AGC MA
BUILDING THE PATHWAY TO PREVENTION
Opioid Use Prevention H.R. Manual for Employers

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INTRODUCTION

together we can stop this deadly epidemic

Brought to you by the MA Construction Advancement Program
Introduction

Substance use disorders (SUDs) are a major national issue. Nearly 22 million Americans aged 12 or older have a SUD. In the construction industry, this problem is especially concerning. The opioid death rate for construction workers is six times the rate of the average for Massachusetts workers. As an employer, it is important to support your organization in understanding and addressing SUDs, but it is also difficult.

In conjunction with The Grayken Center for Addiction at Boston Medical Center (BMC), AGC MA has put together a Substance Use Disorder Best Practices Manual specifically for the construction industry. The purpose of the manual is to help companies navigate this complex, and often stigmatized, subject. Within the manual, you will find information, sample documents, and resources, which your organization can adapt to your own needs.

The content covers three categories: Organization, Managers, and Employees.

Organization

This section of the manual provides information and tools for the organization as a whole. Part one focuses on developing policies and procedures. It includes sample documents to assist you in the creation or update of your own policies and resources, including a Drug and Alcohol Policy and an Absence Management Guide. Part two focuses on engaging the organization. It includes documents related to creating an awareness and understanding of SUDs, starting with senior leadership, then spreading throughout the organization.

Managers

In their role, managers are likely to encounter employees dealing with SUDs. This section of the manual includes documents that can be distributed to managers to equip them with knowledge and understanding of SUDs, so they can properly respond to their employees’ needs and refer them to the correct resources.

Employees

With the prevalence of SUDs in society, many employees are directly impacted. This section of the manual includes documents that can be distributed to employees as they seek support and resources for themselves, friends, family members, and/or colleagues.

We hope that the resources included in this document will be helpful to your organization and its employees.
Whether you have just encountered a Substance Use Disorder (SUDs) in your organization or you simply want to understand and address SUDs before a specific issue occurs, you can use this roadmap to guide you through the process.
1. Organization

Part One: Developing Policies and Practices

• Sample Benefits Coverage Questionnaire
Having appropriate mental health and SUD coverage for employees is an important part of the medical coverage you provide. This document is a guide for you, as an employer, to ensure your employees and their family members are receiving comprehensive and affordable health insurance coverage for the treatment of SUDs. It can help you to frame discussions with your insurance carrier to ensure your plan is providing appropriate levels of coverage.

• Sample Employee Guide for Absence Management
When seeking treatment for a SUD or helping a family member with an SUD, employees may need time away from work. Privacy concerns can often be a barrier for employees seeking the time off they need to address the problem. This document acts as a guide for employees on the different types of leaves of absence (LOA) that your organization offers, including when and how to apply. It can be adapted to meet your organization’s needs.

• Sample Drug and Alcohol Policy
Make sure your employees understand your organization’s policies on drug and alcohol. This document is a sample Drug and Alcohol policy. Consult your legal department to confirm your policy is appropriate for your organization.

• Sample Mental Health & Addiction Resource Guide
Create a guide that can be leveraged by all non-union employees to build awareness around SUDs and foster a work environment that is free of stigma and supports your employees’ needs. This document is a sample guide, containing the resources available for mental health and addiction through both your company and through local and national organizations. Adapt it to your organization and make it accessible to all non-union employees.
Part Two: Engaging the Organization

• **Sample Communicating the State of the Epidemic Presentation**
Use this sample presentation to help members of your organization understand the opioid epidemic and its impact on the workplace. For example, present it to senior leaders to help gain their support for this cause or use it at a Town Hall Meeting to kick off your SUD campaign. You can adapt this to better fit with your organization.

• **Sample CEO Letter**
Senior leadership should be key communicators for your SUDs program. When employees know that senior leaders are taking the issue seriously, they are more likely to do so themselves. Aligning and gaining support across your organization is an important step in driving a successful internal SUDs program. This sample CEO letter can be adapted and sent out to all employees to demonstrate senior-level commitment.

• **Sample “Words Matter” Handout**
Studies show that stigma is a key barrier for many people who don’t seek treatment for SUDs. Using the right language has a real and direct impact on lessening stigma and on whether people with a SUD get the treatment they need. This document can be used to communicate with employees about stigmatizing vs. non-stigmatizing language.

• **10 Word Stories Campaign Video**
BMC captured the impact addiction has had on their 6,000 employees, by asking them to share their stories using only ten words. Their stories were compiled into a powerful three-minute short film. You can share this video or use it as inspiration to create a similar one for your organization.

• **Sample Materials to Share During Open Enrollment**
Take advantage of the time of year when you already have your employees' attention. Use your company's annual benefits open enrollment period as an opportunity to spread information about SUDs. This document is a sample handout focusing on “Rethinking Drinking.” You can create a similar handout for other SUDs and distribute it during your organization’s open enrollment period.

• **Guiding Principles and Cross-Functional Advisory Teams**
The establishment of guiding principles and a cross-functional advisory team encourages broader awareness, involvement, and deeper engagement across the organization. This document outlines the steps to do so.

• **Organization Checklist**
As you are going through the Organization section of this manual, you can use this checklist to make sure you are taking the proper steps. Please keep in mind that all of the steps may not be necessary or appropriate for your organization. This should be used only as a guide.
2. Managers

- **Sample Frequently Asked Questions by Managers**
  Addiction is one of the most pressing public health crises of our time. Most people have been impacted by addiction in some way. Managers may encounter a range of difficult questions around SUDs. This document ensures that they are equipped with the answers and resources they need to support their employees. It should be adapted to your company’s needs and distributed to managers.

- **Sample Scenarios and Manager Tip Sheet**
  SUDs present themselves in various ways. This document provides examples of issues that may be signals of SUDs, so managers have a better idea of what to look out for. It also includes tips for how to respond appropriately. You should adapt this document to your organization and distribute it to all managers.

- **SAMHSA’s Guidelines for Supervisors (Adapted)**
  As your organization begins to take action around SUDs, educating and engaging managers is key. A range of manager tools and training will help drive the organizational effort at an accelerated pace. SAMHSA has developed guidelines to help support supervisors. This adapted version should be further customized to your organization and distributed to managers.

- **Managers Checklist**
  Managers can use this checklist to make sure they are educating themselves about SUDs and effectively supporting and engaging their employees impacted by SUDs. It can be adapted to meet your organization’s expectations for managers.
3. Supporting and Encouraging Employees

- **Sample Frequently Asked Questions by Employees**
  As employees look for support and resources for themselves, family member(s) and/or colleague(s), oftentimes they have difficult questions to ask their manager, human resources department, and others. This document can be adapted to your organization and distributed to employees as a resource. Managers and HR personnel should be familiar with the content, so they will be equipped to answer employee questions in-person.

- **Sample Scenarios and Employee Tip Sheet**
  While each employee's story is different, it is important to be able to observe signals an employee may be dealing with a SUD issue. This document provides examples of issues that may be signals of SUDs, so employees can recognize some of the signs. It also includes resources for employees to turn to if they believe themselves or others have a SUD. You should adapt this document to your organization and make it available to all employees.

- **Supporting and Encouraging Employees Checklist**
  This checklist ties together all three sections of the handbook. As you are developing SUD materials and initiatives in your organization, use it to make sure your organization is supporting and engaging your employees and also developing and distributing materials to them. Please keep in mind that all of the steps may not be necessary or appropriate for your organization. This should be used only as a guide.
The Opioid Epidemic: Crisis in the Workplace
Introduction

- **Substance use disorders (SUDs) are a pervasive national problem**
  - Nearly 22 million Americans aged 12 or older have an SUD
  - Only 1 in 10 people with SUD receive any form of treatment in a given year
  - Misuse of tobacco, alcohol, and illicit drugs costs the US more than $740 billion as a result of SUD-related crime, lost work productivity, and avoidable healthcare utilization

- Employees in every industry are grappling with substance use disorders – as individuals, family members, and friends – and the construction industry has been especially hard hit. To demonstrate the breadth of this problem, the Grayken Center for Addiction at Boston Medical Center compiled data from multiple different sources. Key findings are shared here.
Content

- The Growing Epidemic
  - National Survey Highlights
  - SUDs in Massachusetts
Data has demonstrated that the US overdose epidemic is spreading geographically and increasing across all demographic groups.

