National Institute of Environmental Health Sciences
Worker Training Program

CDC Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health NIOSH

Recovery Friendly Workplace Landscape Analysis

August 2023

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EXECUTIVE SUMMARY

Recovery friendly workplace (RFW) initiatives have emerged around the U.S. as important interventions in addressing substance use disorder (SUD) and the opioid overdose crisis. A RFW program strives to prevent SUD by creating a healthy and safe workplace, providing support for workers who are struggling, and facilitating opportunities for people in recovery to reenter or enter the workplace.

Workplace injury and stress may lead to the use of prescription opioids or self-medication to address physical and emotional pain. Understanding the status and nature of RFW programs across the country is key to realizing their potential in preventing new cases of SUD and the positive economic impact they have on employers, workers, and communities.

This report presents results from a nationwide survey conducted to identify RFW program resources and to capture key characteristics including outreach, training, prevention, criteria for employers to achieve RFW status, job placement, and support for workers in recovery. The survey was conducted during the month of August 2022 by the National Clearinghouse for Worker Safety and Health Training, which supports projects and activities associated with the National Institute of Environmental Health Sciences (NIEHS) Worker Training Program (WTP).

The goal of this survey was to obtain responses from all known RFW programs. To accomplish the goal, the survey was sent to 242 individuals who represent organizations that are part of the Recovery Friendly Workplace Community of Practice (RFW-CoP), with the expectation that at least one response would be received from each RFW program. To avoid duplication of efforts, participants were encouraged to send in only one survey per organization. We believe this approach captured data from the majority of established RFW programs.

The survey was sent to 242 people, with the goal to obtain unified responses from the known RFW programs. This approach led to 47 responses, representing RFW programs across 31 states. A high organizational response rate was achieved. At the time the survey was conducted, the RFW-CoP had documented participation from 29 states and 37 organizations. Only two organizations, from Kentucky and Indiana, did not respond to the survey. Of the 47 survey respondents, 25 were part of an established

RFW program and 22 were in the formative or developmental stage or did not answer the question. Several survey questions were not answered potentially because some of the questions were not applicable to their program's developmental stage or goals, or, possibly, due to survey fatigue. Results from the survey utilize the denominator of 47 (total survey participants) unless otherwise indicated.

The specific aims of the survey were to:

1) Gather information about the status of RFW programs to encourage program improvement and growth.

2) Identify gaps in RFW program resources and encourage funders at the federal, state, and local levels to increase support for RFW implementation and research.

3) Motivate establishment of RFW programs in states that do not have them.

Key survey results included:

- Respondents with an established RFW program: 53% (n=25).
- Respondents who had paid, full-time staff: 28% (n=13).
- Respondents who addressed prevention of workplace injuries and pain management as part of their services: 17% (n=8).
- Respondents who conducted fewer than 50 community programs: 43% (n=20). Approximately 55% (n=26) conducted no programs, indicated the question was not applicable, or did not answer the question. Note: The Tennessee RFW conducted more than 50 community programs.
- Respondents who indicated they provided internal or external peer support for workers: 30% (n=14).
- Respondents who have developed an RFW program toolkit: 30% (n=14).

Top Three Challenges to Establishing and Maintaining an RFW:

- Employer Buy-in
- Funding
- Stigma

- Respondents who reported diversity, equity, and inclusion in their RFW programs: 60% (n=28) and include people with lived experiences in key decision making: 49% (n=23).
- A broad range of program activities included outreach, education and training, certification as RFW, improving access to treatment and recovery resources and benefits, and reform of punitive workplace drug policies.
- Respondents shared the number of total interactions (or engagement) with employers, which we classified as employer outreach. Employer outreach ranged from zero to 200 interactions. Approximately 40% (n=19) did no outreach, indicated the question was not applicable, or did not answer the question.
- There was little outreach to labor organizations. Approximately 68% (n=32) reported not applicable, zero outreach visits, or did not answer the question.
- Approximately 87% (n=41) reported zero job placements, that job placement was not applicable to their RFW program, were unsure, or did not respond to the question.
- The top three responses to challenges in establishing and maintaining an RFW were "Employer Buy-in," "Funding," and "Stigma." This emphasizes the need for resources, especially for increased engagement with employers.

Although it has only been four years since the inception of the first RFW program in New Hampshire,[1] the survey results show the impressive momentum to address prevention of SUDs and recovery support in employment. The results demonstrate that these new RFW programs need a significant infusion of funding to achieve their goals, attain employer and labor buy-in, and mitigate the negative effects of stigma. Expanding the reach of RFW programs is key in addressing the overdose crisis, SUDs, and the devastating impact they are having on workers, employers, and communities. The need for coalitions that combine the expertise of recovery and peer specialists with health and safety training organizations is key to moving these efforts forward. State and local government agencies could play a pivotal role in supporting this work by providing state criteria, incentives, and funding. The White House Office of National Drug Control Policy includes the development of RFW as a priority in the National Drug Control Policy, and an infusion of resources will be key to implementing that goal.

The survey results reveal the urgent need for increased investments in RFW programs including federal, state, and private funding to bolster existing programs and initiate new ones where they do not exist. Funding for intervention effectiveness research can ensure that the movement to develop RFWs is evidence-based. Collaboration among funders, researchers, and RFW program administrators can help ensure that evidence-based strategies are shared among stakeholders.

INTRODUCTION

A growing movement in 31 states has resulted in initiatives to establish RFW programs. These have also been referred to as "recovery-supportive workplace" and "recovery-ready workplace" programs. The National Institute for Occupational Safety and Health (NIOSH) states the aims of a recovery-supportive workplace are:

> "To prevent workplace factors that could cause or prolong a substance use disorder; and lower barriers to seek and receive care, and in maintaining recovery. A recovery supportive workplace teaches managers and workers about substance use disorders to reduce the stigma around this."[2]

On August 31, 2022, the White House issued a proclamation during National Recovery Month that included the following,

> "We are also advocating for recovery-ready workplace policies across the public and private sectors to promote inclusive hiring, enable employers to assist in the recovery process, and help companies retain talent."[3]

The White House National Drug Control Policy[4] recognizes the importance of expanding employment opportunities and promoting Recovery-Ready Workplace policies. SUD has historically been a barrier to employment.

