a stigmatized group come to believe negative stereotypes about themselves. Among people with SUD this can lead to feelings of shame, fear of asking for help, and hopelessness. This hopelessness can be seen in the "why try effect," the belief that there is no point in seeking help because one is fundamentally flawed or because the barriers to recovery seem too great to overcome.[66]

Stigma Reduction Strategies

Two types of stigma reduction strategies have been found to be effective:

1. **Education and information strategies** that help employees understand the nature and prevalence of SUD, treatment options and outcomes, recovery support services, mutual aid, and the recovery process as well as the pervasive nature of stigma and its impacts, the role language can play in perpetuating stigma, and steps one can take to help reduce stigma in the workplace.

2. **Exposure to people with lived experience of SUD and recovery** can be especially powerful. Colleagues or others in recovery (e.g., staff or volunteers from a local RCO) can demonstrate that SUD affects people from all walks of life, including their colleagues and neighbors, and that recovery is possible. This can help dispel shame and misunderstanding, making the workplace more welcoming for all.

Employees who are openly in recovery and who share their stories can be among the most powerful stigma reduction messengers. Additionally, employees with family members in recovery and those who have tragically lost a loved one to substance use can also be powerful messengers and champions for positive change.[n]

Language and Stigma

Stigmatizing language can worsen and perpetuate stigma, creating a barrier to effective RRW implementation. Replacement of stigmatizing language about substance misuse, SUD, and recovery with neutral, science-based, and person-first terminology helps prepare the ground for successful RRW policy implementation. Referring to individuals with alcohol or other drug use disorder as "alcoholics" and "addicts" is akin to describing individuals with asthma, high

[n] The Americans with Disabilities Act (ADA) restricts employers' ability to ask current or prospective employees about their disability status, including whether they are in recovery from SUD. Employers wishing to identify employees in recovery interested in helping address stigma, educate colleagues, and/or serve as a mentor to other employees in treatment or recovery can put out a general call to see if there are current employees in recovery who are interested and are willing to self-identify. As an alternative, or as a complement to such efforts, employers can engage local recovery advocates from RCOs or similar organizations as partners or contractors in conducting such activities.

blood pressure, or diabetes as "asthmatics," "hypertensives," or "diabetics." Such labels identify the person with a condition they have, pushing their humanity to the background. Terms such as "abuse"—as in "substance abuse"—or "clean" and "dirty" in reference to a negative or positive toxicology test evoke morality, not medicine or science. Research has repeatedly shown that the language we use in relation to people with or in recovery from SUD affects people's perceptions and judgments. Stigmatizing language evokes negative perceptions and judgments about people with or in recovery from SUD, increasing the likelihood that individuals will blame people with SUD for their condition, support punitive policies, and be less likely to support increased availability of treatment.[67,68] Neutral, science-based, and person-first language should be used when speaking about SUD, treatment, recovery, and related topics.

Resources

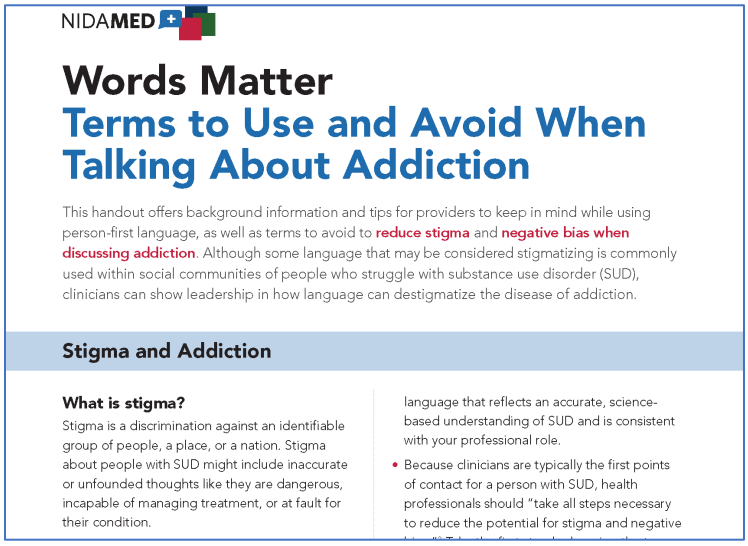
Resources for employers, unions, associations, or other organizations seeking to eliminate stigmatizing language include:

