



NEVADA RECOVERY FRIENDLY WORKPLACE TOOLKIT



**Nevada Department of
Health and
Human Services**
DIVISION OF PUBLIC AND
BEHAVIORAL HEALTH

"It is the mission of the Division of Public and Behavioral Health to protect, promote and improve the physical and behavioral health of the people of Nevada"

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This toolkit has been written and produced for the State of Nevada by:



BUILDING A FOUNDATION FOR RECOVERY

INTRODUCTION

Misuse of tobacco, alcohol, prescriptions and illicit drugs costs an estimated 6.8 billion dollars related to crime, lost work productivity and health care in the state of Nevada each year.^{1,2} In fact, from 2010 to 2017 there was an 80% increase in Nevada ER visits and hospitalizations directly related to opioid use.³ According to the Centers for Disease Control and Prevention, Nevada's overdose rate in 2010 was 20.7 per 100,000 population — well above the national rate of 12.4 per 100,000. **According to the National Council on Alcoholism and Drug Dependence, 70 percent of Americans who abuse drugs are employed and 24 percent of all workers admit to drinking during the day at least once in the past year.**⁴

IT IS AN EPIDEMIC IN NEVADA AND IT IS GETTING WORSE.

WE NEED YOU.

WE NEED EACH EMPLOYER IN NEVADA TO BE A PART OF THE SOLUTION.

Substance use impacts work safety, health care costs, productivity, absenteeism, presenteeism, and job performance; there are many costs associated with substance use disorder. Did you know that there are cost *savings* associated with recovery? **Recovery is good for business!** Compared to the general population, people in recovery miss fewer days of work, have lower health care utilization, and stay at their jobs longer.⁵

The good news is that recovery is possible for everyone. You are a part of a network of hope for those struggling with these issues. As an employer you are central to one of the four major dimensions that support a life in recovery and you have significant impact on the other three; Health, Home, Purpose (*including work*) and Community.⁶ From creating a recovery focused environment, ensuring employees are educated and empowered to help their coworkers and family members, choosing good, better or best healthcare benefits, to creating policies that support recovery, you have an enormous impact.

You are not alone. In the state of Nevada, non-profit organizations like Foundation for Recovery, mutual aid and 12-step groups, health care professionals and addiction treatment organizations are all a part of the network you can bring to your employees to support recovery, reduce costs associated with addiction, and offer hope and help to individuals and families struggling with these illnesses.

The National Safety Council and Shatterproof have created a free tool you can use to estimate the cost of addiction in your workplace. We encourage you to use the tool to calculate the cost of addiction to your business each year. Investing in a few targeted strategies can have an enormous impact both on your employees and on your bottom line. To determine the cost of addiction in your workplace, connect to the calculator: <https://www.nsc.org/forms/substance-use-employer-calculator>

In this tool kit we offer a series of strategies that are no cost or low cost that you can implement to join with others in the state to deal with this epidemic.

We will start with an overview of the concepts of recovery. What are we talking about when we are helping individuals to move toward recovery? Hint: It's more than abstinence. What helps and hinders recovery? Understanding what you are trying to help employees achieve is important as you choose the strategies that will work best in your company. We will then offer a series of recovery supports - free, no cost or low-cost tools, resources and services that are available to your employees and their family members. It's important to consider the impact an employee's family member who is struggling with addiction has on your workplace as well. ***Presenteeism is defined as "employees who come to work sick or suffering other conditions that prevent them from working productively."*** A survey by Virgin Pulse Global Challenge revealed that employees in their study averaged four sick days a year, but indicated that the time they lost while on the job (i.e., being present but not working productively) added up to a staggering 57.5 days per year per employee.⁷ Recovery supports are important, not just for your employees, but also for family members who may impact your employee's ability to focus and work effectively.

This toolkit will also outline a series of educational strategies you can bring to your workplace. We will offer a sample brownbag lunch curriculum, ideas for your intranet if you have one, and links to posters you can use in your workplace. Investing some time, some space within your intranet/company Slimwiki, and some wall space signals your willingness to be a resource to your employees.

Treatment is an important part of recovery. Section four will look at what services are available for your employees. We will also suggest a possible audit tool you can use as you look at your health insurance coverage and determine whether it is good, better or best in class. This can be a part of your conversation as you consider healthcare coverage in the future. We will also review a few strategies for coping with signs of overdose in the workplace including the use of naloxone.

The fifth section of this toolkit focuses on policies your workplace can consider balancing both supports and consequences while acting in a consistent and safe manner. We will share resources to help you become a designated Recovery Friendly Workplace in NV.

In the appendix we will offer additional tools and resources you can use to be a part of the solution for your employees.

As you leave this section and dive in to the toolkit, we invite you to read Christopher's story on the next page. As you do, consider the promise and potential of all the "Christophers" in your workplace.

Christopher's story⁸

"I'm a captain in the Commissioned Corps of the U.S. Public Health Service. I hold a position of responsibility at HHS working on the nation's opioids crisis and serious mental illness initiatives — and I've been in recovery from addiction for more than 16 years.

It's not easy to open my life story to the public, but I want to share it in hopes of showing others struggling with addiction that recovery is possible. I want to fight the stigma of addiction that has kept so many hidden and made it difficult for them to seek the help they need.

No one would have suspected that I would be a candidate for opioid abuse. As a teen in Macon, Georgia, I played soccer. I went to church. I was doing well in high school — I went to a small Christian school where substance use was not the norm. I didn't use illegal substances. I didn't drink. I didn't smoke. In fact, it never crossed my mind to do any of those things.

And then, I had my wisdom teeth taken out when I was 17 and I was prescribed Tylox, which includes oxycodone, a powerful opioid, for the pain. After the first pill, I remember thinking I want to feel like this all of the time.

I did what I could to prolong that feeling of euphoria. I rummaged through the medicine cabinet at home. I stole drugs from my girlfriend's medicine cabinet. I also started stealing pills from the pharmacy where I worked afternoons.

Opioids were euphoric. I could show up anywhere altered but no one would know — at least at the beginning. My parents had no clue. I drove under the influence and kept taking more and more as time went on. Because these were prescription drugs, I thought I was fine. The thought of an overdose never occurred to me.

Before leaving for college, I broke my thumb in a soccer game, but the doctor wouldn't give me a prescription. I tried to forge one, but when the pharmacist said he was going to check with the doctor, I left. My father found it later in the car and confronted me, but I insisted that I was just joking around.

As time went on, I was feeling increasingly chaotic internally. Opioids occupied my mind. I became more and more isolated from everyone. It was still my secret—although relationships became more tense; I yo-yo-ed from elated to moody, depending on whether I had opioids.

In college, I again started working at a pharmacy where I was able to tuck stolen bottles of opioids and other drugs like stimulants and benzodiazepines in my pockets. When I was out of drugs and got desperate enough, I would swish water in the empty bottles to see if there was enough opioid dust to make me high or not go into withdrawal. The desire to get more drugs occupied nearly every thought of the day. And increasingly I was experiencing consequences – health, economic and social – from my use, including an overdose during class and one during a Sunday lunch with family.

Shortly after I started pharmacy school, my parents showed up at my apartment, and I was clearly intoxicated; the place was filthy – weeks of laundry, dishes and worse strewn about. I get chills thinking of how low and isolated I had become.

It all, at times, seemed rational to me, and I didn't see any way out. I did not understand the concept of addiction or where to go for help. I did know, however, that I couldn't talk about it with anyone. It just wasn't acceptable in my social circle.

One day, the dean of students at my pharmacy school called and asked me to stop by. Waiting for me at the office was my father and a man holding a badge and handcuffs. My secret had been found out. The officer said they could arrange for me to enter treatment immediately or I could go to jail. Because I was a pharmacy graduate student, I was able to go to an inpatient treatment facility for impaired professionals.

Although it felt like the lowest point in my life, it was really a lifeline and the humbling experience I needed. I'm now grateful that I was able to get into treatment, to learn about addiction as a disease, and to start being honest with myself and those around me. Through treatment, I began to work a program of recovery and I engaged with peer, self-help groups.

Because I wasn't allowed back into my pharmacy program for a year, I got a job at a coffee shop and began to learn how to live a life without using substances. I also had a long list of amends to make, including paying the pharmacy back for the drugs I stole. It took several years of monthly payments, but it was important to mend the damage I caused.

Eight months into my recovery, my mom was diagnosed with colon cancer. Because of my recovery, I got three more years with her and was able to mend that relationship and cherish that time with her. It was one of the greatest gifts of recovery.

After I got my pharmacy doctorate, I worked at CDC in the bioterrorism area and then tried working in the private sector, but found I preferred public service. When I decided to come back to the federal government, I knew I wanted to join the Commissioned Corps, where I could work both in an office setting and be deployed to help the public during times of need. In all cases, I disclosed my history with opioids and substance use. I had to pass pharmacy and medical review boards before the Commissioned Corps accepted me.

Recovery is a life-long commitment that takes work. Even 16 years later, I still participate in self-help groups and work with people in recovery. And each day at HHS, I have the privilege of working on substance abuse research and policy to help prevent substance misuse and to help those struggling with it.

There's much we know about addiction and effective treatment. But we also know that we are losing too many people. Stigma is a critical part of that. No one should die because stigma prevented them from getting the help they needed.

If I can share my story and show the transformative nature of recovery and be an example of one of the millions of Americans living in recovery, maybe that will give hope to somebody else."

On January 2, 2018, Christopher Jones started a new position as the first director of the National Mental Health and Substance Use Policy Lab at SAMHSA. The Policy Lab was created as part of the 21st Century Cures Act and promotes innovation and the dissemination of evidence-based practices and service delivery models related to mental health and substance use. For information about opioids and what the Department of Health and Human Services is doing to combat the opioid overdose epidemic, see <https://www.hhs.gov/opioids/index.html>.

**THANK YOU FOR PICKING UP THIS TOOL KIT AND CONSIDERING HOW YOU CAN DO YOUR PART.
THANK YOU FOR INVESTING IN YOUR EMPLOYEES AND THEIR FAMILIES.
THANK YOU FOR HELPING PEOPLE MOVE TO LIVES OF RECOVERY, HOPE AND PROMISE.**

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recovering lives matter.

SECTION ONE

Understanding Recovery

“WHAT DOES RECOVERY MEAN TO ME?”

