

Recovery Friendly Workplace Survey 2025

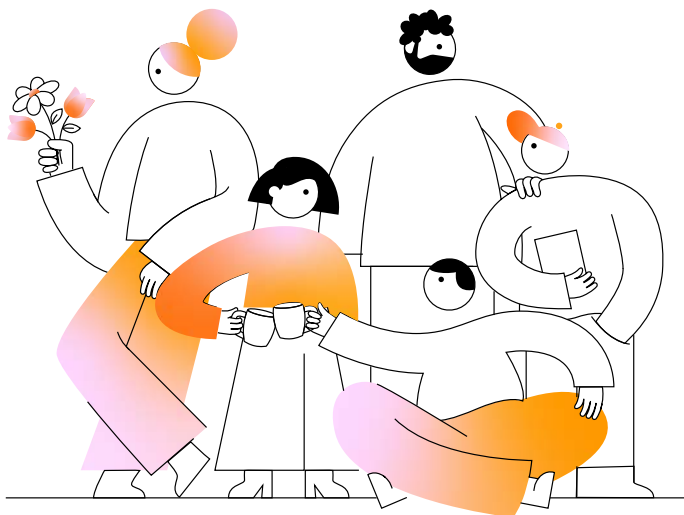
The Voice of Human Resources

ForsMarsh



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Executive Summary

Recovery-friendly workplaces (RFW) are gaining traction across America as organizations are seeking to prevent substance use-related harm, promote health and safety, and support employees with substance use disorder (SUD), including those in treatment and recovery.¹ State and national initiatives have helped elevate these efforts, alongside growing recognition that workplace policies and culture play an important role in recovery outcomes. Even so, adoption remains uneven, and far fewer organizations have moved from interest to implementation.

Fors Marsh conducted a company-funded national survey of working adults to examine employee attitudes toward coworkers experiencing SUD or in recovery. Results showed strong support for recovery-friendly practices and suggested broad readiness for RFWs in the workplace—a readiness that has yet to be fully matched by organizational action.

Building on that work, this study focuses on the perspectives of human resources (HR) professionals who are responsible for implementing and operationalizing recovery-friendly policies. Findings highlight current practices, perceived barriers, and support needs, offering practical insight into how organizations can move from readiness to effective and sustainable action.

Key findings include:

- **Knowledge gap:** Over half of respondents had either not heard about RFWs (33%) or had heard of them but did not know much about them (25%). The majority of respondents were at least somewhat familiar with SUD, treatment, and recovery. Only 11% reported receiving specialized training on these topics, indicating room for expansion of targeted training.
- **Lack of SUD-specific policies:** Most respondents reported maintaining drug-free workplaces (82%) and offering Employee Assistance Programs (EAP) to their employees (74%). Far fewer had explicit policies related to SUD treatment and recovery (13%), and only 3% offered SUD treatment and recovery training for their HR staff.
- **RFW training needs:** The four most frequently cited needs by HR professionals to support the implementation or improvement of RFWs were training programs for employees and management (48%), training for HR professionals on how to initiate and maintain an RFW (45%), increased funding or budget for these programs (33%), and the development of comprehensive policy guidelines (30%).
- **Privacy challenges:** HR professionals said an area of special concern was maintaining privacy for employees seeking treatment, entering recovery, and accessing resources to sustain their recovery. In particular, they reported that employees often need assurance that they would not face job discrimination or job loss based on seeking treatment or being in recovery. Participants stated that balancing a supervisor's need for information about their employee's planned absence and accommodations with the employee's need for privacy was often especially challenging.
- **Resource constraints:** Resource constraints posed another challenge to implementation, particularly the cost of implementing RFW programming, lack of staff, and limited financial resources within their organization.

- **Insufficient leadership support:** Although some respondents (37%) reported that their organization's leadership were at least somewhat supportive of RFW efforts, 19% indicated they were neutral and 37% were unsure. Fors Marsh's Year 1 study indicated the importance of leadership buy-in when creating workplaces that support people in recovery.
- **Low adoption of RFW designation:** Many respondents indicated that their organizations would not pursue an RFW designation from an external source, such as a state or non-profit initiative.

Organizations have established practices and policies that can support people in seeking treatment for SUD *and* maintaining their recovery, such as EAPs and time off for seeking treatment. These practices and policies create a foundation for expanding recovery-specific resources and fostering a culture of recovery friendliness. Further, growing a recovery-friendly workplace offers benefits beyond those immediately concerned with SUD treatment and recovery, including improved ability to attract and retain candidates, reduced absenteeism, and greater productivity.

In order to realize the benefits of RFWs, HR professionals and their organizations need support. External resources like HR professional development training, the U.S. Department of Labor (DOL) Recovery-Ready Workplace Toolkit, and various state-level RFW toolkits can help address training needs and provide policy guidance. At the same time, individual organizations may have particular needs that may not be met by existing toolkits and trainings. Further, busy HR professionals may not have the time or resources to extensively pursue resources. The next step in recovery-friendly workplace operationalization is to begin building links between needs and existing resources by raising awareness of RFW tools and working directly with organizations to meet their unique needs.

Introduction

In 2022, Fors Marsh conducted a national survey of working adults to learn about their attitudes toward individuals with SUD and in recovery in the workplace. We found significant support for RFWs, and largely neutral to positive regard for coworkers in recovery. As we continued discussions with experts in the recovery space and workforce development, we learned that HR professionals—the individuals most likely to be directly engaged in driving recovery-friendly policies and practices—had specific and extensive needs if they were to be effective champions of RFWs.

This study asked HR professionals about the current policies and practices in place around SUD in their organizations, the barriers they anticipated in implementing and sustaining recovery-friendly policies, and the needs they had to overcome those barriers. By working with the largest HR credentialing organization in the country, HRCI, we were able to gain insights from organizations across labor sectors and organizational sizes.

Overall, our study participants recognized the value of organizational support for individuals in recovery. They reported existing policies and trainings that aid in establishing and maintaining recovery-friendly workplaces. However, they also reported needs that are not currently met by the growing number of online resources and toolkits commonly available. Although each organization has needs particular to its local culture, its industry, and other specific factors, commonalities also emerged in terms of current SUD engagement patterns, resource needs, and promising visions for a recovery-friendly future.

This study reports on the current state of participants' organizations, shares the needs they outlined, and makes recommendations to help organizations move forward toward healthier, more resilient workplaces for all.



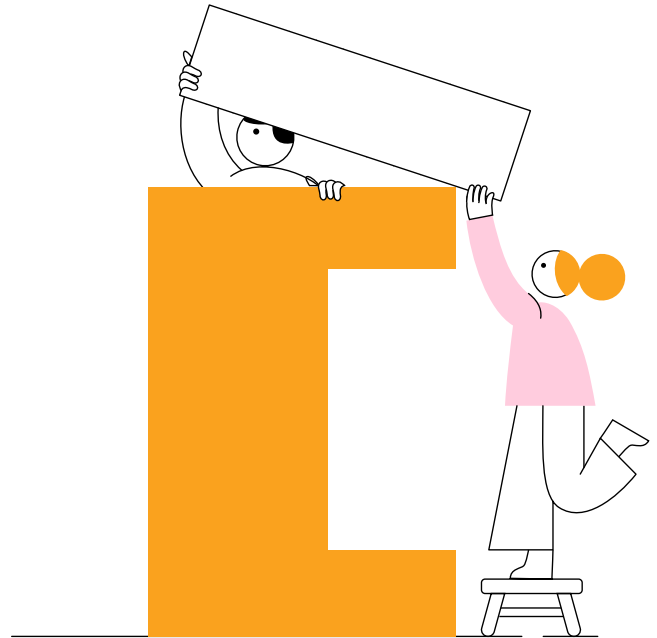
A “Recovery Friendly Workplace” (RFW) is defined by the National RFW Institute as a place of work in which the employer, in collaboration with employees, establishes, maintains, and continually enhances policies, practices, and a culture and work environment that are supportive of current and prospective employees in recovery from, or otherwise affected by, substance use disorders.

Background

For decades, the United States has struggled to address SUD.² Recent waves of opioid overdose deaths intensified during the COVID-19 pandemic, refocusing Americans' attention on SUD and its potentially lethal outcomes.³ Historically, public narratives about SUD have understandably focused on its personal and social costs, including its devastating impacts in communities across the United States.⁴ Employers experience direct impacts as well, including the approximately 500 million workdays lost and \$740 billion in total costs to organizations nationally each year.⁵ Many employers seek to minimize the impact of SUD on their organizations through a variety of means, including mandatory drug screenings, pharmaceutical diversion prevention strategies, and policies prohibiting use of substances on company property. Employers also offer health insurance packages that include coverage for SUD treatment. These programs and benefits are critical to reducing rates of SUD and providing health care to employees. More recently, however, national policy, state initiatives, and employers are focusing on another aspect of SUD: recovery.

Evidence suggests that 3 out of 4 people with an SUD will recover.⁶ About 13.6 million workers, or roughly 9% of all employed adults, report being in recovery.⁷ Organizations are increasingly recognizing the benefits of not only addressing SUD among their employees, but also actively supporting individuals in recovery. These benefits include increased productivity,⁸ lower operating costs,⁹ decreased turnover and absenteeism, and improved employee wellness.¹⁰ Unlike SUD prevention and treatment, however, few resources initially existed to aid organizations in becoming recovery-friendly.

State resources are proving an important part of the recovery-friendly workplace efforts. Led by New Hampshire Governor Chris Sununu's Recovery Friendly Workplace initiative, state governments have begun encouraging employers to become recovery-friendly, as well as sharing examples and toolkits to aid them in achieving this state.



In 2023, the National Institute for Occupational Safety and Health (NIOSH) reported that 31 states were engaged in supporting RFWs. Its national inventory identified 25 established RFW programs and 19 programs in the “informal or contemplative stage.”¹¹ At a federal level, the 2022 National Drug Control Strategy (NDCS)¹² called on employers to become recovery-ready, elevating recovery for the first time to the same level of importance as drug interdiction and SUD prevention and treatment. Subsequent iterations of the NDCS have continued the call for a recovery-ready nation.¹³ In 2023, DOL launched its recovery-ready workplace resource hub,¹⁴ offering another resource to organizations.

Local, state, and federal resources—together with increasing public awareness of recovery—are changing the narrative about SUD in the workplace. Rather than focusing solely on prevention and treatment, employers have the opportunity to realize the value that sustaining SUD recovery can bring to their organization. When an organization decides to assess and enhance its support for people in recovery, human resources professionals are integral to their effort.

Study Design and Methodology

Fors Marsh used a mixed-methods approach to address the following research question: *“What do HR professionals need to establish and maintain a Recovery-Friendly Workplace (RFW)?”* The research design included three sequential phases: information-gathering through a literature scan and in-depth interviews (IDI), quantitative data collection through an online survey, and qualitative data collection through focus groups. Our mixed-methods approach allowed for an initial quantitative analysis of trends and challenges through the survey and a subsequent in-depth exploration of the contextual and practical nuances through focus group discussions.

Literature Scan and In-Depth Informational Interviews

The literature scan was conducted to gather foundational insights into RFWs by reviewing relevant resources from online journals, government websites, and other types of reports on state government activity. Using search terms such as “recovery-friendly workplace policies,” “workplace recovery,” and “recovery friendly HR practices,” we identified, read, and summarized key articles and toolkits. Sources included publications from federal agencies, state resources, and industry reports. These documents provided valuable context for identifying best practices, gaps, and solutions in RFW initiatives. Following the literature scan, we moved forward with the next phase of data collection, which included gathering insights from subject matter experts (SME) through IDIs.

Drawing on trends and data uncovered during the literature scan, we developed a draft survey to gather information about HR professionals’ current experiences with supporting recovery from SUD in the workplace. We then conducted six individual IDIs with HR SMEs—identified by HRCI for their knowledge of SUD and RFWs—in order to ensure relevance and comprehensiveness of the

survey questions. Additionally, we interviewed Fors Marsh’s HR director—who led efforts within the company to establish RFW procedures—to gather feedback on the draft survey. The feedback gathered from the interviews was used to refine and finalize the survey instrument. Building on the insights gained from the literature scan and interviews with SMEs, we proceeded to the next phase of the study, which involved administering the survey online to a sample of HR professionals.

