It’s OUR Business

Addressing Addiction & Mental Health in the Workplace

AHS Staff Prevention and Health Promotion Handouts for Workplace Consultation
Among the goals of workplace health promotion are preventing the development of addiction and mental health problems, and reducing the harm associated with them. Workplace health refers to an organization’s ability to promote and maintain the physical and mental health of its employees. It is also about reducing risks to employees’ health and wellness through safe work practices, healthy work environments and the responsible hosting of company events.

More than 67% of the population over the age of 15 are in the workforce, and spend an average of 60% of their waking hours in the workplace, or have meaningful involvement with other workplace environments, including schools, apprentice and vocational programs, and health-care settings. The workplace has a strong influence on employee health and wellness and, in turn, affects the family and community. A healthy workplace is one where employees enjoy a safe and healthy work environment, where they have strong and supportive working relationships that give them a sense of control and influence over what happens to them, and where they are encouraged and supported to look after their own health, both at work and at home.

**Intervention strategies**

Workplace programs are more effective when an organizational, comprehensive approach is taken. Tim Stockwell and others outline how interventions to reduce the risk posed by substance use in the workplace fall into five broad categories. These categories can be adapted to fit with other workplace health initiatives, including interventions aimed at mental health and tobacco use.

**Policy development**

A written company policy signals a corporate commitment to substance abuse prevention, mental health promotion and employee health. Corporate policy provides the basis for further interventions. When developing a policy, it is important to address the following:

1. consultation with the workforce during development
2. universal application
3. adaptation to the specific organization
4. comprehensive coverage and specific procedures for responding to different issues (e.g., drug use in the workplace)
5. education on, and awareness of, company policies
6. education and training on the implementation of company policies
7. pace implementation
8. evaluation of stated objectives

**Information and education programs**
A key aspect of providing a comprehensive approach to any intervention or program within the workplace is providing health information to all employees (e.g., information on why alcohol and other drug use can be a problem in the workplace setting). Education programs can focus on the company’s policies, health risks and other problems associated with not addressing health issues, and tools employees can use to assess their own or others’ health behaviour. Education programs can also provide information on where to go for help.

**Health promotion programs**
Health promotion programs have the ability to change health environments and teach participants how to improve or maintain their health, for example by making healthier choices related to substance misuse, stress management and exercise.

**Regulation of use**
Regulation of use has a number of functions, and may include measures such as banning alcohol and other drug use, and compliance alcohol and drug testing. For more information on drug testing and what to consider when choosing whether or not to have a drug testing policy, request the following handouts:

- Steps to Consider When Developing a Policy (Handout 1, Module 5)
- Alcohol and Drug Testing (Handout 2, Module 5)
- Making Policy Work (Handout 3, Module 5)

**Assistance and treatment**
Assistance and treatment commonly involves referring employees to an employee assistance program for help with issues such as alcohol and other drug use problems, and mental health issues.

**References**

**For more information**
Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: [http://www.albertahealthservices.ca/2672.asp](http://www.albertahealthservices.ca/2672.asp)
Business case for workplace health

Why the workplace?
The workplace, where people spend an average of 60% of their waking hours, greatly affects physical, mental and social well-being. There is conclusive evidence that the infrastructure of the workplace can provide a support network that will encourage and promote healthy lifestyle practices at both the individual and organizational level. There are other key reasons why workplaces are an ideal setting to promote health:

- Workplaces have access to a large number of people on a regular basis and can provide ongoing support to employees.
- Workplaces have access to groups who may be hard to reach otherwise (e.g., minority groups and people who do not visit doctors and other health professionals regularly).
- Workplaces are convenient places for people to get information and support.
- Workplaces can provide the necessary supportive social environment.

Reasons to invest in employee health

Workplace health programming has substantial positive effects on an organization's bottom line and the return on investment (ROI) can be significant.

A comprehensive approach to workplace health can help reduce both direct and indirect costs to an organization. Direct costs are those for which payments are made. These costs include health care costs (e.g., drug and hospital costs), insurance premiums, Workers' Compensation Board (WCB) costs, and recruitment and retention costs. Indirect costs are those for which resources are lost. These costs include productivity, absenteeism and presenteeism.

The benefits of workplace health programming for employees include increased health knowledge, increased job satisfaction, physical benefits, reduced risk of depression, more energy and less stress.

Benefits outweigh the costs

Substance abuse in the workplace is a concern for everyone: workers, leaders and managers, business owners and taxpayers. It is hard to measure the true economic costs of workplace substance use in Canada. It can be difficult, for instance, to directly link substance use with lowered productivity, absenteeism and accidents. As a result, the true costs of workplace substance abuse remain hidden. But there are human and economic costs to workplace substance abuse, both direct and indirect, and the costs are significant.

In 2002, annual productivity losses in Canada due to substance abuse were estimated at $11.8 billion, which included

- $4.1 billion for alcohol
- $823.1 million for illegal drugs

This is the equivalent of 1.29% of Canada’s gross domestic product (GDP) that year, or $313 per Canadian. These productivity losses say nothing about the cost of human suffering or other impacts on the workplace.
The Conference Board of Canada estimates that every employee who smokes costs a company $3,396 per year through increased absenteeism, decreased productivity and the costs associated with maintaining and cleaning outside smoking areas.²

Alcohol abuse costs the Alberta economy $855 million in lost productivity and $407 million for direct health care services.³

**Mental health in the workplace**

Mental illness, which includes the most common mental health disorders, such as depression and anxiety, costs the Canadian economy a staggering $51 billion a year, with one-third of that due to lost productivity.⁴

According to the World Health Organization, depression will rank second only to heart disease as the leading cause of disability worldwide by the year 2020. Mental health problems and illnesses are rated as one of the top three drivers of both short- and long-term disability claims by more than 80% of Canadian employers.

Mental health problems and illnesses account for more than $6 billion in lost productivity costs due to absenteeism and preseenteeism.⁵

A recent stress-reduction program in a branch of the Halifax provincial government reduced absenteeism by 27%.⁶

**Costs to organizations and return on investment (ROI)**

Employee illness and injury add significantly to the cost of doing business. Employee absence alone costs Canadian businesses about $8.6 billion per year.⁷ In addition, Canadian organizations report an annual absenteeism rate of 6.6 days lost per full-time employee, which equates to about 2.6% of their total payroll.

However, when workplace health programs are in place, employers have been able to cut costs while caring for their employees. There is a significant ROI for organizations that invest in their employees’ health. Programs that demonstrated the largest returns focused on long-term behaviour change, used tailored communication methods and incorporated individualized counselling for high-risk individuals. Here are two examples:

1. Eight organizations in Halifax calculated an ROI of $1.64 for every dollar invested in a comprehensive workplace wellness program.⁸
2. A Canadian government corporate wellness programs reported a return of $1.95–$3.75 per employee for every dollar spent.⁹

**What you can do**

As a leader, you have the front-line responsibility of making sure that employees report for work and remain fit to perform their duties safely and effectively. However, you aren’t expected to do it alone. As a leader, you can take responsibility for initiating discussions or ensuring that training occurs so that all employees are clear about their responsibilities. You can also promote fitness for work by setting a good example and intervening when required.

Ultimately, a troubled employee is responsible for his or her own change. Your role is to identify the impact on his or her performance and identify sources of assistance. You and your employees are partners in obtaining good work performance. These tools will help you fulfill your role as a workplace role model and leader more effectively.
References


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Workplace health programs: Frequently asked questions

Do these programs cost a lot?
Workplace health programs do not have to be costly. Low-cost activities include providing brochures and resource information, having a speaker come in at lunch (many health organizations provide free speakers, including your employee assistance program/employee and family assistance program) or having workers organize fitness activities at lunchtime or after work.