First of all, recovery means determination. Every morning when I rise from my bed and shake the sleep from my body, my goal is to stay clean and sober today. I will do everything necessary to keep that promise to myself and will avail myself to all the tools and support in my arsenal to ensure that outcome. I will face my challenges head on and take my lumps and bruises, but I will get back up, shake the dust off and keep moving forward. I will be definite in my actions and I will be firm in my resolve. No matter what happens, I will learn, grow and keep on keeping on.”¹

Moving into a life of recovery, not detox alone, is the point of treatment. As an employer, understanding what recovery is and is not can empower you to create and maintain a recovery-oriented workplace.

According to *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, a substance use disorder is a medical illness characterized by clinically significant impairments in health, social function, and voluntary control over substance use.² It makes sense then, that treatment is not a simple one-time event but a process that focuses on health and social function leading to recovery.

A WORD ABOUT WORDS.

You may be most familiar with the term “substance abuse” but that term is avoided by many in the professional and recovery communities as it induces feelings of shaming and blaming. Two other terms are increasing in use – “substance use disorder” and “substance misuse” to acknowledge that these are treatable medical conditions.

TREATMENT DOES WORK.

Substance use disorder treatments have approximately the same rates of positive outcomes as treatment for other chronic illnesses. Relapse rates for substance use disorders (40 to 60 percent) are comparable to those for chronic diseases, such as diabetes (20 to 50 percent), hypertension (50 to 70 percent), and asthma (50 to 70 percent).³

The Substance Abuse Mental Health Services Administration (SAMHSA), a division of the Health and Human Services section of the US government, worked with advocates, professionals, researchers, policy makers, family members and others in recovery to create this definition of recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.⁴

Recovery is more than abstinence, it involves the whole person. For some people, managing use and participating in short-term treatment will be enough to manage the illness into the future. For others, the process is ongoing and the work of remaining in recovery is a daily journey.

SAMHSA has further defined four domains that support recovery that help shape effective recovery environments.

THE FOUR DOMAINS INCLUDE:

- **Health:** overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing
- **Home:** a stable and safe place to live
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope⁴

It’s difficult to live in recovery if you have no purpose or meaning, if you do not have a safe place to live, if you are isolated and if you are not making informed health choices to support wellness. As an employer, providing good healthcare benefits, supporting employees through education, offering purpose and income through work, sharing community resources, and promoting a positive work environment are key to employee recovery and wellness.

SAMHSA’S GUIDELINE PRINCIPLES OF RECOVERY⁴ EXPAND UNDERSTANDING OF WHAT HELPS AND HINDERS RECOVERY THEY INCLUDE:

According to the recent landmark U.S. Department of Health and Human Services (HHS), Office of the Surgeon General report *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health*, “Well-supported scientific evidence shows that substance use disorders can be effectively treated, with recurrence rates no higher than those for other chronic illnesses such as diabetes, asthma, and hypertension. With comprehensive continuing care, recovery is now an achievable outcome.”³

Hope is real, recovery is possible. In fact, over 25 million Americans reported that they are living in recovery from addiction in a recent national survey.⁵

Society has maintained a persistent persona of “a hopeless addict” - someone who never holds a job, is unreliable, can't manage their finances or maintain a relationship, and is in and out of jail and prison. It's time to update that image. Studies show that recovery from alcohol and substance misuse leads to great improvements in many aspects of life.

- Paying bills on time and paying back personal debt doubled
- Fifty percent more people pay taxes in recovery than when they are in active addiction
- Planning for the future (e.g., saving for retirement) increases nearly threefold
- Involvement in domestic violence (as victim or perpetrator) decreases dramatically
- Participation in family activities increases by 50%
- Volunteering in the community increases nearly threefold
- Voting increases significantly
- Frequent utilization of costly emergency room departments decreases tenfold
- The percentage of uninsured decreases by half
- Reports of untreated emotional/mental health problems decrease over fourfold
- Involvement in illegal acts and involvement with the criminal justice system (e.g., arrests, incarceration, DWIs) decreases about tenfold
- Steady employment increases by over 50%
- Twice as many people further their education or training
- Twice as many people start their own businesses⁶

Treatment works and it's a process. Setback can be a normal part of the process. Triggers, “external events or circumstances that may produce very uncomfortable emotional or psychiatric symptoms, such as anxiety, panic, discouragement, despair, or negative self-talk”⁷, can occur and build leading to relapse. Learning how to cope with every day stressors and seeking help after a setback is a normal part of the recovery process.

As you consider how you can embrace recovery in your workplace, take a moment and think about the four domains. We have suggested a few things that may be relevant under each domain. There are more things to consider, and those we have listed may not fit your workplace exactly, but this quick check list can start your thought process.



TAKE A MOMENT AND THINK ABOUT HOW YOUR WORKPLACE SUPPORTS THE FOUR MAJOR DIMENSIONS IN RECOVERY. IDENTIFY A FEW AREAS FOR GROWTH.

Domain 1	Health: overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional well-being.	We do this well	This may need exploration and improvement	We've never really looked at this	This may be a problem area for us
A	Does the company health care insurance offer good, better, or best coverage to support recovery? (see section four to explore this further)				
B	Do our policies allow for the use of paid time off to support initial and ongoing treatment?				
C	Does our workplace culture reduce stigma, making it easier to access treatment?				
D	Does our workplace culture support health and wellness through messaging, education, posters, intranet?				
Domain 2	Home: a stable and safe place to live;				
A	Are supervisors and managers trained to observe and act if abuse or other signs of unstable, unsafe living arrangements exist?				
B	Does the company intranet, employee handbook, and/or other resources such as posters offer information about local resources to support individuals in this and other areas of possible concern or challenge?				
Domain 3	Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society;				
A	Does the company allow and encourage the hiring of persons in recovery?				
B	Do company policies regard substance misuse balance both compassion and consequence in equal measure?				
C	Are policies communicated during the hiring and orientation process?				
D	Are individuals in recovery promoted in accordance with performance at the same rate as others?				
Domain 4	Community: relationships and social networks that provide support, friendship, love, and hope				
A	Does the workplace culture support employees and performance in equal measure?				
B	Are harassment policies enforced?				
C	Do employees have opportunities to engage in positive non work activities such as recreational activities, supporting charitable organization, company outings				
D	Do non work-related activities sponsored by your organization support abstinence?				

Understanding recovery can help you fine tune your workplace to promote long term recovery that combines treatment with supports and skills, not just short-term abstinence. We leave this section with another personal story. Consider how this individual showcases the definition, dimensions and guiding principles of recovery.

My story

"I was highly functional, never had a DUI, never had a conviction, never took illegal pills, yet the doctors gave me enough (pills) to kill an elephant. I never lost a job, had amazing careers in different fields, and I never lost family or friends over my addiction. What got me was that I literally lost my life.

In 2003, I was on duty with the sheriff's department and got an injury that lead to a nerve disease, complex regional pain syndrome (CRPS), one of the most painful diseases known to medicine. I was told that I would live in excruciating physical agony. I was told, that all they could do for me is to medicate me enough for me to live somewhat comfortably. What followed were seven years of living in hell on earth.

In 2009, I had a hip and knee replacement, which kept me in the hospitals for a long time. I was on insane amounts of medication. One day at my mother's home, I found myself snapping, and was sure it was caused by one particular medication and stopped it. I replaced it with about 1.5 gallons of high-proof rum daily. First, I thought it was all working fine, until it ended in a psychotic break, where a neighbor called the cops on me. They found me screaming in the backyard and I was arrested. My first memory of all of that was waking up in a padded cell, not knowing how or why I got there. A lawyer and my family got me out of it, and I had already agreed to go to rehab. It took 13 days to find a facility that was willing to take me.

At first, I was really puzzled by how people greeted me with friendly hugs at the facility. I thought, "Where am I? People on my planet don't behave that way." Still, I remained open-minded to the things coming. I was willing to try new things that I had never done before because I wanted something that I never had before, which was sobriety. That attitude served me well.

A recovery community organization came to the treatment facility to lead group meetings, and later, my sober living program worked with local 12-step programs. Meetings helped me transition into everyday life.

I will have this painful nerve disease all my life. There will be always meds that I have to take. I just try not to take anything that could make me high or drunk. All the meds I was on for so many years were not meant to be for long-term use. It actually made my pain worse by lowering the threshold and upping my tolerance. Instead of living with pain between 8-10 (on the scale of 1-10, with ten being the worst pain), I live today somewhere on a pain level from between 2-4. After my life experiences, I hardly count that as true pain, just an annoyance. I have my flare-ups, which occasionally give me a trip to the ER, but for the most part I can live and function normally.

Today, I like myself. For the most part, I'm comfortable in my own skin. Being sober made me a better father, a better son, a better brother, and a better person. My relationships with people have drastically improved. I can think of others before myself now. I used to always look to see if any of my actions could offer a direct or indirect benefit for me before I would do anything for anyone else. Now I only think how I can help, and how I can be of service.⁸

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SECTION TWO

Offering Recovery Supports

RECOVERY SUPPORTS

“... it’s not just the drug that leaves a vacuum, but it’s the entire social network. If I’ve been immersed in what I call cultures of addiction and suddenly I leave this residential program, I have committed myself to recovery, but now what do I do? It’s Saturday morning, I just got home from treatment. Every relationship, every place, everything, every word out of mouth in my home community ties me to relapse -- to returning to my addictive lifestyle. I’ve got to replace not only the hole inside myself that that drug filled, but I’ve got to create an entirely new set of friendships and relationships.”

- William White in an interview with Bill Moyers¹

The concept of recovery supports is central to maintaining sobriety and continuing to move to recovery. Think about what you and your friends might do at a social occasion? You might enjoy a bottle of wine, you might watch a game and drink some beers, you might enjoy a night of dancing and drinking at a club. How might you cope if those very events are triggers for you? It’s not just abstinence, it’s the pressure people in recovery experience when interacting with family and friends -some of whom may well have their own addiction issues and may feel pressured by the choice the person in recovery has made. In many cases, the person in recovery must build an entirely new support system while they are still coping with the pull of addiction.

Your company can help employees find recovery supports as a part of moving into and staying in recovery.

The executive summary of the 400 plus page Surgeon General report, *Facing Addiction in America*, recommended five key components to a comprehensive approach to address substance use problems in the United States.² One of those five key components is ensuring the availability of “Recovery support services (RSS) to assist individuals in maintaining remission and preventing relapse.”