- Words Matter: Preferred Language for Talking About Addiction, from NIDA;
- The real stigma of substance use disorders, a post on the Recovery Research Institute website that summarizes the findings from an important study on how the terms chosen to designate people with SUD affect perceptions and judgments;
- The Addiction-ary, an extensive listing of both neutral, science-based language and stigmatizing terms;
- Overcoming Stigma Through Language: A Primer, from the Canadian Centre on Substance Use and Addiction;

- Lessons Learned: What is Person-First Language? from SAFE Project, Inc.;
- Words Matter and Words Matter Pledge, from the Grayken Center for Addiction at Boston Medical Center;
- Language Matters, a video from the Addiction Policy Forum;
- The Shatterproof Addiction Language Guide;
- Stigma of Substance Use Disorder Recovery in the Workplace, from the National Drug-Free Workplace Alliance;
- Confronting Inadvertent Stigma & Pejorative Language in Addiction Scholarship, a brief discussion of a scholarly article on the need to address language in addiction scholarship;
- Memorandum to Heads of Executive Departments and Agencies, 2017, Office of National Drug Control Policy; and,
- Changing the Language of Addiction. *JAMA*. Oct. 4 2016.

Additional resources for addressing stigma, including the following, can be found at the Recovery-Ready Resource Hub. The National Institute for Occupational Safety and Health's (NIOSH's) Workplace Supported Recovery Program also has information on addressing stigma in the workplace.

Figure 9 - NIDAMED Words Matter Image & Link



NIDAMED

Words Matter

Terms to Use and Avoid When Talking About Addiction

This handout offers background information and tips for providers to keep in mind while using person-first language, as well as terms to avoid to **reduce stigma** and **negative bias when discussing addiction**. Although some language that may be considered stigmatizing is commonly used within social communities of people who struggle with substance use disorder (SUD), clinicians can show leadership in how language can destigmatize the disease of addiction.

Stigma and Addiction

What is stigma?

Stigma is a discrimination against an identifiable group of people, a place, or a nation. Stigma about people with SUD might include inaccurate or unfounded thoughts like they are dangerous, incapable of managing treatment, or at fault for their condition.

language that reflects an accurate, science-based understanding of SUD and is consistent with your professional role.

- Because clinicians are typically the first points of contact for a person with SUD, health professionals should "take all steps necessary to reduce the potential for stigma and negative

More information can be found under Addressing Stigma on the Recovery-Ready Workplace Resource Hub. SAFE Project, a non-profit, has a "No Shame" campaign that employers can join by affirming the following:

- "I understand that addiction is a disease, and I pledge to eliminate the stigma for individuals experiencing it.
- I commit to learning more about the disease of addiction, the mental health challenges that contribute to it, and to changing the conversation surrounding it.
- I will encourage individuals to seek the help and treatment needed to address addiction and mental health challenges by providing a shame-free environment.
- For individuals in recovery, I pledge to support them through their lifelong journey to a self-directed, safe, productive, and successful life."[69]

SAFE Project has also created a media toolkit for employers interested in joining this effort. Additionally, its SAFE Workplaces initiative makes available a range of

resources to help employers better address SUD and mental health conditions in the workforce.

Celebrating Recovery and Remembering Those Lost to Overdose

By participating in or sponsoring Recovery Month events, RRWs can raise awareness of recovery and of the proactive role the employer is taking to be part of the solution. Additionally, remembering those lost to overdose can help fuel a commitment to reducing substance misuse, preventing overdose, and ensuring those confronting addiction have access to the services and supports they need to find and sustain recovery.