How do we encourage people to participate in health-promoting activities?
Make them fun! Activities that require too much effort, equipment or planning may seem overwhelming. Make it easy for people to participate by keeping activities simple. It’s also important to ask employees for their input. A committee can decide that there are too many overweight employees, for instance, and that an exercise room is the answer. But if employees aren’t interested in exercising, and would rather attend a weight loss support group at lunch, then the exercise equipment might not get used. Other ways to encourage people to participate include:

• giving employees incentives for participating
• providing work time for employees to participate
• developing methods for employees to provide input on the activities or things they would like to see provided in the workplace (e.g., health and safety committees they can join or a suggestion box they can contribute to)

We offered a tobacco cessation program and nobody came. Why?
It’s very important to involve employees in making decisions about programs that you hope they will attend. Not everybody who smokes is interested in quitting—that might be too big a step. To encourage and support employee participation, it may be important to include and offer support such as incentives for participation, providing a supportive environment and providing work time to participate.

Some smokers might be interested in looking at ways to cut down, while others might like to attend an information session on nicotine patches or other methods to quit with assistance. Start where your audience is and provide programs that they are interested in.

References
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Ways to promote workplace health

- Have pamphlets, videos and books available to your employees on topics like smoking, alcohol and drug use, problem gambling, stress management, weight control and anger management.
- Provide courses and seminars on topics such as substance abuse, problem gambling, heart-smart cooking, anger management, shift work, dealing with conflict, and healthy eating. These can be made available to family members too.
- Develop a health committee at your workplace. Identify interested and appropriate people, and call a meeting. If your company already has a health and safety committee, suggest that the committee make health promotion a priority.
- Give employees more control over their workplace environment. Employees need to be heard, to have input on decisions that affect them, to be treated fairly and to participate in solving problems. Create opportunities for employees to participate in decision-making and to provide input and suggestions regularly. Ensure that they are kept informed through ongoing communication. One way to collect this type of information is through general health and interest surveys.
- Invite speakers from health and community agencies to talk with leadership and employees about the health or counselling services they provide.
- Support employees in making improvements to their own health. Creating a supportive environment is an important step, alongside offering health-promoting programs. Health-promoting programs may include supporting employees in quitting smoking, making healthy food alternatives available in lunchrooms, creating safe and attractive stairways and encouraging their use, and providing exercise equipment and encouraging its use during breaks.
- Introduce flexibility in work scheduling to assist employees in balancing their work and family needs. Allow them to adjust their schedule so they can successfully care for aging parents, raise a family or adjust to physical ailments. Explore alternatives like job sharing and working from home to enable employees to juggle work and home demands successfully.

Being healthy and feeling well is about more than just the absence of disease.

Some ideas about how you can maintain or enhance your own health include

- doing things that will improve your health, such as eating well, exercising regularly, getting enough sleep and getting regular medical checkups
- reducing or stopping behaviour that puts your health at risk
- learning to manage stress in healthy ways, such as exercising, talking things out with someone you trust, meditating, getting a hobby or simply relaxing your mind and body
- taking steps to reduce stress when you can and learning healthy ways to manage stress when you can’t
- getting support with the ups and downs of everyday living from friends, co-workers and family members
- getting professional help when you need it
- participating in workplace wellness programs or committees to make your workplace as healthy and safe as possible
For more information

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Workplace culture and substance use

Workplace culture refers to what is considered normal and acceptable behaviour at work. This is the unwritten way of doing things, including attitudes in the workplace, and it may or may not support the formal policies in place. As a leader, you contribute to establishing the culture of your team and work environment. A healthy work team will not encourage or tolerate the use of nonmedicinal mind-altering substances at work.

Alcohol and other drug use continue to rank high on the list of concerns that result in referrals to an employee assistance program (EAP) or employee and family assistance program (EFAP). While there is no foolproof way of preventing these problems from affecting employees, there are some steps that you, as a leader, can take toward the prevention of alcohol and other drug-related problems in the workplace:

- Set a good example and be a role model by recognizing that your actions send a strong message to other employees about what is and is not acceptable behaviour.
- Know your organization’s guidelines and policies on alcohol and drug use, take a clear stand and enforce them consistently.
- Make sure that the employees on your team know about the guidelines and policies regarding substance use, as well as the support programs your organization provides, such as an EAP/EFAP, treatment programs, short-term disability or modified work.
- Take a look at the role alcohol use plays in your team’s social activities and consider how this contributes to the culture of your team at work.

For more information

Alberta Health Services (AHS), Addiction and Mental Health offers information, prevention and treatment services through a province wide network of offices, facilities and funded services. Services include a toll-free helpline, prevention and education, detoxification, outpatient counselling, opioid dependency programs and residential treatment.

AHS, Addiction and Mental Health has counsellors with specific training in workplace issues. This allows us to better meet the needs of employees and supervisors, and to respond readily to referrals from the business community. Other specific services for the Alberta workplace include:

- addictions-related information and prevention resources for the workplace
- addictions education, employer consultation and supervisory training
- the Addiction and Mental Health Business & Industry Clinic, which offers residential treatment for employees who have problems related to alcohol or other drugs

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642.

For more workplace-specific resources, please visit: http://www.albertahealthservices.ca/2672.asp
Responsible hosting of workplace social events

Many workplaces host social events, such as staff barbecues and Christmas parties. Sometimes alcohol is served at these functions. Staff are also sometimes expected to host clients or be hosted as a client as part of their official or unofficial job duties. It is very important to practice responsible hosting when holding a workplace function, as there may be liability issues if employees cause harm to themselves or others after using alcohol at a work function. If you decide to serve alcohol at these events, here are some tips:

- Always have non-alcoholic beverages available.
- Hire a bartender to mix standard, measured drinks.
- Make sure that the bar is attended at all times, and has designated opening and closing times.
- Make sure food is available whenever the bar is open.
- Offer taxi/bus services or accommodation arrangements to ensure that those guests who have been drinking do not drive.
- Encourage responsible drinking by setting a tone for the event that does not emphasize drinking, and offer alternative activities, like dancing or other games.
- Ensure all of the above information is communicated to employees before and during social events so that all leadership and employees are aware.

- Develop guidelines about hosting and entertaining with alcohol. Be sure to address situations when the employee is the client and when the employee hosts clients. Share the guidelines with employees and also consider other ways to entertain without alcohol.
- Consider how your organization celebrates. Brainstorm a variety of ways your organization can celebrate organizational success or employee success in ways that don’t involve alcohol or other drugs.

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Promoting health and wellness

Promoting workplace health and wellness is valuable, both as a way to retain and attract employees and as an ethical responsibility. But how does an organization move from good intentions in building a program to getting good results? This can be accomplished by working together. Any group of interested employees can work together to create a healthier work environment.

You can provide leadership and promote health within your own working group or by connecting with other work units within your organization. Your initiatives may be informal, or you can set up a workplace health committee. In larger organizations, you can involve safety representatives, members from occupational health and safety, someone from the social committee, an employee assistance program (EAP) or employee and family assistance program (EFAP) representative and other interested employees and managers. If your organization already has an established health and safety committee, encourage the integration of health-promoting topics.

Examples of some initiatives you and your workplace health group can undertake include:

- setting up and maintaining a display of pamphlets and brochures aimed at employee health
- organizing information sessions for employees and their families on health-related topics
- organizing lunchtime exercise sessions or walks
- providing fun social activities that promote physical activity, such as hallway bowling, noon baseball games and badminton tournaments
- promote information about the workplace EAP/EFAP
- participating in the development or annual review of workplace policies that involve health and wellness

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Steps for building your workplace health program

Follow these steps to promote health and wellness within your workplace.

Step 1: Get support from management.