In fact, the report goes on to say “similar to other chronic conditions, a person with a serious substance use disorder often requires ongoing monitoring and management to maintain remission and to provide early re-intervention should the person relapse. Recovery support services refer to the collection of community services that can provide emotional and practical support for continuing remission as well as daily structure and rewarding alternatives to substance use. Research studying 12-step mutual aid groups, specifically those focused on alcohol, has shown that participation in the groups promotes an individual’s recovery by strengthening recovery-supportive social networks; increasing members’ ability to cope with risky social contexts and negative emotions; augmenting motivation to recover; reducing depression, craving, and impulsivity; and enhancing psychological and spiritual well-being.”²

RECOVERY SUPPORT SERVICES

Faces and Voices of Recovery has created a short guide to recovery support services that overviews ten different recovery support services, many of which are available at no charge.³ Recovery support services range from peer recovery coaching, to medication assisted recovery support, recovery community organizations, and telephone recovery support to name a few. Recovery supports that are more relevant for employers include:

- **Self-help groups** such as Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, SMART Recovery and other “step based” recovery support programs are familiar to most, but employees may not know how to find them in your community. The twelve steps are helpful for many, however, others find the step-based approach not effective. Other support programs are available that focus on specific addiction issues and are not focused on the twelve steps or do not include a spiritual component that is uncomfortable for some. Posting information about how to find a support group in your company intranet or other resources can be helpful. Inviting groups to meet in a local meeting room, if applicable, is another way to support recovery. A link to a wide range of support groups that are searchable by zip code can be found in the appendix.
- **Recovery Community Organizations (RCOs)** offer a range of supports from groups to social events to education and outreach. They provide an opportunity for employees to connect, volunteer, give back and lead. Your company could work with a local RCO to support a community event, promote National Recovery month held each September, hold educational events within your workplace and more. Your company could also provide opportunities to support employees in recovery to volunteer at an RCO. Foundation for Recovery is an example of a recovery community organization in the state of Nevada. More information about their programs can be found here: <https://forrecovery.org/>
- **Telephone recovery support** is often provided through Recovery Community Organizations, but it can also be a part of a health insurance program. Individuals making the transition back to the community from inpatient treatment receive ongoing phone support from trained peers to help the individual maintain sobriety and build recovery supports. Outcomes from phone based supports have been shown to be effective in decreasing relapse.⁴ You might explore offering phone based recovery through your health insurance company or setting up an internal program by and for your employees. Many companies have found that phone or internet-based support groups made up of individual at different stages of recovery who work in the same company to be effective. Phone based coaching that is done one on one allows a more private connection. Using technology also ensures consistency as individual are not subject to the challenges of physical locations, such as transportation and babysitting.

- **Peer recovery coaching** is another one-on-one service, delivered by individuals in recovery who have gone through training, that has shown positive outcomes.⁵ Coaching can be delivered face to face or through technology. Trained peers use the Core Competencies of Peer Workers⁶, the Guiding Principles of Recovery⁷ and other nationally accepted principles to provide engagement, education, and recovery supports. Often RCOs can provide this service. Many health insurers will also offer this program for enrollees.
- There are a range of **online and app based supports** that individuals also find helpful as they build recovery supports. Online recovery supports are especially helpful for those who are seeking to protect their privacy, for individuals seeking specific supportive communities based on gender, ethnicity, addiction, sexual orientation, military experience or other factors, and for those struggling at time when other support is not available. Information about a few online communities can be found in the appendix. For example, Renew Every Day articles, links and videos, online support groups, 7 Cups free 24/7 support, and online 12 step programs among many others can be effective recovery supports for those more comfortable using online tools than connecting face to face.

RECOVERY SUPPORT ENVIRONMENT

Your workplace also has a role in creating a recovery friendly environment. According to the Center for Behavioral Health Statistics and Quality Results from the 2015 National Survey on Drug Use and Health, among the top reasons individuals are not seeking treatment and moving into recovery include:

- Do not have health care coverage/could not afford (30.6 percent).
- Might have a negative effect on job (16.4 percent) or cause neighbors/community to have a negative opinion (8.3 percent).
- Do not know where to go for treatment (12.6 percent) or no program has the type of treatment desired (11.0 percent).
- Do not have transportation, programs are too far away, or hours are inconvenient (11.8 percent).⁸

As an employer you can influence each of these by providing a recovery-oriented workplace. By supporting education, including resources in employee facing intranet and building recovery friendly policies, you start to build a stigma free zone. You can build on this by ensuring any social events do not promote the use of alcohol. Managing bullying and other trauma inducing events quickly, consistently and compassionately can ensure you are not triggering substance misuse. Creating a safe place and compassionate policies that balance consequence, treatment and recovery support further advances your work in building a recovery focused work environment.

Recovery supports allow individuals to make the transition to recovery and ensure a long-term approach to wellness. They flex and adapt to the unique needs of the individuals as those needs change over time. You have a role in supporting and promoting recovery supports for employees and the community.

TAKE A MOMENT TO CONSIDER WHAT YOUR WORKPLACE CAN DO TO FACILITATE THE AVAILABILITY AND USE OF RECOVERY SUPPORTS:

- Include information that helps individuals find in person and online support groups through employee intranet/slim wiki and/or human resource materials that are easily viewable and widely available by employees.
- Place posters that decrease stigma and offer education and support in the workplace. Links to a range of free posters including the recovery bill of rights can be found in the appendix.
- Offer brownbag education sessions for employees and supervisors.
- Ensure company social events are alcohol free and support recovery.
- Partner with local organizations to implement national recovery month activities, education and events.
- Discuss the availability of telephone recovery support and peer recovery coaches with recovery community organizations and health insurers.
- Consider in kind support such as meeting rooms for support groups, brochure design, printing, photo copying, donating office equipment and volunteering for events with community organizations.
- Partner with community organization to host a medication take back/safe disposal day to help employees get rid of unused prescription medication to ensure it stays out of the hands of individuals who might misuse the medication.

AS WE LEAVE THIS SECTION, CONSIDER HOW IMPORTANT RECOVERY SUPPORTS WERE TO THIS INDIVIDUAL'S JOURNEY ON THE NEXT PAGE:

My story

"My last day of drinking was not remarkable. I had no idea that when I had a few celebratory beers after an Ugly Sweater 5k run, it would be my last drinking event. Even the next day, when I felt like I had hit a physical and emotional rock bottom and realized that alcohol was a major factor in my downward spiral, I did not decide to quit drinking forever. I was exhausted. My self-care had become so minimal in the two weeks leading up to my moment of crisis, that I was severely sleep-deprived, and I hadn't showered in 3 days (not even after the 5k race – we were too busy).

On the outside, I seemed to be successful and happy. In many ways, I was. I wasn't faking it. I am married, have a couple of kids, I'm very involved in the community, I run marathons and participate in triathlons. In general, I am pretty even-keeled and feel genuinely grateful for the life that I have. Which made the fact that I drank alcohol in amounts and frequency that I knew deep down to be unhealthy and contradictory to how I see myself, a source of angst and shame for me.

I felt like a fraud. My kids were now old enough to pay attention to what and how I was drinking. It felt shameful to know that my kids were being taught about alcohol at school – what it does to you – and yet here I was, consuming what they were learning to be a poisonous drug and modeling to them that not only is it okay to drink a drug, but that it is a necessary part of every weekend, in fact not only weekends.

The day that became my Day 1, although I had not had any alcohol since the day before, my momtrum (what I call my outbursts at my kids) was fueled by alcohol-influenced exhaustion and self-disgust. Gosh I hated myself that day and I never want to feel like that again. EVER. I decided then and there that I needed to take a break from alcohol.

I had tried different tactics before. The slippery slope is a sneaky one. We live in a culture that has brain-washed us into believing that alcohol is fun, healthy, glamorous, necessary and a given. Most of my friends share photos on Facebook where they have a glass in their hand, or they are at a craft brewery, or a wine-tasting fundraiser. Every vacation post has an umbrella drink. So, when I was wondering if I had a problem, I could easily justify my behavior just by opening Facebook. I could almost ignore the voice in my head that said, just because everyone else is doing something doesn't make it right. The same thing I have been saying to my kids for years.

The day I decided to clean up my act, I did not decide I needed to dump all the alcohol in my house, quit drinking forever and get to AA. The thought of abstaining from alcohol for the rest of my life and declaring it so, was an impossible thought for me. After all, my husband and I like to go out to dinner. We like to vacation. We like to socialize. And obviously, these occasions require alcohol to be fully enjoyed. Also, I had always thought of myself as the fun friend, the one who loved to party, to be the first and last on the dance floor. For a while, it served its purpose. Until, as alcohol will do, it started to show me that what had been working, no longer was. So now I decided to "take a break" from drinking for maybe a couple of weeks.

This "break" was different from previous ones though. This time I didn't just abstain from alcohol. I looked up SMART Recovery online and ordered their workbook. I joined their online forum for women and started reading the posts. Someone there mentioned the Bubble Hour podcast, so I started listening to that. It was fascinating! All of these women talking about stories like mine, some more further along in their disease, but all of them talking in some way about how their insides didn't match their outsides, how scared they became that they were digging themselves deeper into a hole.

I learned about the BFB (Booze Free Brigade) online discussion group, and I joined that. From there, I eventually formed (June 2016), with five other women across the U.S., an accountability group that we call the Sobricorns. The six of us, through daily group texting, have become incredible friends. We met in person almost a year after we first started our text group, at the She Recovers retreat in NYC. Our friendship is a key part of our collective sobriety. My recovery has also been supported by the 12 Steps, through which I have furthered my self-awareness and made more sober friends.

In my first year of sobriety, I had a few mantras. Sobriety First was going to be my filter for every invitation, commitment, decision. If it was an "I should do this" obligation, unless absolutely necessary, the answer was "no thank you." Also, no matter what, alcohol was not an option. There was no wavering on this one. And in my role as a coach and supportive friend, I drew certain boundaries and decided that certain relationships were too draining and one-sided, so I allowed them to take a break to.

Something that has become obvious to me during my years of sobriety (my last drink was 12-5-15), is that most of us think of alcoholics as people who are the stereotypical train wrecks. People who drink in the morning, miss work, get DUI's, live under bridges, etc. The thing is, when we believe this stereotype, it makes it easier to justify our own unhealthy beliefs and habits because at least we aren't doing "that."