According to the CDC:

- Drug overdoses killed **63,632 Americans** in 2016 and nearly **two-thirds of deaths (66%)** involved a prescription or illicit opioid.
- Overdose deaths increased in all categories of drugs examined for men and women, people ages 15 and older, all races and ethnicities, and across all levels of urbanization.

Source: https://www.cdc.gov/media/releases/2018/p0329-drug-overdose-deaths.html
The rising prevalence of SUDs has led to dramatic increases in infectious diseases, and other societal consequences

- It is estimated that more than 22 million Americans are suffering from a substance use disorder.

- Misuse of tobacco, alcohol, and illicit drugs costs the United States more than $740 billion annually as a result of related crime, lost work productivity, and healthcare associated expenses.

- Significant increases in acute hepatitis C infections across the nation have been attributed to an increase in injection drug use.

- Dramatic increases in maternal opioid use has led to a rising number of substance exposed newborns.

[https://www.cdc.gov](https://www.cdc.gov)
Past year SUD among adults aged 18 to 64 employed full time, by industry category: combined 2008 to 2012

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2006 to 2010 (revised March 2012) and 2011 to 2012.
Content

- The Growing Epidemic
- National Survey Highlights
- SUDs in Massachusetts
Prescription Pain Reliever Use Disorder

Alcohol and Illicit drug use are the two leading contributors

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2014.

A POLITICO/Harvard T.H. Chan School of Public Health poll found that the opioid epidemic is perceived as a major problem by most.

**NATIONAL DATA**

The Public’s Views About How Much of a Problem Opioid Abuse Is in the Country

- Major problem but not an emergency: 53%
- National emergency: 28%
- Minor problem: 11%
- Not a problem at all: 5%
- Don't know/Refused to answer: 5%


https://www.politico.com/f/?id=00000160-2734-d0c8-a9eb-2ff71c200000
A National Safety Council survey of HR professionals found employers have low confidence in their policies on prescription drug use.

### NATIONAL DATA

**Fewer than half of employers are confident in their policies**

- Have in place appropriate policies for this issue
- Insurance and benefits appropriately structured to deal with this issue
- Have in place appropriate processes for helping workers with recovery after treatment
- Quality of procedures for supervisors to follow once they’ve identified workers who are potentially impaired or addicted
- Ability of Supervisor/Management to identify potential impairment or addiction
- Ability of Workers to identify potential impairment or addiction


The economic impact of SUDs cannot be overstated

- The economic costs of SUDs are estimated at $504B or 2.8% of GDP – over 6x larger than the most recent cost estimates
  - 73% of costs are attributed to nonfatal consequences, including: healthcare spending, criminal justice costs, and lost productivity due to addiction and incarceration
  - 27% of costs are attributed to lost potential earnings due to death
- Princeton Economist, Alan Kruger, suggests that the epidemic accounts for a 20% decline in labor force participation among men

*Source: White House Council of Economic Advisers November 2017 – The Underestimated Cost of the Opioid Crisis*
Content

- The Growing Epidemic
- National Survey Highlights
- SUDs in Massachusetts
While opioid-related deaths have begun to decrease slightly in Massachusetts, there is still a lot of work to be done.

Our area has been particularly hard hit by this crisis

Annual opioid-related deaths
Rate per 100,000 people, 2011 - 2015

Source: Massachusetts Registry of Vital Records and Statistics; Massachusetts Department of Public Health
A 2018 study by the MA Department of Public Health found construction workers to be at a particularly high risk for opioid-related death.

- The opioid-related death rate for construction workers is **six times** the average rate for Massachusetts workers.

- Construction and extraction workers accounted for more than **24% of all opioid-related deaths** among the working population.

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**Opioid-related overdose death rates (per 100,000 workers)**

- **Construction and extraction occupations**: 150.6
- **Farming, fishing, and forestry occupations**: 143.9
- **Material moving occupations**: 59.1
- **Installation, maintenance, and repair occupations**: 54
- **Transportation Occupations**: 42.6
- **Production Occupations**: 42.1

Source: Massachusetts Department of Public Health, Occupational Health Surveillance Program (2018); Opioid-related Overdose Deaths in Massachusetts by Industry and Occupation, 2011-2015.
A majority of Massachusetts residents know someone addicted to opioids, and over a quarter know someone who died from an overdose.

*Blue Cross Blue Shield MA conducted a telephone survey of Massachusetts residents on the opioid epidemic.*

https://www.slideshare.net/AndrewDreyfus/massachusetts-public-opinion-poll-the-state-of-the-opioid-epidemic
Massachusetts residents are much more likely than other Americans to view the epidemic as a national emergency

MASSACHUSETTS DATA

Massachusetts Adults

<table>
<thead>
<tr>
<th>Percentage</th>
<th>A National Emergency</th>
<th>A Major Problem but not a National Emergency</th>
<th>A Minor Problem/Not a Problem</th>
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<tr>
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<td>40%</td>
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National Adults

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Few are optimistic about the state of Massachusetts effectively addressing the Substance Use Disorder epidemic

MASSACHUSETTS DATA

- Getting Better: 9%
- Nothing Changing: 36%
- Getting Worse: 47%

https://www.slideshare.net/AndrewDreyfus/massachusetts-public-opinion-poll-the-state-of-the-opioid-epidemic
Massachusetts residents give poor ratings for available addiction care and treatment

**MASSACHUSETTS DATA**

https://www.slideshare.net/AndrewDreyfus/massachusetts-public-opinion-poll-the-state-of-the-opioid-epidemic
ASSESSING & ENGAGING the ORGANIZATION
Guiding Principles and Additional Steps

Guiding principles and steps for developing cross-functional advisory team:

1. **Select your team:**
   - Send a request for volunteers
   - Select team members from all levels and functional roles who have a passion for the topic & can help generate objective outcomes
   - Schedule and hold a series of meetings, for example:
     - a two-hour kickoff meeting
     - four to five one-hour planning meetings

2. **Clearly define your why**
   - Review any survey data
   - Use your first meeting to agree upon your team’s purpose educate the team about the facts on SUDs
   - Review team guidelines
   - Conduct quarterly meetings/biannual assessment

3. **Determine your guiding principles:**
   - What does the team want to accomplish?
   - What are the expected outcomes from this work?
   - What impact do we want to have on employees?
   - What do we want them to say?
   - How will we know we are successful?

4. **Ask your team to reflect and ask these questions:**
   - How do SUDs impact you, your family, your friends and your organization?
   - Why should we educate our colleagues?
   - Do you see any roadblocks?
   - What can we do now?
Sample CEO Letter

Tips

Use this letter as a guide when drafting your own letter regarding substance use disorders. Fill in the sections in brackets with information specific to your company.

1. **Tie it into the culture of your business.**
   - Think about the core values of your organization
   - Can you relate any of them to substance use disorders, specifically efforts to help those affected by it?
   - Can any of them be tied to helping others? (e.g., teamwork, empathy, integrity, respect, good citizenship, community)

2. **What is your company is doing?**
   - Has your company taken any initiatives to combat substance use disorders?
     - Awareness events?
     - Trainings?
   - Tying your CEO letter to the start of an initiative can help increase involvement
   - What resources do you offer to those affected?
     - AGC MA Employee Resource Guide
     - EAP, benefits, etc.
Dear Employee,

At [company], one [or more] of our core values is [insert core value(s)]. That means [What does it mean to embody this value? How does this value relate to your company’s efforts to build awareness and support around the opioid epidemic?].

In embodying this core value, it is vital that we address a major crisis that America is currently facing: the opioid epidemic.

It is estimated that more than 22 million Americans are currently suffering from a substance use disorder. In 2017 alone, drug overdoses killed over 70,000 Americans – that’s more than all US military casualties in the Vietnam and Iraq wars combined.