Strong organizational, management and leadership support is essential for the success of workplace health programming. This support also creates and promotes a positive workplace culture. The organization needs to be committed to generating the human and financial capital required to provide health programming to their employees. Ways to demonstrate support include:

- developing a vision or mission statement that outlines commitment to the health of employees
- budgeting for workplace health programs and activities
- communicating regularly with staff about resources and initiatives
- creating workplace policies and implementation and enforcement strategies, with employee feedback

Step 2: Find out what employees need and want.

It is critical that employees at all levels participate in developing a workplace health initiative. Effective workplace health programs must reflect the interests of employees. To find out what employees want in a workplace health program, employers can meet informally with staff, conduct a written employee health and interest survey, install a suggestion box or hold formal meetings.

Step 3: Put together a plan.

Once you have gathered information about what employees want, develop an action plan for a workplace health program. Identify goals, timelines and the resources needed. The planning process will help highlight what can and cannot be done, based on what is available. It is important to continue working with employees throughout the planning and implementation process.

Develop an evaluation plan alongside your action plan to demonstrate that your workplace is achieving what you want and to show the employer benefits over time, such as decreased absenteeism and decreased health costs to the company. More information on monitoring and evaluating can be found in Step 7.

Step 4: Build commitment.

Encourage those planning and developing a workplace health program to spread the word and get support from others within the organization, especially top-level management. Have management actively involved and participating. Encourage employee commitment by being an active leader, developing and implementing activities people are interested in and rewarding progress.
Step 5: Put activities in place.
Once a plan is in place, it’s time to act on it. Activities should

• raise awareness and provide education about health issues, to give employees the information they need to make informed choices
• build skills to encourage, support and enable people to keep themselves and their families healthy
• create a supportive work environment to send out a strong message about your commitment to health and safety in the workplace

Step 6: Communicate your activities.
Effective communication is essential for engaging employees, providing information and promoting employee health initiatives. Be sure to use multiple methods to communicate health initiatives, programming, education and awareness opportunities. Communication methods can include

• notice boards
• team briefings
• company intranet
• email
• paycheque stuffers
• staff surveys
• focus groups
• health and safety committees
• employee orientation to health and safety and benefit options offered by the organization
• manager distributions
• social media

Step 7: Monitor, evaluate and revise your activities.
As with any initiative, it is important to regularly evaluate whether or not a workplace health program is working, and explore ways to make it better. Celebrate successes!

Employers can evaluate and track the success of their programs with the following information: achieved program goals, human resource data (e.g., absenteeism, stress leave or injury rates), employee assistance program (EAP) or employee and family assistance program (EFAP) data, employee participation rates, changes in health-related behaviour, increased knowledge and awareness of health-related topics.

There is a saying that success breeds success. What’s important is starting, no matter how small or simple. As employees get involved and start to enjoy the benefits of improved health and wellness, the committee can grow and tackle larger projects.

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How substance use problems develop

If there were no good things about alcohol and other drugs, people wouldn’t use them. People use substances because they provide two things: pleasure, and relief from emotional or physical pain. In other words, drugs work. They work quickly, too, meaning that the benefits of using drugs are short term. However, there are also many not-so-good things about using substances. The problems associated with alcohol and other drugs usually evolve over time.

The short-term good things and longer-term, not-so-good things can form a cycle that explains how substance use develops into dependency. At first, getting high feels good and allows a person to temporarily escape from life’s problems. But the more often a person turns to alcohol or other drugs to cope with or escape life’s problems, the less they use their other life management skills. Gradually, more time is spent drinking or using other drugs, and less time is spent managing life in healthy ways. The person relies more and more on the substance to cope. The more they use, the more problems they may have at home, at work and with their friends. And the more problems, the more they use, and so on. Eventually, the person requires the substance just to feel normal.

Cycle of dependence

How people move through this cycle differs for each person. Here are some examples of how the cycle works.

1. Bill is having problems at home. He and his wife have been fighting a lot lately. To get away from the stress at home, he starts going out with the boys more often. Rather than dealing with the problem with his wife, he avoids it by going to the bar. He has a few too many, comes home and the fighting gets worse. The less that Bill and his wife talk, and the more he drinks, the harder it gets for them to sort things out.

2. Susan started smoking pot as a teenager to fit in with a peer group. She found that when she was high, it was easier to socialize and to overcome her shyness. Rather than developing the social skills needed to feel confident, she started to rely on marijuana to loosen her up at social events. Over time, she became more dependent on pot, and now can’t handle any social situation without getting high.

No one sets out to have an alcohol or other drug problem. Problems with alcohol and other drugs usually develop gradually, over time. The more a person drinks or takes drugs, the greater the risk for developing a problem.
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Alcohol and other drugs: It’s a problem when...

Alcohol and other drug problems develop for a variety of reasons. Problems can occur when a person

- uses too much of a drug, or takes it too often
- uses drugs for too long (the longer a person uses a substance, the more difficult it can be to stop—some medicines, like painkillers and sleep aids, can cause problems if taken for extended periods of time, or after they are no longer needed)
- takes drugs for the wrong reasons (e.g., using alcohol to cope with unpleasant feelings, taking pain relievers to deal with stress, taking someone else’s medications)
- takes drugs without following directions (e.g., taking more than the prescribed dose, driving when taking a drug that warns that performance can be impaired)
- combines drugs (many drugs become dangerous when mixed, and can produce unwanted or unexpected side effects)
- uses in dangerous ways (e.g., driving while under the influence, sharing injection equipment, buying drugs on the street where you can never know for sure what’s in them)

People don’t set out to become dependent on alcohol or other drugs, nor do they wake up one day and find they are addicted. Dependence on a substance is a process that happens over time.

As an alcohol or other drug problem gets worse, the person may experience:

- Tolerance
- Dependence
- Loss of control
- Blackouts
- Problems in major life areas

Tolerance

With regular use over time, the body adapts to the presence of alcohol or another drug in its system. This results in a person needing to take more and more of the drug to get the same effect. Alcohol tolerance is different from a person’s blood alcohol concentration (BAC). The more often a person drinks, the more alcohol they need to feel the same effects. This is called tolerance. Being able to “hold your liquor” simply means that one can drink more alcohol before appearing drunk. Tolerance can be a warning sign that a person’s drinking habits are becoming dangerous.
A heavy drinker or drug user can consume a lot of the substance and not appear intoxicated. They have adjusted to feeling impaired and have learned to control their behaviour.

This is called behavioural tolerance. They may still be impaired, and still present a safety risk.

**Dependence**

Dependence occurs when a person becomes hooked on alcohol or other drugs. This can happen physically and/or psychologically.

A person with an alcohol or other drug problem continues to drink or take drugs despite the problems it creates in major areas of their life.

**Physical dependence: It’s in the body**

Physical dependence occurs when the body becomes so used to alcohol or a particular drug that it cannot function normally without it. People who are physically addicted to alcohol or other drugs will most likely experience withdrawal when they stop taking the substance.

Withdrawal is the unpleasant and sometimes life-threatening physical reaction a person may experience when they stop using alcohol or another drug. Physical dependence is often measured by how severe the withdrawal is. The symptoms and length of time it takes to withdraw from a substance vary depending on the substance, how long the person has been using, how much they have been using and their overall health.

Withdrawal symptoms range from mild discomfort to life-threatening reactions. For example, a hangover from alcohol is a mild form of withdrawal; severe alcohol withdrawal can include hallucinations and seizures. Some people can withdraw safely on their own. Others need medical assistance and must go to a detoxification centre or hospital to ensure that their withdrawal is managed safely.

**Psychological dependence: It’s in the mind**

Psychological dependence occurs when a person's thoughts, emotions and activities become centred on substance use. They believe that these thoughts, emotions or activities would be less satisfying or even impossible without using that substance. They can experience cravings even though there is no physical dependence. People can become psychologically dependent on almost any mood-altering drug (the only exception appears to be hallucinogens, such as LSD).