Quantitative Data Collection: Online Survey

The second phase of the study involved an online survey that was conducted between August 12 and August 23, 2024. The survey targeted HR professionals and focused on identifying the challenges and barriers they encounter when developing RFWs, along with the tools and resources they require to address these challenges. Additionally, the survey explored participants’ existing policies and practices related to SUD recovery and broader wellness initiatives. The survey also collected information about participants’ organizations such as size, industry sector, and the stage of RFW implementation.

Survey invitations were distributed via email to the 330,000 HR professionals within the HRCI community, with a reminder email sent on the final day of the fielding period to encourage those who had opened the survey to complete it. After the survey closed, quality checks were performed. The final data set consisted of 1,536 respondents. We analyzed the survey data using descriptive statistics and subgroup analyses to examine differences based on industry type, organization size, HR experience, and union membership. These analyses provided a comprehensive overview of the landscape of RFW practices and challenges. Although the survey provided a broad overview of the challenges and practices surrounding RFWs, the subsequent focus groups allowed us to explore these issues in greater depth, gaining a more nuanced understanding of the motivations and strategies behind RFWs.

Qualitative Data Collection: Focus Groups

Building upon the survey findings, the third phase of the project involved seven focus groups conducted in October 2024. These focus groups aimed to delve deeper into the motivations, challenges, and strategies employed by HR professionals in implementing and sustaining RFWs. HRCI identified a sub-group of 800 HR SMEs who frequently participated in research efforts. The SMEs received an emailed invitation to participate in the focus groups. Those who expressed interest were administered a screener to help identify them based on organizational size and RFW implementation status. Of the 45 respondents who expressed interest, 23 were selected, representing organizations ranging from two to 13,000 employees and various stages of RFW implementation. Organizational sizes were segmented as the following: 1–200 (small), 201–500 (medium), 500+ (large). The stages of RFW implementation included organizations that had not yet initiated efforts regarding RFWs, those actively learning about RFWs, those reviewing practices related to RFWs, and those with either recently implemented or well-established RFW programs.

The focus groups were conducted virtually via Zoom, with each session lasting approximately 60 minutes. Participants were grouped according to organizational characteristics to ensure discussions were relevant and meaningful. The sessions explored key themes, such as participants' perceptions of the importance of RFWs, the challenges they faced in developing training and policies, and their successes in implementing and sustaining RFW initiatives. Participants were encouraged to share insights on resources and tools they found helpful, as well as to brainstorm new ideas for HR support, such as road maps, best practices, and feasibility assessments for potential interventions. The discussions also examined disparities across industries and contextual factors influencing RFW practices.

In summary, Fors Marsh's mixed-methods approach enabled a comprehensive exploration of the challenges and strategies HR professionals encounter in developing and maintaining

RFWs. The integration of both quantitative and qualitative methods provided a robust framework for understanding the needs and experiences of HR professionals. Although the survey data identified broad trends, barriers, and resource needs, the focus groups offered deeper insights into the motivations and practical strategies HR professionals use. This combination of methods allowed for a comprehensive analysis that ensured the findings were both representative and actionable. By capturing a wide range of perspectives and experiences, this approach provides a strong foundation for advancing RFW initiatives across diverse organizational contexts.

Sample High-Level Road Map for Implementing an RFW

Assess



- Current policies
- Available support resources
- Business case for an RFW

Plan



- Scope of RFW policies and practices
- Staging of changes
- Process of RFW policy development

Implement



- New policies
- Training for all employees and leadership
- Internal and external communications about the program

Monitor



- Metrics for success
- Employee opinions
- Success of new policies

Adjust



- Practices and policies as needed in response to monitoring

Grow and Share



- Ideas and experiences with other potential RFWs
- The RFW movement

Focus Group Participants' Organization Size and RFW Organizational Status

Organization Size Category	Organizational RFW Status	
Participants in Small Organizations (1–200 employees) <i>(n = 10, sizes ranged from 2–200)</i>	Not taken steps	2
	Learning about RFW	5
	Reviewing our practices	1
	Will become an RFW	0
	One year or less RFW	0
	One year or more RFW	2
Participants in Medium Organizations (201–500 employees) <i>(n = 5, sizes ranged from 275–500)</i>	Not taken steps	3
	Learning about RFW	1
	Reviewing our practices	1
	Will become an RFW	0
	One year or less RFW	0
	One year or more RFW	0
Participants in Large Organizations (500+ employees) <i>(n = 8, sizes ranged from 515 to 13,000)</i>	Not taken steps	2
	Learning about RFW	3
	Reviewing our practices	0
	Will become an RFW	1
	One year or less RFW	1
	One year or more RFW	1

SEE APPENDIX B FOR COMPLETE COLOR-CODING AND STATUS DESCRIPTIONS.

Focus group participants reported their organization size and selected a status to describe their organization's progress towards becoming an RFW. (See Appendix B for complete color-coding and status descriptions.) Focus groups excluded individuals whose organizations were not interested in taking steps towards becoming an RFW. Subsequent research may focus on ways to engage these disinterested organizations.

Study Respondents

Study respondents consisted of survey takers and focus group participants from a wide variety of industries, work backgrounds, and organization sizes.¹⁵ Survey takers were asked to report their job responsibilities, their tenure as HR professionals, their organization's industry sector, and their organization's size. Focus group participants were asked to report the size of their organization and their organization's RFW status so they could be grouped along these variables. Most survey respondents (69%) reported that their job responsibilities were entirely in HR. Other respondents had HR responsibilities as part of their duties. Regarding tenure, a majority of respondents (71%) had 9 years or more of experience in the HR field. To account for the potential impact of organizational size on resources

available to support recovery, study participants reported their organizational size, with the greatest number (23%) coming from an organization with 51 to 200 employees. Survey participants were also asked to provide their industry sector,¹⁶ as various industries may have different regulations that impact how people with active SUD and people in recovery participate in those industry sectors. The most common industry among respondents was health care and social services (16%). Twenty-three individuals participated in focus groups, with the majority (57%) coming from organizations with 201 or more employees. Focus group participants were selected for their foundational understanding of RFWs, although their levels of expertise varied. Participants were divided into seven groups. A minority (21%) had currently established RFW programs, whereas most were learning about them or beginning to review policies related to them.

Organization Size

Size	Percentage of Respondents
1 – 10 employees	5%
11 – 50 employees	11%
51 – 200 employees	23%
201 – 500 employees	16%
501 – 1000 employees	12%
1001 – 5000 employees	16%
5001 – 10,000 employees	6%
10,000 + employees	12%

SEE APPENDIX A

Respondents' Experience in HR

Experience	Percentage of Respondents
Less than 1 year	1%
1 – 2 years	4%
2 – 3 years	5%
3 – 4 years	4%
4 – 9 years	16%
9 years or more	71%

Survey Respondents



Conducted from:

August 12 – 23, 2024

The respondents:

HR Professionals with varying years of experience

Organizations of all sizes

Spanned every major service industry

Industry Sectors

Industry	Percentage of Respondents
Healthcare and social assistance	16%
Other*	15%
Manufacturing	13%
Professional, scientific, and technical services	10%
Finance and insurance	7%
Educational services	7%
Public administration	6%
Construction	4%
Retail trade	4%
Transportation and warehousing	3%
Arts, entertainment, and recreation	2%
Mining, quarrying, and oil and gas extraction	2%
Information	2%
Accommodation and food services	2%
Utilities	2%
Real estate and rental and leasing	1%
Wholesale trade	1%
Agriculture, forestry, and fishing	1%
Management of companies and enterprises	1%
Military	1%
Administrative and support services	1%

SEE APPENDIX A

These categories are from the Census Bureau's North American Industry Classification System.

* "Other" includes "businesses that provide services not classified elsewhere, such as: equipment and machinery repair, religious activities, grantmaking, advocacy, dry cleaning and laundry services, personal care services, death care services, pet care services, photofinishing services, and temporary parking services." ²⁷

Present State of Organizations: What Do People Know?

Possessing SUD knowledge and awareness is vital for HR professionals when implementing an RFW program. Knowledgeable HR professionals can help reduce the stigma associated with SUD by fostering an environment of understanding and support, encouraging employees to seek help without fear of judgment or discrimination.

Familiarity with SUD, Treatment and Recovery

SUD-related awareness campaigns and public narratives in the past tended to focus on prevention and treatment, not recovery. Similarly, organizational policies and practices have historically focused on prevention (e.g., drug-free workplaces, random drug testing) and treatment (e.g., health benefits.) This context might generate different levels of knowledge across three domains: general knowledge, treatment-specific, and recovery-specific. Consequently, survey respondents were asked to self-assess their knowledge for each domain. The majority reported being “somewhat familiar” with each domain, although the size of that majority varied.

Familiarity with SUD, Treatment, and Recovery

Level of familiarity	with SUD	with treatment options	with recovery processes
Expert (e.g., have extensive training and/or work extensively on this topic)	3%	3%	3%
Very familiar	29%	19%	21%
Somewhat familiar	42%	37%	37%
A little bit familiar	16%	26%	26%
No knowledge	10%	15%	13%

Self-Assessment of Ability to Recognize the Signs and Symptoms of SUD

Self-assessment	Percentage of Respondents
Very confident and have received specialized training on this topic	8%
Very confident, but have not received specialized training on this topic	24%
Somewhat confident	44%
Not very confident	18%
Not at all confident	7%

Forty-two percent of survey respondents reported being “somewhat familiar” with SUD and recovery. Similarly, the largest group of respondents (37%) said they were “somewhat familiar” with SUD treatment options. The same proportion of respondents (37%) said they were “somewhat familiar” with SUD recovery processes. Individuals tended to rate their familiarity with treatment and recovery at the same level. A large proportion of respondents (71%) assessed themselves as “somewhat or very familiar” with SUD. 3% rated themselves as “expert.” However, lower proportions of respondents said they were “somewhat or very familiar” with recovery (56%) or recovery processes (58%). 3% rated themselves as “expert” in each of these areas. The results indicate that although most have a general awareness of SUD, fewer know about treatment options and recovery from SUD.

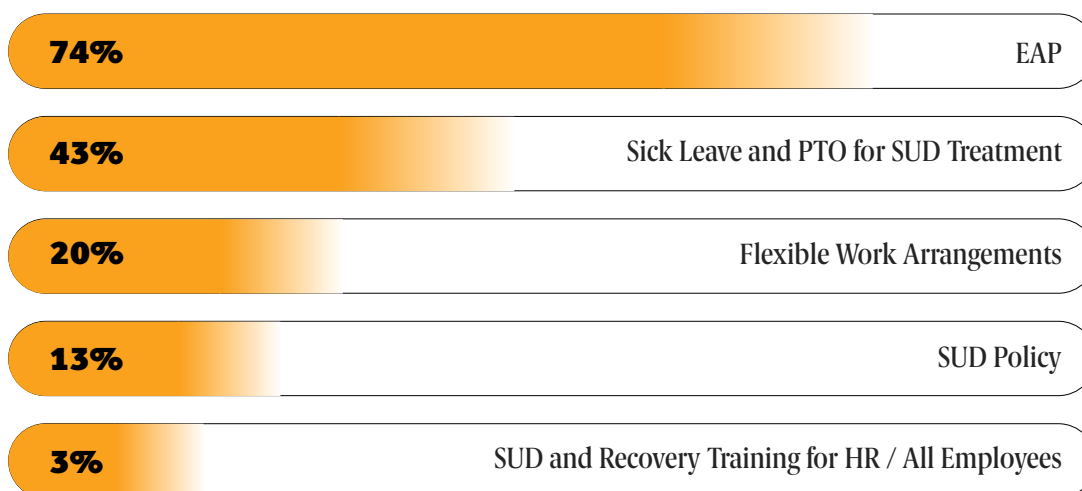
Familiarity with the Signs and Symptoms of SUD

HR professionals with a solid understanding of SUD can recognize early signs of substance use issues among employees, enabling timely intervention and support. They may also advise supervisors or individuals concerned about coworkers’ substance use, potentially sharing information about early signs of substance use. Early recognition and intervention can prevent the escalation of problems and promote recovery. These interventions help create a safe, supportive work environment for all employees. Further, HR professionals have a duty to comply with laws and regulations related to workplace health and safety. Recognizing early signs of SUD can aid individuals in fulfilling these responsibilities. Although HR professionals are *not* medical professionals and should not be expected to diagnose or treat SUD, awareness of signs and symptoms can reduce risks of on-the-job injury and improve legal compliance.