In October 2022, the U.S. Surgeon General Vivek Murthy issued a new report on workplace mental health and well-being, calling it "a critical priority for public health."[5]

While a few RFW initiatives are state government sponsored, most are initiated by non-state sponsored nonprofit organizations or private businesses.

"To improve outcomes over the long-term, we must recommit to shifting the focus of drug policy from punishment and social exclusion to healing and community reintegration. That is how we will begin to turn the tide, building recovery-ready communities that can effectively respond to and heal from drug use, addiction, and overdose."

White House National Drug Control Policy, Page 73

The NIEHS WTP has developed training, resources, and tools on opioids and the workplace. Sharing information about initiatives to prevent opioid misuse and promote RFW programs is part of the WTP's commitment to propagating this important work.

According to the Centers for Disease Control and Prevention (CDC), 187 people die from opioid overdoses every day.[6] In 2020, more than 9.3 million people misused prescription opioids.[7] The CDC has reported a significant increase in drug overdose deaths during the COVID-19 pandemic.[8] More than 107,000 Americans died from drug overdoses in the 12-month period ending December 2021. This was the most ever reported at the time, but is continuing to increase.[9] Overdose deaths are increasing largely due to illegal synthetic opioids (primarily fentanyl) and psychostimulants, such as methamphetamine.[10]

A growing body of evidence addresses work-relatedness:

> "Opioid use disorder (OUD) and opioid overdose deaths (OODs) are prevalent among U.S. workers, but work-related factors have not received adequate attention as either risk factors or opportunities for OOD prevention."[11]

The workplace has the potential to be a key component of the national response to the overdose crisis, and RFW programs have emerged to fulfill this need. RFW programs are mainly in the formative stage. This report highlights results from a nationwide survey of RFW programs across the country and describes their resources and activities. The report concludes with recommendations to strengthen RFW programs based on the information that survey respondents shared.

OCCUPATIONAL RISK FACTORS

Workplace injury and stress can initiate new cases of SUDs related to opioid prescription, lack of access to alternative pain treatments, or self-medication (below). In 2020, private employers reported 2.8 million work injuries and illnesses.[12] Workers' compensation data from 26 states (2013–2015) indicated that opioids were prescribed for 52%–80% of injured workers who received pain medications.[13]

The Massachusetts Department of Public Health evaluated opioid overdose fatalities by industry and occupation and found that jobs with a higher risk of occupational injury, lower availability of paid sick

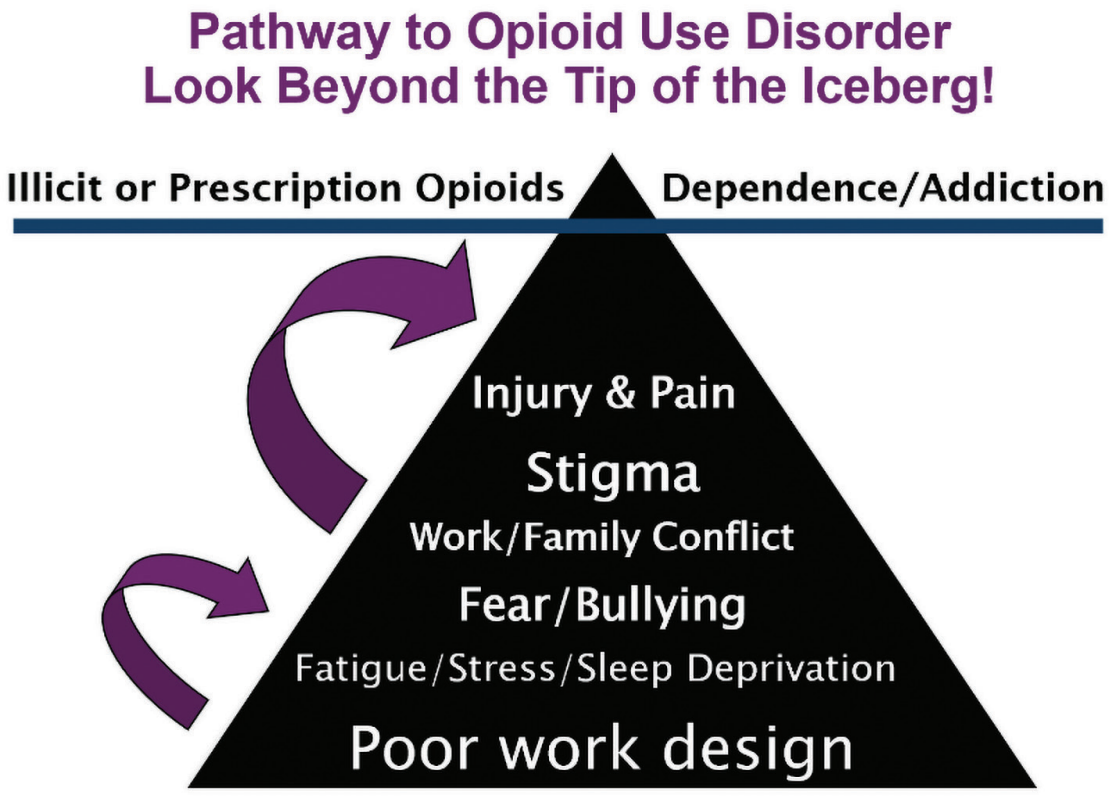


Figure 1: NIEHS Opioids and the Workplace Leadership Training. Work related risk factors can contribute to SUD.

leave, and higher job insecurity, had higher rates of opioid-related overdose deaths. Between 2011 and 2015, 4,302 reported opioid deaths occurred among workers in Massachusetts. Opioid death rates among construction and extraction workers were six times higher than among all Massachusetts workers, and rates among workers in farming, fishing, and forestry were five times higher. Individuals involved in these occupations do hard physical labor and are usually paid only when working, resulting in many working in constant pain.[14,15]

In a recent analysis of data from 2016 to 2017, the Massachusetts Department of Public Health found that the annual rate of opioid overdose fatalities doubled when compared to the previous period of analysis (2011 to 2015).[16] The Massachusetts Department of Public Health recommended addressing workplace hazards to reduce injuries or illnesses for which opioids are prescribed, adhering to appropriate pain management following injury (including safer opioid prescribing and using alternative pain treatment), providing access to medically assisted treatment for opioid use disorder (OUD), and overdose prevention education.