Physical dependence ends when withdrawal is complete. However, psychological dependence can linger for a long time. For example, the habit of smoking cigarettes lasts much longer than the actual withdrawal from nicotine. It is the psychological dependence that creates the most difficulty when quitting smoking. Psychological dependence also creates many of the difficulties in recovery from heavy use of alcohol or other drugs.

**Problems in major life areas**

One of the most important indicators of an alcohol or other drug problem is when a person continues to drink or take other drugs despite the problems it creates.

“I never thought I had a drinking problem until I took an honest look at how the things going wrong in my life were connected to the booze. Arguments at home, hassles at work—once I got my drinking under control, I was able to sort these problems out.”
These major life areas can be affected by a person’s alcohol or other drug use:

- Family
- Work
- Legal
- Friends
- Sexuality
- Leisure
- Physical Health
- Finances
- Mental Health
- Spirituality
- Children
- Spouse
- Distressed Employee

Examples of the problems a person may experience include:

- feeling depressed, angry, guilty or ashamed
- being charged with impaired driving or possession of an illegal substance
- an increase in debts, problems making payments or not being able to cover basic expenses (e.g., rent/mortgage, utilities, food or other necessities for the family)
- poor job performance, failing a drug test or getting disciplined/fired
- more and more leisure activities involving drinking/using, less time with family or losing friends who do not drink or use
- hangovers or blackouts
- arguments with spouse and spending less time with children

It's also important to realize that sometimes it is the problems in a person's life that contribute to their alcohol or other drug use. Men and women who are dissatisfied with their jobs, who are experiencing grief or loss, who have stresses at home, who suffer from poor self-esteem or who are battling illnesses will sometimes attempt to cope by drinking alcohol or using other drugs. These are complex issues. That's why it's so important to leave diagnosis to the professionals.

**Blackouts**

A blackout is a loss of memory about events that happened while drinking or using other drugs. A person may wake up at home, for example, but not remember how they got there. Some people will experience memory lapses for large periods of time, but more commonly people who experience blackouts will be unable to remember an hour or two of their drinking or other drug-using experience.

When helping someone determine whether their alcohol or other drug use is a problem, the counsellor will ask about blackouts. Although not all people have them, they do commonly occur in those who are experiencing signs of physical dependence.

**Loss of Control**

An important factor in determining whether someone has an alcohol or other drug problem is whether they can control their use. For example, if a person decides to have two beers after work, are they able to stop after two drinks? Often people who have alcohol or other drug problems are not able to limit their use or are unable to stop using when they want or had planned to. They find themselves drinking or using more than they intended despite their best intentions to limit or control their use.

**For more information**

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322. For mental health related information, and to find a mental health clinic near you, please call the 24-hour Mental Health Helpline at 1-877-303-2642.
Alcohol and other drugs: Stages of use

There are many different choices that people can make regarding alcohol and other drug use. Some will choose not to use at all. Others will decide to use socially and have no problems controlling their use. The majority of people who start using a drug will not become addicted to it.

Some people will start out experimenting with a particular drug and become addicted to it. For them, use occurs in a progressive pattern: they use more of the drug more often until they have become hooked or dependent.

Here are some common ways that people use alcohol and other drugs. They may be based on individual choices or may reflect a progressive pattern of use.

No use
Most people are born into the world in a state of no use, with the exception of babies born to addicted mothers. Some people choose to remain non-users. Others use for a while and then make a conscious choice not to use (e.g., for health or religious reasons).

Experimental use
Many people experiment with alcohol and/or other drugs. They do this for a variety of reasons, often to see what it is like. Experimentation can happen at any age—adults can experiment, too. Some people don't like the feeling of being drunk or high, so they stop. Others don't like the consequences of use (e.g., hangovers, spending money, feeling out of control) so they choose not to use again.

Social use
Social users are able to use occasionally and stop when they want to. They are able to remain in control and don't use more than they intend. They might disappoint someone by overindulging on one occasion, but they don't continue to do so time after time. In other words, they can use without continued negative consequences.

Many Canadians are social users of alcohol. They use once in a while, without experiencing continued problems because of their use.

Harmful use
People who use in harmful ways are not yet physically or psychologically hooked on alcohol or another drug, but they are often using heavily. Sometimes using is the focus of how they spend their free time (e.g., getting ready for the party, then going to the party, then recovering from the party). People who are harmfully involved almost always experience problems in their lives because of their use.

When people are in this stage, their use can be described as a problem. The good news is that they can still turn it around. They can learn to reduce their use, or use more responsibly, as long as they are not yet dependent on the drug.
Dependence

People who are dependent are addicted to alcohol or other drugs, physically or psychologically. Often, they are not able to stop using even when they want to. People who are addicted experience withdrawal when they come off alcohol or other drugs. They may feel like they need the drug or alcohol in order to feel normal. People who are addicted are almost always experiencing problems in their lives as a result of their use. Once a person has reached this stage, he or she will likely need help in order to stop using. And to do so, he or she will likely need to quit using altogether.

For more information

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- addictions education, employer consultation and supervisory training
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Problem drinking: Frequently asked questions

What is problem drinking?
Problem drinking occurs when alcohol use becomes harmful and begins to interfere with the user’s personal life. This type of use has both short and long term health risks and falls outside of Canada’s Low Risk Alcohol Drinking guidelines. At this stage, the user may or may not be physically or psychologically dependant.

Can a problem drinker ever drink again?
Looking at the research, as well as the experience of many alcoholics, most people who are dependent on alcohol or other drugs do best when they are abstinent (when they don’t drink or use at all).

Is it normal to experience blackouts when I’ve been drinking?
Blackouts are periods of time that a person can’t remember after they have been drinking or taking other drugs. Not everyone who drinks or takes other drugs experiences blackouts. If you do, consider it a red flag that you might have a problem.

Is alcoholism hereditary?
There are many theories that try to explain why one person will become addicted to a substance and another person, even someone from the same family, does not. Research seems to support that there are physiological factors that predispose some people toward becoming addicted. However, genetic make-up is only one of many factors that explain why people develop dependencies.

For more information
For more information on alcohol and problem drinking visit: http://www.albertahealthservices.ca/2459.asp
For more information on Canada’s Low Risk Alcohol Drinking guidelines check out: http://www.ccsa.ca/Eng/Priorities/Alcohol/Canada-Low-Risk-Alcohol-Drinking-Guidelines/Pages/default.aspx

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Problem gambling: Frequently asked questions

What kind of help is available for somebody with a gambling problem?

A person with a gambling problem has access to the same treatment services as someone with an alcohol or other drug problem. A person with a gambling problem can go directly to their local Alberta Health Services, Addiction and Mental Health office for assessment and counselling, or call the Addiction Helpline at 1-866-332-2322. The helpline is a toll-free, confidential service available to all Albertans 24 hours a day, every day. It provides support, information and referral to services for people who have problems with alcohol, tobacco, other drugs and gambling.

Intensive treatment programs are available. There are also 12-step, self-help programs for gamblers (Gamblers Anonymous) and their families (Gam-Anon). Most provinces offer free debt management services. In Alberta, contact Money Mentors at 1-888-294-0076. Or, Credit Counselling Society at 1-888-527-8999.

If I’m concerned that somebody at my workplace has a gambling problem, what should I do?

One of your primary responsibilities as a leader is to manage job performance, so you need to address any performance problems that come to your attention. However, any time you are concerned about a co-worker or employee, you can also intervene by trying to direct the person to the appropriate sources of help. While it’s not your job to diagnose a personal problem, there will likely be times when you know what the problem is, and you are in a great position to support and encourage the person to get the help they need. You could tell your co-worker or employee about the employee and family assistance program, direct them toward an addiction counsellor or provide the number for Gamblers Anonymous.