A small proportion of survey respondents (8%) said they were “very confident” they would recognize signs and symptoms of a person experiencing SUD, and that they have received specialized training, showcasing a well-prepared group. Meanwhile, 24% said they were “very confident” in recognizing SUD signs and symptoms despite lacking formal training, indicating a potential gap in education or standardized training that could be addressed. The largest segment of respondents (44%) said they were “somewhat confident,” suggesting that many have a basic understanding but could benefit from further training. On the other hand, 18% were “not very confident” in recognizing SUD signs and symptoms, highlighting a need for targeted programs to boost their skills. Lastly, 7% said they had “no confidence” in recognizing SUD signs, underscoring a critical need for introductory training for this group. Although there is a reasonable level of confidence among respondents, there is a clear need for more specialized training and education to enhance their ability to identify and support individuals experiencing SUD. Overall, SUD knowledge and awareness can empower HR professionals to create a supportive, inclusive, and productive workplace that benefits both employees and the organization.

Focus group participants expressed that a recovery-friendly workplace treats its employees with empathy and care.

Policies and Practices Supporting Employees with SUD



Current Familiarity with the Concept of RFWs

When an organization identifies itself as a recovery-friendly workplace, the organization is moving beyond institutional knowledge and implementing policies that can support people entering and maintaining recovery. Identifying itself as a recovery-friendly workplace signals that the organization is consciously focused on educating employees about SUD and recovery, and on expanding recovery-friendly policies and practices. However, the concept of RFWs is still fairly new, with the first statewide initiative launched in 2018.¹⁷ Consequently, our survey assessed the level of expertise and familiarity with RFWs among HR professionals. Similar to our findings on SUD recovery expertise, merely 2% of participants identified as experts on RFWs, 12% stated they were very familiar with the concept of RFWs, and 28% of HR professionals reported being somewhat familiar with RFWs. These findings suggest that although many respondents have some knowledge, there is considerable

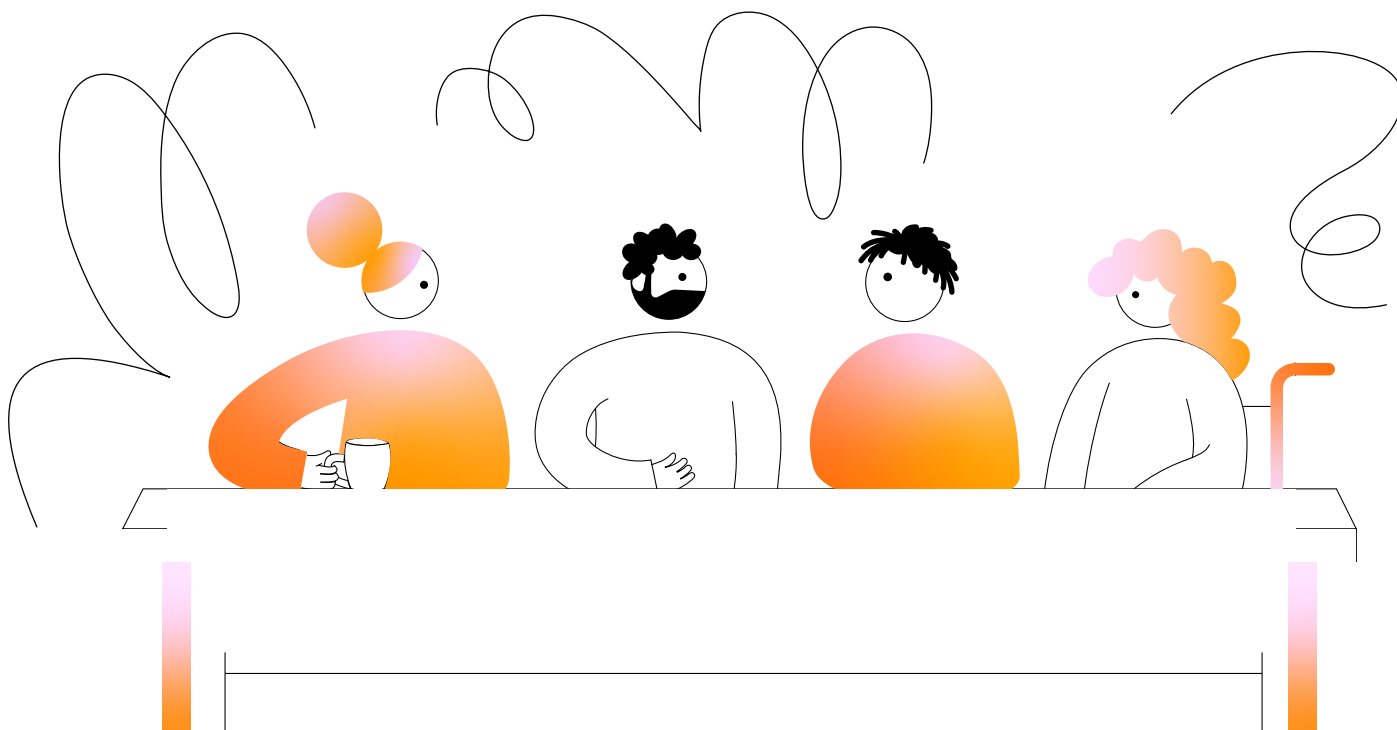
room for increased awareness and education. Furthermore, 25% said they had heard of RFWs but lacked detailed knowledge. An additional 33% were unaware of RFWs upon taking the survey, emphasizing a critical need for introductory education and outreach. These findings underscore the importance of ongoing efforts to enhance understanding and implementation of RFW initiatives.

Focus groups allowed people to express their understanding of RFWs in their own words and to provide more detailed descriptions of practices and policies to support individuals in recovery. Participants generally defined an RFW as an organization that supports employees with SUD through various strategies, including fostering open communication, maintaining flexibility where possible, creating trauma-informed policies, respecting confidentiality, and providing comprehensive support services (such as treatment programs *and* assistance with reentry). They expressed that an RFW is one that treats its employees with empathy and care.

Participants provided additional details about these strategies. They described the feeling of safety and trust that can come with open communication between supervisors and employees. When employees feel comfortable communicating with their supervisors without fear of reprisal or other negative outcome, supervisors can link them to resources for treatment and for recovery support. Supervisors can also help operationalize workplace flexibility, including the ideas shared by participants: allowing for mental health days and time off for recovery as well as adaptable work schedules tailored to individual needs. Participants also expressed familiarity with the principle that everyone's recovery journey is different and noted that this variability makes flexibility important.

Some participants noted that an RFW should be trauma-informed, meaning that the organization considers how its policies and procedures might impact an individual's trauma or recovery journey. An RFW should also promote awareness and understanding of SUD and its various recovery paths, helping to break its associated stigma.

Confidentiality was frequently mentioned as paramount in an RFW to address employees' fears about disclosing past addictions. Employee Assistance Programs (EAP) are often provided for confidential counseling and support. (Both EAPs and confidentiality are discussed in greater detail in subsequent sections of this report.) Some participants mentioned that being an RFW is part of investing in the mental and physical wellness of their employees in general. Focus group participants frequently mentioned that an RFW humanizes employees with SUD, ensuring they are not ostracized and that they are integrated into the workforce with empathy and care. External support and training are often provided through partnerships with mental health professionals and training mental health champions within the organization. Despite challenges in implementation, the focus of an RFW remains on valuing and protecting employees like any other with a health or medical condition, recognizing the signs of SUD and providing reasonable accommodations.



Present State of Organizations: What Policies and Training Do People Have?

Effective training and policies are essential for establishing and maintaining an RFW. In both the survey and focus groups, we heard from HR professionals about trainings and policies that already exist within their organizations, as well as areas in need of improvement. This section moves beyond individuals' knowledge discussed in the previous section and into the current state of trainings and policies within these organizations.

Establishing and maintaining an RFW requires a strong inventory of organizational resources designed to support employees in their journey toward SUD recovery and mental wellness. Without these resources in place, organizations cannot effectively provide the assistance that employees need to receive support, maintain recovery, or address potential roadblocks. By equipping employees with the tools and support they need, organizations signal their commitment to their staff's long-term recovery, ultimately helping to create a culture of inclusion, resilience, and sustained recovery within the workplace. Openly sharing information about resources and educating employees about SUD also helps reduce stigma within the organization,¹⁸ lowering the barriers for people seeking treatment and recovery support.¹⁹

Current Programs in Organizations

Most survey respondents (74%) indicated EAPs are available in their organization. An EAP provides access to a formal network of support for employees, including support for SUD. Other programs that survey respondents indicated being available at their organizations include health and wellness programs (i.e., programs that encourage

healthy behaviors, such as those promoting mindfulness, increased physical activity, and/or healthy eating; 53%) and health-related incentive programs (e.g., insurance discounts for smoking cessation, completing annual health screenings; 37%). In addition, respondents indicated the availability of resources such as sick leave and paid time off (PTO) for SUD treatment (43%), health insurance coverage for SUD programs (32%), and flexible work arrangements for individuals seeking treatment or SUD related therapy (20%). All of these resources include SUD under larger umbrellas of wellness, health care benefits, and flexible work. Over half (55%) of survey respondents indicated their organizations do not have programs *specifically* related to SUD and recovery, such as phased return-to-work arrangements following treatment or peer support programs.

Leveraging EAPs and External Resources

Findings from the focus groups largely corroborated the survey data while also bringing to light additional resources. Participants from smaller companies noted the usefulness of resources such as EAPs, which provide support for personal and professional issues, including substance use recovery, health coverage and programs offering one-on-one support for employees, and comprehensive documentation of leave options to maintain privacy. Focus group participants from smaller companies also described “lunch and learn” sessions that they use to inform employees about these supportive resources. Participants from larger companies noted the value of having access to external experts for specialized support, consultations with mental health professionals, and comprehensive health coverage through health maintenance organization (HMO) programs. Participants noted that these larger companies leverage government-initiated community support networks and partner with local non-governmental organizations (NGO), and they also seek training support from organizations like HRCI for mental health first aid and workplace stress management.

Tracking Resource Use

Tracking the resources used by employees—specifically those that provide mental health and SUD recovery support—is important for organizations committed to creating RFWs. By monitoring the utilization of these resources, organizations can ensure they are effectively supporting their employees in recovery; identify gaps in available resources; and optimize their approach by leveraging utilization data to advocate for more funding, time, or effort toward establishing their RFW. Our survey results indicate that nearly half (46%) of respondents' organizations do not collect data about how many individuals access their mental health or SUD resources. Alternatively, 21% reported that their organizations *do* collect these data and 33% were unsure whether the data are collected. When asked about collecting data on the number of individuals that access an organization's SUD resources (i.e., separately from mental health), exactly half (50%) said no, whereas 31% were unsure and only 19% said yes.