Celebrating Recovery

Each September the President recognizes National Recovery Month by issuing a proclamation. The Substance Abuse and Mental Health Services Administration (SAMHSA) develops and releases a Recovery Month Toolkit to help in organizing celebrations. In addition, many governors and local elected officials issue Recovery Month proclamations. Employers, unions, employee groups and others can organize and publicize their own Recovery Month events or can participate in local events, such as walks and rallies. Launched by SAMHSA in 1989, Recovery Month has gained an international foothold, and is now spearheaded by a national coalition coordinated by Faces and Voices of Recovery.

Figure 10 - Recovery Month

By celebrating Recovery Month employers, unions, and/or employees can increase awareness of recovery, reduce stigma, and build and strengthen communities of people in recovery and their allies.

Figure 11 - International Recovery Day Logo & Link

Recovery Month now closes with International Recovery Day, a virtual global celebration through which public and private monuments and buildings are illuminated purple and people from around the world can celebrate online with virtual fireworks displays.

Remembering Those Taken Away

Figure 12 - International Overdose Awareness Day Logo & Link

Remembering those lost to overdose can serve a healing purpose for employees who have lost loved ones, friends or colleagues to overdose and can serve as a

reminder of the importance of preventing SUD, ensuring access to treatment, and supporting colleagues who are in recovery. The annual commemoration of International Overdose Awareness Day each August 31st, on the cusp of Recovery Month, can serve this function. The Centers for Disease Control and Prevention (CDC) makes available an International Overdose Awareness Day Partner Toolkit.

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Appendix 10 – Naloxone in the Workplace

State Good Samaritan and Naloxone Access Laws

When considering policies around naloxone access and administration in the workplace, employers need to be mindful of relevant state laws. In July 2017, all 50 states and the District of Columbia had laws to improve access to naloxone among non-health professionals.[70] As of December 31, 2022, 46 states and the District of Columbia had Good Samaritan laws that protect people from criminal liability for the possession of small amounts of drugs or paraphernalia if they call emergency services to respond to an apparent drug overdose. Somewhat less than half of state Good Samaritan laws (24) also protected individuals from violations of community supervision in such situations, while all but two provided protections from civil liability. A majority (39 states and the District of Columbia) offered protection from criminal liability associated with naloxone administration in response to an apparent overdose. As of 2020, three states (Minnesota, Rhode Island, and Vermont) had gone beyond protecting those who attempt to offer lifesaving help, adopting so-called "Bad Samaritan" laws,[71] which require citizens to offer assistance to individuals in an emergency.

Good Samaritan laws vary significantly from state to state. Employers should consult applicable state laws to fully understand what protections are offered.[o] The graphic below depicts the status of state Good Samaritan and naloxone access laws as of December 31, 2022.