Should we quit selling tickets and holding hockey pools at work?

This is a decision each workplace will need to make. Often, workplaces that promote employee wellness will discourage activities that could create problems for some of their workers. But it may not be realistic to expect those who don’t have gambling problems to refrain from buying raffle tickets or setting up a hockey pool, either. The solution might be to educate employees about problem gambling and to help them understand the importance of not pressuring an employee who says no to participate in gambling activities.
How can a gambling problem affect the workplace?

There's a good chance that some form of gambling is occasionally available in a workplace. It may be a hockey or football pool, somebody selling raffle tickets or a group that gets together to buy lottery tickets. A person with a gambling problem may or may not be involved in these activities. However, the presence of gambling at a problem gambler’s workplace can be a source of stress if they are trying to quit gambling. Employers should consider what message they want to send about gambling to their workers.

As their gambling problem becomes more severe, a problem gambler’s work performance is likely to deteriorate. The worker might be away from work more often and spend work time gambling. They may be preoccupied with how and when they are going to gamble, or how they are going to manage their growing debt. In extreme cases, they may be involved in stealing money or goods from their company to finance their gambling, resulting in criminal charges. Here’s an example of how a person’s job performance can be affected as their gambling gets out of control.

John has been a steady worker for several years. However, the past few months he just can’t be counted on. He takes long lunches, disappears for hours at a time and is calling in sick more often. He seems wound too tight, snapping at co-workers and unable to concentrate on the job. Creditors have been calling and threatening to garnishee his wages. It turns out John has a gambling problem. His wife is threatening to leave him, he can’t make his payments and the bank has started foreclosure proceedings on his house.

The qualities often found in problem gamblers (e.g., hard working, energetic and persistent) can be channeled into a productive, healthy lifestyle. Recovering problem gamblers can be very successful when the gambling is behind them. However, they often need the same kinds of help to recover that someone with an alcohol or other drug problem needs.

For more information

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Ways to raise awareness about problem gambling

- Invite someone from your local Alberta Health Services addiction services office to talk about problem gambling and the services available.
- Invite a debt management expert (e.g., someone from Money Mentors or Credit Counselling Society) to talk about managing credit, as well as options for when your debts are out of control. In Alberta, Money Mentors can be reached at 1-888-294-0076 or, contact Credit Counselling Society at 1-888-527-8999.
- Contact Gamblers Anonymous and ask if a member would be willing to visit your workplace to talk about their own experiences with problem gambling. A story about recovery can be a powerful motivator for someone with a problem to get help.
- Provide resources, pamphlets and brochures on problem gambling in your workplace. These should be displayed where employees can pick them up without being observed.
- Remember that legalized gambling is misunderstood. Many people don’t know what a problem looks like or how to tell if their own gambling is problematic.
- Contact your employee assistance program (EAP) or employee family assistance program (EFAP) for resources on problem gambling or debt management or to inquire about workshops or lunch and learn sessions that can be offered on managing debt.

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How a gambling problem develops

Stages of Gambling
Like problems with alcohol and other drugs, problem gambling develops over time. How quickly a problem develops depends on the person. However, there are three stages that problem gamblers often progress through. Change or recovery can begin at any stage of the process.

The fun (winning) phase
In this initial stage, the financial rewards or the internal escape the person gets from gambling motivates them to continue doing it.

The losing phase
During this stage, losses begin to pile up. The person will start to borrow money and use credit to get more. They start chasing losses, and their gambling becomes increasingly out of control. This phase often lasts for years. Despite the constant betting, borrowing, juggling and repaying, the gambler somehow manages to stay afloat.

The desperation phase
At this final stage, the person is overwhelmed. They likely feel extreme emotional and even physical distress and have severe family and financial problems. The person might turn to criminal activities to get money, with severe legal consequences. Ironically, the desperation phase often begins with somebody giving the person a financial bailout, which is meant to get them out of debt and out of trouble. The gambler will often bet, and lose, the bailout money, which makes the situation worse. This cycle can repeat itself until the person hits a wall where they can no longer manage financially.

Like someone with a substance use problem, many problem gamblers need outside help to quit gambling and to resolve their difficulties. With help, this cycle can be interrupted at any time.

Signs of problem gambling
If somebody has a gambling problem, friends and family members will likely see some of the following signs.

Spends large amounts of time gambling
• This allows little time for family, friends or other interests.

Places larger, more frequent bets
• Larger bets, and betting more regularly, become necessary to get the same level of excitement.

Has growing debt
• The person with a gambling problem is secretive or defensive about money and may borrow money from family members or friends.

Pins hopes on the “big win”
• The problem gambler believes winning a jackpot, rather than changing the gambling behaviour, will solve their problems.

Promises, without success, to cut back
• The problem gambler is unable to reduce or stop gambling.
There are many similarities between a gambling problem and a problem with alcohol or other drugs. The problems develop in similar ways and have many of the same consequences.

**Makes excuses or lies about gambling**
- The person may be away from home or work for long periods of time, or may make an unusual number of personal telephone calls.

**Experiences mood swings**
- If unable to gamble, the problem gambler misses the thrill of the action and may be bad-tempered, withdrawn, depressed or restless. During a winning streak, the gambler experiences a high.

**Boasts about winning**
- The person loves to relive a win but will make light of losses when others express their concern. Wins and losses may also be kept a secret.

**Misses special or family events to gamble**
- The problem gambler may arrive late or miss family events, including birthdays and school activities.

**Seeks new places to gamble**
- The problem gambler may insist that evenings out, or even family vacations, are spent at places where gambling is available.

**Gambles to escape**
- Achieving a dissociative state, or spacing out, while gambling is characteristic of problem gamblers.

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Tobacco: Frequently asked questions

How far from a doorway are employees allowed to smoke?
Smoking is not allowed within five metres of a doorway, window or air intake of a public place or workplace.

Who enforces the restriction around smoking near doorways?
Employers of a workplace where smoking is prohibited under the Tobacco Reduction Act must not permit a person to smoke in that location. Employers who permit smoking where it is prohibited are guilty of an offence and liable to fines up to $10,000 for a first offence and up to $100,000 for a second or subsequent offence. Individuals who smoke where it is prohibited can receive fines up to $1,000 for a first offence and up to $5,000 for a second or subsequent offence. In addition, a ticket for $250 can be issued for smoking in a prohibited area.

Who enforces this legislation?
Peace officers within the meaning of the Provincial Offences Procedure Act, which includes police, RCMP, municipal bylaw officers and special constables.1

Who smokes and who wants to quit?
Nineteen per cent of Canadians aged 15 and older are current smokers. Most smokers want to quit, and among those who do, more than half stay tobacco free. We know that receiving support can double a tobacco user's chances of success.2

What are the smoking rates for different occupations?
- 24% of workers in processing, manufacturing or utilities occupations smoke
- 28% of trade, transport or equipment operators smoke
- 20% of sales or service workers smoke
- 16% of workers employed in the business finance or administrative sectors smoke
- 12% of health care workers smoke3

What are the smoking rates by education level?
- 19.5% of Canadians without a high school diploma smoke
- 18.1% of Canadians with a high school diploma smoke
- 17.5% of Canadians with a community college degree smoke
- 10.2% of Canadians with a university degree smoke4
What are the options for employers who want to support their employees in quitting smoking or using other forms of tobacco?

Workplaces have a variety of options to help employees quit using tobacco. Smoking cessation programs can be offered on their own, or as a part of a comprehensive workplace wellness program. Having a no-smoking policy in the workplace not only protects employees from dangerous second- and third-hand smoke, but it also supports those employees who want to quit smoking and underlines the employer’s commitment to employee health.