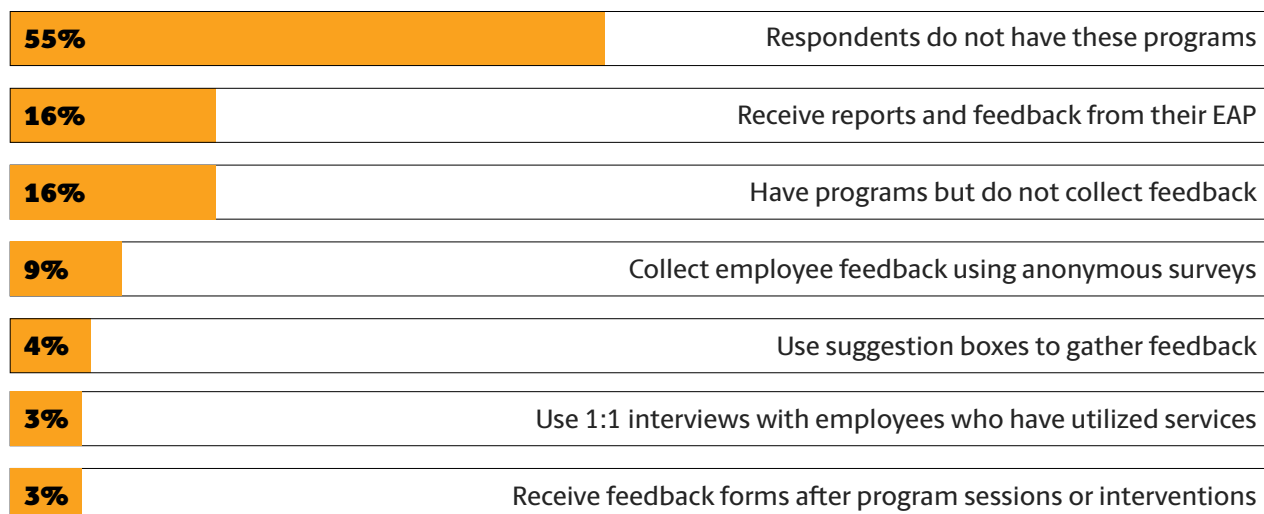
Sixteen percent of respondents indicated that although their organization has programs specifically related to SUD, their organization does not collect feedback on these programs. The highest percentage of collected feedback (16%) comes from EAP reports, whereas methods such as surveys (9%),

suggestion boxes (4%), and digital platforms (2%) are only used by small proportions respondents. Interactive ways of collecting feedback, such as focus groups (1%), town hall meetings (2%), and interviews (3%), are not commonly used according to survey respondents.

Recognizing that some survey respondents may not be tracking resource use, we asked respondents to *estimate* the proportion of employees that use mental health and/or SUD resources. Our results indicated that 44% of survey respondents believe these resources are only used by 10% or less of employees, whereas 22% of respondents were unsure how many employees use these resources, and a mere 4% of respondents believe that the majority (50%–90%) of employees use these resources.

Focus group results were in line with survey results, indicating that very few organizations track the use of their resources, which makes data such as the reach of these programs and return on investment (ROI) of the programs more difficult to report to leadership. As a result, advocates for these programs are unable to make a convincing case to expand on these programs. The focus group participants emphasized a need for effective communication and identification surrounding SUD resources. Lack of awareness about resource availability impacts resource use, and may impair an organization's capability to track utilization.

Gathering Employee Feedback on SUD and Recovery Programs



Focus group participants discussed the need for human resources information (HRI) systems with leave tracking and monitoring tools to monitor utilization of recovery-related resources. Participants also expressed a desire for increased HR budgets to expand recovery initiatives and provide funding for these needed tracking systems.

Survey and focus group participants' responses raise questions of whether employees do not need these resources, do not find them helpful, or are unaware of them. Because of these gaps in understanding, it is important for organizations to not only track the utilization rate of employee resources but also to seek feedback about the resources such as their effectiveness and accessibility. At the same time, we recognize that regulations protecting privacy and confidentiality may limit the information that HR professionals can collect.

Training for HR Professionals and Other Employees about SUD and Recovery

Survey results show that very few of the respondents' organizations currently provide training on SUD and recovery. Only 10% of survey respondents work for an organization that provides training to HR staff regarding SUD and recovery, and only 7% work for an organization that provides training to all company employees for SUD and recovery. However, focus group participants mentioned a variety of trainings their organization has used to maintain itself as an RFW. These trainings include cultural humility training, which emphasizes being open to hearing about other people's experiences, and mental health awareness training, which one participant implemented after realizing many staff members were struggling in silence. Mental health first aid was also mentioned, and the participant noted that it was available through the National Council for Mental Wellbeing.

Many participants mentioned general trainings that are in the realm of, but not specific to, recovery from SUD. For example, emotional intelligence training was noted as part of general training for managers, helping them identify and address stress or conflicts among their subordinates. Other trainings included an HR seminar on how to listen

and respond to employees disclosing information without judgment, general wellness training on coping with stress, performance management to identify and address issues early, and legal training on handling employees after offenses and managing situations involving substance use in the workplace. Just as workplaces without currently established RFWs may leverage existing health-related benefits and policies to support people in recovery, HR professionals without established RFWs report that they are leveraging their existing training to address employee issues. Focus group participants also noted that they had used their existing training, such as Certified Recovery Mentor training and Narcan training, to supplement the absence of RFW policies or budget. Some also mentioned training on becoming a trauma-informed workplace, which involves learning how new policies, programs, or procedures might impact someone's trauma or recovery. Reasonable suspicion training was also touched on, which focuses on identifying signs of substance use and understanding the appropriate steps to take. HRCI and the Society for Human Resource Management (SHRM) were mentioned as resources that HR professionals use to find and identify these types of trainings. One participant mentioned using government programs like the Industrial Training Fund (ITF) to subsidize training costs. Collectively, focus group participants recognized the necessity of trainings to support RFWs, but face challenges due to limited support and budget constraints, preventing them from implementing new training or resources to better assist employees.

10% of respondents work for an organization that provides training to HR staff regarding SUD and recovery. 7% work for an organization that provides such training to all company employees.

Current Policies

Equally important to having RFW-oriented benefits and training, organizations also need supportive policies. Clear, inclusive policies ensure that employees in recovery feel safe and supported. These policies may cover areas such as non-discriminatory practices and confidentiality protections. Well-defined policies create a structured framework for offering recovery support, ensuring consistency across the organization. Only 8% of survey respondents described their organizations as being “very supportive,” which was defined in our survey as “fully backs and actively promotes SUD policies,” whereas the majority of their organizations were described as either “somewhat supportive” (23%) or neutral toward SUD policies (38%).

The most common policy that employees indicated being in place at their organization was the prohibition of drug use in the workplace (82%). Drug-free workplaces promote safety and the designation is required to receive federal grants and contracts.²¹ However, more directly supportive policies were identified as being in place at their organization, such as reasonable accommodation (including those with SUD) policies (64%), confidentiality policies (53%), and non-discrimination policies (49%). Several specific confidentiality and privacy policies were identified, including confidential handling of all medical and personal information (63%), secure data storage and restricted access (48%), maintaining confidentiality and data security when communicating with third parties (e.g., treatment programs; 36%), and clear protocols for managing and sharing sensitive information (25%).

When discussing supportive organizational policies, participants from the focus groups across different company sizes shared varying approaches and trends. These trends reflect how organizations of different scales implement policies to support employees. The next section provides a breakdown of the insights shared by participants from small, medium, and large companies, highlighting their distinctive policies and approaches.

CURRENT POLICIES: SMALL COMPANIES

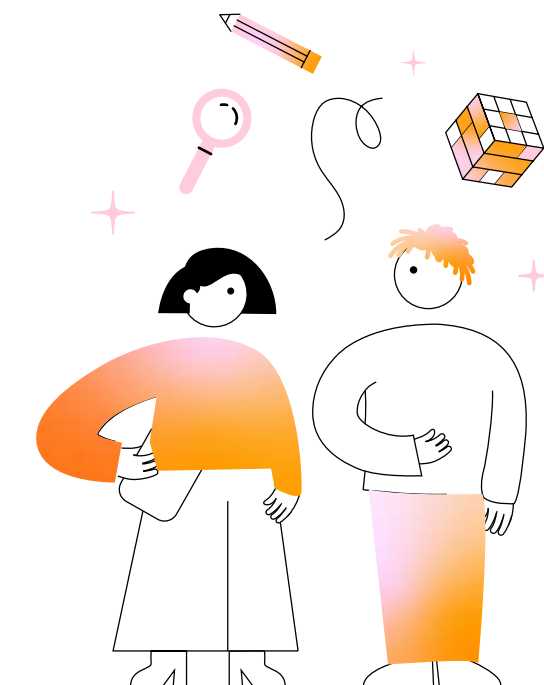
Participants from small companies said their organizations have recovery-supporting formal or informal policies that often rely on the dedication of a few individuals to drive change, emphasizing the importance of follow-through and flexibility. These companies may not create specific internal policies and procedures on SUD and recovery, but they use features from various programs (i.e., EAPs) to support employees. As one focus group participant noted, in a small company, it is also possible that closer interpersonal relationships among all employees help them find solutions for people who seek treatment and additional support as they return to work. In contrast, small companies without recovery-supporting policies highlight the need for clear, documented policies that ensure equity and consistency. These small companies stress the importance of HR reaching out to employees to explain the benefits available to them.

CURRENT POLICIES: MEDIUM COMPANIES

Participants from medium-sized companies with supportive policies discussed their focus on comprehensive communication, ensuring employees understand their benefits through detailed handbooks and monitored training. These medium-sized companies provide resources like EAPs and clearly outline what their benefits cover. These companies also have policies for reasonable suspicion and additional leave for extenuating circumstances, ensuring employees can navigate their benefits effectively. On the other hand, medium-sized companies without supportive policies offer general flexibility for remote work and flexible hours. These companies have wellness programs but lack specific structures for supporting employees with SUDs.

CURRENT POLICIES: LARGE COMPANIES

Participants from large companies with supportive policies described the implementation of extensive training on issues like sexual harassment and unconscious bias, focusing on protecting employees in recovery from discrimination. These larger companies provide flexible work options and promote EAPs, ensuring easy access to support employees and cutting down on bureaucratic processes. These companies also fund external support if it is not covered under current plans, demonstrating a commitment to comprehensive employee support. However, there are no data available for large companies without supportive policies, indicating a potential gap in understanding or addressing the needs of employees with SUDs.



Resources or Support Needed to Implement or Improve an RFW

Resource	Percent indicating need
Training programs for employees and management	48%
Training for HR professionals on how to implement an RFW policy	45%
Increased funding or budget allocation	33%
Development of comprehensive policy guidelines	30%
Access to external experts and consultants	23%
Regular workshops on SUD and recovery	22%
Partnerships with local recovery centers and organizations	20%
Enhanced data collection and analysis tools	16%
Other	3%

SEE APPENDIX C

Barriers to Expanding Recovery-Friendly Workplaces

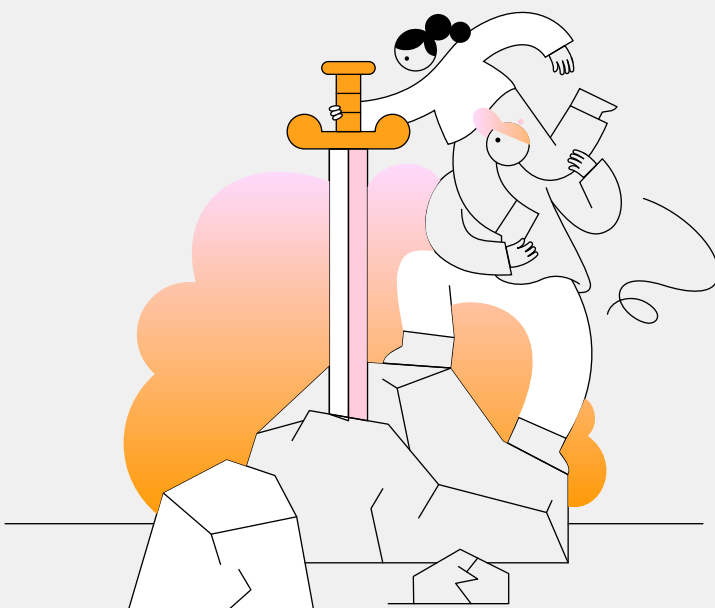
Data from both the survey and from focus groups indicated that although many organizations have policies and programs that support employee health and wellness, fewer have the kind of specific, integrated resources and program offerings that characterize an RFW. Our study asked HR professionals to identify barriers they believed prevented organizations from becoming RFWs. Participants most commonly identified misconceptions and stigma, resource constraints, leadership hesitancy, and organizational complexities as barriers. Respondents from differently sized organizations reported that lack of knowledge about SUD and its misconceptions and stigma were chief issues—but there were some variations by size as well. These are discussed below.