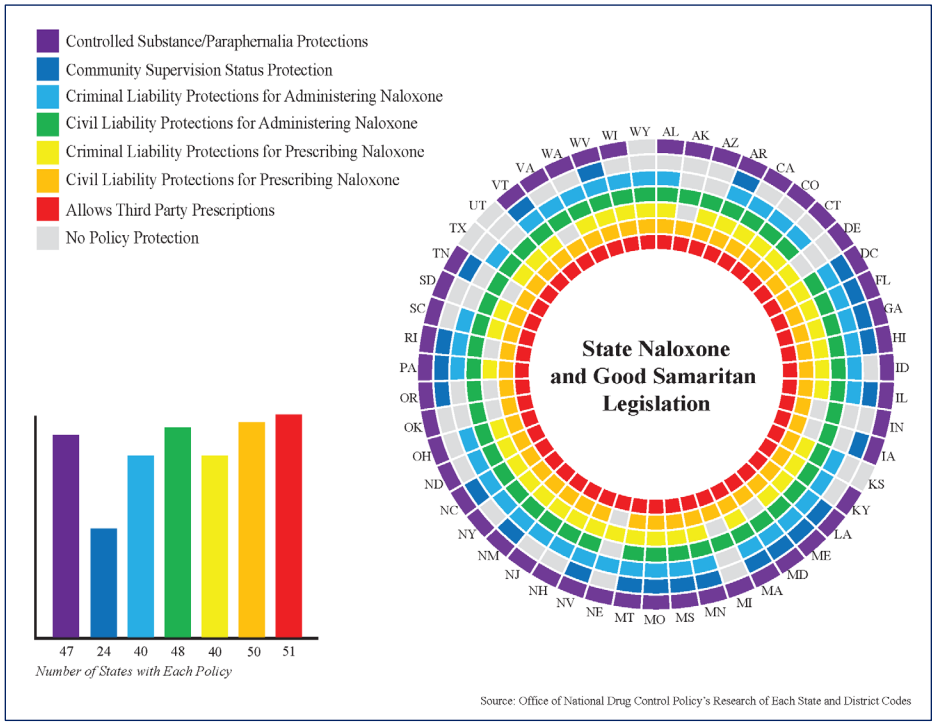

Figure 13 - ONDCP Charts - State Naloxone Access and Good Samaritan Laws

Source: Office of National Drug Control Policy, Office of Translational Research, 2023. Data current as of December 2022.

[o] Some states' Good Samaritan Laws exclude people currently under court or criminal justice system supervision from these protections. Employers should ensure that managers and staff understand any exclusions to Good Samaritan protections in applicable state laws.

Resources

For overviews of relevant state laws that were current as of late 2022, see:

- Good Samaritan Fatal Overdose Prevention and Drug Induced Homicide: Summary of State Laws (December 2022); and,
- Naloxone Access: Summary of State Laws (January 2023), an overview of state Good Samaritan laws completed in 2021.

Although somewhat less current, Drug Misuse: Most States Have Good Samaritan Laws and Research Indicates They May Have Positive Effects, a May 2021 report from the Government Accountability Office, may also be helpful.

Guidance on developing a comprehensive naloxone program for in workplaces is available from NIOSH. Broader guidance is available through NIOSH's Opioids in the Workplace webpage, including resources for employers and employees. Additionally, the National Safety Council's (NSC) Opioids at Work Employer Toolkit includes guidance for employers. CPR training can be obtained for employees through the Red Cross, the NSC, and a number of other organizations.

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Appendix 11 – Sample Recovery-Ready Workplace Training Topics

Introduction

Below is a list of sample recovery-ready workplace training topics with descriptions and relevant information and resources. The list is not comprehensive and the listings do not provide enough information to design a training module. Businesses seeking to deliver such training may not have personnel on board who are qualified to deliver such content. When that is the case, they can look to an RRW initiative for support in this effort or can engage appropriate experts to provide needed training.

List

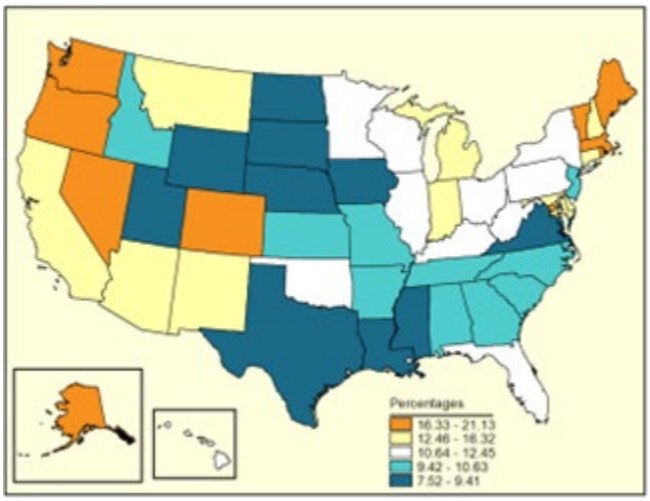

Figure 14 - Past-Month Illicit Drug Use by State, 2018 & 2019

Source: Substance Abuse and Mental Health Services Administration

Percent of Individuals Aged 12 or Older Reporting Past Month Illicit Drug Use by State (Combined 2018 & 2019 Data).

