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SCIENCE FOR A SMARTER WORKPLACE

The R.O.A.D. to Recovery Friendly Workplaces

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Brittany Lynner (she/her) is a doctoral student in the Industrial-Organizational Psychology program at Colorado State University. She is also an Occupational Health Psychology (OHP) trainee supported by the Mountain & Plains Education and Research Center funded by the National Institute for Occupational Safety and Health. Her research interests center on the intersection between equity and worker well-being, including the workplace experiences of those in recovery from substance misuse, previously incarcerated individuals, and gig workers. She is also leading research on the assessment and prevention of work-related burnout. Additionally, Brittany is a contractor for Experience Management Institute (EXMI) where she supports human capital management for K-12 school districts and is a psychometrics intern with Data Driven Enterprises. Brittany is also a member of SIOP and the Society for Occupational Health Psychology (SOHP) where she serves on the Graduate Student Issues Committee. Prior to beginning the CSU I-O Psychology PhD program, Brittany earned a BA in Psychology (with minors in Leadership Studies and Spanish) and MA in Higher Education & Student Affairs from The Ohio State University. While at Ohio State, Brittany served as a Wellness Coach and Graduate Assistant within the Collegiate Recovery Community. In her early career, Brittany worked at various higher education institutions as a student affairs professional (including in Residential Education, Student Conduct, and Assessment) prior to transitioning to I-O psychology. She is skilled at applying research to practice, planning and implementing training to improve leadership, diversity, equity, and inclusion, and supporting others' growth and development. As an I-O psychologist, Brittany aims to help organizations cultivate a culture that prioritizes employee health and well-being and engages in equitable workplace policies and practices.

Introduction

Don Coyhis and Richard Simonelli (2008), two leaders in the Native American recovery community, encourage us to imagine a sick forest in which there is a disease. To combat the disease, we might take the sick trees out of the forest and into a nursery to provide more nurture, water, and adequate sunlight. After nursing the sick trees back to health, we bring them back to the forest, but these trees get sick again. This happens because the same trees are brought back to an environment where nothing has improved. Workplaces often represent this sick forest in which employers may unintentionally cultivate recoveryhostile environments in place of recovery-friendly ones. As such, employees seeking recovery can be thought of as the sick trees who may be in and out of treatment, but upon returning to work, may relapse if a strong support system is not in place. For this reason, it is essential to provide fertile soil, or a recovery-friendly workplace sustained by recovery education and training, recoverycentric policies and protections, health and wellness resources, and healthrelevant leadership. Effectively, a recovery-friendly workplace limits environmental threats (e.g., serving alcohol at company social events, drinking with company clients) and allows employees in and seeking recovery an opportunity to flourish.

Substance Use Disorders (SUDs) and Recovery in the Workforce

Substance use disorders (SUDs) range on a continuum from mild to severe and are diagnosed by a recurrent use of alcohol and other drugs (AOD) that causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities (APA, 2013). The Surgeon General's (2016) landmark report indicated that 20.8 million American people (i.e., 7.8% of the U.S. population) met diagnostic criteria for a SUD (U.S. Department of Health & Human Services [HHS]). According to a 2017 finding, approximately 75% of adults ages 18 to 64 with SUDs are employed (Goplerud et al., 2017). The bottom line? Most people with SUDs work. Moreover, individuals with SUDs who are employed (compared to those unemployed) are more likely to demonstrate lower rates of recurrence, higher rates of abstinence, less criminality, fewer parole violations, and improvements in quality of life (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021).