Misconceptions, Stigma, and Cultural Norms

Misconceptions about SUD and stigma around individuals who experience it are a significant barrier to addressing SUD in general and to establishing RFWs in particular. Lack of knowledge and negative perceptions about SUD contribute to a culture of silence, as employees may fear judgment or discrimination if they seek help for an extant substance use problem or if they look for support to maintain their recovery.²³ Workplace social norms may also isolate individuals who wish to stop using substances or who are in recovery, undermining other policies or benefits that otherwise promote recovery.²⁴

Among survey respondents, the most commonly identified barriers to implementing an RFW were lack of knowledge about SUD (64%) and misconceptions and stigma associated with SUD and recovery (59%).^a

^a Because respondents could select more than one barrier, percentages do not sum to 100.



Focus group participants echoed these survey findings, highlighting stigma and perceptions of recovery as a central challenge. Focus group members referenced experiences with employees who felt isolated, stigmatized, or shamed when disclosing their recovery status. They stated that employees were affected by workplace biases and negative perceptions of SUD and mental health issues in the larger culture outside of the organization. Focus group participants also underscored that there is a general lack of education among employees regarding SUD and mental health-related conditions, which can lead to a lack of understanding for employees who are in recovery or who are considering looking for help. HR practitioners expressed concern that employees may worry that being open about their recovery may lead to questions about their ability to perform their job or result in discrimination, and therefore do not seek the help they need. Additionally, HR professionals shared that workplace culture around drinking (e.g., happy hours) may cause individuals working toward recovery to feel isolated or uncomfortable. Occupational norms in particular sectors (construction, finance) were also cited as exerting pressure on individuals to drink alcohol in social settings, although use of other substances was not mentioned in this context.

Barriers to Implementing a Recovery Friendly Workplace

Barrier	Percentage Indicating barrier is present
Lack of knowledge about SUD and recovery	64%
Misconceptions and stigma about SUD and recovery	59%
Concerns about the cost of implementing recovery-friendly programs	42%
Insufficient staffing to support additional programs	35%
Limited financial resources within the organization	34%
Insufficient training for HR staff and managers on SUD and recovery	34%
Concerns about potential liabilities and risks	33%
Uncertainty about legal requirements and compliance	29%
Concerns about maintaining a drug-free workplace	25%
Challenges in managing employees with SUD	23%
Resistance to change within the organization	22%
Concerns about maintaining employee confidentiality	22%
Lack of educational resources for employees	21%
Lack of support from senior leadership	20%
Fear of negative reactions from other employees	18%
Difficulty integrating recovery-friendly practices into existing policies	16%
Concerns about impact on company culture	14%
Concerns about possible decline in productivity & performance	12%
Other	4%

SEE APPENDIX C

Barriers to Recovery Friendly Workplace

64%	Lack of knowledge about SUD and recovery
59%	Misconceptions and stigma
42%	Concerns about cost to implement
35%	Insufficient staffing to support additional programs
34%	Insufficient training for HR and managers

Lack of Training, Education, and Awareness

Given the prevalence of “lack of knowledge” and “misunderstanding” as barriers, it is unsurprising that the absence of training and education also emerged as a barrier for achieving recovery-friendliness. Training was identified as essential for raising awareness about RFW interventions and policies to support employees in recovery and fostering a compassionate and productive workplace environment. More than one-third of respondents (34%) noted that insufficient training for HR staff responsible for implementing and maintaining RFWs is a barrier, indicating a knowledge gap among professionals tasked with these responsibilities. Nearly half of respondents (48%) emphasized the need for training programs for both employees and management, whereas 45% prioritized training specifically for HR professionals on initiating and implementing RFW policies. The survey revealed that 90% of respondents reported their organizations do not currently provide specific training to HR staff regarding SUD and recovery.

The stage of an organization’s RFW development may relate to its training and education needs due to unique challenges emerging at different levels of implementation. Participants from organizations with established RFWs highlighted ongoing challenges related to training and cultural transformation. Educating employees and managers to build awareness, reduce stigma, and foster a more inclusive environment is a recurring need according to participants from these organizations. Participants emphasized the importance of specialized training to shift workplace attitudes and support a culture of inclusion, while also addressing confidentiality concerns and ensuring trust among employees.

Privacy and Confidentiality Concerns

Perceptions of privacy and confidentiality emerged as critical barriers to establishing RFWs, as shared by focus group participants and survey respondents. Focus group participants emphasized that employees need assurance that their recovery-related information will be protected and that they will not face discrimination or job insecurity due to their recovery journey. Focus group members also highlighted the challenge of managing harmful gossip about an individual’s recovery, noting that it is essential to foster a respectful workplace culture to maintain privacy and trust.

In addition to these qualitative insights, survey respondents echoed similar concerns. Among the barriers listed, balancing the need for confidentiality with the need to inform supervisors was a top concern, with 41% of respondents citing it as a challenge. Maintaining privacy during the accommodation process was also highlighted, with 25% of respondents identifying it as a barrier. 23% identified training staff on confidentiality and privacy requirements as a key issue.

Focus group participants underscored the broader cultural challenges that exacerbate privacy concerns, such as generational gaps, workplace drinking cultures, and inadequate training on SUD and mental health. Participants stressed that a healthy workplace culture inclusive of recovery requires both training and a cultural shift to reduce stigma and adopt recovery-friendly social norms. Without these efforts, employees may continue to feel unsafe seeking help, and privacy concerns will remain a significant obstacle to creating supportive environments. These findings highlight the need for organizations to prioritize privacy and confidentiality in their recovery-friendly initiatives. This includes implementing clear policies, training staff, and fostering workplace cultures that respect and protect employees’ recovery journeys.

Transformation I: What Do HR Professionals Need to Grow and Support Recovery- Friendly Workplaces?

Participants identified a lack of knowledge and misinformation about RFWs as major barriers to advancing recovery workplaces, also stating there is a clear training need to help address these issues. At the same time, they identified needs beyond training, including resources ranging from additional staff time, more funding for RFW-related activities such as tracking resource use, and managing leave. Study participants indicated a need for policy guidance and for strong business cases they can share with leadership to encourage buy-in. These needs are discussed in more depth below.

Specialized Training

HR professionals in this study clearly identified a lack of information, misperceptions, and stigma around SUD as barriers to creating RFWs. They also noted training that would help advance their organization in becoming recovery-friendly. When asked about specific training topics, survey respondents prioritized comprehensive education on recognizing signs of SUD (49%), understanding SUD (48%), legal and ethical considerations (47%), intervention skills (46%), and communication strategies for discussing SUD and recovery with employees (44%). Focus group participants emphasized the need for comprehensive training and education on SUDs, mental health, stigma reduction, recognizing signs of substance misuse, and preventing discrimination. Participants also highlighted that training is essential for raising awareness about the importance of RFW interventions and policies to support employees in recovery.

Focus group participants reiterated the need for general education about SUD. They also shared more nuanced insights into training needs that

may vary by size and RFW status. Although these variations did not reach the level of statistical significance within survey results, they are worth noting when considering trainings an organization may wish to provide to its HR professionals and general employees.

SMALL ORGANIZATIONS

Individuals from small organizations without established RFWs did not identify training needs beyond raising awareness of SUD and recovery. Individuals from small organizations *with* RFWs stressed the need for effective communication, including using appropriate language to discuss SUD and removing fear from such conversations, which could be facilitated through training. They also indicated a need to help employees recognize when they need help, suggesting an additional training opportunity.

MEDIUM-SIZED ORGANIZATIONS

Medium-sized organizations with RFWs reported learning from other existing RFWs. Participants from medium-sized organizations indicated training for managers and video resources for employees to use on their own time were significant needs.

LARGE ORGANIZATIONS

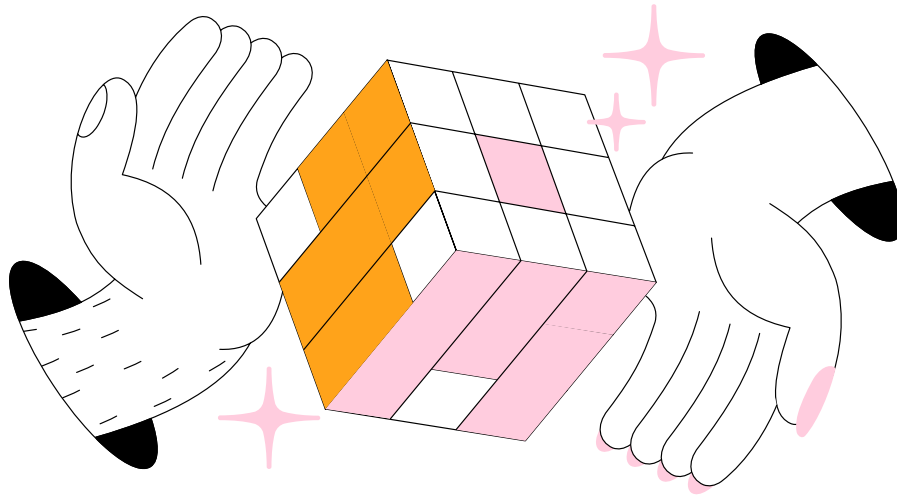
Focus group participants from large organizations with RFWs seek training support for mental health first aid and workplace stress management and prefer engaging training formats such as videos. They cited HRCI and SHRM as training resources. However, no data were entered for participants representing large companies without RFW policies, indicating a potential gap in understanding or addressing the needs of employees with SUD.

Despite the prevalence of “legal and ethical considerations” and “communication strategies” in survey results, none of the focus group participants discussed training needs specific to privacy and confidentiality. That said, training for HR professionals on communication and effective use of available benefits and support could help meet this training need. Furthermore, training for all staff in communication could include information that maintains their privacy.

Training Needs

Training area	Percentage Indicating need
Recognizing Signs: Identifying early signs and symptoms of SUD in employees.	49%
Understanding SUD: Comprehensive training on the nature of SUDs and their impact on individuals.	48%
Legal and Ethical Considerations: Understanding the legal and ethical implications of supporting employees with SUD.	47%
Intervention Techniques: Effective strategies for intervening and offering support to employees with SUD.	46%
Communication Skills: Enhancing communication skills for discussing SUD and recovery with employees.	44%
Creating a Supportive Environment: Building a workplace culture that supports recovery and reduces stigma.	39%
Confidentiality and Privacy: Ensuring the confidentiality and privacy of employees in recovery.	37%
RFW Policies and Implementation: Training on developing and implementing Recovery-Friendly Workplace policies.	36%
Crisis Management: Handling emergencies and crises related to SUD in the workplace.	32%
Measuring the effectiveness of SUD and recovery programs.	30%
Ongoing Support and Follow-Up: Providing continuous support and follow-up for employees post-recovery.	29%
Maintenance: The steps involved in maintaining and tracking progress on the program, as well as making changes to the program as needed.	28%
Providing support for individuals caring for people with SUD, in SUD treatment, or in recovery (e.g. partners, children, etc.).	27%
Employee Assistance Programs (EAP): Understanding and promoting the use of EAPs for SUD support.	27%
Resource Allocation: Identifying and utilizing resources effectively to support employees with SUD.	26%
Peer Support Programs: Establishing and managing peer support programs for employees in recovery.	22%
Other	2%

SEE APPENDIX C



HR Tools

In addition to training for HR professionals, survey respondents indicated that organizations need to devote more staff hours to HR and to provide better technological tools. About one-third (35%) cited insufficient staffing to support additional RFW programs, whereas 42% noted that concerns about potential costs were a barrier to establishing RFWs. Focus group participants from medium-sized companies suggested specific HR tools that could assist them. Participants from medium companies with RFWs indicated they would benefit from updated or expanded HRI systems that include robust leave tracking and monitoring tools, as well as communication features such as email, phone, or an 800-number for employees. Individuals from medium-sized companies without RFWs indicated that software tools for supporting employee wellness could assist them in meeting the needs of their employees. Participants from larger organizations did not identify these tools, potentially because they were already in place, and participants from smaller organizations reported using tracking tools that accompanied their existing benefits packages.