Several studies have shown a strong correlation between work-related pain and opioid misuse, OUD, and overdose fatalities.[17,18] One study conducted a national survey from 2003 to 2004 to assess the relationship between back pain exacerbations and lost productive time. Results showed that 40% of U.S. workers experience chronic or recurrent pain and work-related back pain accounted for $7.4 billion in lost productivity.[19]

It is important for employers to implement clear, transparent, and supportive workplace policies. A 2017 survey by the National Safety Council documented the following gaps regarding employer-based substance use policies:[20]

- 76% did not offer training.
- 81% lacked a written policy.
- 41% who test for drugs do not test for synthetic opioids.
- Many lack sufficient insurance coverage for mental health and substance use treatment.

COSTS

As estimated by the Joint Economic Committee, "the opioid overdose crisis cost the U.S. nearly $1.5 trillion in 2020 alone—up 37% from 2017, when the CDC last measured the cost."[21] According to a 2016 survey, an estimated 66.2% of self-reported illicit opioid users were employed full or part time.[22] This further reveals the significant impact the crisis is having on employment and the potential of the workplace as a site for intervention.

Economic stability is a key social determinant of health. The U.S Department of Health and Human Services Healthy People 2030 goals include increasing employment in working aged people and reducing workplace injury and lost time. Nationwide, in 2015, over 2 million prime-age individuals were not in the labor force due to opioid use.[23] Employment allows people to meet their needs for housing, food security, and health; further underscoring the importance of RFWs in improving public health.

OVERVIEW OF RECOVERY FRIENDLY WORKPLACES

RFW programs are fundamental to helping people in recovery succeed. Recovery is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."[24]

Employment gives people in recovery purpose and routine, as well as the ability to be self-sufficient and grow. The workplace is a key location for intervention where employers, labor unions, and communities can become active participants in preventing and responding to substance use in the workplace.

Key Elements of a RFW

- **Improve safety and support injured workers.**
- **Proactively identify and address work stress and mental health issues.**
- **Employers commit to establishing a RFW.**
- **Collaborate with employees, unions, and communities.**
- **Develop a culture that reduces stigma.**
- **Offer health benefits that provide comprehensive coverage for SUDs, including Medications for Opioid Use Disorders, aftercare, and counseling.**
- **Acknowledge recovery from SUD and OUD as a strength.**

Source: NIOSH Workplace Supported Recovery Support Recovery
https://www.cdc.gov/niosh/topics/opioids/wsrp/default.html

RFW programs should be integrated into the Recovery Oriented System of Care, which is "a network of community-based services that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve improved health and quality of life."[25] This integration requires multidisciplinary collaboration, connecting occupational safety and health professionals, workplace leaders, and recovery organizations. National data reveals that hiring workers in recovery is beneficial for employers. Employers who hire workers in recovery:

- Save an average of over $8,500 in annual costs related to absenteeism, productivity, healthcare utilization, and workers' compensation.
- Avoid $4,088 in annual turnover and replacement costs.
- Reduce absenteeism as workers in recovery are absent 13.7 less days per year compared to workers with a SUD.[26]
- Workers in recovery also tend to stay in jobs longer, are less likely to be hospitalized, and have fewer primary care visits.[27]

The State of New Hampshire initiated the first RFW program in the country in 2018 and currently has certified more than 300 employers who are active in hiring workers in recovery. They fund a staff of seven including recovery friendly advisors and program administrators using a combination of grant and state funds. Inspired by the New Hampshire program, several states, non-profit organizations, and universities have launched their own RFW programs over the past four years. Notably, New Hampshire established the RFW Multi-State Community of Practice with 30 states represented as of March 2022.

Figure 2: Recovery Friendly New Hampshire Logo

In 2012, untreated addiction costs New Hampshire's economy $2.36 billion. Approximately 66% of that cost ($1.5 billion) is incurred by businesses in the form of impaired productivity and absenteeism - PolEcon Research

Source: New Futures, Inc., "The Corrosive Effects of Alcohol and Drug Misuse on NH's Workforce and Economy," November, 2014.

Federal Efforts

The White House Office of National Drug Control Policy (ONDCP) includes recovery-ready workplaces in its National Drug Control Strategy (see page 73). ONDCP's recovery-ready workplace and RFW policies generally include the following employer actions:

- Hiring people in recovery and second chance employment and recovery support.
- Provision of ongoing substance use education; information for workers, supervisors, and managers.
- Efforts to reduce stigma and misunderstanding.
- Identify and address risk factors in the workplace that can lead to initiation of new cases of addiction.
- Encourage/facilitate help-seeking.
- Accommodate treatment and ongoing support needs.

- Build an informed and supportive workforce, including through volunteer or dedicated peer mentors/consultants.

The U.S. Department of Labor Employment and Training Administration Recovery-Ready Workplace Resource Hub includes resources on the:

- Benefits of recovery-ready workplace policies.
- Impact of substance use disorders in the workplace.
- Business case for recovery-ready workplace policies.

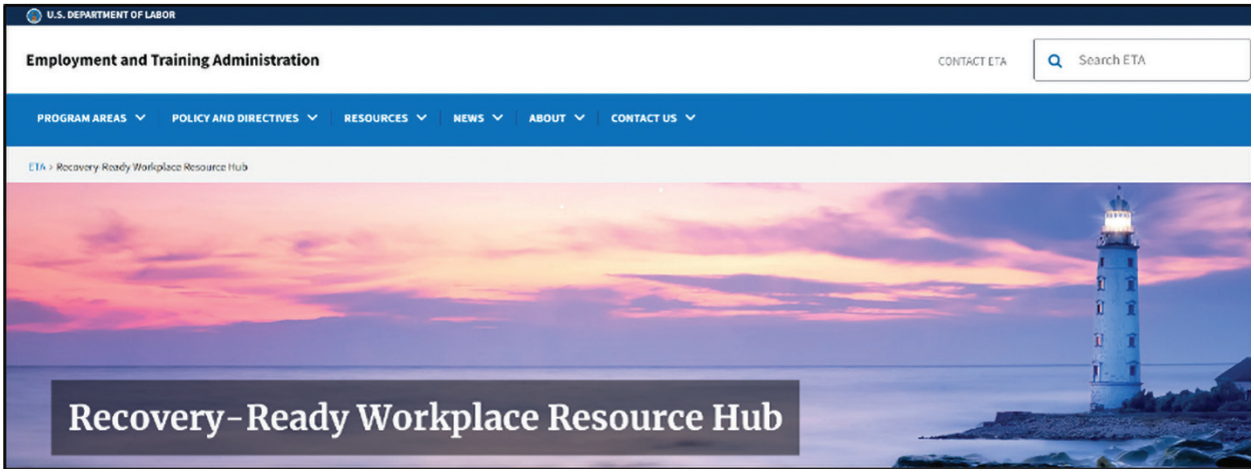


Figure 3: U.S. Department of Labor Education and Training Administration website: https://www.dol.gov/agencies/eta/RRW-hub