The construction industry has especially been impacted by substance use disorders. For example:

- Construction workers are among the most susceptible to opioid addiction.
- The opioid death rate for construction workers is six times the rate of the average for Massachusetts workers.
- Almost 15% of construction workers deal with substance use disorders.
- The injury rate for construction workers is 77 percent higher than the national average.

Several factors, including the physical demands of construction work and the aging demographics of the workforce, contribute to these statistics. Although it may not be a topic that is comfortable for many to discuss, it needs to be talked about. This is not going to disappear just because we wish it would.

Recently, when asked, a majority of Massachusetts residents said that they know someone who is addicted to opioids, and more than a quarter know someone who died from an overdose. Here at [company], we are dedicated to supporting members of our community impacted by substance use disorders.

We would like to start a conversation around this issue and work towards creating a stigma-free environment. To this end, we will be holding [insert event title and details] to [purpose of event; e.g., “to raise awareness about the impact of substance use disorders on the community” or “to train employees and managers to recognize the signs of a substance use disorder and know where to turn for help”].

I would also like to remind you to refer to our Mental Health & Addiction Resource Guide, which can be found [insert location]. In this guide, you will find support and other helpful information for those of you affected by substance use disorders. Please also know that you can reach out to [insert applicable person/department] directly for any questions/concerns you may have.

Regards,

[insert name]
[insert title]
Organization Checklist

✓ Engage and educate your leadership and managers on the SUDs epidemic
✓ Develop and execute messages from the CEO and Senior Leadership
✓ Establish a cross-functional Advisory Team
✓ Gather and share personal stories from employees
✓ Provide a supportive and non-judgmental environment in all documentation and communication.
✓ Ensure that your insurance benefits adequately support your employees. Consider adding an Employee Assistance Program (EAP) if you do not have one.
✓ Have appropriate policies in place for alcohol and substance use disorders.
✓ Have information readily available on how to apply for time off and what would qualify for a leave.
✓ Provide all current and future employees with educational materials and statement of support.
✓ Use National Recovery Month (September) as an opportunity to gain awareness around SUDs and to provide support materials or programs for employees and others.
EMPOWERING & EDUCATING MANAGERS

Brought to you by the MA Construction Advancement Program
FREQUENTLY ASKED QUESTIONS BY MANAGERS

Q. I don’t feel comfortable having a discussion with an employee I think is suffering from an SUD.

A. That’s OK. There is a good chance your employee doesn’t want to have that discussion with you either. It is important, however, that you understand your company’s Drug and Alcohol Policy and who to contact in your Human Resources Department if you suspect your employee has an SUD that is impacting his/her work performance. Your role is to respectfully address the work performance issues that are causing you concern, and provide the appropriate resources (i.e., contact person in Human Resources (HR) or Employee Assistance Program (EAP)) that may assist the employee in addressing them.

Q. Who can I go to with questions on how to address an SUD?

A. As a manager, it is NOT your responsibility to address an SUD with an employee. That is a job for the professionals in HR and/or the EAP. If you are interested in learning more about SUDs and how it can impact employee performance, please refer to our Mental Health & Addiction Resource Guide (insert where they should go to get this information).

Q. If I suspect an employee is dealing with a Substance Use Disorder and/or has a history of Substance Use Disorder, how should I address it with them?

A. As a manager, it is NOT your responsibility to address a SUD with an employee. You do, however, want the employee to know that you see a difference in his/her work performance and that you are concerned. One way of doing this is to clearly and specifically state the work performance issues you see (attendance, tardiness, disengagement, etc.). It is best not to make assumptions as to why the employee’s behavior has changed, but rather to respectfully remind the employee of available resources that may assist the employee in addressing the performance issues (i.e., EAP).

Q. Am I allowed to discipline an employee who states that he has a SUD? Aren’t they covered by the American with Disabilities Act (ADA)?

A. Yes, you are allowed to discipline an employee regardless if he is covered by the (ADA). According to the ADA, “an individual’s SUD cannot be used to shield the employee from the consequences of poor performance or conduct that result from these conditions.” It is important to refer to your company’s Drug and Alcohol Policy, as some employers may suggest that the employee go to the EAP in lieu of or in addition to discipline.

Q. One of my employees comes into work smelling like alcohol, what should I do?

A. Refer to your company’s Drug and Alcohol Policy. If you don’t know your company’s policy, call HR or your EAP for guidance.
FREQUENTLY ASKED QUESTIONS BY MANAGERS

Q. An employee came to me asking for help with a SUD, I want to keep it confidential but I don’t know all the answers, who can I go to without betraying their trust?

A. As a manager, you are not in the position to help your employee with a SUD. If an employee discloses that he/she has a SUD, think of it as any other chronic illness and handle it as such. Refer to your company’s Drug and Alcohol Policy for direction. Many companies refer employees to their EAP in such situations.

Q. I have an employee that has asked to take FMLA to support his/her teenage son currently going through outpatient treatment for a SUD. What can I do to support him/her while they are out?

A. Refer the employee to HR for direction on how to take FMLA.

Q. I have to fire someone on my team who is having performance issues as a result of a SUD. How do I go about this so that it is done in a respectful and caring way?

A. Terminating someone is rarely easy. Terminating someone due to poor performance as a result of SUD is no different and shouldn’t be treated differently.

Q. If I suspect an employee is suffering from a SUD, what are some of the questions I can ask?

A. Refer to your Drug and Alcohol Policy. When in doubt, it is best to focus on the employee’s job performance issues that lead you to suspect that he is suffering from an SUD, and not make assumptions as to why the employee is exhibiting poor job performance. Then remind the employee of appropriate resources available to the employee (i.e., HR, EAP).

Q. What steps should I take if an employee asks for help with an SUD?

A. As a manager, you are not in the position to help your employee with a SUD. If an employee discloses that he/she has an SUD, think of it as any other chronic illness and handle it as such. Refer to your company’s Drug and Alcohol Policy for direction. Many companies refer employees to their EAP in such situations.

Q. What are some of the appropriate words to use when speaking about SUDs?

A. Words matter when referring to Addiction. Substance use disorder is a chronic illness, no different from cancer, diabetes, or heart disease. When referring to someone who has a chronic illness we refer to the person as having a chronic illness, not being the chronic illness. The same holds true for substance use disorders. A person with a substance use disorder is just that, a person with a substance use disorder, not an alcoholic, addict, user or abuser.
Dealing with performance issues is a hard part of being a manager. It is, however, critical that in the case of an employee’s substance use disorder (known or suspected), the substance use disorder not be an excuse for poor performance. If an employee states that they are suffering from a substance use disorder you should always refer to your company policy to determine the best way to handle and to clarify options.

As with any performance issue, you must identify the behaviors or impacts associated with the job and the performance expectations. Examples of these types of workplace performance issues could include:

- **Recurrent Tardiness** - “John, our chief crane operator, is a long-time employee of over 15 years who is well liked and gets along with everyone. Lately over several weeks, John is showing up late, which is not like him at all. I am guessing something is going on. I hate to be the wet blanket, and I don’t really want to discipline him, but the lateness means the jobs can’t start on time. The tardiness must end. I just don’t know what I should do.”

- **Withdrawing from Work** - “Charlie is an excellent worker. He is technically one of the best crew leaders we have. When he is on, he is all over it. When he is off, he can be irritable, disruptive and hard to work with. The difficult behavior used to be very infrequent and his great track record made up for our willingness to overlook it. Lately his work has been deteriorating and his behavior makes him more difficult to be around. His interpersonal skills and overall performance need to improve. I am not sure how to handle this.”

- **Attendance/Less Engagement** - “Rhonda has been with our company for about 5 years. She has never had any performance issues. I heard she is going through a divorce. She has been missing work more frequently, using up a lot of sick and personal days, randomly with little or short notice. I hate to have to make a big deal out of this and discipline her, but this is unacceptable and must change. I don’t know exactly what to say.”