I really believe that there are millions of people who relate to where I was when I was stuck in this pattern of drinking. It was what was expected at the occasion, or on the day, or at that time of day, or because it was a way to soothe myself after an intense day, or a way to escape boredom or tedium, or a way to connect with people. I knew that my drinking was contributing to my self-loathing, but I couldn't imagine quitting and I had no idea how to get out of the rut. But I started to climb out of my hole and reaching out to others. The key was to do it first online and then in person.

I may not have reached dramatic depths that forced me into sobriety. Mine may have been a more gradual, self-propelled awakening but I do know that what started as a "break" has become a desire to continue to live with integrity, with authentic connection and to always do my best. It's not always easy. Especially as I continue to live in a booze-centric world. But as I tell my kids, the most worthwhile stuff in life is also the hardest stuff in life. And the best way I know how to counter the booze-centric culture is to help others learn about what I am doing and when they are ready, to help them start along their own journey of recovery."⁹

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SECTION THREE

Educating the Workplace

EDUCATION IN THE WORK PLACE

Terry Gross: “So, you know, you write in the book that going through detox is just the first step. You know, after you’ve given up the drug and you’ve come out the other end, you still need treatment. And maybe not just, you know, a 12-step kind of program. Maybe you really need psychiatric treatment and medication to help you through whatever the problem was that helped lead to your addiction in the first place.

David Sheff: “There was this really dangerous idea for so long that all someone had to do was get off drugs. They had to detox. You know, they had to go through cold turkey. And they would wake up in the morning, and they’d be sober. Being sober is just the first step. Getting off drugs is just the first step, and then treatment really begins.”

– Terry Gross interview with David Sheff, NPR, Fall 2018¹

Education is one way a recovery friendly workplace can make a difference for employees and family members. Education can also support a less stigmatizing environment which in turn allows more individuals to seek treatment.

Education should start with the leadership team. Providing an overview can provide a briefing on the importance of the issue and drive the value of implementing recovery friendly workplace practices. A fifteen-minute executive summary might include:

FIFTEEN MINUTE EXECUTIVE SUMMARY

1. Addiction is a serious medical illness that affects 1 in 3 families in the US and impacts our company's bottom line
 - According to the Surgeon General of the United States, one in seven Americans deal with a substance use disorder.²
 - Treatment works but only 10% of individuals living with an addiction received treatment²
 - An American dies every **19 minutes from opioid or heroin overdose**², surely that's not the case here in Nevada, right?
 - Misuse of substances costs an estimated 6.8 billion dollars in the state of Nevada each year.^{3,4}
 - In fact, from 2010 to 2017 there was an 80% increase in Nevada ER visits and hospitalizations directly related to Opioid use.⁵
 - According to the Centers for Disease Control and Prevention. Nevada's overdose rate in 2010 was 20.7 per 100,000 population — well above the national rate of 12.4 per 100,000.⁵
 - According to the National Council on Alcoholism and Drug Dependence, 70 percent of Americans who abuse drugs are employed.⁶
 - And its not just individuals dealing with addiction that we need to look at. Presenteeism is defined as “employees who come to work sick or suffering other conditions that prevent them from working productively.” A survey by Virgin Pulse Global Challenge, revealed that employees in their study averaged 4 sick days a year, but indicated that the time they lost while on the job (i.e., being present by not working productively) added up to a staggering 57.5 days per year per employee.⁷ Offering recovery supports are important, not just for our employees but also for family members who may impact our employee's ability to focus and work effectively.
2. Treatment works, people recover and individuals in recovery are valuable employees that contribute to the company's profitability. “Well-supported scientific evidence shows that substance use disorders can be effectively treated, with recurrence rates no higher than those for other chronic illnesses such as diabetes, asthma, and hypertension. With comprehensive continuing care, recovery is now an achievable outcome.”²
 - Recovery is good for business! Compared to the general population, people in recovery miss fewer days of work, have lower health care utilization, and stay at their jobs longer.⁸
 - Treatment varies for each person but may be including any or all the following:
 - Eliminating or even detoxing from the substance,
 - Engaging in individual group and or family therapy,
 - Using supportive medications as prescribed,
 - Building a system of recovery supports through groups and recovery communities.

- Studies show that recovery from alcohol and substance misuse leads to great improvements in many aspects of life including:
 - Paying bills on time and paying back personal debt doubled
 - Fifty percent more people pay taxes in recovery than when they are in active addiction
 - Planning for the future (e.g., saving for retirement) increases nearly threefold
 - Involvement in domestic violence (as victim or perpetrator) decreases dramatically
 - Participation in family activities increases by 50%
 - Volunteering in the community increases nearly threefold
 - Voting increases significantly
 - Frequent utilization of costly emergency room departments decreases tenfold
 - Reports of untreated emotional/mental health problems decrease over fourfold
 - Involvement in illegal acts and involvement with the criminal justice system (e.g., arrests, incarceration, DWIs) decreases about tenfold
 - Steady employment increases by over 50%
 - Twice as many people further their education or training⁹
3. There are things we can do that support recovery that cost nothing, use little time, but can positively impact the company.
 - Implement a lunch and learn educational program for employees
 - Add community courses to the intranet/company slim wiki/employee handbook so people can find help for themselves or loved ones quickly
 - Encourage positive culture through messaging and posters, and ensure company related social activities are alcohol and substance free
 - Explore a partnership with a local recovery community that might include support for recovery month/week/day, volunteering, in kind donations like equipment, and/or contributions.
 - Review company HR policies to ensure they clearly support recovery
 - Review health care insurance, asking pointed questions around coverage when next purchasing health care insurance.
 4. Are you/is the company willing to support these initiatives?
 - Are senior leaders willing to write to or speak to these issues in company internal communication such as meetings, intranet, letters to employees, the company handbook?
 - May we report back to the senior executive leadership on progress and findings?

Learning from employees is another strategy used by recovery friendly workplaces. If employees are willing, a focus group of individuals in recovery could meet to provide feedback and to brainstorm ways the company can support individuals affected by substance use, including those with family or friends who are struggling. If a focus group is not an option, inviting participants to fill out a confidential survey might also allow the company to receive ideas and feedback. Some companies have set up internal committees to ensure the issue remains a priority within the workplace.

The Nevada Recovery Friendly Workplace initiative offers several webinars that are helpful for HR professionals as your company considers policies and resources. This tool kit will explore recovery orientated policies in greater detail in Section Five.

Placing recovery themed posters in public areas can reinforce positive messages and encourage employees to seek more information to expand their understanding and find solutions for themselves, family and friends. Sources for no cost or low cost posters can be found in the appendix.

Placing content on employee intranet sites/company slim wiki sites can provide a confidential educational platform for individuals. Content can be gleaned from this tool kit and from the many free resources on the Substance Abuse and Mental Health Services Administration, National Institute of Drug Addiction, and the Center for Disease Control websites. SAMSHA, NIDA and CDC are all government websites with carefully vetted materials that are available for anyone to use at no charge.

Offering a lunch and learn (aka brown bag lunch session) is also an effective way to educate and communicate with employees. Employers can offer employees pizza or sandwiches to welcome their participation or employees can bring their own lunch and eat it during the presentation. Your company may wish to develop a relationship with a local recovery community organization and invite one of the leaders to lead a lunch and learn session or you may wish to have senior leaders in the company lead the session. If you do invite a community leader to present, be mindful of their time and effort by offering a donation for their participation.

A POSSIBLE LESSON PLAN FOR A 45-MINUTE LUNCH AND LEARN SESSION IS AS FOLLOWS:

LUNCH AND LEARN OUTLINE

Title: One In Three: Addiction, What Is It, And How Can We Help A Neighbor, Friend, Coworker Or Family Member?

At the end of this session, participants will:

- Understand that addiction is a complex medical condition.
- Consider the prevalence and impact of addiction in our state.
- Identify treatment and recovery support options.
- Consider several practical steps they can take to help a neighbor, coworker, family member or friend.
- Understand the actions our company is taking to promote a recovery friendly workplace.

Step One: Thank everyone for coming. Indicate that providing a recovery friendly workplace is important to your company. This lunch and learn is one of many things we are doing to support employees their family, friends, and neighbors. One in three families in the US are impacted by addiction. It may not be your family, but it may be a neighbor, a coworker, or someone in your faith community. During this brief time together, we'll explore this issue and talk about what each of us can do.

Step Two: Watch this short Tim McGraw video
<https://www.youtube.com/watch?v=t3qW8Wre7SA>

- Individuals living with substance use disorders come from all walks of life. It is not just celebrities dealing with substance use.
- According to the Surgeon General of the United States, one in seven Americans deal with a substance use disorder.²
- Treatment works, but only 10% of individuals living with an addiction received treatment.²
- An American dies every 19 minutes from opioid or heroin overdose,² Surely that's not the case here in Nevada, right? Well it turns out that...
- Misuse of substances costs an estimated 6.8 billion dollars in the state of Nevada each year.^{3,4}
- In fact, from 2010 to 2017 there was an 80% increase in Nevada ER visits and hospitalizations directly related to opioid use.⁵
- According to the Centers for Disease Control and Prevention. Nevada's overdose rate in 2010 was 20.7 per 100,000 population — well above the national rate of 12.4 per 100,000.⁵
- And it's not just the homeless person on the corner dealing with substance use disorders. According to the National Council on Alcoholism and Drug Dependence, 70 percent of Americans who abuse drugs are employed⁶

Step Three: The great news is that treatment works, and recovery is possible for everyone.

- You might wonder "Why do some people become addicted and others do not. It's a moral failure, right? I mean can't they "just say no"?"
- There is a tremendous amount of scientific research and agreement among the physical community that addiction is a disease – a medical condition.
- There is significant research that shows a "just say no approach" based on punishment instead of recovery is not effective.
- This quote is from an interview on NPR. Terry Gross says "Addiction as a brain disease is one of the main points of your book, but what do you mean by that? And author David Sheff responds "Well, first, Nic (his son) became a different person. The only explanation I ultimately came to is that he was ill. At first, I didn't believe that. I thought, you know, he was just this selfish, crazy teenager. But then the more I learned - I mean, 10 kids will go out after, you know, school and they'll all smoke pot. Or at a party on a Friday night, they'll all drink. And one of those, possibly two of those, will become addicted. So, there's something different about that person. There's something different about the brain. And I've seen brain scans. There's so much research now that shows that people with addiction process drugs differently. Their neurological system is different."¹¹
 - I was curious about why people become addicted, what causes addition. According to the National Institute on Drug Abuse (NIDA) there are three main influences on whether someone becomes addicted: Biology Environment and Development.¹⁰
 - **Biology.** The genes that people are born with account for about half of a person's risk for addiction. Gender, ethnicity, and the presence of other mental disorders may also influence risk for drug use and addiction.