The hub also includes resources for a business to become a recovery-ready workplace and information on prevention. The website includes links to state models.

Federal efforts include promoting and supporting adoption of recovery-ready workplace policies in federal workplaces, development of an employment resource hub (to be hosted by Office of Personnel Management), and development of a Recovery-Ready Workplace Toolkit. Agency representatives are working to identify potential funding sources, opportunities for coordination, and any conflicts in alignment with the existing Drug-Free Workplace Program. Once completed, the toolkit will be accessible on the U.S. Department of Labor Recovery Ready Resource Hub webpage. These efforts align with the NIOSH Workplace Supported Recovery Program.

The White House Office of National Drug Control Policy (ONDCP) has convened a federal working group that is working to address substance use issues in the workplace. The working group includes representatives from the following federal agencies, departments, and offices:

- AmeriCorps, Program Operations Department
- Appalachian Regional Commission
- Executive Office of the President
  - U.S. Office of Personnel Management
  - U.S. Office of Public Engagement
- U.S. Department of Health and Human Services
  - Centers for Disease Control and Prevention
    - National Institute for Occupational Safety and Health
  - National Institutes of Health
    - National Institute of Environmental Health Sciences
  - Office of the Assistant Secretary for Planning and Evaluation
  - Substance Abuse and Mental Health Services Administration
- U.S. Department of Agriculture, Rural Development
- U.S. Department of Commerce, Office of Policy and Strategic Planning
- U.S. Department of Housing and Urban Development, Office of Public and Indian Housing
- U.S. Department of Justice, Office of Justice Programs
- U.S. Department of Labor
  - Occupational Safety and Health Administration
- U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance
- U.S. Department of Veteran Affairs
  - Veterans Health Administration
- U.S. Equal Employment Opportunity Commission, Americans with Disabilities Act and Genetic Information Nondiscrimination Act Division
- U.S. Interagency Council on Homelessness

Interagency Working Group on Recovery-Ready Workplaces, hosted by the Office of National Drug Control Policy (ONDCP), February 2022

According to ONDCP, recovery-ready workplace efforts cover a full spectrum, focusing on pre-employment, hiring, and employment. Key elements include screening, treatment, support, education, stigma reduction, and community-building/culture.

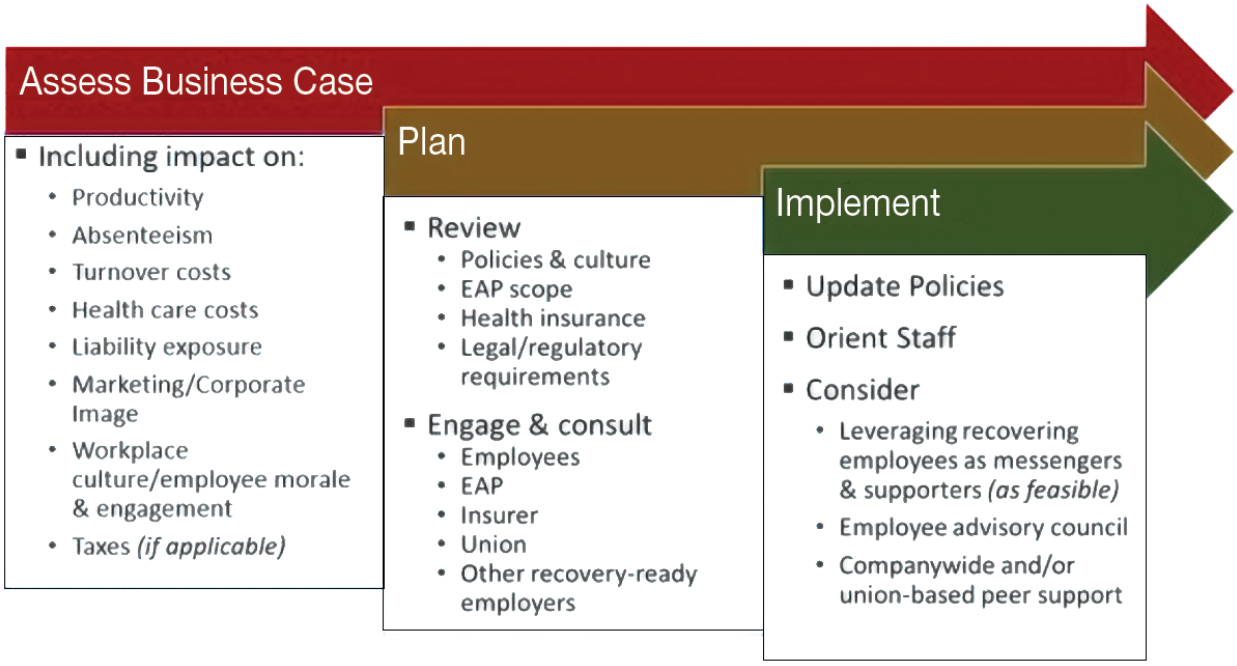


Figure 4: Sample Recovery-Ready Workplace Assessment, Planning, and Implementation Process

Source: Recovery-ready workplace. DOL. (n.d.).

https://www.dol.gov/agencies/eta/RRW-hub/Recovery-ready-workplace

Several federal agencies including SAMHSA, National Institute on Drug Abuse, Department of Labor, Appalachian Regional Commission, and National Institutes of Health have provided significant grant funding to organizations that help people in recovery regain employment. However, current funding streams have not enabled developing RFW programs that address: primary prevention of occupational factors that may initiate SUDs; employer support for treatment and recovery; and outreach, training, and support for employers to meet the criteria necessary for RFW certification.