- **Performance Issues** – “Steve is an employee who has been here for 3 years as a SR. PM with intermittent performance issues during his tenure. Over the past 6 months, he has been missing deadlines and a lot of his work has been subpar. He works on a site most days and isn’t in the office much. When I have brought this to his attention in the past, he gets very defensive. Recently, he shared with a co-worker that he thinks his work problems may be due to excessive drinking. Last week he was a no show – no call for 6 hours and when he showed up he looked rough. His performance is unacceptable. I don’t know what’s going to happen next.”
MANAGER TIP SHEET SAMPLE SCENARIOS

As a supervisor, you must know your role. It is important to not jump to conclusions and make assumptions. Remember that there could be a variety of reasons for performance issues (marital problems, illness, transportation, financial stress, childcare, etc.) As the manager, it is not your place to ask why there are performance issues, and you are also not able to try and fix it for an employee. A manager’s role is to:

• Clearly outline the performance issues (tardiness, sloppy work, missed deadlines, etc.)
• Clearly state your expectations of what the employee must do (or not do)
• Clearly state the consequences if the behaviors don’t change within a set time (e.g., termination, suspension, demotion, etc.)
• Be sure that you provide all available resources that may help the employee in meeting the expectations

Some of the available resources to be aware of:

• Company Employee Conduct Policy
• Company Drug and Alcohol Policy
• FMLA Policy- Family Medical Leave Act
• Contact information for company Human Resources Department
• Contact information for company Employee Assistance Program (EAP)
SAMHSA’S GUIDELINES FOR SUPERVISORS (ADAPTED)

There are many personal challenges and struggles that may impact employee performance, including difficulty with health, childcare, familial relationships, transportation, and finances. Managers are often unaware of these challenges until it starts to affect employee performance. It is important to understand that your role as a manager is not to diagnose and treat your employee, but rather to constructively address the performance issues and offer possible solutions that may best help the employee succeed. As a manager, it is important that you are prepared and comfortable to address employee performance issues in a consistent manner, regardless of the root cause. SAMHSA’s Guidelines for Supervisors contains valuable information to ensure that managers are prepared to have these difficult conversations.

Contents:

1. Know the Organization’s Policy and Program
2. Be Aware of Legally Sensitive Areas
3. Recognize Potential Problems
4. Document
5. Act
6. Refer to Appropriate Programs
7. Reintegrate

1. Know the Organization’s Policy and Program
As a manager, it is important that you are familiar with your organization’s Drug and Alcohol policy. The more you understand your role, the more comfortable you will be managing the situation.

2. Be Aware of Legally Sensitive Areas
Some industries are required to follow federal protocols around drug and alcohol use in the workplace. It is important that you understand and be prepared for legally sensitive issues that may arise. It would be wise to consult with an employment attorney and familiarize yourself with the following federal laws:

- Americans with Disabilities Act (ADA)
- Family and Medical Leave Act (FMLA)
- Drug-free Workplace Act of 1988

3. Recognize Potential Problems
There are many instances in the workplace when a manager observes changes in his/her employee. Addressing these behaviors early on can improve the employee’s chances of changing the behavior before it becomes a disciplinary matter. Potential problems you may notice include:

- Regular tardiness
- Unplanned absenteeism
- Ongoing performance issues
- Less engagement
- Behavioral concerns

Refer to Manager Tip Sheet Sample Scenarios in the Employer Resource Library for further detail.

p.18
SAMHSA’S GUIDELINES FOR SUPERVISORS (ADAPTED)

4. Document
It is important to document any behaviors that an employee is demonstrating that you are concerned about. Be sure to document date, time, and context. Be as descriptive and factual as possible. Be sure to avoid including your opinions, thoughts, and assumptions.

5. Act
Being prepared, knowing your role, and understanding your goal when addressing performance issues with an employee can help ensure that the conversation with the employee is constructive. If possible, it can be a good idea to seek guidance from your Employee Assistance Program (EAP) to help you prepare. SAMHSA suggests the following framework when having this discussion:

• Identify employee’s strengths
• Clearly describe the performance issue (as documented and provide a copy for employee)
• Discuss and describe performance expectations
• Keep discussion focused on job performance/attendance
• Identify supervisory support to help the employee improve performance/attendance
• Offer referrals to EAP or other resources to address issues that are affecting performance
• Identify a time frame for another meeting to review progress

6. Refer to Appropriate Programs
It is helpful for you to know what benefits your company provides for its employees. Some benefits that many employers offer include: Employee Assistance Programs (EAP), Concierge Programs, Child/Eldercare Programs and Coaching Programs. This is a good time for you to give your employee various supports that might be available to the employee so he/she can improve his/her performance.

7. Reintegrate
SUD is a progressive, chronic disease in which many employees experience at various stages. Employers should be aware that, under limited conditions, employees with a history of substance use disorders are covered by the ADA and are afforded certain reasonable accommodations. As noted above, employers should be familiar with those provisions of the ADA. It is important that employers support their employees who are in recovery by offering the following:

• Ongoing education on SUD
• Flex work hours/work from home options to accommodate appointments
• On-site support groups for employees
• Workplace and social functions that are not held in alcohol-centric facilities
MANAGER CHECKLIST

✓ Review informational deck on Substance Use Disorder (see State of the Epidemic presentation on main page).

✓ Review Frequently Asked Questions by Managers Sheet.

✓ Review Sample Scenarios and Manager Tip Sheet and practice responses.

✓ Schedule team meeting(s) to ensure everyone on your team is informed and understands your commitment to provide support.

✓ Facilitate meetings; note any questions or feedback.

✓ Encourage team members to actively participate in an internal rollout event(s).

✓ Provide questions and/or feedback to a member of your Human Resources, wellness safety or other teams, for example:
  • What went well?
  • What is missing/needed?
  • How is the team feeling?
  • How am I feeling?
  • Are there any additional questions or concerns not addressed in the materials/presentations that should be?
  • What additional support, tools or resources do I and/or my team need?

✓ Distribute Frequently Asked Questions by Employees as appropriate.
SUPPORTING & ENCOURAGING EMPLOYEES

Brought to you by the MA Construction Advancement Program
FREQUENTLY ASKED QUESTIONS BY EMPLOYEES

Q. What resources are available to me if I am suffering from an SUD?

A. For a list of resources available to you, please refer to our Mental Health & Addiction Resource Guide (insert where they should go to get this information). You can also contact someone in your Human Resources Department for assistance.

Q. I don’t feel comfortable having a discussion with my manager about my substance use issue. Can I take time off without telling my manager?

A. It is important to contact someone in your Human Resources Department and/or refer to your company’s Drug and Alcohol Policy and/or Leave of Absence Policy. If you qualify for medical leave, you may be able to take time off without informing your manager as to the reason why.

Q. How do I know what my organization offers in terms of time off, benefits, etc.?

A. You can refer to your Employee Guidebook or Benefits Guide for general information and/or contact someone in your Human Resources Department for more specific information.

Q. I think I might have a substance use disorder. Who can I go to with questions on how to address it without it affecting my employment?

A. If you think you may have a substance use disorder, a great resource to learn more is your Employee Assistance Program. Often, an EAP counselor can confidentially walk you through various treatment options to determine what may be right for you.

Q. If I suspect a colleague is dealing with a substance use disorder, how should I address it with him/her?

A. As a colleague, it is not your responsibility to address an SUD with a fellow employee. If you choose to reach out to your colleague, focus on the concerning behaviors you have witnessed without making assumptions as to the cause of those behaviors. It is best not to make assumptions as to why his or her behavior has changed, but rather to respectfully remind him or her of the available resources (i.e., EAP) that may assist him or her in addressing the concerning behaviors.
FREQUENTLY ASKED QUESTIONS BY EMPLOYEES

Q. What will happen if I come to work intoxicated? I have an alcohol use disorder; doesn’t that mean my job is protected under the ADA?

A. No. The ADA does not protect an employee who is actively using substances at work. The ADA covers an employee who has been diagnosed with a SUD and is actively in treatment and/or in recovery.