Substance Use Prevalence: A review of the types of the psychoactive substances most commonly used by employees or in the communities in which workers

reside can help inform efforts to become an RRW. Absent substance use surveys in an organization's workplaces, the best estimate may come from the National Survey on Drug Use and Health (NSDUH). To provide state-level prevalence estimates, Substance Abuse and Mental Health Services Administration (SAMHSA) combines two years of NSDUH survey data in order to have a sufficient sample size. To create estimates for smaller substate areas, it combines three years of data. At the time the toolkit was released, the most recent state-level data combined 2018 and 2019, while the most recent substate estimates combined data from 2016, 2017, and 2018. The 2021 national report (published in 2022) is available and detailed tables are available. A 2015 SAMHSA report on rates of substance use and SUD by industry.

Overview of SUD as a Health Condition: It should be noted that people with SUD are not part of a homogeneous group, that SUDs can range from mild to moderate to severe, and that the commonly used term "addiction" only applies to those with severe SUDs. The information from Appendix 5 can help with this topic. Other useful resources include:

- Centers for Disease Control and Prevention's (CDC's) Substance Use Disorders (SUDs) page, which includes a quiz, videos, and other materials;
- The American Psychiatric Association's What Is a Substance Use Disorder? provides information on SUD, its treatment, how to get help for a friend or family member, and more and includes a video;
- The National Institute on Mental Health's Co-Occurring Substance Use and Mental Health Disorders page;
- The Rural Health Information Hub's Defining Substance Abuse and Substance Use Disorders page. (Note: We recommend not using the term

"substance abuse." In this case, the term designates any substance use patterns that do not meet at least two of the 11 DSM 5 SUD diagnostic criteria.);

- The Partnership to End Addiction's page on how to identify SUD; and,
- The Addiction Policy Forum's Types of Substance Use Disorder and Navigating Addiction Treatment: A Guide for Families.

Overview of Treatment: This session can provide an overview of the different levels of care, medications for alcohol use disorder and opioid use disorder, office-based treatment, and opioid treatment programs. The session could also distinguish treatment, recovery support services, such as recovery coaching or peer mentoring, and mutual aid, such as Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery, or Women for Sobriety. The trainer should explain that severe substance use disorder (SUD) represents a chronic health condition like diabetes, asthma, and hypertension and that outcomes are similar to those for the treatment of other chronic conditions.

Overview of Recovery: This training would explain that recovery is a process and not an event, that is characterized by what it brings (e.g., quality of life, sense of self-efficacy and community) and not by abstinence or remission, which refer to a lack of symptoms. It would also share available information on the prevalence of recovery and the many recovery pathways people follow, including faith-based, secular, and culturally-specific pathways. It can also introduce the topic of

recovery capital[p] and include a discussion of ways people can build recovery capital in the workplace. Other helpful resources include:

- SAMHSA's 2010 Working Definition of Recovery, which identifies four dimensions and 10 principles of recovery.
- The Massachusetts General Hospital-Harvard Recovery Research Institute's Recovery 101 page, which provides a comprehensive array of relevant resources, including "Fast Facts," the 10 most scientifically supported facts on recovery, information on recovery pathways and on recovery and the brain. The site also includes a range of other materials, including a guide for family members, information on indicators of quality treatment, and more.