There are three basic workplace tobacco cessation approaches:

1. Comprehensive: This approach involves offering programs and activities at the workplace. Employees can then receive support on site, often during work hours.
2. Facilitated: This approach involves working with outside agencies to deliver programs and activities off site, along with offering self-help materials on site.
3. Education and information: This approach involves providing information, for example, self-help programs and contact listings for external resources.

Any of these approaches may be supplemented by benefit programs providing coverage for nicotine replacement therapy or pharmacotherapy to aid employees in addressing the nicotine addiction or dependence experienced by smokers and other tobacco users.

Other resources

AlbertaQuits
- Helpline: 1-866-710-7848 (QUIT)
- Online: www.albertaquits.ca

Tobacco Free Futures
- www.tobaccofreefutures.ca

References


For more information

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Promoting a psychologically safe and healthy workplace

Today’s employers have the opportunity to create and foster what is known as a psychologically safe and healthy workplace. This is similar to occupational health and safety and psychological health and safety, which are already being addressed in some workplaces.

The Mental Health Commission of Canada, the Bureau de normalisation du Quebec and Canadian Standards Association Group have released Canada’s first national voluntary standard, which is designed to help organizations and their employees improve workplace psychological health and safety.

“**A psychological healthy and safe workplace is one that promotes employees’ psychological wellbeing and does not harm employee mental health in negligent, reckless or intentional ways.**”

An important first step for employers who are interested in creating a psychologically healthy and safe workplace is to complete a series of 20 questions for leaders outlined by the Great-West Life Centre for Mental Health in the Workplace. The Centre provides organizations with a variety of free public resources, including information, strategies and resources.

**For the complete series of 20 questions for leaders outlined by the Great-West Life Centre for Mental Health in the Workplace, visit**


It’s also helpful to understand how a psychologically healthy workplace is created. Tips include:

- creating a mission statement that incorporates trust, honesty and fairness
- reviewing the importance of keeping personal information confidential and avoiding office gossip
- having a process for employees to explore other positions (e.g., job shadowing, career development) that might better match their skills and style
- providing educational and professional development opportunities for individual and departmental needs
- celebrating employee dedication and recognizing employee contributions
- encouraging employees and managers to work together to develop clear, realistic project goals and work plans that they both agree with
- conducting an annual satisfaction survey to allow all employees to give feedback on their manager’s ability to lead, communicate, manage conflict and innovate
- trying to reduce job-related travel time for employees
- teaching and training all employees about mental health awareness
- creating and enforcing a zero-tolerance policy for violence and harassment in the workplace

**Check out the National Standard of Canada for Psychological Health and Safety in the Workplace at**

http://www.mentalhealthcommission.ca/English/Pages/workplace_guide.aspx
As an employer, another way you can address psychological health and safety in the workplace is to assess and address the 13 psychosocial factors known to have a powerful impact on organizational health, the health of employees and the financial bottom line. These include:

- psychological support
- organizational culture
- clear leadership and expectations
- civility and respect
- growth and development
- job fit
- recognition and reward
- involvement and influence
- workload management
- engagement
- work–life balance
- psychological safety

This can be done through Guarding Minds @ Work, a free, web-based tool developed by leading research practitioners and mental health experts.

Check out the resources and tools available to support you through Guarding Minds @ Work: http://www.guardingmindsatwork.ca/info/gmaw_resources


For more information

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References


Peer support programs in the workplace: Frequently asked questions

Do peer support teams work?
Employers with successful peer support programs report increased use of their employee assistance program (EAP) or employee family assistance program (EFAP) and decreased unhealthy behaviour among co-workers. EAP/EFAP providers who track referral sources also report that peers are very successful in encouraging those who are experiencing personal problems to get help.

Why is training for team members important?
Team members usually bring a lot of personal experience and attributes to the group. Training is essential to show individual team members how to best use their personal experiences to help others. Effectively encouraging others to get help is also a learned skill. Someone who feels pressured usually backs away. Too much advice can sound condescending and inappropriate. In addition, training can help team members feel more comfortable in taking on new challenges.

Informing employees about the types of training peer support team members receive helps build credibility for the peer support program and lets employees know the subject areas members of the team have knowledge about.

How much will it cost?
Starting a peer support team doesn’t have to be expensive! The most important asset—people—is already present in the workplace. Training the team will likely require a financial or resource investment, but there are many free training opportunities available.

Effective training sources include your company’s EAP/EFAP, AHS Addiction and Mental Health (and other addictions professionals) and other successful peer support teams. Brochures advertising the team’s services can usually be produced in-house. Remember, they don’t have to be expensive to be effective.

Where will we find the people?
There are many different ways to select team members. Some companies welcome anyone who is interested; others select members who have experienced similar situations and circumstances. Some programs start with a tiny core of members who then reach out to others whom they think will make effective peer supporters. Each organization has the flexibility to decide which approach it prefers.

What’s most important is that members have an interest in helping others, a willingness to learn, the trust and respect of their co-workers and the ability to maintain confidentiality. Some programs also welcome family members of employees to the peer support team. Whatever an employer decides, the best approach is to keep the team a manageable size, about eight to 15 people. However, this is a guideline that can be adjusted based on the size of the workforce and number of worksites.
Should there be equal representation on the team?

Many people struggle with this question. Remember, this is a group whose main function is to offer encouragement and support to others. Peer support team members can be wonderful ambassadors for the EAP/EFAP, for example, but they need to be separate from it. Having a small, caring and committed group is better than having a large number of members representing each work area, who may or may not have an interest in peer support.

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Providing support to employees: Frequently asked questions

How do I support an employee with a family member who has a substance use issue, mental health issue or gambling problem? Should I give the employee time off to look after their family member when the family member is not coping with their addiction or mental illness?

This is a tough question. First, talk with the employee about the services available through the company’s employee assistance program (EAP) or employee and family assistance program (EFAP) or in the community, both for the employee and for the family member. If the employee gets help and begins to understand what is helpful and what is not, they may make different decisions about how they respond to their family member’s substance use, mental health problem, or gambling. Another way of helping is to answer the question, "Is providing time off going to make the situation worse or better?" Time may just be what the employee and their family need. However, if granting time off becomes a regular occurrence, the employee will likely continue to look after the family member. This may inadvertently enable the family member to continue engaging in unhealthy behaviour.

How can I help someone on my team without sticking my nose in their business?

The easiest way is to focus concern for the employee on the changes that you have observed. Perhaps they no longer join the team for lunch, or they may appear withdrawn and preoccupied. Rather than saying, “Hey, I think your husband has an alcohol problem, and I think you should go to Al-Anon,” try, “I’m concerned about you. You aren’t joining us for lunch any more, and you don’t seem to be your usual happy-go-lucky self. I don’t know what’s going on for you, and I don’t need to know. But I just want to remind you that if it’s something going on in your personal life, our EAP/EFAP program is a great resource that will likely be able to help.”

Should I be giving a person a break when they’ve got a lot going on at home?

That depends. If their work performance has not been affected, and they are asking for vacation time with very little notice, an employer might be able to accommodate their request. If, on the other hand, the employee’s attendance is sporadic, the quality of their work has declined and others on their team are complaining about them, talk to them about their change in performance and encourage them to seek help.
Suggestions for how to use this information in the workplace

- Use what you have learned to discuss starting a peer support team in your workplace.
- If there is interest, visit other peer support teams to see how their programs operate.
- Watch for sessions on peer support programming at workplace conferences and training events.
- If a peer support team already exists, invite some members to attend the next supervisory meeting to talk about their services.
- If you decide to develop a team, write about your plans and goals for the program in the company newsletter. Sharing success stories from other programs is a great way to encourage use of the program.
- If you have an EAP/EFAP, ask your provider to track the number of referrals received from the peer support team. This can help you track how well the program is working.
- Ensure that employees and their family members are aware of the sources of help available. These can include resources available through the organization and in the community. Printed or emailed information can be sent home to employees and their families.
- Ask your EAP/EFAP provider or local addictions agency to hold an information session on the effects that substance use or other issues can have on families. Invite employees and their family members to attend.
- Invite a member of the local Al-Anon group to visit your workplace. He or she can talk about the program and how it helps family members.
- Involve family members on the peer support team.
- Consider having family members as EAP/EFAP representatives. They can be given specific training and be available to reach out to other family members.