Q. A colleague came to me asking for help with a SUD. I want to keep it confidential, but I don’t know all the answers. Who can I go to without betraying their trust?

A. As a colleague, you are not in the position to help another employee with an SUD. If an employee discloses that he/she has an SUD, think of it as any other chronic illness and handle it as such. Refer to your company’s Drug and Alcohol Policy for direction. Many companies refer employees to their EAP in such situations.

Q. Can I take FMLA to support my teenage child who is currently going through outpatient treatment for a SUD?

A. You may qualify for intermittent leave to support your child. Refer to your Leave of Absence Policy or contact your Human Resources Department to obtain Leave of Absence information.

Q. Can I be fired for poor performance if it is the result of an SUD?

A. Yes. You can be terminated for poor performance, regardless of the reason. Refer to your company’s Employee Conduct Policy and Drug and Alcohol Policy.

Q. What are some of the appropriate words to use when speaking about SUDs?

A. Words matter when referring to addiction. Substance Use Disorder is a chronic illness, similar to cancer, diabetes, or heart disease. When referring to someone who has a chronic illness we refer to the person as having a chronic illness, not being the chronic illness. The same holds true for substance use disorders. A person with a Substance Use Disorder is just that, a person with a Substance Use Disorder, not an alcoholic, addict, user or abuser.

Q. What do I say when other employees ask me where I’ve been if I was out due to an SUD?

A. You do not have to go into detail as to why you were not at work. You can reply with, “Thank you for your concern. I was out for personal reasons and it’s good to be back.” Keeping it general and vague is usually the best course of action to take.
EMPLOYEE TIP SHEET SAMPLE-SCENARIOS

Recurrent Tardiness:
“I used to have a beer when I got off the clock but lately I am starting to drink in the truck on the way home and keep going until I pass out. I don’t intend to drink that much, but it has happened more and more over the past few months. I work hard and meet my daily productions goals, but it’s been getting harder and harder for me to get to work on time. I’m not an alcoholic, I just need to stop drinking this much. I can’t lose my job. I don’t know what to do.”

Withdrawing from Work:
“I used to love my estimating team because we worked well and had each other’s’ back. I don’t know what happened, but lately they have been leaving me out of planning meetings and I feel like they are trying to get rid of me. I’m a really good estimator and I found that doing a little coke during the day really helps me focus and concentrate on my takeoff’s. I can get so much done in such a short amount of time. I think they are jealous of me because I’m making them look bad. I love my job, but my so-called ‘friends’ are really irritating me and holding me back. I don’t know what to do.”

Less Engagement:
My 15 year old son has been playing hockey for as long as I can remember. He loves it. Last season he broke his collarbone and wasn’t able to play. I’ve noticed he has been much more withdrawn and down lately. I thought he was just missing the rink. He told me last week that he thinks he might be addicted to prescribed pain medication. He said initially it was to help with the pain, but over the past few months it has escalated to the point where he can’t go without it. I’ve been missing work to try to find out how to help my son. There are so many options and so many appointments to take him to. I’m missing so much work, but I have to help my son. My son needs help, I need to work and I don’t know what to do.”

Performance Issues:
“I’ve been in marketing and business development for 20 yrs. I love what I do and I am so thankful that I have a flexible schedule. I work hard and sometimes I have a drink during a client lunch or networking event to loosen up and help the conversation. I tend to have a better personality when buzzed and I’m not driving too far so it’s fine. I make up for the out of office time because I work well into the night to get the job done. Lately the executives have been nit picking every little lead I have been chasing I think they are targeting me for some reason. I don’t know what to do.”

Behavioral Issues:
“I have been so tired lately. I don’t know what is going on, everything is just so hard. No matter how hard I work I feel like I’m not good enough and I can’t keep up. I’ve been smoking more and more pot just to get out of bed and make it to the job site. I used to be so good at my job and now I don’t even care, I look forward to a layoff. I just want to go to bed and not wake up. I don’t know what to do.”
EMPLOYEE TIP SHEET SAMPLE-SCENARIOS

A person who is diagnosed with a Substance Use Disorder, meaning someone who has ceased engaging in the illegal use of drugs and who is either in treatment and/or remission, is protected under the Americans with Disabilities Act (ADA). It is helpful to think of a Substance Use Disorder as any other chronic illness, such as diabetes, heart disease or cancer. If you believe you or your family member may have a Substance Use Disorder you may qualify for reasonable accommodations in order to take time off to receive treatment.

**Refer to your company’s Drug and Alcohol Policy:**

Many questions you may have about how to take time off, job protection, confidentiality and where to seek assistance for SUD, can be found in your company’s Drug and Alcohol Policy. If you are unaware of your company’s Drug and Alcohol Policy, contact Human Resources and/or your Employee Assistance Program for guidance. For further information visit: [https://www.samhsa.gov/workplace/legal/federal-laws#FMLA](https://www.samhsa.gov/workplace/legal/federal-laws#FMLA)

**FMLA:**
In order to take time off under the FMLA, you will need a doctor to complete the medical section of the form. You will need to provide this documentation to your Leave Department, however you are not required to share your reasoning for leave and/or accommodations with your manager/supervisor.

**Resources to be Aware of:**

1. Available Employee Resources (EAP)
3. Company leave policy
4. The contact information for the person who can assist employees in applying for FMLA
EMPLOYEE TIP SHEET SAMPLE-SCENARIOS

A person who is diagnosed with a Substance Use Disorder, meaning someone who has ceased engaging in the illegal use of drugs and who is either in treatment and/or remission, is protected under the Americans with Disabilities Act (ADA). It is helpful to think of a Substance Use Disorder as any other chronic illness, such as diabetes, heart disease or cancer. If you believe you or your family member may have a Substance Use Disorder you may qualify for reasonable accommodations in order to take time off to receive treatment.

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FMLA:

In order to take time off under the FMLA, you will need a doctor to complete the medical section of the form. You will need to provide this documentation to your Leave Department, however you are not required to share your reasoning for leave and/or accommodations with your manager/supervisor.

Resources to be Aware of:

1. Available Employee Resources (EAP)
2. Family and Medical Leave Act (FMLA) - https://www.congress.gov/bill/103rd-congress/house-bill/1
3. Company leave policy
4. The contact information for the person who can assist employees in applying for FMLA
Your Company’s Name

Mental Health & Addiction Resource Guide

For Employees Not Subject to a CBA

Insert image here (could be of company’s logo, core value, mission, or a general supportive image)

Insert statement of support from Senior Leadership here
(For example: “We are committed to providing an environment that is free of stigma and ensuring that our employees have the necessary resources to support their needs as it relates to mental health and substance use disorders.”)

Name, Title

The following pages contain the resources available to you and your family through Company Name, including health insurance, Employee Assistance Program, as well as our company policies and leave options available should there be a need to be away from your job.

Also included in this document is a list of National and Local organizations, support programs, and treatment and prevention resources.
Support Available to Employees

Employee Assistance Program (EAP) (**-**-****)  
[Customize information to your EAP]. The EAP provides employees and their families with confidential counseling and referral services for a wide range of concerns including mental health, alcohol/substance use disorder, smoking cessation, anxiety and more. They are available 24/7. You can also access their website for additional information: www.******.com

Health Plan Mental Health/Substance Use Disorder Services (**-**-****)  
[Customize information to your health plan offerings]. If you are enrolled in our group medical plan, you may visit any provider that accepts **** insurance. Referrals are not required, regardless of which plan you’re on. You may also look up providers at www.******.com or call them directly.

Behavioral Health Services: Telemedicine (www.*********.com)  
[Customize information to your telemedicine/telehealth plan offerings]. Medical plan members can receive convenient and confidential behavioral health visits through online video chat with licensed practitioners. Conditions treated include depression, anxiety, addiction, trauma and loss. Psychology appointments with talk therapy are 25- or 50-minute sessions. Psychiatry appointments addressing biological imbalance start with a 45-minute visit, and then 15-minute follow-up visits after that. Psychiatrists can prescribe medicine as part of a treatment plan.