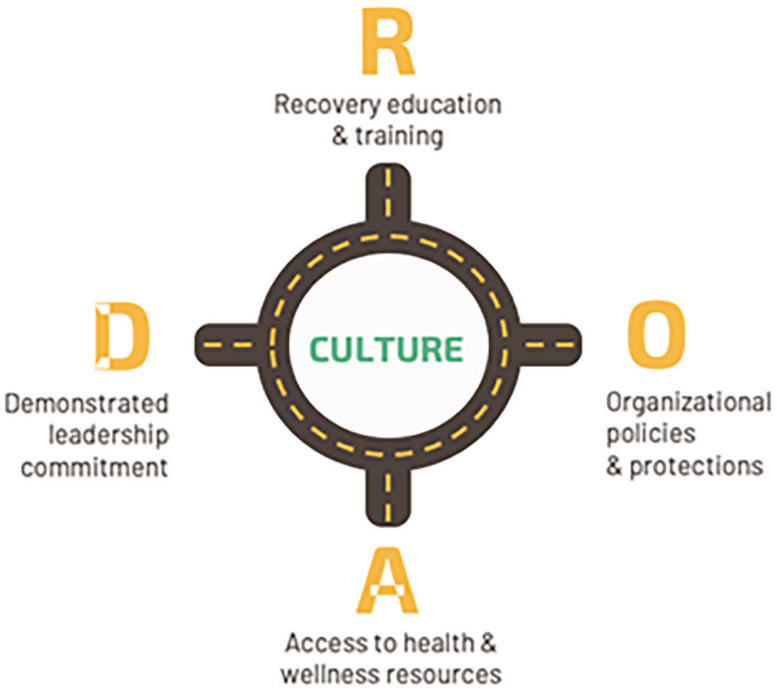
With that said, recovery is the expectation, not the exception, as nearly three out of four people with SUDs recover (Jones et al., 2020). Most individuals in recovery are working adults, and approximately 13.4 million or 9% of employees are in recovery from a SUD (SAMHSA, 2018). Although there is no widely agreed upon definition of remission from a SUD or stability of sobriety, abstinence from AOD lasting for at least 1 month but less than 1 year is considered early sobriety, abstinence lasting for at least 1 year but less than 5 years is considered sustained sobriety, and abstinence for at least 5 years is considered stable sobriety. Notably, recovery is more than just not using AOD; recovery is a voluntarily maintained lifestyle guided by sobriety (i.e., abstinence from AOD), personal health (i.e., physical and psychological health), and citizenship (i.e., living with regard for those around you; The Betty Ford Institute Consensus Panel, 2007).

Recovery Friendly Workplace (RFW) Initiative

According to New Hampshire's Recovery Friendly Workplace Initiative (n.d.), Recovery Friendly Workplaces (RFWs):

> Support their communities by recognizing recovery from substance use disorder as a strength and by being willing to work intentionally with people in recovery. RFWs encourage a healthy and safe environment where employers, employees, and communities can collaborate to create positive change and eliminate barriers for those impacted by addiction. (para. 1)

Organizational culture is at the root of RFWs wherein a culture of health is a necessary foundation. A culture of health is "one in which individuals and their organizations are able to make healthy life choices within a larger social environment that values, provides, and promotes options that are capable of producing health and well-being for everyone regardless of background or environment" (Goetel et al., 2014, p. 930). Given that one of the components of a lasting recovery is personal health, cultivating a culture of health is a necessary underlying condition for the success of an RFW. In tandem with a culture of health, organizations must consider their approach to building recovery capital, or "internal and external resources that one can bring to bear to initiate and sustain recovery from substance use and misuse" (Laudet & White, 2008, p. 51). The "R.O.A.D." can be a helpful acronym for understanding recovery capital, as it encompasses recovery education and training, organizational policies and protections, access to health and wellness resources, and demonstrated leadership support.



Recovery Education and Training

Recovery education and training focuses on the early identification of substance misuse and promotion of non-stigmatizing attitudes and language. Markedly, 76% of organizations are not offering training on how to identify signs of substance misuse (Hersman, 2017). Providing training that centers on recognizing the "Big Five" symptoms of an SUD (i.e., withdrawal, rule setting to limit use, sacrificing activities, role fulfillment failure, craving or compulsion to use) will likely promote early identification (APA, 2013). More specifically, training on how the "Big Five" symptoms manifest in the workplace may also prove beneficial. Notably, performance problems that may be indicators of an SUD include tardiness, unexplained absences or poor attendance, coworker or customer complaints, and mistakes or missed deadlines (Connecticut Department of Public Health [CDPH], 2018). To recognize a pattern in symptoms of substance misuse, consistent documentation of performance concerns is necessary.

Moreover, the Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery (also known as the Higher Ed Center), powered by The Ohio State University, developed a recovery ally training for students, faculty, and staff across college campuses. A recovery ally is a "person who strives to eliminate the injustices faced by people in or seeking recovery from a substance use disorder by championing efforts to support recovery, empowering individuals and creating recovery friendly environments where individuals, families, and communities can thrive" (The Ohio State University, 2021, para. 1). Such training materials could be tailored to a workplace audience, adapting content to emphasize the importance of recovery allies at all levels of an organization.