SURVEY METHODS AND LIMITATIONS

To document key aspects of RFW programs, the NIEHS National Clearinghouse for Worker Safety and Health Training partnered with the Occupational Health Surveillance Program at the University of New Hampshire and the New Hampshire Recovery Friendly Workplace Program to conduct a survey using a sample of known RFW programs across the country. The survey was sent to all individuals who are included in the email list (242 individuals) for the RFW-CoP, which is organized by the New Hampshire Recovery Friendly Workplace Program. The RFW-CoP was initiated in 2022 and includes individuals in contemplative, informal, and established RFW programs.

Survey instructions encouraged recipients to submit only one survey per organization. Only two responses were from the same organization. These factors resulted in a high organizational response rate. This approach achieved the goal of capturing data from 25 of 27 established programs targeted by the survey as well as a significant number of contemplative and informal programs.

Limitations of the survey include that the responses are self-reported by participants and may be subject to misunderstanding the questions. Several respondents did not answer all the questions. This is most likely due to the uneven development of RFW programs with only 13 survey respondents indicating their organizations employ full-time staff. There was no minimum percentage of responses for inclusion in the survey report. All responses were reported. The responses were current as of August 2022, and do not reflect any changes that have occurred since then.

FINDINGS

The goal of the survey was to capture information from the established programs as well as from those programs that are in a contemplative or informal stage of development. That goal was achieved as only two states with known RFW programs, Indiana and Kentucky, did not respond to the survey. The survey results document a growing nationwide movement to establish RFWs despite limited resources. The results achieved the aim of documenting the extent of resources devoted to RFW work and the extent that activities such as employer, labor, and community outreach are supported by them. The certification of employers as RFWs is in the formative stage, and a significant influx of resources is needed to expand their reach and impact.

Breakdown of Survey Respondents

- A total of 47 respondents from 31 states.
- Survey respondents represented 25 established programs and 19 that are in a contemplative or informal stage of development.
- Three respondents did not identify their program's stage of development.

States Represented by Survey Respondents

Figure 5: The map shows where survey respondents reside. A total of 47 individuals from 31 states responded to the survey.

Organizational Status, Scope, and Funding of RFW Programs

Forty-seven percent (n=22) of the responses were from individuals from not-for-profit organizations, and 23% (n=11) were from state government. Other respondents came from recovery community organizations, for-profit businesses, labor organizations, county or local government. Some respondents answered "other" or skipped the question (see Table 1).

Table 1: Type of Host Organization

Type of Host Organization	Percentage (n=number of survey responses)
Not for Profit (Not an RCO)	47% (n=22)
State Government	23% (n=11)
Recovery Community Organization (RCO)	11% (n=5)
County or Local Government	2% (n=1)
For-Profit Business	2% (n=1)
No Response	13% (n=6)

The most common organizational authority is not-for-profit, followed by governor's initiative. Organizational authority refers to an official organizational designation as an RFW (see Table 2).

Table 2: Organizational Authority

Organizational Authority	Percentage (n=number of survey responses)
Not-For-Profit (Not an RCO)	32% (n=15)
Governor's Initiative	19% (n=9)
Recovery Community Organization (RCO)	15% (n=7)
Local Government	13% (n=6)
Labor Organization	4% (n=2)
Business	2% (n=1)
No Response	38% (n=18)

- **Scope of RFW programs:** 49% (n=23) are statewide.
  - 49% (n=23) are statewide.
  - 28% (n=13) are regional.
  - 15% (n=7) are national, multi-state, or local.
  - 9% (n=4) did not respond to the question.

- **Respondents' job descriptions:** Program managers, program designers, advocacy, outreach and education, peer support, and administrative staff.
- **Program status:** 53% (n=25) of respondents were from established RFW programs with the others in the contemplative or informal program development process or did not answer the question.

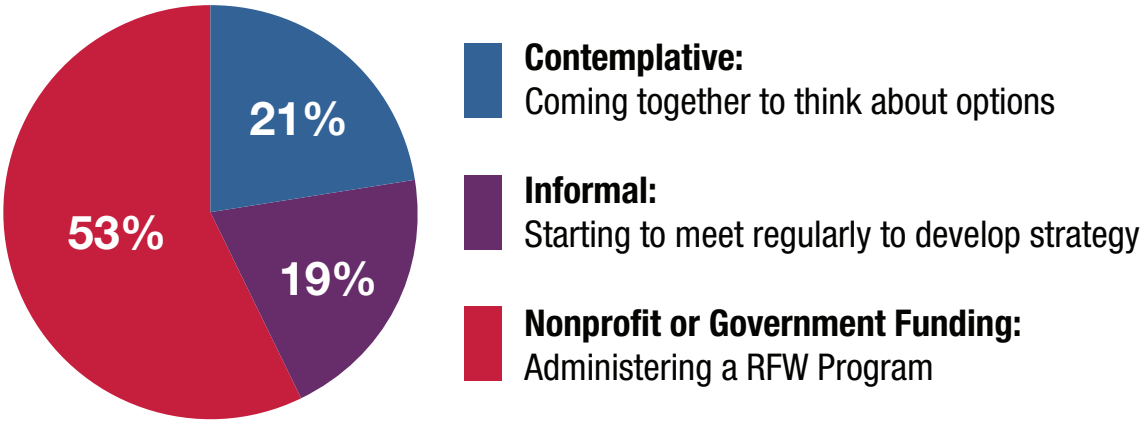


Figure 6: Developmental stage of RFW initiative

- **Paid staff:** 28% (n=13) had full-time paid staff, and 4% (n=2) had part-time paid staff. Thirteen percent (n=6) had no staff at all. Forty-one percent had in-kind staff or staff that worked part time on the project under current organizational funding. Three did not answer the question.
- **Advisory boards:** 34% (n=16) have an advisory board of key stakeholders.
- **Funding sources are listed in Table 3 below (note some organizations have multiple funding sources):**

Table 3: Funding Source

Funding Source	Percentage (n=number of survey responses)
Federal	51% (n=24)
State	51% (n=24)
Local	28% (n=13)
Private Grants	21% (n=10)
Pass Through	15% (n=7)
Other	9% (n=4)

Note: 34% (n=16 respondents) indicated that they have applied for funding; however, the funding has not yet been awarded.