- **Environment.** A person's environment includes many different influences, from family and friends to economic status and overall quality of life. Factors such as peer pressure, physical and sexual abuse, early exposure to drugs, stress, and parental guidance can greatly affect a person's likelihood of drug use and addiction.
- **Development.** Genetic and environmental factors interact with critical developmental stages in a person's life to affect addiction risk. Although taking drugs at any age can lead to addiction, the earlier that drug use begins, the more likely it will progress to addiction. This is particularly problematic for teens. Because areas in their brains that control decision-making, judgment, and self-control are still developing, teens may be especially prone to risky behaviors, including trying drugs.

Step Four: Treatment for substance use disorders is effective "Well-supported scientific evidence shows that substance use disorders can be effectively treated, with recurrence rates no higher than those for other chronic illnesses such as diabetes, asthma, and hypertension. With comprehensive continuing care, recovery is now an achievable outcome."²

- Treatment varies for each person but may be including any or all the following:
 - Eliminating or even detoxing from the substance,
 - Engaging in individual group and or family therapy,
 - Using supportive medications as prescribed,
 - Building a system of recovery supports through groups and recovery communities.
 - Some of this treatment can happen in a hospital or treatment center, other treatment can occur in the community.
 - Advise employees to become knowledgeable about what your healthcare insurance will cover for treatment by going to the insurance website – put the website address on a white board or flip chart.

Step Five: Let's take another look at addiction through the eyes of Steve Gill at a recent TEDX event ("Step Five Alternative" shown below features a female video in case you want a different perspective.)

- Show the TED talk "Addiction – don't let the bear catch you by Steve Gill" <https://www.youtube.com/watch?v=LW4Ca-3pHfo>
- Steve gives us three ideas for ways we can help a family friend coworker or loved one, we have a few more ideas of ways each of us can help:
 - Reduce stigma by using words that are less blaming. For example, instead of substance abuse, most clinicians use the phrase "substance use disorder" or "substance misuse". Instead of saying Mary is an addict, say Mary is a person living with an addiction recovery issue. Mary is not her illness. You would not say Mary is a cancer, she lives with an illness, she is not an illness. Hand out the one-page flyer about language located here: https://www.naabt.org/documents/NAABT_Language.pdf
 - Get rid of medications as soon as you finish with them. Many of us keep "left over" medications around just in case we need them again. These left overs are tempting targets for individuals struggling with addiction. An increasing common phenomenon across the country has seen teens taking easily available or hoarded pills for a "skittles party." These pill parties are so named because a bowl of random pills may look like a bowl of skittles. Needless to say, taking random pills as a part of a peer pressure intensive social event is deeply dangerous. Safely disposed of all medications and keep current medications under lock and key to discourage theft and misuse. Many communities offer medication take back days.
 - If you suspect someone has a substance misuse issue, professionals recommend the following steps:
 - Do not wait until the person has hit "rock bottom" The earlier treatment can begin, the better.
 - There are reasons the individual you want to help may not be willing to receive help. According to various surveys people may not know or think they have a problem, people may fear the consequences of getting help, for example, they may be afraid of the impact it might have on their employment or on a relationship or their relationships with their children. They may feel embarrassed or ashamed. The issues the substance use is covering may be even more devastating to the individual. Your job is to stay compassionate and supportive while be clear and consistent in your communication.
 - Maintain a trusting relationship. Avoid nagging, criticizing and lecturing, yelling, name calling and exaggrating (even when you are stressed out yourself).
 - Ensure you are not engaging in addictive behaviors yourself, even in moderation (they will think you are a hypocrite).
 - Don't try too hard to protect the person with a substance use disorders from the consequences of their own actions (unless it is harmful to themselves or others, for example, drinking and driving).

- Take care of yourself. This is stressful, and you may need to get your own help going through this process.
- Although you may feel tempted to let your loved one know that their addiction is a problem and that they need to change, the decision to change is theirs. They are much more likely to be open to thinking about it if you communicate honestly but in a way that does not threaten your loved one.
- Help them find treatment and offer support before doing and after treatment
- Supports after a detox can be the most critical time to offer social and emotional support. Engaging in favorite activities, and ensuring social environments are substance free can be especially helpful.

Alternative Step Five:

Let's take another look at addiction through the eyes of former Miss USA Tara Conner at a recent Nevada TedX event*

- Show ted talk Recovery Out loud by Tara Conner <https://www.youtube.com/watch?v=iAO5cBDvLLco>
- Tara talks about her journey to recovery. She had to face a national scandal to move to treatment. How can we help loved one get help before they face a tragedy or scandal? Reaching "rock bottom" is not necessary and not advisable. Like any other illness, early treatment is better.
- So how can each of us help?
 - Reduce stigma by using words that are less blaming. For example, instead of substance abuse, most clinicians use the phrase "substance use disorder" or "substance misuse". Instead of saying Mary is an addict, say Mary is a person living with an addiction recovery issue. Mary is not her illness. You would not say Mary is a cancer, she lives with an illness, she is not an illness. Hand out the one-page flyer about language available here: https://www.naabt.org/documents/NAABT_Language.pdf
 - Get rid of medication as soon as you finish with them. Many of us keep "left over" medication around just in case we need them again. These left overs are tempting targets for individuals struggling with addiction. An increasing common phenomenon across the country has seen individuals taking easily available pills. Needless to say, taking random pills as a part of a peer pressure or intensive social event is deeply dangerous. Safely disposed of all medications and keep current medications under lock and key to discourage theft and misuse. Many communities offer medication take back days.
 - If you suspect someone has a substance misuse issue, professionals recommend the following steps:
 - Do not wait until the person has hit "rock bottom" The earlier treatment can begin, the better.
 - There are reasons the individual you want to help may not be willing to receive help. According to various surveys people may not know or think they have a problem, people may fear the consequences of getting help, for example, they may be afraid of the impact it might have on their employment or on a relationship or their relationships with their children, they may feel embarrassed or ashamed. These issues the substance use is covering may be even more devastating to the individual. Your job is to stay compassionate and supportive while be clear and consistent in your communication.
 - Maintain a trusting relationship. Avoid nagging, criticizing and lecturing, yelling, name calling and exaggerating (even when you are stressed out yourself).
 - Ensure you are not engaging in addictive behaviors yourself, even in moderation (they will think you are a hypocrite).
 - Don't try too hard to protect the addicted person from the consequences of their own actions (unless it is harmful to themselves or others, for example, drinking and driving).
 - Take care of yourself. This is stressful, and you may need to get your own help going through this process.
 - Although you may feel tempted to let employees know that their addiction is a problem and that they need to change, the decision to change is theirs. They are much more likely to be open to thinking about it if you communicate honestly but in a way that does not threaten them.
 - Help them find treatment and offer support before doing and after treatment
 - Support after a detox can be the most critical time to offer social and emotional support. Engaging in favorite activities, and ensuring social environments are substance free can be especially helpful.

Step Six: Our company is committed to creating a recovery friendly workplace. If one in three families in the US are affected by this illness, we know employees, their friends and neighbors are all affected. We are taking these steps to support recovery from addiction.

(insert your comments here, example might include:

- Increasing education available through lunch and learns like this one
- Placing recovery focused posters around our workplace
- Listing Community Resources on our intranet
- Discussing coverage for addiction recovery support services with our health insurance providers
- Adjusting our policies to be more recovery focused
- Supporting National Recovery Month
- Exploring partnerships with local recovery community organizations and other community supports

Step Seven: Thank you for coming today. Let me know if you have questions or ideas about how we can support recovery here in our company.

As we close this session consider the recovery story of this individual as he faced his fears in returning to work:

My story

“My first day returning to work after being treated for a severe opiate addiction was one of the most daunting moments of my life. As it turns out, the transition back to work after someone is treated for an addiction can be profoundly stressful. People recovering from addiction already tend to suffer disproportionately from guilt, shame, and embarrassment, and these feelings are often brought to the forefront during the unique challenges of returning to work.

Stigma is what differentiates addiction from other diseases and is primarily what can make the return to work so difficult. If I had been out of work to receive chemotherapy or because of complications from diabetes, I certainly wouldn't have felt self-conscious or self-doubting upon resuming my employment. With addiction, due to the prejudices that many people in our society hold, the return is psychologically complex and anxiety-producing.

I was walking right into the fears, preconceptions, and potential disdain that my new office mates might share toward people suffering from a substance use disorder. For all I knew, I was the “dirty addict” that they now, against their wishes, had to work with.

As I walked through the door on my first day back, I did feel everyone's eyes on me, and I did wonder if they were judging and criticizing me, but I made it to my desk without incident, and managed to power through my self-consciousness and get into the flow of my work. Every day, it became easier as I did a good job, deepened my connections with my colleagues, and accumulated good will, which would eventually replace any negative images that may have accompanied my arrival. Within weeks this was a non-issue, though at office get-togethers, my co-workers still somewhat awkwardly don't know whether to put a wine glass at my place setting.”¹¹

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SECTION FOUR

Treatment

TREATMENT OVERVIEW

Bill Moyers: "So addiction is not any one thing? It's not enough to know that someone is addicted if you want to help him?"

William White: "We can say that addicts all share in common some problems in their life related to their relationship to alcohol or other drugs, but the nature of those problems and how those problems develop may be very, very different, and resolving those problems may require some very different strategies."

- Bill Moyers Interview with Bill White, Spring, 1998¹

Treatment varies for each individual based on what he or she prefers, the resources and services available to them, the payment structure for that service, the severity of the illness, the amount of social support available to the individual and other variables.

The addiction related diagnostic guidelines in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) characterizes the illness as "mild, moderate or severe" based on a range of characteristics.³

The Surgeon General's report provides this overview of treatment based on the severity of the illness⁴

It's important to understand how your healthcare insurance provider has defined medically necessary services and criteria to ensure your employees have access to the right programs and service to help them reach and maintain recovery.

Screening through the primary care physician's office is a good way to identify addiction early. Like any illness, early identification and treatment is always preferable. Checking if your healthcare insurer promotes and rewards screening for addiction misuse is one practical step you can take as an employer. Promoting routinely yearly healthcare checkups is another.