Foundationally, recovery ally training encourages nonstigmatizing attitudes and language. To tackle this topic, trainers may begin by defining recovery microaggressions as commonplace, often unintentional, and subtle forms of bias that manifest as verbal, behavioral, or environmental exchanges (Sue et al., 2007). Recovery microaggressions often include demeaning language, the portrayal of the cause of SUDs as a character flaw instead of a disease, and misinterpretation of a typical stress response as signs of an impending relapse. For a more complete list of recovery microaggressions, please refer to White (2016). Education on person-first language, which puts a person before a diagnosis (e.g., person with an SUD instead of addict, alcoholic, junkie, etc.), may mitigate the frequency of recovery microaggressions. Further, talking about SUDs and recovery openly removes stigma and shame, changing the narrative to one about "recovery, hope, and forward movement" (Connecticut Department of Mental Health & Addiction Services [DMHAS], n.d., p. 8).

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The Higher Ed Center also encourages visible educational materials and indicators of recovery friendly communities through their slogan "recovery is spoken here," which they use to brand office door signs, laptop stickers, t-shirts, and more. Employers can emulate this approach by displaying educational materials in "Human Resources offices, as part of an employee handbook, or visible in a communal area (such as a break room)" (CDPH, 2018, p. 17). These materials provide daily reminders of an organization's commitment to RFWs.

Additionally, some industries (e.g., transportation, construction, manufacturing, public safety) require drug screening (CDMHAS, n.d.). As such, drug screening can be used to identify employees engaging in substance misuse, which may prompt referral for treatment. Granted, drug-testing language is another important consideration, wherein employers must be mindful of describing drug tests as negative, positive, or substance free rather than clean or dirty. Descriptions of drug test results as clean or dirty inherently imply that individuals who use drugs are either clean or dirty, which certainly has stigmatizing effects. Beyond drug testing, employers, especially those in high-risk industries for SUDs, might consider utilizing a tool known as "Screening, Brief Intervention, and Referral to Treatment" or SBIRT. SBIRT is a "comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders" (SAMHSA, 2020a, para. 1). Thus far, colleges and universities, medical residency and professional training programs, and state cooperative agreements have utilized SBIRT, and workplaces may be yet another avenue for SBIRT to pave the way in providing SUD psychoeducation and resources.

Organizational Policies and Protections

Additionally, organizations must consider their policies and protections regarding substance misuse. Still in effect today, the Drug-Free Workplace Act of 1988 requires organizations to establish drug-free workplace policies and make a "good faith effort" to maintain a drug-free environment as a precondition for federal contracting. Although this blanket guidance directly applies to federal contractors and grantees as well as safety and security-sensitive industries (SAMHSA, 2020b), companies in the private sector have voluntarily adopted drug-free workplace policies such that penalizing employees for their AOD use have become commonplace across the workforce. Private employers' voluntary adoption of drug-free workplace policies unnecessarily discriminates and may prohibit prospective employees with SUDs who are in or seeking recovery from obtaining employment. Given that zero-tolerance language is often used in conjunction with drug-free workplace policies, employees with SUDs may fear disclosing and/or asking for support from an employer who may view substance misuse as a character flaw or moral failing rather than a disease (CDPH, 2018). Furthermore, zero-tolerance policies may unfairly punish employees who develop an opioid SUD following a workplace injury, highlighting the need for preventing workplace injuries and illnesses and promoting alternatives for pain management. There is also a business case to be made for adapting policies given that organizations may experience unnecessary costs (e.g., decreased productivity, increased absenteeism, increased risk of injury, increased workers' compensation) related to employees who do not come forward for support (CDPH, 2018).

In place of zero-tolerance policies, a human-centered and comprehensive drug-free workplace policy is more appropriate to allow for nonpunitive disclosure of SUDs. Notably, 81% of organizations lack a comprehensive drug-free workplace policy (Hersman, 2017). Although the Americans with Disabilities Act of 1990 (ADA) protects individuals in recovery and those with an active alcohol SUD, the ADA does not protect individuals with active drug-specific SUDs (U.S. Commission on Civil Rights [USCCR], n.d.). Given that "alleged violations of the ADA account for almost half of all lawsuits involving drug-free workplace programs" (SAMHSA, 2020b, para. 11), employers must remain up to date with the ever-changing legislation, especially when considering appropriate protections and accommodations. At the same time, employers should help their employees to understand what types of accommodations are legally available to them.