- **Diversity, equity, and inclusion:** 28 of 30 respondents (to this question) reported diversity, equity, and inclusion are key or somewhat of a priority in their RFW programs.
  - 23 of 24 respondents indicated that people with lived recovery experience are central to all decision making.
  - 11 of 24 respondents indicated that Black, Indigenous, and people of color, LGBTQIA, people with different abilities, lower income, immigrant status are instrumental in decision making and review of organizational materials and programs.
- **States without an established RFW program:** The survey results and research by the report authors indicate that about two thirds of states do not have an established RFW program.
- **RFW prevention activities:** When asked about program prevention efforts, 43% (n=20) did not respond to the question. Of those that did respond, a significant majority focused their preventive efforts on addressing workplace stress, opioid education, access to treatment and benefits, and stigma. Details from respondents are in Table 4 below.

Table 4: Program Prevention Activities

Program Prevention Activities	Percentage (n=number of survey responses)
Stigma	53%(n=25)
Opioid education	47% (n=22)
Access to treatment resources/ benefits	45% (n=21)
Workplace stress and mental health	36% (n=17)
Reform of punitive drug and alcohol policies	32% (n=15)
Pain management alternatives	17% (n=8)
Workplace injury prevention	17% (n=8)
No response	43% (n=20)

Outreach, Job Placement, and Support

- **Industries included in outreach:**
  - Accommodations and food
  - Agriculture and forestry
  - Construction
  - Education
  - Healthcare and social services
  - Mining
  - Public Safety
  - Retail
  - Service industries
  - Transportation and warehousing
  - Utilities
- **Community, employer, and labor outreach are listed in tables 5-7 below:**

Table 5: Community Outreach

Community Outreach	Percentage (n=number of survey responses)
50-99	2% (n=1)
10-49	21% (n=10)
1-9	21% (n=10)
0	55% (n=26)*

**Not applicable, zero, or did not answer the question.*

Table 6: Employer Outreach

Employer Outreach	Percentage (n=number of survey responses)
>200	13% (n=6)
100-199	9% (n=4)
50-99	6% (n=3)
10-49	23% (n=11)
1-9	9% (n=4)
0	40% (n=19*)

**Not applicable, zero, or did not answer the question.*

Table 7: Labor Outreach

Labor Outreach	Percentage (n=number of survey responses)
10-49	4% (n=2)
1-9	28% (n=13)
0	68% (n=32)*

**Not applicable, zero, or did not answer the question.*

- **Training provided to:**
  - Employers 53% (n=25)
  - Workers 47% (n=22)
  - Supervisors 43% (n=20)
  - Community members 36% (n=17)
- **RFW toolkit:** 30% (n=14) have developed a RFW program toolkit.
- **Annual job placements:** See Table 8 below. Eighty-seven percent (n=41) reported zero job placements, that job placement was not applicable to their RFW program, were unsure, or did not respond to the question.

Table 8: Annual Job Placements

Job Placements	Percentage (n=number of survey responses)
>50	2% (n=1)
10-49	4% (n=2)
1-9	6% (n=3)
0	13% (n=6)
N/A or Unsure	49% (n=23)
No response	26% (n=12)

- **Peer support:**
  - 30% (n=14) provided internal or external peer support.
  - Note that the percentage of established programs providing peer support is much higher, 44% (n=11) of 25 established programs.

- **RFW criteria for employers:**
  - 45% (n=21) indicated that they have criteria employers must meet to become a recovery friendly workplace.
  - 19% (n=9) indicated that the criteria were organizationally designated and 11% (n=5) that the criteria were government designated.
  - Note that the percentage of established programs with criteria for employers to be designated a RFW is much higher—64% (n=16).

The main challenges in establishing and maintaining a RFW program, top three responses:

A separate publication, "State Profiles," includes data from each program that responded to the survey as well as information obtained by internet search and can be found on the Clearinghouse website: https://tools.niehs.nih.gov/wetp/index.cfm?id=2621.

DISCUSSION

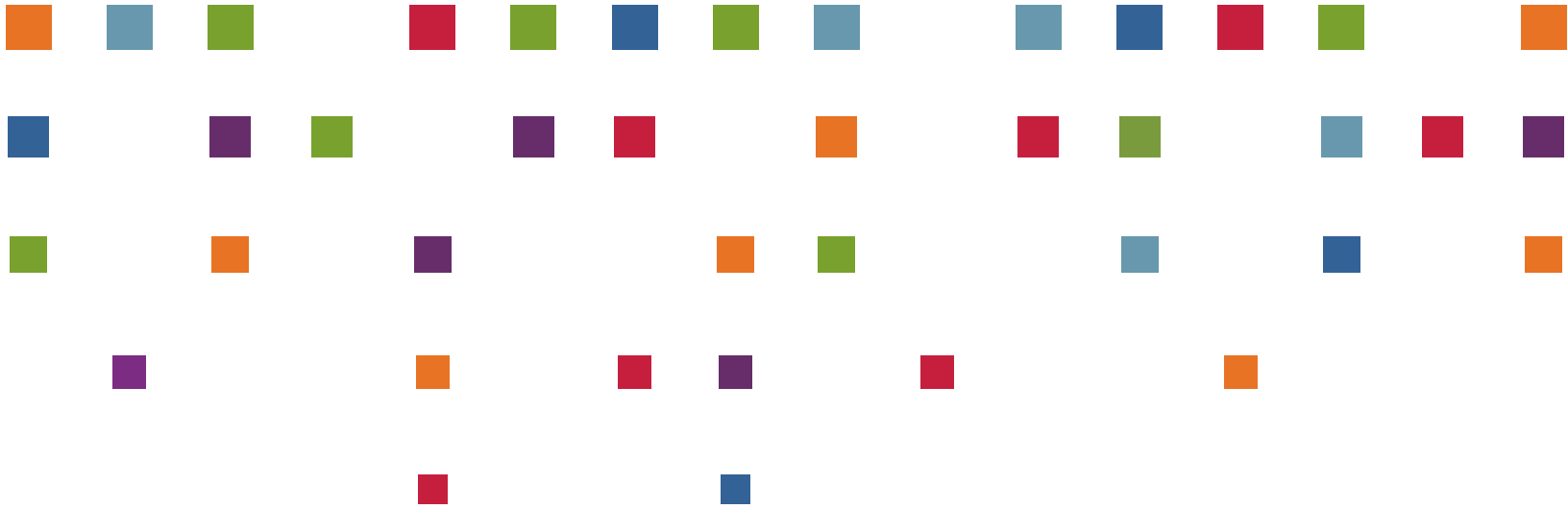
This RFW landscape analysis achieved its aim of sharing information about the status of RFW programs. The results identify gaps in funding and resources for RFW program development. Given these results, we recommend funding from the federal, state, and local levels to increase support for RFW implementation and research. We hope that this report will be used by funders and RFW program staff to expand and improve programs nationwide.