The goals of substance use disorder treatment are similar to those of treatments for other serious, often chronic, illnesses: reduce the major symptoms of the illness, improve health and social function, and teach and motivate patients to monitor their condition and manage threats of relapse. Substance use disorder treatment can be provided in inpatient or outpatient settings, depending on the needs of the patient, and typically incorporates a combination of behavioral therapies, medications, and recovery support services.⁴

Some services, such as withdrawal management, may be offered through an inpatient service. Other services such as medication assisted treatment can be done in the community. Ensuring your health insurance coverage covers in-patient treatment and medications used in treating addiction recovery challenges is another practical step you can take to support recovery. Both the recent Mental Health Parity law and Affordable Care Act mandate that coverage for mental health and substance use disorder be at a level comparable to treatment for other illnesses such as diabetes and heart disease. Insurers who do not offer comparable hospitalization, access to providers, and medication for all health conditions are legally liable. Asking your health care insurance provider about how they meet and exceed the standards of parity is a key step in negotiating any new health insurance policy for your company.

MEDICATION BASED TREATMENT

Medications used in the treatment of substance use disorders should be reviewed to ensure they are listed in the pharmacy benefit management (PBM) program and have low co pays that are at the same level as other medications. Listing the medication on a formulary sheet but demanding a high copay creates a barrier to treatment that reduces the likelihood that your employees and their family member can successfully move to recovery. Medication generally used in the treatment of substance use disorders include:

- Buprenorphine – Naloxone
- Buprenorphine
- Methadone
- Naltrexone
- Acamprosate
- Disulfiram⁴

Pharmacy benefit programs (PBMs) should also have programs in place to identify problematic patterns such as asking for prescriptions from multiple providers, use of medications such as opioids for extended periods of time, and over prescription patterns of providers.

While Narcan is not a treatment per se, it is a medication that can be injected or used nasally to reverse the effects of an opioid overdose. The effects of an opioid overdose develop slowly over a period of one - three hours. Within that window of time, Narcan can be injected or sprayed into the nasal passages. It blocks the effect opioids have on breathing and heart rate in the brain and so can keep a person who has used an opioid alive.

The state of Nevada has passed SB 459, known as the Good Samaritan Drug Overdose Act to allow the use of Naloxone by both healthcare professionals and lay people alike. It is available at no charge through many pharmacies such as Rite Aid in the state of Nevada. Rite Aid has also indicated that no prescription is needed.

The Act prevents you from being prosecuted for any narcotics-related offenses when you seek good-faith medical assistance for yourself or another person for a drug or alcohol overdose or other medical emergency and provides immunity for lay people acting in good faith administering an antidote to an individual they believe is going through an opioid overdose.⁵

According to the CDC, more than 74 Americans die each day from an overdose involving prescription pain relievers or heroin. Your company can train key staff members on the signs of opioid overdose and the administration of Naloxone. Various organizations in Nevada can provide the training or help you locate a qualified trainer for your company.

COUNSELING SERVICES TREATMENT

Most individuals in treatment will also use counseling services to help understand the underlying issues around the misuse of substance, manage triggers that might result in relapse, and untangle relationships that may have been damaged as a result of the illness. Individual therapy, group therapy, and family therapy are all often used as a part of the treatment process. Ensuring therapy is covered through your benefit plan at reasonable co-pays with few barriers such as preapprovals or limits to the length of therapy will help your employees and their family member achieve recovery.

Employee assistance programs (EAP) are often helpful for individuals as they're considering treatment and as they are adjusting to life after treatment. Often employee assistance counselors have specific training around addiction. Since they are phone based they can be easy to connect with and, as is true for all treatment, EAP services are confidential in nature.

Recovery supports are covered in a different section of this toolkit and are also an important part of the treatment process. Many health care insurers will pay for recovery support services such as recovery coaches, telephone recovery supports and even special programs like online tools and apps. Many also offer case managers who can facilitate treatment and try to help eliminate barriers to care.



How do you know if your health insurance coverage is “GOOD” “BETTER” or “BEST”?
Every situation will vary but the following can be a guideline for consideration:

GOOD

- Limited access to inpatient treatment. Low or no copay.
- Offers literature to primary care doctors to encourage screening.
- Medical necessity guidelines aligns with national criteria.
- PBM programs to identify over prescribers, prescriptions for extended periods of time and prescriptions from multiple providers. Programs are in place to act within a few months.
- Access to treatment through pre-approval and designated providers.
- Access to designated individual, group and family therapy providers. Preapproval needed. Modest copays.
- Access to some Medicaid assisted therapy with modest copays.
- Offers limited sessions (six or fewer) of EAP services during regular business hours.
- Offers care manager support.

BETTER

- Generous access to inpatient treatment with low or no copay
- Promotes Screening in the primary care physician's office through education
- Medical necessity criteria aligns with national standards as found in American Psychological Association Guidelines, American Psychiatric Association guidelines, DSM-5 diagnostic criteria and the Surgeon General's report; and promotes a range of treatment strategies based on a continuum of care.
- PBM programs to identify over prescribers, prescriptions for extended periods of time and prescriptions from multiple providers. Programs are in place to take action within a few weeks.
- Access to treatment through designated providers only.
- Full access to individual, group and family therapy. Limited preapproval. modest copays.
- Access to Medicaid assisted therapy – low copays.
- Offers generous access to EAP services during regular business hours.
- Offers care manager support.
- Offers recovery support service like peer coaching or phone check ups.
- Offers online tools and resources.

BEST

- Unlimited access to inpatient treatment with low or no company
- Promotes Screening through the primary care physician's office through special programs and incentives
- Medical necessity criteria aligns with national standards as found in American Psychological Association Guidelines, American Psychiatric Association guidelines, DM-5 diagnostic criteria and the Surgeon General's report; and promote the full range of treatment strategies based on a continuum of care.
- PBM programs to identify over prescribers, prescriptions for extended periods of time and prescriptions from multiple providers. Programs in place to act immediately.
- No wrong door access to treatment so any provider can start the treatment process and pre-approval is limited.
- Full access to individual, group and family therapy. No preapproval. Low copays.
- Access to medication assisted therapy – low or no copays
- Offers generous sessions of EAP services during regular business hours and week day evenings.
- Offers care manager support.
- Offers recovery support service like peer coaching or phone check ups. Offers online tools and resources.

As we close this section, consider the importance of a wide range of treatment strategies to the success of this woman's recovery.

My story

"Five days a week, Cristin wakes up before dawn and calls her employer to get her assignments for the day. As a mobile phlebotomist, the 36-year-old visits assisted living residences, nursing homes and drug rehabilitation centers where patients need medical tests.

"She's been able to escape a lot of the negative cycles that occur with long-term substance abuse," her doctor says. She's successful in her job, happy in her relationship and even thinking about having kids. "She's made wonderful decisions and has really come a long way."

Cristin took the pills as prescribed, and they helped with her back pain, allowing her to keep working as a waitress in spite of the disk problems. But after about a year her doctor refused to renew her prescription, saying she had been taking the pills for too long. The doctor referred Cristin to a pain clinic, where she might find other ways to keep her back pain in check. But the clinic did not take her insurance, and as Cristin scrambled to find an alternative opioid withdrawal symptoms set in, including chills and vomiting. "My boyfriend at the time, his brother was into heroin," she says. "He said, 'Try a little bit of this.' I sniffed it first, and it made all my sickness go away."

After a few months, sniffing heroin stopped mitigating her pain, and another friend encouraged her to try injecting the drug. I said, "Why would I do that?" Cristin says. "He said, 'You'll use less of it and feel it stronger.' I let him do it for me, and I was blown away."

Cristin continued her methadone treatment at a community treatment center, which provides treatment regardless of insurance coverage or ability to pay. She benefited from its comprehensive approach, including broader psychiatric care, which can be an important component.

At the community treatment center, Cristin started meeting with a psychiatrist. "She's awesome," Cristin says. "By far, the best psychiatrist I've ever had. And I've gone to quite a few."

Her psychiatrist suggested natural ways for Cristin to deal with some of her problems, such as relaxing and drinking herbal tea before bedtime to avoid insomnia. She prescribed medications for issues such as the anxiety, and because Cristin loves to read she often sent her home with book recommendations.

Cristin stayed on methadone for about five years, for withdrawal avoidance and for help otherwise feeling normal. But she didn't like the stigma associated with the drug. And methadone treatment requires people to visit a clinic every day to receive their dose or, at best, take home a week's worth.

Patients who stop methadone suffer from high rates of relapse to illicit drug use. But when patients are stable in their lives, have support and have not used illicit drugs in a long time, doctors may try to taper them off in the hope that they may be among the percentage who do well without medication.

Doctors make a careful determination. "She said I would be a good candidate for buprenorphine," Cristin says. Methadone and buprenorphine have different pros and cons. For example, methadone has a wider range of doses and blood levels are easily monitored to tailor doses to individual's needs, but buprenorphine has less overdose risk.

So doctors make a careful determination about which treatment is best for each patient. Treatment with extended release injection naltrexone, which is administered by intramuscular injection monthly and works by a very different mechanism, is also an option for some people who prefer not to take medications that stimulate opiate receptors.

Cristin's buprenorphine prescription is administered through sublingual strips. "You put them under your tongue and let them dissolve, and that's it," says Cristin, who takes two at home every morning. "It blocks opioids, but doesn't make you feel sick," she says. "It's a pain reliever, too, but not to the point where you feel numb. And it doesn't make you feel tired. You're more alert."

Christin started focusing on her career, deciding to follow her parents' footsteps into health care and became a home health aid, then a certified nurse assistant and finally a certified phlebotomist. "I had an inkling I'd be good at it," she says.

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SECTION FIVE

Policies to Support Recovery

MEDICATION BASED TREATMENT

“Before I got sober, I had a job, 401K and insurance — everything that looked good on paper. But I did not know how to live in reality. Sober living taught me how to live in the real world sober. I went to meetings, I got a sponsor, and I worked the steps. I had people that supported me. I learned how to build relationships with other people but also learned about myself.”¹

Your company policies should create both a compassionate person centered, non-stigmatizing work environment and maintain a standard that holds individual's responsible for excellent work and positive, ethical and safe behavior. Finding the right mix in your policies to support recovery is not simple, but is possible.