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However, limited legislative protection does not mean that organizational policies cannot be adapted to better support employees. Employers can offer informal accommodations that may not be guaranteed under the ADA, and a comprehensive policy should establish procedures to follow once an employee discloses issues with substance misuse or is otherwise identified. Important accommodations for individuals with SUDs and those in recovery include paid or unpaid leave and flexible time off. Employees with an active SUD may require a leave of absence for detox or treatment; therefore, policies should be in place to promote a successful and

nonpunitive return to work (CDPH, 2018). Several factors have been identified for a successful return to work, including the "presence of supportive colleagues, peer support networks, increased communication between the union and employees, and continuous contact between employees and organizations during sick leave" (Follmer & Jones, 2018, p. 340). Further, flexible time off should be considered so that employees can attend medical appointments, treatment, and/or support groups as needed. Employers might also collaborate with their employees to create and monitor a recovery accommodation plan (RAP). RAPs are "initiated when an employee enters treatment or shows an interest in recovery support services" (CDMHAS, n.d., p. 6). When developing appropriate RAPs, employers should consult with the Job Accommodation Network (JAN), which details accommodations specific to SUDs. Common accommodations to consider include the ability to work from home, a temporary need for light duty and nonhazardous work, or a modified daily schedule (CDPH, 2018).

Although the focus of this section is on organizational policies and protections for current employees, organizations must also consider their approach to hiring individuals with SUDs as well as those in recovery. To encourage individuals to take steps toward initiating and maintaining sobriety, organizations may implement a model employment intervention known as the Therapeutic Workplace (Silverman et al., 2016). This intervention requires individuals to "provide drug-free urine samples to gain access to the workplace and/or to maintain their maximum rate of pay" (p. 204). Given that performance issues typically disappear in recovery (Jordan et al., 2008), employers should consider hiring individuals with SUDs so long as they are "qualified to perform the essential functions of the job" (ADA National Network, n.d., para. 1). Following the hiring process, organizations may facilitate a system of support (e.g., implement components of the Therapeutic Workplace) to incentivize abstinence. Of note, Therapeutic Workplace research has been affirmed by the White House Office of National Drug Control Policy (2014), whose endorsement may further encourage organizations to replicate its structure.

Access to Health and Wellness Resources

Beyond organizational policies and protections, part of cultivating a culture of health necessitates employee access to health and wellness resources. At a base level, insurance should include SUD treatment benefits as well as coverage options to promote safe and effective pain management. Additional services, such as wellness programs, should also be made available. By simply planning and implementing workplace wellness initiatives (e.g., balanced nutrition workshops, exercise incentives), employees may be more inclined to seek support for their own well-being. Often considered a tertiary intervention to employee health and wellness, an employee assistance program (EAP) provides confidential assessment and services for employees experiencing personal and/or work-related problems. Notably, employees who utilized EAPs showed improvements in alcohol misuse symptoms after 5 months in comparison to those who did not use EAPs (Follmer & Jones, 2018). As such, coordinating EAP services is integral to an RFW and can also be used when employers need guidance on how to support employees with varying behavioral health concerns.

Beyond organizational policies and protections, part of cultivating a culture of health necessitates employee access to health and wellness resources.

Moreover, engaging the community can also help organizations to foster an RFW. Engagement could entail promoting community hotlines, Alcoholics Anonymous, Narcotics Anonymous, and AlAnon. Being familiar with community mental health centers, treatment centers, and peer recovery support programs may also be conducive to a warm hand off, otherwise known as a transfer of care. Through building relationships with recovery organizations, employers may send a message that they view recovery as the expectation, not the exception. Thus, employers might consider participating in recovery-focused community events, working with local agencies to plan a forum, or sharing best practices among fellow RFWs (CDPH, 2018; CDMHAS, n.d.). To spark a chain reaction, organizations should inform their stakeholders about their RFW so that they, too, are aware of RFW initiatives and why they constitute good business practice (CDPH, 2018).

Demonstrated Leadership Commitment

According to NIOSH (2020), demonstrated leadership commitment is an essential element of a total worker health framework where total worker health is defined as "policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness-prevention efforts to advance worker well-being" (para. 1). Leaders demonstrate their commitment through communicating an initiative's value in words and actions; promoting communication between leadership and employees on issues related to safety, health, and well-being; facilitating participation in initiatives across organizational levels; building safety and health into an organization's mission and objectives; and encouraging employee feedback (NIOSH, 2016).