How to Take Time off for Treatment

Leave of Absence  
[Customize information to your LOA policy/procedure]. You may qualify for time off from work for the treatment of mental health and/or substance use disorders on an intermittent or continuous basis.

To request time off, complete the “Leave for Employee” request packet, which can be found at www.******.com. The completed packet should be returned to Human Resources by email to ********@***.*** or faxed to ***-***-****. Only give your manager the request for time off form to sign. You do not need to share the reason for your leave with your manager.

Company Policies

[Customize information to your company policies]. All company policies can be found at www.******.***.

To learn about your rights, responsibilities and our expectations for employees, please review the following Human Resources policies:

• Employee Conduct: This policy provides guidelines and examples of unacceptable conduct related to drug and alcohol use and its potential impact on your employment.
• **Drug and Alcohol:** This policy explains that the use of drugs and/or alcohol while on the job, working impaired, and/or possessing, selling, distributing, or diverting drugs is prohibited. It also states that if you voluntarily disclose your substance use disorder before job performance is affected, you may be eligible for protected time off for treatment.

If you need time off for treatment or are in recovery, you have certain rights for protected time out of work or needed accommodations, as described in the following Human Resources policies:

• **FMLA:** This policy provides information on taking either a continuous or an intermittent leave of absence to treat your substance use disorder.

• **Reasonable Accommodation:** This policy states that we will make good faith efforts to accommodate the physical and mental limitations of qualified employee with a disability to enable them to perform the essential functions of their job.
National Resources and Support Programs

There are multiple national and local resources and support programs that are available to help employees and their families such as:

Finding Treatment

- SAMHSA’s National Helpline – 1-800-662-HELP (4357) (https://www.samhsa.gov/find-help)
- American Board of Preventive Medicine Physician Lookup (https://www.theabpm.org/)
- Assisted Recovery Centers of America (http://www.arcamidwest.com/)

Finding Support

- Alcoholics Anonymous (https://www.aa.org/)
- Allies in Recovery (https://alliesinrecovery.net/)
- Marijuana Anonymous Services (https://www.marijuana-anonymous.org/service)
- Narcotics Anonymous (https://www.addictioncenter.com/treatment/12-step-programs/narcotics-anonymous/)
- Support Group Project (https://www.supportgroupproject.org/)

Additional Resources

- Alcohol Screening: Is the way or amount I drink harming my health? Should I cut down on my drinking? (https://www.alcoholscreening.org/Home.aspx)
- Drug Screening: Are these substances harming your health or increasing your risk for other problems? (https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/addiction-health)
- American Academy of Addiction Psychiatry (https://www.aaap.org/)
- American Association for the Treatment of Opioid Dependence (AATOD) (https://www.aatod.org/)
- American Society of Addiction Medicine (https://www.asam.org/)
- Association for Medical Education and Research in Substance Abuse (AMERSA) (https://amersa.org/)
- Buprenorphine information page on SAMHSA website (https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine)
- Center for Addiction and Substance Abuse (CASA) (https://www.centeronaddiction.org/)
- College on Problems of Drug Dependence (https://cpdd.org/)
- Hazelden Betty Ford Foundation (https://www.hazeldenbettyford.org/)
- Mothers against Drunk Driving (MADD) (https://www.madd.org/)
- National Association of Alcoholism and Drug Abuse Counselors (NAADAC) (https://www.naadac.org/)
• National Association for Children of Alcoholics (NACoA) (https://www.nacoa.org/)
• National Institute on Alcohol Abuse and Alcoholism (NIAAA) (https://www.niaaa.nih.gov/)
• Office of the National Drug Control Policy (ONDCP) (https://www.whitehouse.gov/ondcp/)
• Partnership for Drug-Free Kids (https://drugfree.org/)
• Substance Abuse & Mental Health Services Administration (SAMHSA) (https://www.samhsa.gov/)
• Women for Sobriety (https://womenforsobriety.org/)

Massachusetts Area Resources and Support Programs

• Substance use Resources for Parents (https://graykenaddictionsupport.org/)
• Massachusetts Substance Abuse Information and Education (https://massvetsadvisor.org/details/10690/Massachusetts_Substance_Abuse_Information_and_Education_Helpline)
• Massachusetts Department of Public Health Bureau of Substance Addiction Services (https://www.mass.gov/orgs/bureau-of-substance-addiction-services)
• Info about the Massachusetts Opioid Epidemic (https://www.mass.gov/opioid-overdose-prevention)
• Grayken Center for Addiction – Boston Medical Center (https://www.bmc.org/addiction)

Prevention

• Prescription Dropbox Locations (https://www.mass.gov/service-details/prescription-dropbox-locations)
• Substance Use Prevention Information for the General Public (https://www.mass.gov/service-details/substance-use-prevention-information-for-the-general-public)
• Grayken Center for Addiction – Boston Medical Center (https://www.bmc.org/addiction/new-resources-massachusetts-parents)
• Substance Use Prevention Information for Parents
  o Substance Use Prevention Information for Parents (https://www.mass.gov/service-details/substance-use-prevention-information-for-parents)
  o Protect Your Kids from Prescription Drug Misuse (https://www.mass.gov/protect-your-kids-from-prescription-drug-misuse)

Finding Treatment

• The Massachusetts Substance Use Helpline – 1-800-327-5050 (https://helplinema.org/)
• Information for Community Members about How to Get Naloxone (https://www.mass.gov/service-details/information-for-community-members-about-how-to-get-naloxone)

• Massachusetts Treatment & Recover Services (https://www.boston.gov/departments/recovery-services)


Finding Support

• Learn to Cope (https://www.learn2cope.org/)
• Massachusetts Organization for Addiction Recovery (https://www.moar-recovery.org/)
• Massachusetts Al-Anon and Alateen (https://ma-al-anon-alateen.org/)

Additional Resources

The Police Assisted Addiction Recovery Initiative supports local police departments as they work to support those with substance use disorder by providing them with medical assistance for people asking for help. Visit their website to see if your town participates: paariusa.org/our-partners.

Screening Tools

Screening tools are a quick and easy way to determine whether you are experiencing symptoms of a mental health disorder or have a substance use disorder.

Mental Health
• www.mentalhealthamerica.net/mental-health-screening-tools

Alcohol/Substance Use Disorder
• www.asam.org/education/live-online-cme/fundamentals-of-addictionmedicine/additional-resources/screening-assessment-for-substance-usedisorders/screening-assessment-tools
• alcoholtreatment.niaaa.nih.gov/FAQs-searching-alcohol-treatment#topic-what-is-alcohol-use-disorder-and-its-symptoms
• www.bmc.org/research/alcohol-treatment-research/signs-problems

Safe Disposal of Unused Medication
To prevent unused medication from getting into the wrong hands or harming the environment, it is important that you safely dispose of them. Call your local pharmacy to see if they have safe disposal receptacle for public use.

Information about drug disposal is available online at:
  • www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm

Contact Us

Email: *******@***.***
Phone: ***.***.****
Address:  

Insert your company’s logo here
Company is committed to helping our employees' improve their overall wellbeing. In support of this goal, we offer tools, resources, and programs that can benefit our people and/or their families.
Being mindful of daily decisions can have a large impact on the quality of your life. Take a minute to try this alcohol screening tool to learn your risk level.

**How much is too much?**

<table>
<thead>
<tr>
<th>WOMEN</th>
<th>NO MORE THAN</th>
<th>3 DRINKS on any single DAY</th>
<th>NO MORE THAN</th>
<th>7 DRINKS per WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEN</td>
<td>NO MORE THAN</td>
<td>4 DRINKS on any single DAY</td>
<td>NO MORE THAN</td>
<td>14 DRINKS per WEEK</td>
</tr>
</tbody>
</table>

**What’s your drinking pattern?**

One drink consists of: 12 oz. of beer/5 fl. oz of wine/1.5 oz of spirits

Think about your typical week:

On average, how many days a week do you drink alcohol? _______

On a typical drinking day, how many drinks do you have? _______

Heavy drinking is considered as any single day you have exceeded your daily drink limit. Even one day of heavy drinking can increase your risk level.