Training Supervisors to Effectively Address Substance Use: As noted earlier in the toolkit, research suggests that employees will talk to a manager about alcohol and other drug problems if the manager directly stated that employees could share about these issues with them and further indicates that employees who have SUD or are in recovery are more likely to share their status to their direct manager than to anyone else in their organization.[72] This underscores the importance of training for managers and supervisors on addressing SUD in the workforce and on strategies for building trust with supervisees. Managers and supervisors should be trained on the Americans with Disabilities Act (ADA) and the Rehabilitation Act, as these laws require that reasonable accommodations be offered to employees with a disability and because, with very limited exceptions, they prohibit employers from requiring employees to disclose any medical

[p] For a simple overview of recovery capital, see Recovery Capital: Its Role in Sustaining Recovery.

information. In addition to the training all employees receive, managers and supervisors should receive training to help them communicate about SUD, assist employees with SUD in accessing treatment and other benefits, and effectively manage the return to work when leave is required for treatment. [73]

Resources from the National Safety Council (NSC) that could support training of supervisors include:

- Training and Supporting Supervisors in Addressing Substance Use;
- Drugs at Work: What Employers Need to Know; and,
- Implications of Opioid Use Disorders for Employers.

Overview of Organizational Substance Use Policies & Resources: This includes policies that govern hiring of individuals who have SUD or are in recovery as well as those pertaining to substance use, return-to-work, and medical or disability leave policies; any legal or regulatory requirements, such as a Drug-Free Workplace Program (DFWP) or Department of Transportation regulations; available benefits, such as an employee assistance program (EAP) and/or member assistance program (MAP), health insurance, and wellness programs; resources available through partner organizations, such as SUD treatment providers, recovery community organizations (RCOs), or recovery residences; and other onsite resources, such as peer recovery support, mutual aid meetings, or recovery-focused employee resources groups.

Overdose Prevention and Reversal: Training to recognize likely opioid overdoses and on how to administer naloxone can save lives and equip employees to help someone in need—provided the employees have ready access to and/or carry

naloxone. An individual saved may be a coworker or another community member. This training could be combined with or complemented by cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) training, which will equip employees to respond to cardiac arrest—whether associated with overdose or due to another cause.[q]

See The National Institute on Occupational Safety and Health (NIOSH) guidance for information on making naloxone available in the workplace and for broader guidance on opioids for employers and employees.

[q] OSHA recommends, but does not require, that every workplace include one or more employees who are trained and certified in first aid, including CPR.

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Appendix 12 – Sample Employee Survey Topics

Introduction

The list of potential employee survey topics below is offered for consideration. It is neither comprehensive nor authoritative. Rather, it offers a starting point. Businesses that do not have staff who can develop and administer surveys may wish to consult with a recovery-friendly workplace initiative or with outside consultants.

List

- Employee understanding of the organization's substance use policies and benefits;
- Awareness of the organization's recovery-ready workplace (RRW) declaration and what it entails and signifies;
- Comfort in sharing what the organization's RRW declaration means with external parties, such as customers, family and friends, and representatives of other organizations;
- Knowledge of how to access help for a substance use disorder (SUD);
- Willingness to seek help for an SUD;
- Understanding of SUD and recovery and perception of colleagues with or in recovery from SUD;
- Understanding of how stigma impacts people with SUD and the organization;
- Understanding of how choice of language and framing of discussion around SUD and recovery affects perceptions and judgments and about people with SUD and recovery from it by perpetuating stigma;
- Perception of whether SUD and recovery can be discussed openly in the workplace;

- Knowledge of and relationships with employees who are in recovery;
- Degree of trust in one's colleagues, supervisors, and the organization;
- Recommendations for better fulfilling the organization's mission as an RRW; and,
- Knowledge of how to recognize a potential opioid overdose, where to access naloxone, and how to administer it in response to a potential overdose.

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Appendix 13 – Recovery-Ready Workplace Interagency Workgroup Members

Appendix 13 - Recovery-Ready Workplace Interagency Workgroup Members

The United States Federal Executive Branch departments and independent agencies listed below participated in the interagency workgroup through which the RRW toolkit was developed:

AmeriCorps – AmeriCorps is an independent government agency that works to make service to others an indispensable part of the American experience by focusing on education, economic opportunity, disaster services, environmental stewardship, health futures, and veterans and military families.[74]

Appalachian Regional Commission (ARC) – ARC strives to innovate, partner, and invest to build community capacity and strengthen economic growth in Appalachia to help the Region achieve socioeconomic parity with the Nation.