Documentation

Focus group respondents from small organizations without RFWs noted that they needed clear documentation of resources within their benefit plans and their associated costs. Considering the time stress that HR professionals in small organizations may face, such documentation could help them explain benefits to employees more efficiently and encourage greater utilization of these benefits. Participants from small organizations also indicated a need for clear internal policy documentation, which again, would allow them to act more efficiently and could improve employee confidence when seeking help for treatment and recovery. The need for improved policy and benefit documentation did not appear in survey responses.

The Business Case

Individuals from organizations at all sizes without RFW policies in place, and particularly those from small organizations, indicated the need for a compelling business case for an RFW. Given the concerns that organizational decision-makers may have about RFWs, the ability to make a clear and convincing argument for the overall benefits of an RFW is crucial to moving efforts forward. Given the barriers identified by survey respondents, including the costs of implementing RFWs, the need for additional staff, and limited financial resources, HR professionals advocating for RFWs need to demonstrate to their leadership that the benefits of having an RFW would outweigh the financial costs.

Transformation II: Moving from Gaps to Strong Supports

To move from the current gaps in practice to a future state that fosters a strong RFW, organizations must address the persistent challenges that hinder progress, particularly overcoming the stigma surrounding SUD and recovery, addressing confidentiality and privacy concerns, and gaining leadership support.

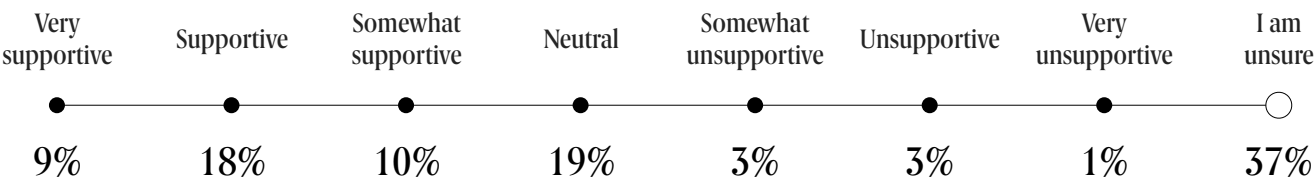
At present, stigma and negative perceptions of recovery often leave employees feeling isolated, shamed, or reluctant to disclose their recovery status. These biases are driven by societal attitudes toward SUD and mental health, compounded by a lack of trust in HR to handle such sensitive matters confidentially. Employees fear that revealing their recovery status may raise doubts about their job performance or lead to discrimination. Overcoming this stigma is crucial for creating a truly supportive and inclusive environment. Moving forward, organizations must work to change these cultural norms by fostering open-mindedness

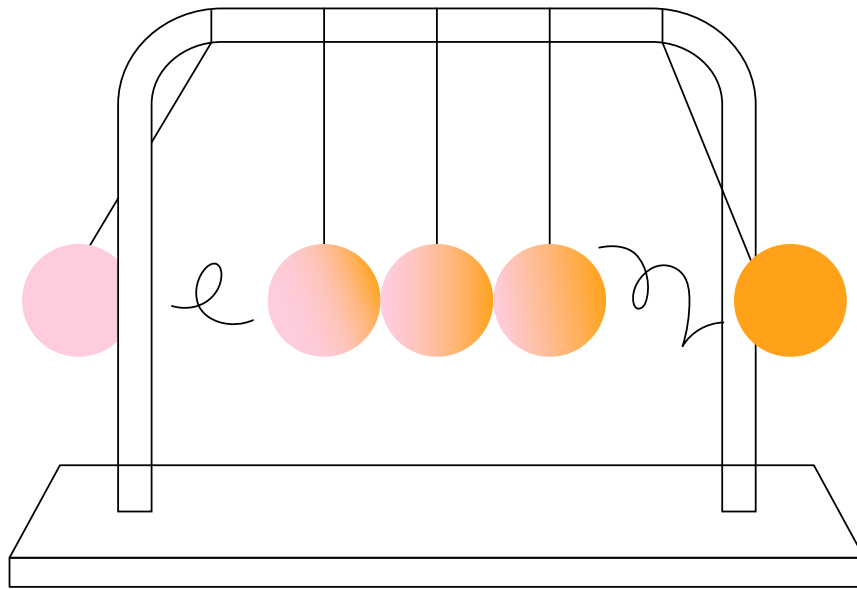
and empathy. This includes challenging false perceptions about mental health and substance use, which prevent individuals from seeking help or being transparent about their recovery needs. Future RFWs should be built on policies that not only safeguard confidentiality but also promote trust in HR as a source of support and understanding. Additionally, workplace practices, such as social norms around drinking (e.g., happy hours), should be reconsidered to ensure they do not alienate or discomfort those in recovery. By focusing on inclusivity and providing alternative avenues for social connection, organizations can create a space where individuals in recovery feel safe and supported.

Privacy and confidentiality are crucial areas that need significant attention as organizations move toward establishing strong RFWs. Currently, employees often hesitate to disclose their recovery status due to concerns that their personal information will not be protected, or that they may face discrimination or job insecurity. To overcome this barrier, organizations must prioritize creating systems that ensure recovery-related information is kept confidential and that employees are reassured that their recovery journey will not negatively impact their careers.

Employees fear that revealing their recovery status may raise doubts about their job performance or lead to discrimination. Overcoming this stigma is crucial for creating a truly supportive and inclusive environment.

Perceived Leadership Support for Recovery Friendly Workplace





Moving forward, this assurance must be reinforced by clear policies, robust confidentiality protocols, and consistent enforcement to build trust among employees. Additionally, harmful gossip surrounding someone's recovery can undermine privacy and respect, creating a toxic environment that deters individuals from seeking help. A shift in workplace culture is necessary to foster an atmosphere of inclusivity and support. Although many organizations face challenges such as generational gaps, entrenched drinking cultures, and a lack of training, these obstacles are not insurmountable. To bridge these gaps, companies must invest in comprehensive training on SUD and mental health, ensuring all employees—especially leadership and HR—are well-equipped to support those in recovery. In addition to training, creating a cultural shift that diminishes stigma and promotes recovery-friendly social activities, such as alcohol-free events, would help normalize recovery and provide a more inclusive, respectful environment for everyone.

Currently, many organizations struggle to secure executive buy-in for recovery-friendly initiatives, which hinders the success and sustainability of these programs. Without strong backing from leadership, recovery policies and programs often fail to gain the necessary traction to make a

meaningful impact. Moving forward, organizations must prioritize securing executive support, addressing concerns such as skepticism about recovery programs, perceived costs, or potential impacts on productivity. By demonstrating the long-term value of recovery-friendly initiatives, such as increased employee retention, reduced absenteeism, and improved overall well-being, leaders can be persuaded of the benefits that these programs bring to the organization.

Additionally, rigid workplace policies, such as strict work hours, limited time off, or mandated termination, can undermine supportive approaches by reinforcing outdated expectations that conflict with the flexibility recovery programs require. A future RFW program would involve revising these policies to ensure they support employees in recovery, offering flexibility and understanding instead of imposing barriers. Moreover, resource constraints, including limited funds for recovery programs and the inability of health plans to cover essential recovery services, also emerge as significant challenges. To address these, organizations must consider reallocating resources or seeking partnerships with external providers to expand support options. By securing leadership commitment, reevaluating policies, and addressing resource limitations, organizations can create

a foundation for recovery-friendly workplaces that not only support individuals in recovery but also promote a more inclusive, productive, and compassionate workplace overall.

Previous research on RFWs,²⁵ along with findings from our focus groups, indicate that organizations may have different needs based on their organizational size and their current status in terms of recovery-friendly policies and practices. Although there are many shared challenges in advancing RFWs, focus group participants revealed some differentiation by organizational size and RFW status. Below, we discuss these unique needs and potential paths forward.

Small Organizations

Participants from small organizations indicated that their organizations often face gaps in resources, making it difficult to expand health plans to provide adequate recovery support or help employees navigate existing mental health benefits. Although these organizations tend to offer greater flexibility in accommodating recovery needs, this flexibility can be limited by regulatory and contractual requirements, which are difficult to manage without a dedicated HR team. To move forward, small companies can address these gaps by prioritizing resource allocation and creating clearer policies that provide structured support, enabling them to offer both flexibility and comprehensive benefits to employees in recovery.

Medium Organizations

Participants from medium sized companies indicated that their organizations struggle with predispositions such as in-group bias and favoritism in leadership, especially as they experience organizational growth. Such issues can create an environment where recovery initiatives are undermined by favoritism or inconsistent application of policies. Further, policies often fall on a single individual to implement them, and with the limitation of medium-sized resources, treatment potentially coming out of PTO can place a financial burden on employees. Moving forward, medium-sized companies can strengthen their RFW by creating clearer lines of responsibility, promoting consistent leadership support, and ensuring that policies are applied equitably. Additionally, providing more sustainable support

options, such as extended leave or treatment that does not impact PTO, would help reduce the financial burden on employees.

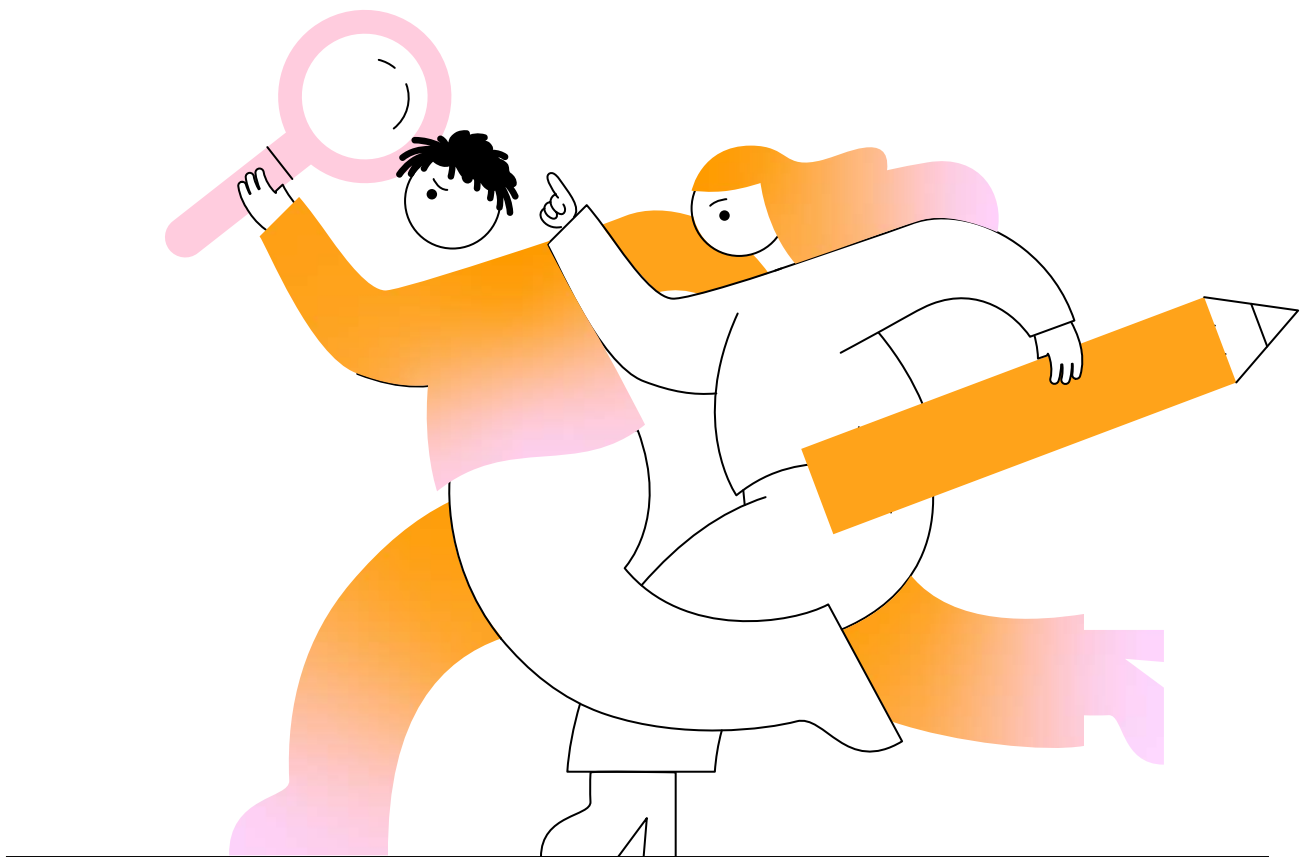
Large Organizations

Participants from large organizations shared that their organizations generally have more resources, but they also face specific barriers when fostering a recovery-friendly workplace. Generational gaps often lead to differing views on recovery, causing misunderstandings or conflicting attitudes toward employees in recovery. Moreover, resource allocation can become skewed, especially in health-oriented companies where external services are prioritized over internal employee needs. Finally, executive interference can disrupt the implementation of recovery-friendly policies, leading to confusion and inconsistent support across the organization. To overcome these challenges, large organizations can focus on promoting cross-generational understanding of recovery, ensuring more balanced resource distribution, and securing consistent executive support for recovery initiatives. By addressing these barriers, large companies can better leverage their resources to create a more inclusive, supportive workplace for employees in recovery.