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When issues at home affect the workplace

When an employee is experiencing a substance use, gambling or mental health concern, it often shows up at work. The quality or quantity of their work may decrease, mood swings may increase and the employee may be absent from work more often. Co-workers might complain about the employee “not pulling their weight.”

When the issue is in the employee’s family, the effects may be a little harder to see. The employee might talk openly about a substance use problem or mental health concern at home, but it is more likely that they will keep it to themselves and attempt to solve it on their own.

The strain of dealing with someone else’s addiction or mental health concern can affect an employee’s behaviour and performance. Signs include:

- appearing preoccupied at work
- seeming depressed or tired
- calling home often or receiving a lot of personal calls at work
- missing work or asking for time off or vacation with very little notice
- missing deadlines
- showing decreases in quality or quantity of work
- having strained relationships with co-workers
- causing co-workers to complain that the employee is “not pulling their weight”
- creating a safety risk because of their preoccupation with the problem

These are the same signs that might indicate that the employee is in distress themselves. In fact, a variety of personal issues can cause these types of changes in behaviour.

It can be helpful to have an understanding of how a concern at home can affect an employee’s work performance, as illustrated by these two examples.

1. Mike’s wife has anxiety. He doesn’t talk about it, but co-workers can always tell when she is not coping well. Mike is cranky and agitated and just not himself. His mind is not on his work, and he makes mistakes doing work he has done for years. Because he works in a safety-sensitive position, his co-workers don’t feel safe working with him.

2. Cathy’s teenage daughter has been experimenting with drugs. Sometimes she doesn’t come home at nights, and because Cathy tries to wait up for her, she is often tired at work. Cathy doesn’t know what to do. This morning she called in to see if she could take the remaining two weeks of her vacation starting immediately.

Problems at home often mean problems at work.

If you notice an employee has been acting differently from their usual self, the first step is to check in with them, ask them if they are OK, and tell them that you have noticed they haven’t quite been themselves lately. Next, ask if there is anything you can do to help or let them know you are always there if they need help with anything.
For more information on performance management and enabling, request the following handouts:

- Performance Management: Frequently Asked Questions (Handout 1, Module 7)
- Tips for Performance Management (Handout 2, Module 7)
- Performance Management: How to Tell That Employees Need Support (Handout 3, Module 7)
- When Performance Management Is Required (Handout 4, Module 7)
- Enabling in the Workplace (Handout 5, Module 7)

For more information
Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: http://www.albertahealthservices.ca/2672.asp
How a person’s substance use or mental illness affects families

When a family member is in distress, either related to substance use or mental illness, the whole family is affected. As the situation worsens, the family often tries harder and harder to adjust and cope.

Family members, including children, may make excuses for their loved one, even apologizing for their actions. They often assume their family member’s responsibilities in an effort to maintain some sort of status quo. The spouse may need to take on the sole responsibility of parenting or become the main breadwinner. Children may begin caretaking for the family member struggling with the issue, or they may become responsible for their younger siblings.

Typically, there are three rules that family members learn to live by: don’t talk, don’t trust and don’t feel.

Don’t talk
- Many families try hard to keep the situation a secret. Not talking about it allows the family to pretend it isn’t there, or deny its impact on the family. By hiding the problem, the family may hope to avoid job loss, embarrassment and other consequences of public exposure.

Don’t trust
- Families affected by addiction and mental illness may have a hard time trusting. The more a loved one engages in unhealthy behaviour or is in distress, the less reliable he or she will become at home. There are often broken promises, as well as failed attempts to quit.

Don’t feel
- Family members often learn to bottle up their feelings and not to show their own anger, resentment, loneliness and feelings of rejection. As a defense mechanism, people put up walls to protect themselves in an unpredictable environment.

Trouble talking about the problem and trusting others may prevent employees and family members from reaching out to workplace programs for assistance. However, the longer the situation persists, the greater the stress on the individual, the family and the workplace, which can lead to larger complications, including declining work performance and, ultimately, dismissal. This is why offering education and assistance to employees is essential.

“When my spouse was drinking, I tried so hard to cover it up. His boss even told me about the EFAP at a Christmas party, but I denied that there was anything wrong. One day, I’d had enough. I called the EFAP and got help myself—it was the turning point for me.”

For more information
For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: http://www.albertahealthservices.ca/2672.asp
What family members or co-workers can do to get help for themselves

An employee who lives or works closely with someone who needs help may also benefit from getting help for themselves. It’s common for family members to react by saying, “I’m not the one with the problem. Why should I see a counsellor?” Similarly, an employee who has a troubled co-worker may not realize the impact their co-worker’s behaviour has on them.

The following checklist can help someone determine if he or she is being affected by a family member or co-worker’s behaviour:

1. **Do you worry about how much time someone spends on a certain activity (e.g., drinking, gambling, crying, sleeping, obsessing)?**
   
   Yes   No

2. **Do you feel that if the person cared for you enough, they would stop their behaviour (e.g., smoking, gambling or verbal abuse)?**
   
   Yes   No

3. **Do you have money problems because of someone’s behaviour?**
   
   Yes   No

4. **Do you lie to cover up for someone’s behaviour (e.g., too hungover to work or too depressed to host a child’s birthday party)?**
   
   Yes   No

5. **Have you threatened to leave the relationship in order to scare the person into getting help?**
   
   Yes   No

6. **Have you been embarrassed or hurt by the results of this person’s behaviour (e.g., intoxication, smelling of alcohol, verbal or physical abuse or social exclusion)?**
   
   Yes   No

If the respondent answers yes to any of these questions, then they are being affected by their family member’s or co-worker’s behaviour. If the issue is a co-worker, it is important for the employer to address any job performance concerns and try to direct the person toward help. If the issue is from the employee’s personal life, they can seek information or help from their employee assistance program (EAP) or employee and family assistance program (EFAP), the addictions agency in their community or a self-help group like Al-Anon (for adults affected by someone else’s drinking), Alateen (for teenagers affected by someone’s drinking) or Nar-Anon (for adults affected by someone else’s drug use). In addition, there are two **24-hour helplines for Albertans**: one for addiction (1-866-332-2322), and one for mental health (1-877-303-2642).
Online resources:

Alberta Health Services:
- http://www.albertahealthservices.ca/addiction.asp
- http://www.albertahealthservices.ca/mentalhealth.asp

Alcoholics Anonymous:
- http://www.aa.org

Canada Alcohol and Drug Rehab Programs:
- http://www.canadadrugrehab.ca

For more information

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: http://www.albertahealthservices.ca/2672.asp
Enabling

Over time, the behaviour of a person with a mental health, substance use or gambling problem changes. Family members, friends and co-workers usually work hard to adapt to these changes. It’s natural to want to keep things running smoothly. However, these adaptations may not always be for the best.

As the problem continues, friends and family members often try harder and harder to adjust and cope. This creates more stress for all and often protects the person with the problem from experiencing the negative consequences of their behaviour. This is called enabling.

It’s important for those around the person with the problem to realize that protecting them from the real consequences of their behaviour is not helpful. In fact, they may unintentionally be helping the problem to continue or get worse. Facing the consequences of their behaviour can help to motivate a person with the problem to change.