The majority of US adults (7 out of 10) either abstain or always drink within low-risk limits. Which group are you in?

<table>
<thead>
<tr>
<th>Drinking Amounts</th>
<th>% of US Population</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drink more than both the single-day and the weekly limits</td>
<td>9%</td>
<td>Highest</td>
</tr>
<tr>
<td>Drink more than either the single-day or weekly limits</td>
<td>19%</td>
<td>Increased</td>
</tr>
<tr>
<td>Always drink at or less than the single-day and weekly limits</td>
<td>37%</td>
<td>Low</td>
</tr>
<tr>
<td>Never drink alcohol</td>
<td>35%</td>
<td>None</td>
</tr>
</tbody>
</table>

When choosing to drink it is important to be aware of the risks in order to limit any potential harm.

SUPPORTING AND ENCOURAGING EMPLOYEES CHECKLIST

✓ Develop and distribute materials that employees can reference as a guide for questions regarding SUDs, including benefits information, absence management, organizational policies, other resources, frequently asked questions, SUDs resources guide.

✓ Embrace employees’ individual stories by developing an open forum (e.g. sharing a video, establishing a group blog page).

✓ Encourage managers to conduct team meetings using ideas and materials from the manager section.

✓ Engage and educate employees through the organizations’ intranet.

✓ Develop a plan to roll out support and education, potentially tied to a common time of engagement, such as open enrollment.
BENEFITS COVERAGE QUESTIONNAIRE

What to look for in your health plan...

This document is a guide for you, as an employer, to use to ensure your employees and their family members are receiving comprehensive and affordable health insurance coverage for the treatment of Substance Use Disorders (SUD).

This document discusses what you should be looking for in your plan coverages. It can help you to frame discussions with your insurance carrier to ensure your plan is providing appropriate levels of coverage.

Mental Health Parity       Ease of Access
Medication Coverage       Reporting

Mental Health Parity

The Mental Health Parity Act (MHPA) requires annual or lifetime dollar limits on mental health benefits to be no lower than any such dollar limits for medical and surgical benefits offered by a group health plan or health insurance issuer offering coverage in connection with a group health plan.

Ask your insurance provider:

• Is there parity in the Plan between coverage for mental health/substance use disorders and the medical/surgery benefits? If not, what is the difference?

Medication Coverage

There are various FDA approved Medications for Treatment (MAT) of substance use disorders, which have been shown to be more effective for sustaining long term recovery than treatment without medication.

Ask your insurance provider:

• Is cost sharing (copayments/coinsurance/deductibles) waived for any prescriptions treating SUD (both injectable and oral)?
• Is there member cost sharing for an office visit for the purpose of medication distribution?
• Do you waive prior authorization requirements for MAT?
• Do you cover services provided by Registered Nurses for MAT distribution (in addition to Nurse Practitioners and MDs)?
• Please differentiate what drugs/services are covered under the medical plan vs. the prescription benefit.
• Please provide the member cost share for both a 30 day and a 90 day supply SUD medications.

Ease of Access

Ensuring your plan members can easily access the necessary treatment is essential in working towards recovery.
BENEFITS COVERAGE QUESTIONNAIRE

Examples of questions to ask your insurance provider:

- Do you cover services by Certified Addition Nurse Care Managers (CANCM)?
- Do you provide guidance and assistance around quality, reputation and appropriateness for patients who may seek to live in a “sober house”?
- Do you cover visiting Addiction Nurse Care Managers for home visits post discharge? If so, what are the conditions/limits?
- What Disease/Care Management programs do you have in place for the various substance use disorders (tobacco, alcohol, opioids, marijuana, etc.)
- What are the typical reasons for denying services for the treatment of SUD?
- Can you describe the member appeal process and is there someone at the Plan who assists with this?

Reporting
For monitoring the care of your employees and their dependents, it is important that your health insurance carrier can provide comprehensive reporting services.

Ask your insurer provider if they can provide information on benefit usage for SUDs such as:

- What types of standard reports do you provide to help your plan sponsors monitor our members with SUD?
- Are customized reports available if a standard report does not provide this information?
- The number of employees and dependents diagnosed with SUD, by substance abuse, by services used.
- Claims by site of care (i.e. hospital, PCP, specialist, telemedicine)
- Identified gaps in care (standards of care by condition and Rx)
Overview

[Employer Name] recognizes that certain conditions and circumstances may arise to cause an employee to request time off from work. To address this issue, the Company grants leaves of absences (LOA) for certain personal, medical, or citizenship responsibilities. These leaves must balance the operational needs of the Company with the needs of the employees and follow all applicable federal and state laws.

Note: Please read the policy for the specific leave you are requesting to fully understand the terms of the leave. Not all leaves guarantee your job upon return. If you are a represented employee, please refer to your Collective Bargaining Agreement.

[Employer Name] offers the following leaves of absence:

- Family and Medical Leave (FMLA)
- Massachusetts Parental Leave
- Americans with Disabilities Act Leave
- Small Necessities Leave
- Domestic Violence Leave
- Military Medical Leave
- Military Qualifying Exigency
- Military Duty Leave

When to Apply

The general rule is that you must apply for a Leave of Absence 30 days prior to the beginning of your requested leave date. Exceptions to this rule are made for unexpected events such as emergency surgery or illness. In those situations, you must notify your manager and human resources office as soon as possible of the need for a leave and follow the application process below.

How to Apply

For all leaves, employees must submit a completed Request for Leave of Absence Form and documentation supporting the need for a leave. You may find the Request for Leave of Absence Form ________________.
SAMPLE
EMPLOYEE GUIDE FOR ABSENCE MANAGEMENT

Please see below for additional information on the specific Leave you are requesting.

<table>
<thead>
<tr>
<th>Type of Leave</th>
<th>For</th>
<th>Required Documentation</th>
<th>Give to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Leave</td>
<td>Your own or a family member’s serious health condition</td>
<td>Request for Leave of Absence Form &amp; Certification of Health Care Provider Form</td>
<td>Identify who should receive the request</td>
</tr>
<tr>
<td>• FMLA</td>
<td></td>
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</tr>
<tr>
<td>• MMLA</td>
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<td></td>
<td></td>
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<tr>
<td>• Worker’s Compensation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mass. Parental Leave</td>
<td>Yourself</td>
<td>Request for Leave of Absence Form</td>
<td>Identify</td>
</tr>
<tr>
<td>American with Disabilities Leave</td>
<td>Yourself</td>
<td>Request for Leave of Absence Form</td>
<td>Identify</td>
</tr>
<tr>
<td>Small Necessities Leave</td>
<td>Your child or elderly relative</td>
<td>Request for Leave of Absence Form</td>
<td>Identify</td>
</tr>
<tr>
<td>Domestic Violence Leave</td>
<td>Yourself or family member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Military Medical Leave</td>
<td>Yourself or family member</td>
<td>Request for Leave of Absence Form and Certification for Covered Service Member Form</td>
<td>Identify</td>
</tr>
<tr>
<td>Military Qualifying Exigency</td>
<td>Support for a covered service member</td>
<td>Request for Leave of Absence Form and Certification of Qualifying Exigency Form</td>
<td>Identify</td>
</tr>
<tr>
<td>Military Duty Leave</td>
<td>Yourself</td>
<td>Official Military Orders</td>
<td>Identify</td>
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BUILDING THE PATHWAY TO PREVENTION
Opioid Use Prevention H.R. Manual for Employers

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SAMPLE
DRUG & ALCOHOL POLICY

Below is a sample Drug and Alcohol policy. Be sure to consult your legal department to create a policy appropriate for your organization.

DRUG AND ALCOHOL POLICY

Purpose:
[Employer Name] strives to maintain a safe, healthy and efficient environment, which enhances the welfare of our employees and visitors. The purpose of this policy is to address the issue of impairment relating to the use of drugs or alcohol.

Policy Statement:
Impairment from drugs or alcohol while on the job, and on-the-job use, possession, theft, or sale of drugs or alcohol, is prohibited.