A good place to start is to create your goals for policies that impact on recovery. A few thoughts might include:

- To ensure a safe working environment
- To retain valuable employees
- To support employees who might be affected by addiction in family, friends and others so that presenteeism is reduced
- To be an effective community partner in dealing with this impact full illness
- To reduce barriers to treatment by decreasing company stigma, increase knowledge, and communicating local resources
- To meet mandatory state or contract guidelines

Another way to start thinking about recovery supportive policies is through the lens of the Recovery Bill of Rights, endorsed by the American Society of Addiction Medicine, NAADAC, the Association of Addiction Professionals, the National Council for Community Behavioral health, Face and Voices of Recovery, and White Bison among many other prestigious organizations. All eleven rights outline in the Bill of Rights are important.

THERE ARE 11 POWERFUL RIGHTS IN THE BILL OF RIGHTS LOCATED HERE:

<https://facesandvoicesofrecovery.org/what-we-do/public-policy/recovery-bill-of-rights.html>

IT'S WORTH LOOKING AT EACH ONE. CONSIDERING EVEN JUST ONE CAN HELP YOU LOOK AT YOUR POLICIES WITH NEW EYES.

HOW DO YOUR POLICIES STACK UP?

In other sections of this tool kit, we have discussed ways to decrease stigma through education and messaging, to increase coverage through communicating treatment options and maximizing health care coverage, enhancing and communicating recovery supports available to your employees. A recovery friendly organization also needs to review hiring and promotion policies to ensure they reflect a recovery perspective.

While employing individuals contingent on a pre-employment drug screen is often a standard practice, unfortunately some employers have routinely avoided hiring individuals who are in recovery or have disclosed that they have been treated for an addiction in the past. Employers should refrain from asking employees about their use as part of the pre-hiring or pre-promotion drug-testing process. While the case law in this area is still evolving, some state courts have ruled that requesting such information constitutes a form of discrimination and is in violation of the ADA.

Data has shown that compared to the general population, people in recovery miss fewer days of work, have lower health care utilization, and stay at their jobs longer.³ Denying employment for individuals who have shown the discipline, grit and resiliency to move beyond addiction can deny your organization access to a pool of high performing individuals.

Some companies have an “unwritten” policy of denying advancement for individuals who have struggled with addiction, fearing it makes them “unreliable.” The Surgeon General's report compares addiction to other chronic health conditions such as diabetes and hypertension.⁴ It is unlikely your company avoids promotion of individuals living with diabetes and hypertension.

An “unwritten” policy soon becomes known through observation and it reinforces a concern among workers that it is not safe to seek treatment for addiction. Promoting individuals who have gone through the hard work and discipline of moving to recovery from addiction, and managing a chronic condition promotes leaders with excellent personal skills and determination - great qualities for any employer.

Other policies, both written and unwritten can impact individual's willingness to seek treatment and work recovery supports while employed. For example,

- Do your paid time off policies allow individuals the ability to use time for doctor visits? Do they allow the use of a few hours, or must a full day be used for each appointment? Do employees have to "justify" or explain their need for time off?
- Are individuals automatically terminated if they seek treatment for a substance use disorder? Do they think they will be terminated?
- Do your policies mandate a one strike rule, if employees are shown to be using, drinking or otherwise under the influence of a substance during work hours? Or, might your policies offer a series of consequences with termination being a final option only after the use of other strategies such as warnings paired with promoting treatment and recovery supports?

Of course, you must have a safe drug free workplace. There are many resources available to you as you develop policies to support and ensure a drug free work place. The Substance Abuse and Mental Health Services Administration's drug free workplace webpages⁵ can offer you resources to balance legal necessity, safety and a recovery friendly workplace. Other resources include:

- The Drug-free Workplace Act of 1988 laws are designed explicitly to target workplace substance use. They legally compel certain types of employers to take action against drug use in the workplace, such as by developing a written policy. To learn more about the Drug-free Workplace Act, visit the Department of Labor's (DOL) Drug-free Workplace Advisor.
- The Americans With Disabilities Act (ADA) is perhaps the most important federal civil rights legislation that affects employers when developing and implementing drug-free workplace policies. It prohibits all U.S. employers with more than 15 employees from discriminating against qualified job applicants and employees because of a physical disability. The ADA does not, in any way, prohibit employers from having a drug-free workplace policy, nor does it provide any special protection to individuals who are currently using illegal drugs. However, it does make it illegal for employers to discriminate against recovering alcoholics and drug users who have already sought treatment for their addiction.
- The Civil Rights Act (PL 88-352) is a landmark law that prohibits private employers with 15 or more employees from discriminating against individuals on the basis of race, sex, religion, or nationality. Employers implement a drug-free workplace policy need to keep in mind Title VII of the Civil Rights Act. While challenges to drug testing or drug-free workplace policies under this legislation are relatively rare, employers should make sure that their programs treat all workers equally and avoid singling out any racial, ethnic, or gender group for testing or disciplinary action.

In large workplaces that are racially and ethnically diverse, it is also wise to involve a diverse and representative group of employees in formulating your policy. This will help ensure that you produce a program that is culturally competent, fairly enforced, and sensitive to the needs of all employees.

More information on Title VII of the Civil Rights Act is available from the Equal Employment Opportunity Commission (EEOC).

- The Family and Medical Leave Act (FMLA) (PL 103-3) applies to all public agencies and to private employers with more than 50 workers. Under FMLA, these employers must allow employees who have worked for the employer for at least one year and who have worked at least 1,250 hours in the past 12 months to take up to 12 weeks of unpaid, job-protected leave because of their own serious health condition or to care for a spouse, child, or parent who has a serious health condition.

Eligible employees may use their FMLA leave to deal with substance use disorders and related problems, including:

- Treatment of drug or alcohol addiction
- Treatment of another physical illness or incapacity related to substance use (such as kidney failure)
- Caring for a close family member who is undergoing treatment for these conditions

FMLA also prohibits employers from retaliating against workers who request FMLA leave. For example, an employer cannot demote, fire, or refuse promotion to an employee simply because that employee takes 12 weeks off for treatment of a substance use disorder. Employers also are prohibited from taking any action against workers who request time off to care for addicted family members. For more information, visit the Department of Labor's (DOL) FMLA guide

Employers implementing drug-free workplace policies in unionized workplaces need to be aware of the requirements of the National Labor Relations Act (NRLA). Passed in 1935, this law provides a legal framework for all management and labor negotiations. Under NRLA, any drug-testing program affecting unionized workers must be negotiated and agreed on with the union through a formal collective bargaining process. Even when an employer is required to implement a drug-testing program by another federal mandate, such as the Omnibus Transportation Employee Testing Act of 1991, the employer must negotiate with the union to determine exactly when testing will be conducted and what penalties should apply to workers who test positive for drug or alcohol use.

All too often, employers assume that negotiating a drug-testing agreement or drug-free workplace policy with their unions will be an unpleasant and adversarial process. However, some unions actually support such programs because of their potential to reduce workplace injuries and accidents. More information on how employers can work collaboratively with unions is available from the National Labor Relations Board (NLRB).

Employers who have drug-testing programs need to be extremely careful not to single out employees for testing simply because they look or act as though they are under the influence of drugs or alcohol. Many of the physical symptoms that are commonly associated with intoxication—slurred speech, disorientation, or a lack of coordination—can also be the result of a serious physical disability or medical condition, such as diabetes, low blood sugar, or mental illness. Individuals with these conditions are protected under the provisions of the ADA. Singling them out for testing or disciplinary action could result in charges of discrimination.

AS YOU MAKE CHANGES TO POLICY CONSIDER THE FOLLOWING STEPS:

- Review the workplace’s policy, program, and rules with new hires and existing employees. As new hires begin work, make the review part of their orientation package and include it on the company intranet or internal website.
- Discuss how employees and their families can get help—for example, through an employee assistance program (EAP), community supports, a health and wellness program, employer-sponsored health care coverage, or other channels.
- Discuss how employee performance issues are evaluated with respect to the program.
- Discuss how management referrals and self-referrals for assistance are handled.
- Provide details about the circumstances, procedures, and other elements of drug testing (if testing is included in the policy).
- Explain all of the employee protections that are included in the policy, including how violation information will be communicated internally and externally.
- Provide information about substance misuse, the symptoms of drug misuse and abuse, and their effects on performance. You might also include information related to the use of medications and the employee’s responsibility to be fit for duty.
- Discuss prevention resources such as health and wellness programs, helplines, and other community resources. Explain how to seek assistance. Share resources available to the employee’s family.

Policy is the framework that your company used to set culture, promote recovery, maintain a safe workplace and retain excellent employees.

TAKE A MOMENT TO DEVELOP YOUR LIST OF ACTION STEPS:

Our goals for substance use disorder policies include the following:

- 1 _____
- 2 _____
- 3 _____

We will review policies and build strategies for:

- Hiring
- Promotion
- Use of paid time off
- Use of healthcare benefits
- Drug testing
- Use of Family Leave
- Repercussion for and supports for individuals testing positive for substance use during working hours
- Communicating new policies and benefits

As you consider your policies, keep in mind the impact of addiction among family members has on your workforce as revealed through this woman’s story on the next page:

My story

"What most people outside my own family circle did not know is that I was hiding a painful secret: I am also the daughter, stepdaughter, granddaughter, daughter-in-law, sister-in-law, niece, great niece, aunt, and cousin to alcoholics. Nothing impacted me more than when my younger brother Brett became addicted to alcohol.

My brother and I were surrounded by alcohol addiction our whole life; it is in many branches of our family tree. By 2005, this journey with my brother had become such an insane, out-of-control story that I started taking notes. I told him that I was going to write a movie about his life—I didn't think anyone would believe such events could happen "just from alcohol."

I told him it was a powerful and important story to share. Eventually, most people will innocently take that first sip. Before they do, they should be aware of the danger signs of alcohol addiction.

My journey involves 12 years of severe addiction. Love. Support. Doctors. Therapy. Psychiatrists. Psychologists. My brother's attempts at rehab.

In the late stages of this brain disease, he didn't believe he was dying. He eventually lost his battle with alcohol addiction in March 2012. We both had so much hope. So much help. What went wrong?

We say addiction is a disease. Science has proven it. The law even says it's true. But it isn't treated like that—it just isn't, and that is the painful truth. But if we truly all want to be part of a changing world, we need to be brave and honest with ourselves.

The stigma and shame do not begin in society, the hospital, or the media. The stigma and shame often originate in our own families, behind closed doors.

I know all too well. From the time I was a little six-year-old girl, I overheard those whispers. Although those who surrounded me didn't say it directly, the message was loud and clear: "Addiction is shameful. You don't talk about it and you hide it at all costs."