The RFW initiatives described in this report fill a critical gap in the nation's response to the overdose crisis. The goal of RFW programs is to provide outreach, training, and certification to employers in cooperation with workers, labor unions, and communities.

Employment is a critical social determinant of health as it provides workers, families, and communities with economic and social stability, purpose, social engagement, and structure. Hazardous and stressful working conditions may lead to initiation of new SUD cases and RFW programs are showing great promise in prevention, treatment, and recovery support. With more than 18 million employers in the U.S.[28] and 159 million people employed in 2022, the workplace should be a prime focus of the nation's response to the overdose crisis and to SUDs.[29]

The importance of identifying and reducing hazardous working conditions and stressors related to opioid use and SUDs has been identified by NIOSH and other researchers. However, an important gap is the lack of research establishing effective intervention methods. Collaboration among researchers, employers, unions, human resources, and safety and health professionals could address this gap. Data analyses might include review of workers' compensation and health benefits information and injury data. Input from workers and union officials could help to identify occupations and job tasks associated with a higher risk for injury or job stress related to opioid/substance misuse and use disorders. Based on this research, interventions could be implemented to reduce exposures.

The survey results reveal that RFW programs are established in less than half the states, and those that are established are operating with sparse resources and staffing, limiting their potential. Only a few



are state certified RFW programs, a potentially important incentive to employers. Most RFW programs do not engage in job placement activity or provide recovery support for job placements. Criteria for becoming a certified RFW is inconsistent, and resources for outreach, training of employers, unions, and communities is lacking. Very few of the RFW programs address the root causes of work-related injury, stress, and pain associated with prescription opioids or self-medication.

As outlined in the National Drug Control Strategy, there is a need to greatly expand these efforts. Federal, state, and private funding should be increased and directed to support these programs. States should be encouraged to establish effective and consistent criteria, toolkits, and grant funding to initiate and strengthen RFW programs. Collaboration among state and local labor, mental health, and addiction agencies in cooperation with coalitions of community, employer, labor, and recovery and treatment program leaders can help ensure RFWs are grounded in community needs. RFW programs should consider identifying champions inside of establishments from labor and management that understand the workplace culture and can promote initiation of site-specific RFW programs. Occupational safety and health experts should combine their knowledge and skills in workplace hazard identification and control with the expertise of treatment and recovery organizations to ensure RFW programs engage in primary as well as tertiary prevention.

Funding for research is necessary for identifying evidence-based strategies that document program effectiveness and impact. Intervention research should evaluate programs that reform stigmatizing workplace culture that stifles workers who are struggling from seeking help. Studies should measure the impact of reforming punitive workplace drug and alcohol policies into supportive ones.

The workplace should be seen as a key critical point of contact in reducing the nation's burden of SUDs and overdose. The RFW programs around the country are innovators doing a tremendous amount of good work with very few resources. It is time to expand these efforts through funding and sharing of successful interventions and practices including strategies for outreach, training, prevention, certification, peer support, and policy and stigma reform.

RECOMMENDATIONS

1) Federal agencies funding prevention efforts related to SUD and employment should consider specifically funding establishment and development of RFW program initiatives. This includes DOL, SAMHSA, NIDA, ARC, NIH, and others.

2) Consider establishing resources to fund full time RFW staff to expand outreach, training, certification, prevention work, program administration, job placement, and peer support.

3) Existing grants could expand eligible organizations to include employers, labor unions, safety and health organizations. Existing grants could also continue funding recovery and prevention organizations to work on RFW programs.

4) Funders should consider supporting research initiatives for intervention and evaluation to develop evidence-based programs. See Frone, et al. (2022), "Workplace Supported Recovery from Substance Use Disorders: Defining the Construct, Developing a Model, and Proposing an Agenda for Future Research" for a series of general research propositions: https://link.springer.com/article/10.1007/s41542-022-00123-x

5) Encourage organizations to address both prevention of injuries and substance use, and to support recovery.

6) Funders should consider supporting efforts of RFWs to partner with employers and unions on primary prevention of workplace injury and stress and related pain that can lead to SUD. Funders should also consider encouraging reform of punitive workplace drug and alcohol programs.

7) RFW programs should consider including an advisory board of key stakeholders including employers, workers, labor unions, recovery organizations, treatment providers, safety and health prevention and training organizations, state and local agencies, and people with lived recovery experience. This will ensure that there is full community engagement in the program. Funders can encourage advisory board activity by building them into grant requirements.

8) Funders should consider supporting public campaigns that include conferences, public service announcements, and other methods of educating communities, employers, unions, and recovery organizations about RFW and the impact of the SUD crisis in their state by occupation and industry.

9) State officials should consider working with stakeholders to establish state approved criteria for RFW (such as in New Hampshire, Connecticut, and Rhode Island), and developing resources to support and assess employer certification.

10) State officials should consider initiating or expanding employer incentives that encourage establishment of RFW programs.

11) Federal and state agencies should consider supporting the development of toolkits, training, and other resources that can be adapted by RFWs to meet the needs in their state, county, and local areas.

APPENDIX 1

Survey Outreach Letter

Subject: WE NEED YOU to Help Move RFW Forward Nationally Via Completing a Survey
Dear Recovery Friendly Workplace Program Contributor:

You are receiving this email either because (1) you are a part of the Community of Practice Group facilitated by NH RFW and their partners, (2) you have been identified as someone who is initiating a recovery-friendly workplace-related program, and/or (3) you could provide valuable information on Recovery Supportive/Friendly Workplace (RFW) initiatives across the country. The linked survey is the means by which we will collect information about your program.