By aligning a total worker health approach to RFWs, leaders can and should communicate value through words and actions. Part of communicating value is training supervisors on how to address employees with potential SUDs, active SUDs, and those in recovery. Similarly, leadership should inform employees on how management responds to referrals for SUD treatment (SAMHSA, 2021). Ideally, such transparency will mitigate any hesitancy that employees may experience in coming forward for help.

In addition to training, supervisors can communicate with employees on issues of health and well-being by scheduling routine check ins (CDMHAS, n.d.). Notably, when asked about the accommodations needed to successfully perform their job duties, employees have cited their need for weekly meetings with supervisors (Follmer & Jones, 2018). During these meetings, supervisors can foster meaningful relationships that convey both organizational and supervisor support. Relationships characterized by mutual trust and respect are conducive to a socioemotional connection that will likely encourage employees to seek support when needed.

Another way for employers to communicate the importance of safety, health, and well-being is by providing healthcare providers with information on an employee's work environment and job demands (CDPH, 2018). Occupational medicine doctors are particularly receptive to such information and able to assist with ensuring that appropriate accommodations (e.g., assignment of nonhazardous work) are in place for an employee's successful return to work. With that said, an employer must obtain their employee's permission prior to making contact with healthcare providers.

Finally, leadership can demonstrate their commitment by providing regular feedback to employees. During the early stages of recovery, individuals benefit from external motivation, and an employer can support this need for external motivation by regularly reviewing an employee's performance in an "atmosphere of positive reinforcement" (CDPH, 2018, p. 19). With that said, performance feedback should be reviewed separate from an employee's RAP, and both reviews should encourage compliance with organizational policies as well as outline consequences for nonadherence.

Benefits of Recovery Friendly Workplaces (RFWs)

Importantly, "the job is often a lifeline providing not only a paycheck but daily structure, a sense of purpose and identity, stability, and social support" (CDPH, 2018, p. 18). In fact, "employer supported and monitored treatment yields better sustained recovery rates than treatment initiated at the request of friends and family members" (Hersman, 2017, p. 5). This discovery further emphasizes the critical role that employers can play in supporting employees' recovery.

Beyond employee benefits, a business case can also be made for RFWs. Organizational benefits of RFWs include increased productivity; increased retention of employees; increased employee satisfaction with their job, employer, and coworkers; and decreased absenteeism. Moreover, employees see improvements in their health and wellness, which influence their quality of life and decrease organizational and societal healthcare spending (Recovery Friendly Workplaces Philadelphia, 2020). Alarmingly, substance misuse costs organizations approximately $70–80 billion per year (Murphy, 2021), and employees with SUDs miss nearly 50% more days than their peers, and up to 6 weeks annually (CDPH, 2018). Employers in certain industries such as construction, entertainment, recreation, and food service should especially consider the impact of substance misuse given that these industries have twice the national average number of SUDs (CDPH, 2018). Additional forethought should be given in industries with the highest rates of opioid-related deaths, such as construction, mining, and agriculture (Staw et al., 2020). Critically, more than 75% of employers have been affected by employee opioid use, with 38% experiencing impacts related to absenteeism and/or impaired worker performance (Hersman, 2017). Thus, an organization's commitment to RFWs can play a role in combatting the U.S. opioid epidemic. Organizations may also stand to benefit from the message that an RFW sends to the community—"we care about employee well-being"—enabling organizations to develop stronger and more meaningful community connections (Recovery Friendly Workplaces Philadelphia, 2020).

Your Organization's Roadmap to a Recovery Friendly Workplace

Assuming this paper has you chomping at the bit to start your own RFW, I recommend investigating whether your city or state has an established Recovery Friendly Workplace Initiative. These initiatives provide employers with the resources and support they need to foster an RFW. Another helpful starting point is an initial assessment that determines your organizational readiness, often centering on a needs analysis. A needs analysis will guide your goal setting, informing both short-term and long-term goals with specific objectives and respective timelines. In formulating goals and objectives, your organization should seek buy-in across all levels of the organization. This might look like establishing a steering committee or seeking grassroots champions to pave the way and solicit employee feedback. Ongoing evaluation rooted in well-defined measures of success is also essential, as evaluation can facilitate feedback loops that lead to ongoing improvements. Although the road ahead may be bumpy, and you may make a few wrong turns, you can serve as your organization's GPS in fostering an RFW!

Although the road ahead may be bumpy, and you may make a few wrong turns, you can serve as your organization's GPS in fostering an RFW!

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