We need to begin the conversation in our own homes, with everyone, including our young children. Until then, many of us will never find the courage to get the help we need and perhaps speak publicly if we can't even speak privately in our own families.

I am committed to facing addiction and being a face and a voice from the family perspective. I want to share my message and shed a bright, beaming light on addiction and the need for help for the whole family.⁶

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RECOVERY IS POSSIBLE, TREATMENT WORKS.

My story

“My name is Richard and this is my story. When I was “out there” in active addiction I was vaguely aware of what “addiction” was.

My job exposed me to the mental health world as I worked in healthcare. I was not a clinician, so my knowledge remained on a superficial level. However, I was aware that the Diagnostic and Statistical Manual (DSM) was the “book” used to diagnose both mental health and substance use disorders.

I had access to these manuals via my “psychiatrist co-workers” in the health system. On many occasions, I found myself looking over the criteria for substance abuse and dependency—as it was called at that time; 1998. I would read the criteria and read it over and over again. I would dissect the words and see if it applied to me. I was not living under a bridge or eating out of a dumpster. I had not been to jail. I was losing my family... but I had not lost my family.

Most of my consequences were internal. I was never sleeping. I was “dope-sick”/experiencing withdrawal on most days but didn’t really know what was happening to me. I was using opioid based pain pills that I was getting prescribed (from several doctors). I never bought it off the street.

This allowed me to buy into the concept that “it was from a doctor and couldn’t be that bad”. I was always running out early. I was always terrified of running out early. I had suicidal thoughts.

But no one really knew what was going on with me. Not even my family.

I was in an internal hell. But it wasn’t dramatic, and I wasn’t a “scumbag, liar, cheater, and thief” of an addict. I was a pretty high functioning person who was quietly, yet desperately, dependent on substances to get through the day. Oh... on a side note: alcohol was ever present, and I was probably more dependent on that substance. It was just socially acceptable and therefore I didn’t identify it as the main problem.

Man... I would look at that Diagnostic Manual and play with the criteria in my mind. The manual said “inability to control use” was a symptom. I would tell myself that really didn’t apply to me because “it wasn’t lack of control. I actually wanted to drink 24 beers and eat 10 Percocet... so I was in control... it was my choice”. The manual said “can’t cut down” was a symptom. I would tell myself that I really could cut down if I wanted “I just haven’t decided to yet.” The manual said “interpersonal problems due to using.” I told myself that my wife had an attitude problem and it really wasn’t on me. And I looked at this manual over and over... and as time went by I had more and more trouble writing it off. But I was always able to do so. Because I was NEVER TALKING TO ANYONE ABOUT THIS.

My mom, my wife, told me to see counselors or “go to AA” and I flat out refused. I was clueless as to what was happening to me. I turned the book upside down to see if it made more sense from a different angle. I couldn’t figure it out. Once I went to an EAP counselor and I was just waiting for her to ask me about my use and give me some answers. But all we talked about was “stress” and “career planning”.

You see... she wasn’t a drug and alcohol “specialist”. So we didn’t go there.

I just simply never discussed my substance use with anyone despite the fact that it was destroying my life. And it got worse and I did temporarily lose my mind and my family and my sense of purpose and my future.

- Why did it have to roll on so long????
- Did I have to “hit bottom”?
- Did I have to “become ready”?

Or

- Would I have benefitted from a conversation?

As you can probably assume...I eventually found recovery and went back to school and got a graduate degree in Sociology with concentration in Addiction studies, became a therapist, went back and got an MBA with a concentration in healthcare management. I jumped through a bunch of hoops and got licenses and certifications. I started working in the field in 2001—basically as soon as I entered recovery. And I’ve learned a lot. Both personally and professionally.

Based on all this... What do I believe people need to know:

- Substance use disorder. It is a real problem. It’s a brain issue. It’s not bad behavior or just a bad habit. It will get worse and it will not just go away on its own.
- That said... it takes on many different variations. Just like other diseases there are different stages or different “species” of addiction. There is no such thing as a garden variety drug addict—as you so often hear people say. The word addict is demeaning and people say addicts are scumbags and liars and cheaters and thieves. That doesn’t help and it’s not accurate. It’s an individualized experience. Don’t buy into the hype.
- Following logically behind premise number 2—there are multiple ways to “get better”. There is no one prescribed way to recover. It is an individualized experience.

- I wish someone would have engaged my family in the process. Families are profoundly impacted and deserve information. Families should be included not removed from the process. Unless their involvement is dangerous for the person needing recovery or for the family members.
- You are allowed to talk to someone without making a commitment to quit everything all together and “never take another drink”. This would have been the most beneficial piece of information for me when I was “out there”. I stayed away from “addiction counselors” for years because I wasn’t going to “quit everything”.
- You don’t automatically need to go to rehab. There is actually a clinical assessment process that indicates level of care. You would never know that based on the media and based on the behavior of some rehab marketers. But rehab is not always necessary.
- There are many people in recovery who did not go to jail and/or ate out of a dumpster. We have allowed ourselves to become caricatures and we promote stereotypes of the scumbag drug addict. I’m sure this chases many people away from recovery. Don’t buy into that... it’s a very diverse crowd.
- There is medicine available that can support recovery. Staying alive is first on the agenda. Don’t let uneducated and uninformed people tell you otherwise. It’s not the only option. But it is an option.
- It may be hard to find people who are willing to meet you where you are at in the process of change. Keep looking. Professionals are wrong when they blindly confront you and prescribe one size fits all solutions. Don’t quit the process based on a bad experience. Find another meeting or another therapist or another program. Be your own advocate.
- If you are using heroin or “pills from the street” (or apparently cocaine)–In today’s world of carfentanil and fentanyl please understand you are playing Russian roulette every time you use. It is better to seek help even if you are “not sure you are ready for recovery” and let a professional help you figure out options... than it is to continue on until you “hit bottom”. Hitting bottom today means death...too often.

**YOU WILL BE ABLE TO SLEEP AGAIN.
YOU CAN GET BETTER, LIFE CAN GET BETTER.
YOU WILL BE ABLE TO LOOK AT YOURSELF IN THE MIRROR AGAIN”¹**

Reference

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YOUR INVOLVEMENT MATTERS

Appendix

THIS APPENDIX IS A BEGINNING RESOURCE TO HELP BUILD YOUR RECOVERY FRIENDLY WORKPLACE.

Digging Deeper

Nevada's Recovery Friendly workplace website is the first place to go for information and resources.
http://dpcb.nv.gov/Programs/ClinicalBHSP/dta/Training/Recovery_Friendly_Workplace/

For more about the science, data, and treatment of Substance Use Disorders, the Surgeon General's report Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. is your best resource:
<https://www.surgeongeneral.gov/library/2016alcoholdrughealth/index.html>

For more about addiction and the work place, start there: <https://www.samhsa.gov/workplace>

For some of the best thinking on recovery, including tools, resources and articles, dig into William White's free website:
<http://www.williamwhitepapers.com/>

Local Recovery Community Organizations and Resources

The Foundation for Recovery is Nevada's state-wide Recovery Community Organization. Foundation for Recovery offers a variety of peer recovery support services, programs and events which are designed and delivered by people who, themselves, have experienced both addiction and mental health recovery. <https://forrecovery.org/>

For a list of Recovery support services available to individuals in Nevada, this is a one stop webpage:
<https://forrecovery.org/recovery-support-services/nv-resource-directory/>

To locate AA meetings, use this resource: <http://www.nevadaarea42.org/find-an-aa-meeting/>

To locate family Al-Anon groups start here: <https://al-anon.org/al-anon-meetings/>

For a range of other support groups, start here: <https://findtreatment.samhsa.gov/locator/link-focSelfGP#.W9ceAWAm42w>

For online programs and support, these three resources are good places to begin:

- InTheRooms.com is the World's Largest, Online Social Network for the Global Recovery Community. InTheRooms is for people already in Recovery, Seeking Immediate Help from any Addiction, and their Family, Friends and Allies <https://www.intherooms.com/>
- Renew Every Day supports individuals recovering from drug and alcohol addiction and their loved ones by providing relevant and engaging information and resources to keep them connected and encourage them to create and embrace a healthy lifestyle as they recover in the real world. <http://www.reneweveryday.com/>
- 7 Cups of Tea is an online emotional support service. Through a secure, anonymous bridging technology, we connect those in need of emotional support with our network of Active Listeners, individuals from all walks of life who want to provide compassionate care. Connections to Listeners are private, one-on-one conversations initiated on demand. <https://www.7cups.com>

Posters

The Recovery Bill of Rights poster can be downloaded here:
<https://facesandvoicesofrecovery.org/what-we-do/public-policy/recovery-bill-of-rights.html>

101 Ways to Grow Recovery poster can be downloaded here:
http://www.illinoismentalhealthcollaborative.com/consumers/posters/101_Ways_to_Grow_Recovery.pdf

Posters created by the National Institute of Drug Addiction can be found here:
<https://www.drugabuse.gov/publications/finder/t/224/Posters>

Posters created by the Substance Abuse and Mental Health Services Administration (SAMHSA) can be located here:
<https://store.samhsa.gov/term/Poster>

There are many sources for paid posters that encourage recovery, a few to consider include:

- <https://www.cafepress.com/+recovery+posters>
- https://www.amazon.com/s/ref=nb_sb_noss?url=search-alias%3Darts-crafts&field-keywords=addiction+recovery+poster

Treatment Centers

The best places to start your journey to find the right treatment facility is through your primary care provider (family doctor) and your health insurance provider. Your primary care doctor will know what facilities s/he recommends, your insurance provider will know which providers, facilities and services are covered through your insurance plan.

The Nevada hotline and website can help (775) 684-4200 - <http://www.health.nv.gov>

Another option for locating treatment facilities is the SAMHSA treatment locator: <https://findtreatment.samhsa.gov/locator>

Care should be taken when searching for addiction treatment centers on line. Many programs are run to make a profit, and some make unfounded promises. It can be hard to sort through all the claims and promises to find a reputable facility. Starting with your primary care doctor and your health care insurance provider can assist you in finding the highest quality providers that are covered through your insurance programs.

For individuals without health insurance, this link may be helpful:
<https://www.choosehelp.com/topics/drug-rehab/a-guide-to-getting-into-rehab-without-insurance>



AS AN EMPLOYER YOU CAN HAVE A HUGE IMPACT.
THANK YOU FOR BEING PART OF THE SOLUTION.



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