Department of Commerce (DOC) – DOC works to drive United States economic competitiveness, strengthen domestic industry, and spur the growth of quality jobs in all communities across the country.

Economic Development Administration (EDA) – EDA leads the federal economic development agenda by promoting innovation and competitiveness, and by preparing American regions for growth and success in the worldwide economy.

Office of Policy and Strategic Planning (OPSP) – OPSP develops strategic policy priorities and provides policy counsel to the leadership of the Department of Commerce.

Department of Defense (DoD) –DoD is America's largest government agency. Its mission is to provide the military forces needed to deter war and ensure our Nation's security.

Office of the Assistant Secretary of Defense for Health Affairs (OASD/HA) - The OASD (HA) leads DoD health and force health protection policies, programs, and activities including the Integrated Disability Evaluation System. It is responsible for the execution of the DoD medical mission.

Department of Health and Human Services (HHS) – HHS's mission is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

Centers for Disease Control and Prevention (CDC) – CDC is the Nation's leading science-based, data-driven, service organization that protects the public's health.

National Institute for Occupational Safety and Health (NIOSH) – NIOSH works to develop new knowledge in the field of occupational safety and health and to transfer that knowledge into practice.

Food and Drug Administration (FDA) – FDA is responsible for protecting and promoting public health through the supervision of food safety, tobacco products, caffeine products, dietary supplements, prescriptions and over-the-counter pharmaceutical drugs, vaccines, medical devices, cosmetics, and animal food and feed products.

National Institutes of Health (NIH) – NIH works to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. NIH components that supported the development of this toolkit are listed below:

National Institute on Alcohol Abuse and Alcoholism (NIAAA) – NIAAA supports and conducts research on the impact of alcohol use on human health and well-being.

National Institute on Drug Abuse (NIDA) –NIDA's mission is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health.

National Institute of Environmental Health Sciences (NIEHS) – NIEHS aims to reduce the burden of human illness and disability by understanding how the environment is related to the development and progression of human disease.

Office of the Assistant Secretary for Planning and Evaluation (ASPE) – ASPE is the principal advisor to the HHS Secretary on policy development, and is responsible for major activities in policy coordination, legislation development, strategic planning, policy research, evaluation, and economic analysis.

Substance Abuse and Mental Health Services Administration (SAMHSA) – SAMHSA leads public health efforts to advance the behavioral health of the Nation and to improve the lives of individuals living with mental and substance use disorders, and their families.

Department of Housing and Urban Development (HUD) – HUD is the federal agency responsible for national policy and programs that address America's housing needs, that improve and develop the Nation's communities, and enforce fair housing laws.

Community Planning and Development (CPD) – CPD seeks to develop viable communities by promoting integrated approaches that provide decent housing, a suitable living environment, and expand economic opportunities for low- and moderate-income persons.

Office of Public and Indian Housing (PIH) – PIH aims to ensure safe, decent, and affordable housing; create opportunities for residents' self-sufficiency and economic independence; and assure fiscal integrity by all program participants.

Department of Justice (DOJ) – The mission of DOJ is to uphold the rule of law, to keep our country safe, and to protect civil rights.

Office of Justice Programs (OJP) – OJP provides leadership, grants, training, technical assistance and other resources to improve the Nation’s capacity to prevent and reduce crime, assist victims of crime, and strengthen the criminal and juvenile justice systems.

Department of Labor (DOL) – DOL administers federal labor laws to guarantee workers' rights to fair, safe, and healthy working conditions.