RFW Status

In addition to size, unique challenges emerge between different statuses of RFW among organizations. Organizations that have not yet established an RFW can face significant challenges in creating consistent, equitable policies that support employees in recovery. Without a clear framework, policies can be inconsistent, leading to confusion and inequity. Furthermore, health plans often do not cover recovery services, leaving employees without the necessary resources for their recovery journeys. Management in these organizations tends to be skeptical about the need for recovery benefits, often misunderstanding the issues or fearing the financial costs associated with providing such services. This skepticism can prevent organizations from acting and implementing supportive measures, resulting in a lack of awareness and a reluctance to invest in recovery initiatives. Moving forward, organizations must develop a clear, structured approach to policies and health coverage for recovery services, alongside leadership education, to overcome these gaps and build a more supportive workplace environment.

Conversely, established RFWs have moved beyond these initial hurdles but are faced with the challenges of training and cultural change. Participants emphasized the need for educating both employees and managers to understand recovery issues and how to support those in recovery. This often involves providing specialized training to help shift workplace attitudes, reducing stigma, and fostering a more inclusive, compassionate environment. Along with training, there is a significant emphasis on changing organizational culture, making it more supportive and understanding of recovery. However, even in established RFWs, a crucial element is building trust with employees, ensuring they feel confident that their recovery issues will be handled with confidentiality and without fear of stigma or discrimination.



Recommendations

To better establish and maintain RFWs, organizations should prioritize comprehensive training programs, trauma-informed practices, and mental health support. This approach not only helps employees in recovery but also fosters a more inclusive and supportive work environment.

Allocating specific budgetary resources to support recovery initiatives ensures they are adequately funded and sustainable. Investment in specialized training programs for all employees, with a focus on leadership development, equips managers with the skills to support and advocate for employees in recovery.

Implementing training programs that reduce stigma and enhance awareness of substance use disorders (SUD) is crucial. These programs should cover topics such as understanding SUD, recognizing signs, legal and ethical considerations, intervention techniques, and communication skills. Emphasizing training for leaders to use appropriate language, understand mental health issues, and detect SUD-related concerns ensures that managers are prepared to support employees effectively. Additionally, providing HR staff with training to build systems, processes, and a culture that supports employees in recovery is essential. Confidentiality training is also necessary to protect employees' privacy and prevent rumors.

Organizations should ensure their policies and procedures are trauma-informed, considering how they might impact an individual's trauma or recovery journey. Promoting awareness and understanding of SUD and its various recovery paths helps break the stigma associated with it. Encourage employees to learn about their benefits, including protections for individuals seeking treatment and in recovery, and to share that knowledge with their families. Involving significant others in SUD treatment has been associated with enhanced patient outcomes. The Recovery Research Institute reports that treatments incorporating significant others are linked to improved treatment outcomes for individuals with SUDs. This involvement can lead to

reductions in substance use and related problems, highlighting the effectiveness of family-inclusive approaches.²⁶ Developing and communicating with family members about clear policies focusing on privacy protections, recovery benefits, and available support resources ensures employees feel confident in accessing the help they need without fear of discrimination. Collaborative efforts between workplaces and families may promote employee well-being, strengthen family bonds, and enhance organizational productivity.

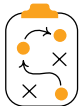
Investing in advanced HR systems and wellness software streamlines the process of accessing support resources. Collecting data to demonstrate the ROI of recovery initiatives and influence decision-making is important. Regular employee feedback should be sought to continuously refine and improve these systems. Securing executive buy-in is vital for ensuring recovery initiatives are prioritized. Increasing HR budgets provides the necessary resources to sustain these efforts and create a supportive environment for all employees. By implementing these recommendations, organizations can create a recovery-friendly workplace that supports employees in their recovery journey, reduces stigma, and fosters a more inclusive and supportive work environment.

To better establish an RFW, organizations should focus on training, improving policies, resource allocation, feedback collection, and gaining executive support. By addressing these key areas, organizations can foster a more inclusive and supportive work environment, helping employees in recovery succeed and reducing stigma around SUD. Below are specific recommendations to address these areas.



1 Training

- Prioritize comprehensive training programs designed for all employees that reduce stigma and enhance awareness of SUDs.
 - » Topics should include understanding SUD and recovery, recognizing signs of SUD, legal and ethical considerations, intervention techniques, and communication skills.
- Invest in leadership development to equip managers with the skills necessary to support and advocate for employees in recovery.
- Provide HR staff with training to build systems, processes, and a culture that supports employees in recovery.
- Provide confidentiality training to protect employees' privacy and encourage disclosure of issues.



2 Policies and Procedures

- Ensure policies and procedures are trauma-informed, considering their potential impact on an individual's recovery journey.
- Engage with families by encouraging employees to share information about their full suite of benefits with family members.
- Communicate clear policies focusing on privacy protections, recovery benefits, and available resources to ensure employees feel confident in accessing help without fear of discrimination or termination.



3 Budgeting and Resource Allocation

- Allocate specific budgetary resources to support recovery initiatives and ensure they are adequately funded and sustainable.
- Invest in advanced HR systems and wellness software to streamline the process of accessing support resources.



4 Data and Feedback Collection

- Collect data to demonstrate the ROI of recovery initiatives and to influence decision-making.
- Seek regular employee feedback to continuously refine and improve these systems (e.g., surveys, employee reviews, suggestion boxes, etc.).



5 Executive Support and Buy-In

- Secure executives' buy-in to prioritize recovery initiatives and increase HR budgets for sustainability by providing clear documentation of ROI.

Future State: How Will We Know RFWs Are Successful?

Measuring the success of RFWs through key indicators is essential for organizations to evaluate progress, identify areas for improvement, and allocate resources effectively to achieve their goals. Survey respondents named improved overall employee well-being and health (61%), greater awareness of and discussion about SUD and recovery (53%), and enhanced workplace culture and morale (46%) as outcomes that would indicate a successful RFW. Similarly, focus group participants described successful RFWs as having an environment that supports employees with SUD through various policies and strategies. They believe such a workplace should foster open communication, one in which employees feel safe discussing their SUD without fear of judgment or disciplinary actions. Focus group participants also commonly emphasized the need for organizations to humanize employees with SUD, ensuring they are not ostracized, but integrated into the workforce with empathy and care. Employees' perceptions of high workplace support, respect for privacy, and feelings of inclusion, reflected in positive feedback, would all be vital indicators of success. For example, when employees report that they feel safe disclosing their recovery status without fear of retribution or ostracization, it demonstrates a trusting and supportive environment. Additionally, a reduction in absenteeism, SUD-related disciplinary actions, and workplace discrimination cases will reflect a healthier, more rewarding workplace culture.

Improved employee engagement and retention are measurable data that can show whether an environment is supportive and conducive to long-term success. Survey respondents indicated reduced absenteeism and presenteeism (47%) and increased employee retention rates (35%) as indicators of a successful RFW. An increase in the use of recovery-related resources, marked by 31% of survey respondents, is another key indicator of a successful RFW. Although this is not necessarily the goal itself, it would indicate that employees

feel comfortable accessing support when needed without fear of judgment or discrimination. It may also show that employees are aware of these resources and how to access them. It is important to collect feedback on these resources—through satisfaction surveys or interviews—to ensure they are effective and truly meet the diverse needs of employees. Survey respondents indicated that positive feedback from employees in recovery (40%) would comprise a successful RFW. This may also include gathering feedback from employees who have not yet used the resources.

A strong culture of leadership support is key to sustaining the RFW initiative. This success could also be measured through regular assessments of workplace culture—such as employee surveys or focus groups—to gauge how well leadership is embracing and implementing recovery-friendly policies.

For instance, leaders who openly support recovery-friendly initiatives and model inclusive behavior can create a ripple effect throughout the organization.

This might include leadership engagement in recovery awareness training or additions of available resources. Common plans for their RFW among survey respondents included regularly reviewing and updating policies (24%), increasing awareness and education programs (23%), providing additional training (21%), and expanding EAPs (20%). However, only 6% of respondents are very committed to maintaining RFW practices and making it a top priority, whereas 35% identified their organization as not committed as these practices are not their current focus. Only when an organization prioritizes and consistently invests in recovery-friendly practices at all levels, from leadership to day-to-day operations, can it thrive as an RFW. Measures of program usage, positive employee perceptions, reduced absenteeism, and strong leadership buy-in will be key indicators that an RFW is achieving its goal of providing a supportive, sustainable environment for employees in recovery.

Appendix A:

Survey Respondents

Organization Size

Size	Percentage of Respondents
1 – 10 employees	5%
11 – 50 employees	11%
51 – 200 employees	23%
201 – 500 employees	16%
501 – 1000 employees	12%
1001 – 5000 employees	16%
5001 – 10,000 employees	6%
10,000 + employees	12%

Industry Sectors

Industry	Percentage of Respondents
Healthcare and social assistance	16%
Other*	15%
Manufacturing	13%
Professional, scientific, and technical services	10%
Finance and insurance	7%
Educational services	7%
Public administration	6%
Construction	4%
Retail trade	4%
Transportation and warehousing	3%
Arts, entertainment, and recreation	2%
Mining, quarrying, and oil and gas extraction	2%
Information	2%
Accommodation and food services	2%
Utilities	2%
Real estate and rental and leasing	1%
Wholesale trade	1%
Agriculture, forestry, and fishing	1%
Management of companies and enterprises	1%
Military	1%
Administrative and support services	1%

These categories are from the Census Bureau's North American Industry Classification System.

* "Other" includes "businesses that provide services not classified elsewhere, such as: equipment and machinery repair, religious activities, grantmaking, advocacy, dry cleaning and laundry services, personal care services, death care services, pet care services, photofinishing services, and temporary parking services."²⁷

Appendix B:

Focus Group Participants' Organization Size and RFW Organizational Status

Focus Group Participants' Organization Size and RFW Organizational Status

Focus group participants reported their organization size and selected a status to describe their organization's progress towards becoming an RFW. (See the next page for complete color-coding and status descriptions.)