Application:  All employees

Exceptions:  None

Procedure:

A. Definitions:
1. “Under the influence” means that the employee is affected by a drug or alcohol or the combination of a drug and alcohol in any detectable manner.

2. “Legal Drug” includes prescribed drugs and over-the-counter drugs that have been legally obtained and are being used pursuant to a valid prescription for the purpose for which they were prescribed or manufactured.

3. “Illegal Drug” means any drug (a) which is not legally obtainable, or (b) which is legally obtainable but has not been legally obtained. This term includes prescribed drugs not being used for prescribed purposes.

B. Alcohol

Being under the influence or in possession of an unsealed container of an alcoholic beverage by any employee while performing [company name] business is prohibited. No alcohol shall be served on company property.

C. Legal Drugs

Employees are permitted to take valid prescriptions and over-the-counter medications consistent with appropriate medical treatment plans while performing company business. When the prescribed or over-the-counter drug therapies affect the employee’s job performance, safety or the efficient operation of business (appropriate person) should be contacted to perform a fitness for duty evaluation.
D. Illegal Drugs

Participating in any way in the use, sale, purchase, transfer or possession of an illegal drug by any employee while on company business/property is prohibited. The presence in any detectable amount of any illegal drug in an employee or possession of an illegal drug by an employee while performing company business or while in a company facility or on company property is prohibited.

E. Disciplinary Action

Violation of this policy may result in a disciplinary action up to and including termination, even for a first offense.

F. Drug and Alcohol Screening of Employees

The Company may request testing of those employees suspected of being under the influence of a drug or alcohol. Drug or Drug Classes to be tested shall include, but are not limited to, alcohol, amphetamines, barbiturates, benzodiazepines, cocaine, or cocaine metabolite, marijuana, opioids, methadone, methaqualone (Quaalude), phencyclidine (PCP), propoxphene (darvon), oxycontin. This screening will be conducted in the following manner.

1. The Company must have reasonable cause based on specific, observable facts to believe that the employee’s faculties are impaired while on the job or while on company property/facilities because of the consumption of alcohol or of drugs.
2. The affected employee will be taken to a local testing facility who will obtain a specimen from the employee. This testing facility will process the specimen. Results of the drug or alcohol screen are available only through the (appropriate person) or his/her designee.
3. The employee shall have an opportunity to rebut, explain the test results or to refuse to be tested.

G. Procedures to be Followed Before Requesting Drug and Alcohol Screening

1. The supervisor/manager who observes or to whom it is reported that an employee may be under the influence of a drug or alcohol should endeavor to confirm the observations or report by establishing that there is reasonable cause for action which is manifested in the employee’s behavior or job performance.
2. The supervisor must first consult with Human Resources before initiating questioning about the use or possession. If possible, the Supervisor should have an observer/witness present. The Supervisor should limit questioning to that which will determine the employee’s general condition.
3. The supervisor must complete the Observation Checklist signed by both the supervisor and witness prior to requesting the employee to go to the testing facility for obtaining a specimen.
4. If the employee then refuses to be tested, the employee should be asked to sign a refusal form, be informed that a refusal to be tested is considered by the Company to be the same as a positive result, placed on Administrative Leave without pay and told that, after further investigation, appropriate disciplinary action may be taken, up to and including termination.
SAMPLE
DRUG & ALCOHOL POLICY

If the employee refuses to sign the sheet it should be noted on the form. The employee shall be offered transportation home via taxicab.

5. If consent for testing is provided, the employee should sign a form. Pending return of any test results, the employee should be placed on Administrative Leave without pay and told that depending on the results of the testing, appropriate disciplinary action may be taken once the test results are available, up to and including termination. If the test results are negative the employee will receive back pay for the hours of Administrative Leave. The employee shall be offered transportation home via taxicab.

6. At the point that the employee has been placed on leave or suspended to await the results of the tests or because the employee has refused testing, Human Resources or his/her designee shall assume responsibility for the further direction of the incident.

7. In the interests of maintaining confidentiality, management must limit the release of information regarding the application of this policy to those with a need to know, such as persons participating in an investigation or other action taken pursuant to this policy. Nothing in this policy may be construed as a promise or guarantee of confidentiality.

H. Relationship to Employee Assistance Program (EAP)

The company maintains an outside Employee Assistance Program (EAP) which provides confidential help to employees who suffer from alcohol or drug use and other personal/emotional problems. However, it is the responsibility of each employee to seek assistance from the EAP before alcohol and drug problems lead to disciplinary action which can include termination for a first offense. Once a violation of this policy occurs, subsequent use of the EAP on a voluntary basis will not necessarily lessen disciplinary action and may have no bearing on the determination of appropriate disciplinary action. Should an employee choose to make known his/her decision to seek prior assistance from the EAP, this fact will not be used as the basis for disciplinary action and will not be used against the employee in any disciplinary proceeding. On the other hand, using the EAP will not be a defense to the imposition of disciplinary action where facts proving a violation of this policy are obtained outside of the EAP. Accordingly, the purposes and practices of this policy and the EAP are not in conflict and are distinctly separate in their applications.

I. Rehabilitation

Employees may on their own volition admit to a drug or alcohol problem before job performance is affected and may be eligible to take an FMLA leave.

J. Involvement of Law Enforcement Agencies/Licensing Agencies

The use, sale, purchase, transfer, theft or possession of an illegal drug is a violation of the law. The Company will refer illegal drug activities to law enforcement. All referrals will be made with notification to Senior Management.
SAMPLE
DRUG & ALCOHOL POLICY

K. Non-Employees

For non-employees who are impaired while providing services for the company, the Supervisor(s) of the area where the service is being provided and Human Resources or his/her designee shall be notified immediately. Notifying these individuals does not relieve any personnel of his/her separate reporting obligations.

**Responsibility:** The administration of this policy is the responsibility of each person involved working in conjunction with Human Resources or his/her designee.

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides the Federal Laws and Regulations for a Drug-free workplace. See these regulations at: https://www.samhsa.gov/workplace/legal/federal-laws.
WORDS MATTER

Studies show that only about one in 10 people with substance use disorder get treatment and that stigma is a key barrier for many people who don’t seek treatment. Using the right language has a real and direct impact on lessening stigma and on whether people with substance use disorder get the treatment they need. Understanding this, organizations including the American Society of Addiction Medicine have mounted efforts to promote the use of non-stigmatizing language.

When discussing substance use disorder with employees, please promote an environment that utilizes non-stigmatized language. Encourage both office and field personnel to use the below terminology when confronted with the effects of substance use disorder either when encouraging a co-worker to seek help or in discussions of benefits and EAP programs that are available to an employee or their family member. Encouraging a struggling employee to see the help available should be a goal as it relates to managing and mitigating the deleterious effects of substance use disorder.

### NON-STIGMATIZING LANGUAGE

- Person with a substance use disorder
- Substance use disorder or addiction
- Use, misuse
- Risky, unhealthy, or heavy use
- Person in recovery
- Abstinent
- Not drinking or taking drugs
- Treatment or medication for addiction
- Medication for Addiction Treatment
- Positive, negative (toxicology screen results)

### STIGMATIZING LANGUAGE

- Substance abuser or drug abuser
- Alcoholic
- Addict
- User
- Abuser
- Drunk
- Junkie
- Drug habit
- Abuse
- Problem
- Clean
- Substitution or replacement therapy
- Medication-Assisted Treatment
- Clean, dirty
DEVELOPING POLICIES & PRACTICES CHECKLIST

☑ Provide a supportive and non-judgmental environment in all documentation and communication.

☑ Ensure that your insurance benefits adequately support your employees. Consider adding an Employee Assistance Service (EAP) if you do not have.

☑ Have appropriate policies in place for alcohol and substance use disorders.

☑ Have information readily available on how to apply for time off and what would qualify for a leave.

☑ Provide all current and future employees with educational materials and statement of support.

☑ Use National Recovery Month (September) as an opportunity to gain awareness around SUDs and to provide support materials or programs for employees and others.