Employee Benefits Security Administration (EBSA) – EBSA is committed to educating and assisting the nearly 152 million workers, retirees and their

families covered by approximately 747,000 private retirement plans, 2.5 million health plans, and 673,000 other welfare benefit plans holding approximately $11.7 trillion in assets; as well as plan sponsors and members of the employee benefits community.

Employment and Training Administration (ETA) – ETA contributes to the more efficient functioning of the United States labor market by providing high-quality job training, employment, labor market information, and income maintenance services primarily through state and local workforce development systems.

Occupational Safety and Health Administration (OSHA) – OSHA ensures safe and healthful working conditions for workers by setting and enforcing standards and by providing training, outreach, education and assistance.

Office of Disability Employment Programs (ODEP) – ODEP is the only non-regulatory federal agency that promotes policies and coordinates with employers and all levels of government to increase workplace success for people with disabilities.

Office of Federal Contract Compliance Programs (OFCCP) – OFCCP is responsible for ensuring that employers doing business with the Federal Government comply with the laws and regulations requiring equal employment opportunity.

Women's Bureau (WB) – WB champions policies and standards that safeguard the interests of working women, advocates for the equality and economic

security of women and their families, and promotes quality work environments.

Equal Employment Opportunity Commission (EEOC) – EEOC is responsible for enforcing federal laws that make it illegal to discriminate against a job applicant or an employee because of the person's race, color, religion, sex (including pregnancy and related conditions, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information. Most employers with at least 15 employees are covered by EEOC laws (20 employees in age discrimination cases). Most labor unions and employment agencies are also covered. The laws apply to all types of work situations, including hiring, firing, promotions, harassment, training, wages, and benefits.

Executive Office of the President (EOP) – Created in 1939 by President Franklin D. Roosevelt, the EOP provides the President with the support that he or she needs to govern effectively. The EOP has responsibility for tasks ranging from communicating the President's message to the American people to promoting our trade interests abroad.

Domestic Policy Council (DPC) – DPC drives the development and implementation of the President's domestic policy agenda in the White House and across the Federal Government, ensuring that domestic policy decisions and programs are consistent with the President's stated goals and are carried out for the American people.

Office of Management and Budget (OMB) – OMB assists the President in meeting policy, budget, management, and regulatory objectives.

Office of National Drug Control Policy (ONDCP) – ONDCP develops and leads the implementation of drug policy across the Federal Government and ensures that sufficient resources are budgeted to permit execution of the President's National Drug Control Strategy, which guides federal drug policy.

Office of Public Engagement (OPE) – OPE works at the local, state, and national levels to ensure community leaders, diverse perspectives, and new voices all have the opportunity to inform the work of the President.

Office of Personnel Management (OPM) – OPM serves as the chief human resources agency and personnel policy manager for the Federal Government. OPM is responsible for human capital management, benefits, and vetting.[75]

Department of Transportation (DOT) – DOT is responsible for planning and coordinating federal transportation projects. DOT also sets safety regulations for all major modes of transportation.

Office of Drug and Alcohol Policy and Compliance (ODAPC) – ODAPC publishes regulations and provides official interpretations on drug and alcohol testing, including how to conduct tests, and the evaluation and treatment procedures necessary for returning transportation sector employees to duty after testing violations.

Department of Veterans Affairs (VA) – VA's mission is to provide health, education, disability, funerary, and financial benefits earned by Veterans of the United States Armed Forces.

Veterans Health Administration (VHA) – VHA implements the VA healthcare program through the administration and operation of numerous VA Medical Centers.

United States Interagency Council on Homelessness (USICH) – USICH works across federal, state, and local governments, as well as the private sector, to help communities create partnerships, use resources in the most efficient and effective ways, and employ evidence-based best practices.

United States Department of Agriculture (USDA) – USDA provides leadership and guidance on food, agriculture, natural resources, rural development, nutrition, and related issues based on public policy, the best available science, and effective management.

Rural Development (RD) – RD is committed to helping improve the economy and quality of life in rural America through various programs.

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