Organization Size Category	Organizational RFW Status	
Participants in Small Organizations (1–200 employees) <i>(n = 10, sizes ranged from 2–200)</i>	Not taken steps	2
	Learning about RFW	5
	Reviewing our practices	1
	Will become an RFW	0
	One year or less RFW	0
	One year or more RFW	2
Participants in Medium Organizations (201–500 employees) <i>(n = 5, sizes ranged from 275–500)</i>	Not taken steps	3
	Learning about RFW	1
	Reviewing our practices	1
	Will become an RFW	0
	One year or less RFW	0
	One year or more RFW	0
Participants in Large Organizations (500+ employees) <i>(n = 8, sizes ranged from 515 to 13,000)</i>	Not taken steps	2
	Learning about RFW	3
	Reviewing our practices	0
	Will become an RFW	1
	One year or less RFW	1
	One year or more RFW	1

Focus Group Participants' Organization Size and RFW Organizational Status (Continued)

Organizational RFW Status	
Not taken steps	We are interested in creating an RFW, but we have not taken steps to do so.
Learning about RFW	We are learning about what being an RFW might entail, and how this will apply to our organization.
Reviewing our practices	We are reviewing our organizational practices related to SUD and recovery, relevant industry standards, and availability of support from outside organizations (Chambers of Commerce, etc.). If relevant, we are preparing a business case for an RFW.
Will become an RFW	Our organization has decided to become an RFW and we are identifying the scope of changes to be made, the stages we will go through, and the processes needed to become recovery friendly.
One year or less RFW	Within the last year, we have started to implement an RFW plan. Implementation may include revising policies and procedures, updating benefits, offering new training related to SUD and recovery, and establishing peer networks.
One year or more RFW	We have been an RFW for a year or more and are continuing to maintain recovery friendly practices. Note: You do not need to be officially certified by an outside organization (i.e., a state initiative, county government, non-profit, etc.) to fit into this category.

Appendix C:

Complete Survey Responses Regarding Barriers, Resources, and Training Needs

Barriers to Implementing a Recovery Friendly Workplace

Barrier	Percentage Indicating barrier is present
Lack of knowledge about SUD and recovery	64%
Misconceptions and stigma about SUD and recovery	59%
Concerns about the cost of implementing recovery-friendly programs	42%
Insufficient staffing to support additional programs	35%
Limited financial resources within the organization	34%
Insufficient training for HR staff and managers on SUD and recovery	34%
Concerns about potential liabilities and risks	33%
Uncertainty about legal requirements and compliance	29%
Concerns about maintaining a drug-free workplace	25%
Challenges in managing employees with SUD	23%
Resistance to change within the organization	22%
Concerns about maintaining employee confidentiality	22%
Lack of educational resources for employees	21%
Lack of support from senior leadership	20%
Fear of negative reactions from other employees	18%
Difficulty integrating recovery-friendly practices into existing policies	16%
Concerns about impact on company culture	14%
Concerns about possible decline in productivity & performance	12%
Other	4%

Resources or Support Needed to Implement an RFW

Resource	Percent indicating need
Training programs for employees and management	48%
Training for HR professionals on how to implement an RFW policy	45%
Increased funding or budget allocation	33%
Development of comprehensive policy guidelines	30%
Access to external experts and consultants	23%
Regular workshops on SUD and recovery	22%
Partnerships with local recovery centers and organizations	20%
Enhanced data collection and analysis tools	16%
Other	3%

Training Needs

Training area	Percentage Indicating need
Recognizing Signs: Identifying early signs and symptoms of SUD in employees.	49%
Understanding SUD: Comprehensive training on the nature of SUDs and their impact on individuals.	48%
Legal and Ethical Considerations: Understanding the legal and ethical implications of supporting employees with SUD.	47%
Intervention Techniques: Effective strategies for intervening and offering support to employees with SUD.	46%
Communication Skills: Enhancing communication skills for discussing SUD and recovery with employees.	44%
Creating a Supportive Environment: Building a workplace culture that supports recovery and reduces stigma.	39%
Confidentiality and Privacy: Ensuring the confidentiality and privacy of employees in recovery.	37%
RFW Policies and Implementation: Training on developing and implementing Recovery-Friendly Workplace policies.	36%
Crisis Management: Handling emergencies and crises related to SUD in the workplace.	32%
Measuring the effectiveness of SUD and recovery programs.	30%
Ongoing Support and Follow-Up: Providing continuous support and follow-up for employees post-recovery.	29%
Maintenance: The steps involved in maintaining and tracking progress on the program, as well as making changes to the program as needed.	28%
Providing support for individuals caring for people with SUD, in SUD treatment, or in recovery (e.g. partners, children, etc.).	27%
Employee Assistance Programs (EAP): Understanding and promoting the use of EAPs for SUD support.	27%
Resource Allocation: Identifying and utilizing resources effectively to support employees with SUD.	26%
Peer Support Programs: Establishing and managing peer support programs for employees in recovery.	22%
Other	2%

Endnotes

¹ Osborne, J.C., Chosewood, L.C., Weingarten, A., Rosen, J., & Beard, S. (2023). *NEIHS and NIOSH explore the expansion of recovery friendly workplace programs*. Centers for Disease Control and Prevention, Atlanta, Georgia. <https://blogs.cdc.gov/niosh-science-blog/2023/08/07/rfw/>

² See, among others, Dare, P.S. & Begun, A. (2022). *Introduction to Substance Use Disorders*. Open Educational Resource Book.

³ Freidman, J. and Akre, S. (2021). Covid-19 and the drug overdose crisis: uncovering the deadliest months in the United States, January – July 2020. *American Journal of Public Health*, 111(7), 1284-1291. Recent data shows these deaths may be decreasing again, potentially due to increased availability of Narcan (naloxone). Data at present is inconclusive. See Saunders, H., Panchal, N., & Zitter, S. (2024). *Opioid deaths fell in mid-2023, but progress is uneven and future trends are uncertain*. Kaiser Family Foundation. <https://www.kff.org/mental-health/issue-brief/opioid-deaths-fell-in-mid-2023-but-progress-is-uneven-and-future-trends-are-uncertain/>

⁴ Darolia, R. & Heflin, C. (2023). The social and community consequences of the opioid epidemic. *The ANNALS of the American Academy of Political and Social Science*, 703(1), 7-14. <https://journals.sagepub.com/doi/10.1177/00027162231157569>

⁵ Greenbaum, Z. (2019). The stigma that undermines care. *Monitor on psychology*. 50(6), 46.

⁶ Jones, C.M., Noonan, R.K., & Compton, W.M. (2018). Prevalence and correlates of ever having a substance use problem and substance use recovery status among adults in the United States, 2018. *Drug and alcohol dependence*, 214, 108169. <https://doi.org/10.1016/j.drugalcdep.2020.108169>. This figure includes individuals who participate in treatment programs and those who experience “spontaneous remission” of SUD. For a discussion of spontaneous remission, see Waters, G.D. (2000). Spontaneous remission from alcohol, tobacco, and other drug abuse: Seeking quantitative answers to qualitative questions. *The American Journal of Drug and Alcohol Abuse*, 26(3), 443–460. <https://www.tandfonline.com/doi/full/10.1081/ADA-100100255>

⁷ Frone, M. R., Osborne, J.C., Chosewood, L.C., Howard, J. (2022). *Workplace supported recovery: New NIOSH research addresses an evolving crisis*. Centers for Disease and Control, Atlanta, Georgia. [https://blogs.cdc.gov/niosh-science-blog/2022/11/30/workplace-supported-recovery/#:~:text=About%201.9%20million%20workers%20\(1,or%20present%20substance%20use%20problem](https://blogs.cdc.gov/niosh-science-blog/2022/11/30/workplace-supported-recovery/#:~:text=About%201.9%20million%20workers%20(1,or%20present%20substance%20use%20problem)

⁸ U.S. Department of Labor. (n.d.). *Benefits of recovery-ready workplace policies*. Recovery Ready Workplace Resource Hub. <https://www.dol.gov/agencies/eta/RRW-hub/Recovery-ready-workplace>

⁹ National Institute of Environmental Health Sciences. (2023). *Recovery friendly workplace landscape analysis*. Washington, DC: National Institutes of Health. https://tools.niehs.nih.gov/wetp/public/hasl_get_blob.cfm?ID=14183&file_name=WTP_RFW_Report_072423_508.pdf

¹⁰ State of Rhode Island. (2024). *The impact of a recovery-friendly workplace on employee well-being*. RI.gov. <https://recoveryfriendly.ri.gov/blog/impact-recovery-friendly-workplace-employee-well-being>

¹¹ Osborne et al. (2023) Paragraph 3.

¹² The White House. (2022). *National drug control strategy*. Executive Office of the President, Washington, D.C. <https://www.whitehouse.gov/wp-content/uploads/2022/04/National-Drug-Control-2022Strategy.pdf>

¹³ The White House. (2024). *National drug control strategy*. Executive office of the President, Washington, D.C. <https://www.whitehouse.gov/wp-content/uploads/2024/05/2024-National-Drug-Control-Strategy.pdf>

¹⁴ Osborne, J.C., Chosewood, L.C., Howard, J., & Gaumond, P. (2024). *ONDCP launches new recovery ready workplace toolkit*. Centers for Disease Control and Prevention, Atlanta, Georgia. <https://blogs.cdc.gov/niosh-science-blog/2024/01/10/rw-toolkit/>

¹⁵ For a complete set of descriptive statistics for survey respondents, including individual experience, organizational size, and industry sector please see Appendix A.

¹⁶ This study used the North American Industry Classification System (NAICS) to determine sector, in line with the standard used by Federal statistical agencies in classifying business establishments. The complete list, with detailed descriptions, can be found here: <https://www.census.gov/naics/>

¹⁷ In 2018, New Hampshire Governor Chris Sununu launched the NH Recovery Friendly Workplace Initiative in response to the opioid crisis in his state, marking the first government-led effort to officially support policies and practices that make organizations recovery-friendly.

¹⁸ Livingston, J.D., Milne, T., Fang, M.L., & Amari, E. (2012). The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. *Addiction*, 107(1), 39-50. doi: <https://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2011.03601.x>

¹⁹ Luoma, J.B. (2010). Substance use stigma as a barrier to treatment and recovery. In: Johnson, B. (eds) *Addiction Medicine*. Springer, New York, NY. https://doi.org/10.1007/978-1-4419-0338-9_59

²⁰ Wickizer, T.M., Kopjar, B., Franklin, G., & Joesch, J. (2004). Do drug-free workplace programs prevent occupational injuries? Evidence from Washington State. *Health Services Research*, 39(1), 91-110. <https://doi.org/10.1111/j.1475-6773.2004.00217.x>

²¹ Federal law requires federal agency contractors and grant recipients to certify that they are a drug-free workplace per the Drug-Free Workplace Act of 1988. See U.S. Department of Labor, Employment and Training Administration. (1990). *Drug-Free Workplace Regulatory Requirements* (Training and Employment Information Notice No. 15-90). Department of Labor. Washington, D.C. https://oui.doleta.gov/dmstree/tein/tein_pre93/tein_15-90.htm#:~:text=Background..agency%20after%20March%2018%2C%201989

²² U.S. Department of Labor. (n.d.). *Addressing Stigma*. Employee and Training Administration. <https://www.dol.gov/agencies/eta/RRW-hub/Getting-started/Addressing-stigma> Note that this document is foundational to the federal government's recovery-ready workplace toolkit.

²³ Department of Labor. (n.d.).

²⁴ Focus group respondents described this type of isolation in detail. The problem of workplace happy hours, for instance, is described in this account, which also notes the potential legal and productivity issues with happy hours: See Swanwick, J. (2023). Why companies hosting staff happy hours is not good for business. *Fast Company Executive Board*. <https://www.fastcompany.com/90981551/why-companies-hosting-staff-happy-hours-is-not-good-for-business>

²⁵ See the Fors Marsh 2022 Recovery Friendly Workplace Survey and NIEHS (2023).

²⁶ Recovery Research Institute. (2020). Involve family in treatment to enhance substance use disorder outcomes. *Recovery Research Institute*. Retrieved from <https://www.recoveryanswers.org/research-post/involve-family-in-treatment-enhance-substance-use-disorder-outcomes/>

²⁷ U.S. Bureau of Labor Statistics (n.d.) Industries at a glance: Other services (except public administration): NAICS 81. <https://www.bls.gov/iag/tgs/iag81.htm>

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