This nationwide survey is sponsored by the New Hampshire Occupational Health Surveillance Program at University of New Hampshire.

The goal of conducting this survey is to capture data that can be used to create a report that highlights characteristics of RFW-related initiatives around the country. This report can then be used to advocate for resources, expand existing programs, and implement new initiatives in states that don't yet have RFW programs.

If you are comfortable having your information shared with other stakeholders, you can indicate that in the survey question regarding confidentiality. However, you may also choose to remain anonymous.

We will collect responses until close of business, Monday August 22, 2022. Between the dates Wednesday, August 10 and Wednesday, August 24, we are offering a phone interview option as an alternative to the online survey. Please contact Allison Weingarten (CC'd here) at aweingarten@michaeldbaker.com or (202) 951-6019 if you would like to participate via phone.

Again, the survey can be found here.

Additional information about the survey:

- If a question does not apply, please select N/A.
- Throughout the survey, "recovery supportive workplaces" and "recovery friendly workplaces" are used interchangeably.
- This survey will likely take less than 30 minutes to complete, however, respondents may need to leave the survey in order to collect requested information.

Thank you so much for taking the time to complete this survey. This information will be invaluable as we continue our shared work in expanding RFW-related efforts across the nation.

APPENDIX 2

Survey Questions

1) Contact Information
2) Confidentiality
3) May we contact you via email with follow-up questions?
4) What type of organization do you work for?
5) If you work for a for-profit business, what is your industry?
6) What is your job title?
7) In your capacity, how do you support the Recovery Friendly Workplace program?
8) What is the catchment area of your Recovery Friendly Workplace Program?
9) What state(s) does your organization represent? If National representation, please select “National.”
10) What is the title of your Recovery Supportive/Friendly Workplace Initiative?
11) Under whose organizational authority was your Recovery Friendly Program initiated?
12) In what developmental stage do you consider your Recovery Friendly Workplace Initiative to be?
13) Please share your Recovery Friendly Workplace program webpage.
14) Please share the mission and goals of your Recovery Friendly Workplace initiative.
15) Does your Recovery Friendly Workplace initiative have paid full time staff, part-time staff, in kind* staff or no staff?
16) If your Recovery Friendly Workplace initiative has in kind staffing, what type of organization is providing that support?
17) Does your organization receive federal funding?

18) If you receive federal funding

- What is the source of the funding?
- What is the amount of funding?
- What is the duration of funding?
- Number of full-time staff paid from this source.
- Number of part time staff paid from this source.

19) Does your organization receive state funding?

20) If you receive state funding

- What is the source of the funding?
- What is the amount of funding?
- What is the duration of funding?
- Number of full-time staff paid from this source.
- Number of part time staff paid from this source.

21) Does your organization receive local funding?

22) If you receive local government funding

- What is the source of the funding?
- What is the amount of funding?
- What is the duration of funding?
- Number of full-time staff paid from this source.
- Number of part time staff paid from this source.

23) Does your organization receive private grant funding?

24) If you receive private grant funding

- What is the source of the funding?
- What is the amount of funding?
- What is the duration of funding?
- Number of full-time staff paid from this source.
- Number of part time staff paid from this source.

25) Does your organization receive pass through funding (funding coming from one source but being administered by another source)?

26) If you receive pass through funding (funding from one source that came from another)

- What is the source of the funding?
- What is the amount of funding?
- What is the duration of funding?
- Number of full-time staff paid from this source
- Number of part time staff paid from this source

27) Does your organization receive any other funding?

28) If you receive any other type of funding

- What is the source of the funding?
- What is the amount of funding?
- What is the duration of funding?
- Number of full-time staff paid from this source
- Number of part time staff paid from this source

29) Are you applying for any funding that has not yet been awarded?

30) Does your Recovery Friendly Workplace initiative have an advisory board?

31) If your Recovery Friendly Workplace Initiative has an advisory board who is represented on the board?

32) Which industries specifically have you conducted outreach with?

33) How many employers have you reached out to?

34) How many community programs have you conducted?

35) How many labor organizations have you reached out to?

36) How many job placements does your Recovery Friendly Workplace initiative make per year?

37) If your organization places people in jobs, do you also offer workers recovery support?

38) Does your Recovery Friendly Workplace program offer peer supports for workers?

39) Has your Recovery Friendly Workplace program developed a toolkit?

40) If your Recovery Friendly Workplace program offers training to Employers, Supervisors, Workers and/or the Community, please check all that apply.

41) If your Recovery Friendly Workplace program provides training, how many hours of training per year do you offer?

42) Do you have criteria employers must meet to become designated as a Recovery Friendly Workplace?

43) If employers must meet criteria, is it state recognized or an organizational designation?

44) Does your Recovery Friendly Workplace program help employers and labor organizations evaluate work-related risk factors that may contribute to initiation of substance use?

45) If your Recovery Friendly Workplace program addresses prevention efforts, which factors are included?

46) How well do you believe your RFW program prioritizes Diversity Equity and Inclusion (DEI) in your Recovery Friendly Workplace Program?

47) In what ways are you incorporating Diversity, Equity and Inclusion in your Recovery Friendly Workplace Program?

48) What are the main challenges in establishing and maintaining a Recovery Friendly Workplace Program? Please explain your choices.

49) What are you most proud of about your Recovery Friendly Workplace program?

50) If there was one thing that could help with your Recovery Friendly Workplace program, what would it be?

51) Is there anything else you would like to share that has not been addressed so far in this survey?

OTHER RESOURCES

The NIEHS Worker Training Program is committed to providing up-to-date training tools and resources to help people identify workplace risk factors and solutions for opioid use, misuse, and to promote opioid recovery friendly workplaces. The Opioids in the Workplace: Prevention and Response Resource List has recently been updated to use for training on opioid misuse prevention and recovery friendly workplace awareness. The resource list includes a table of contents that will take you directly to the topic of interest (including a topic on Recovery Friendly Workplaces).

Access the NIEHS WTP's Opioids & Substance Use: Workplace Prevention & Response training and resources here.

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