Here are some common examples of enabling behaviour:

- Glen is hungover and can’t come in to work. His spouse Tina calls in sick for him, explaining that he has the flu. Tina is so tired of covering up for Glen. Guilty, angry, and ashamed of lying, she feels a sense of total despair. The more Tina covers for Glen, the more he is protected, and so his use continues. Tina has entered into an escalating cycle, where Glen’s drinking gets worse, she covers up for him and he drinks more and more. Because of Tina’s feelings of frustration and guilt, she is stressed at work and preoccupied by thinking about how to find help for Glen. Her own workplace performance is declining, and her manager and co-workers are starting to notice this change.
- Sue and Rachel are friends at work. Rachel often comes in late and leaves early for work because she can’t cope with her anxiety and depression from being there. She finds it hard to get out of bed in the morning to go to work. She often feels overwhelmed by the pressures of the job and looks for reasons to leave early. Sue feels like she is always covering for Rachel when others come looking for her and Rachel isn’t there. Sue feels guilty and caught in the middle. She doesn’t want Rachel to get in trouble, but also doesn’t want to get into trouble herself.
- Stu is the team leader. Kelly has been working on his team for a long time. Lately, Kelly has been coming to work smelling of alcohol. Stu decides to “give Kelly a break” time and time again, rather than deal with her declining job performance.

It is important for employees to be able to recognize when they are covering up for somebody and to realize that this may not be helpful. Sure, everybody needs a hand now and then, but if there is a serious underlying problem, it’s better that the person deal with it sooner than later. The longer a problem continues, the worse it gets, and the more difficult it can be for the person to recover. During this time, the consequences to the individual, their family and their co-workers can be devastating.
For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: http://www.albertahealthservices.ca/2672.asp
Steps for peer support teams

Although it’s important to tailor your peer support team to the needs of your colleagues and your workplace, there are some steps that almost all teams can take to get started. The following is a list of common peer support team tasks.

Planning

**Step 1: Decide on the function and role of the team.**

Will team members assist co-workers in obtaining help when they are showing signs and symptoms of an addiction or mental health issue? Is the goal to publicize the company’s employee assistance program (EAP) or employee and family assistance program (EFAP) and help employees use it? Will management emphasize a preventative approach by organizing workplace wellness events?

**Step 2: Get endorsement and support from top-level management.**

This is an important part of establishing the program. It will help ensure the success of the program through allocation of resources and employee time. It will also help embed the program into the culture of the organization.

**Step 3: Decide how often and where the team will meet.**

Will the team gather for training and information purposes only? Will they meet to plan events for the workplace? Will they meet to talk about the needs of team members? If the team is going to stay strong and maintain itself over time, it is also important for them to meet to celebrate their successes.

**Step 4: Decide how people will contact the team.**

Some teams wait until their fellow employees approach them. However, it is sometimes very difficult for people to ask for help. Other teams encourage members to approach employees who they are concerned about. Successfully encouraging people to seek or accept help requires skill, and team members who undertake this should have special training. If team members come on too strong, offer advice or start telling their co-workers what to do, they may alienate workers and defeat the whole purpose of a peer support program. Remind the team that the goal is peer support, not peer pressure.

The peer support team will also have to decide if members will be available after work hours, or only during certain times of day. Will the services be available to employees only, or can team members also talk to family members?

**Step 5: Develop guidelines to handle confidentiality.**

Employees must be able to trust that they can get help from a member of their peer support team without anyone else finding out. This is the cornerstone of successful peer support programs. It is important for team members to establish clear confidentiality guidelines and to understand similar policies in the workplace,
such as those governing managers, occupational health staff and EAP/EFAP providers. New teams may also seek expert advice about confidentiality from a specialist in the field. A lawyer familiar with confidentiality guidelines, for example, can play an important part in the team's training.

**Recruitment and selection**

**Step 6: Decide on the membership of the team.**

There are many options. One is for team members to be appointed by management. Another is for people who are interested to volunteer. In some organizations, team members are nominated by their peers because they possess certain skills or are seen as credible and respected. In others, teams are formed at the grassroots level. For example, people who have successfully dealt with addiction or mental health issues may choose to give something back to their workplaces by offering to talk with others in similar situations.

The role of organized labour in promoting peer support is also very valuable. Some workplaces strive for a balance of union and non-union members on their teams.

**Step 7: Decide how the team will maintain itself.**

Once a team of interested members has been identified, it needs to determine how it will sustain itself over time. Again, there are options. Some teams hold recruitment drives and then train and maintain the same group for a certain length of time. Other teams are made up of an evolving group of members who coach and train each other on an ongoing basis. Some teams choose to welcome new members a couple of times per year, ensuring that the necessary training occurs immediately after recruitment.

**Training**

**Step 8: Identify training needs.**

Peer support team members must recognize the importance of confidentiality, objectivity and listening without judgment. They must be trained to offer support and encouragement without trying to counsel. Team members are not expected to diagnose or fix problems themselves. Instead, they must be knowledgeable about the resources that are available to help employees. It is also valuable for them to receive training about addiction, grief and loss, depression, stress, suicide and financial problems, among other issues. Training can also be done on an ongoing basis, with various learning opportunities offered throughout the year.

**Implementation and activities**

**Step 9: Maintain updated information about resources.**

Some teams keep a list of community and company resources. One team member can be responsible for ensuring it is updated regularly. Many teams invite guest speakers from these groups and have them share information about their services.

**Step 10: Talk about how the team will promote services.**

The team could publish a peer support brochure, develop promotional posters or have team members speak to employees at safety meetings or other work events. Some organizations make peer support team introductions part of the orientation process when they hire new staff. These are important decisions. Remind employers that they can start small and add new services as the team evolves.
Evaluation and monitoring

Step 11: Talk about how you will know your program is working.

Most teams want to know that their efforts are making a difference. This is an important part of keeping team members interested and encouraged to keep participating. It’s also important to know whether the peer support team is doing a good job. Teams need to establish early how they will evaluate the success of the program.

Some ways that peer support teams can evaluate their activities are:

- setting aside time at each meeting to talk about the number of contacts each member has made since the last meeting
- counting the number of referrals each member has made
- looking at the activities offered and identifying which were most effective
- getting feedback from outside the team

A written or online survey is one way to get feedback. Team members can ask all employees if they are aware of the peer support program, if they’ve used it and whether they were satisfied or if they have any suggestions for improvement. Those who have not used the program can be asked if they would use it. Evaluation can help the team enhance what is working well for the program and let go of the things that are not.

Remember that evaluation does not mean breaking confidentiality. It is not necessary to talk about specific cases or specific employees. Instead, it is helpful to talk about the process:

- Were referrals made?
- Did employees follow through?
- Have team members contacted them recently to make sure they are getting the help they need?

Step 12: Ask what the organization will need from the team.

The organization is far more likely to support team activities if they can actually see that peer support is working. Evaluating the program and presenting the results to the organization is one way to demonstrate this. Some organizations may require that the team account for its hours and activities. Each team is unique and each organization may request different things from its team.

For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: http://www.albertahealthservices.ca/2672.asp
Steps to consider when developing a policy

The World Health Organization (WHO) has a process for businesses to address mental health in the workplace that can be adapted for developing any type of workplace policy.\(^1\) WHO states that a policy can help define a vision for improving aspects (e.g., mental health) of the workforce, while also establishing a model for action. Without policy direction, and with a lack of co-ordination, the impact of any workplace strategy will be reduced.

Putting a policy into place requires the following four steps.\(^1,2\)

**Step 1: Analyze the issue.**
Make the case for developing a policy in the workplace. Use a business case to demonstrate the potential savings, including increased productivity and decreased costs. A co-ordinating body, such as a working group or steering committee, should be established to help guide the assessment of the workforce, facilitate consultation with stakeholders and co-ordinate the development of the policy.

**Step 2: Develop the policy.**
A health policy usually includes a vision statement, a statement of values and principles on which the policy is based, and a set of objectives. Comprehensive consultations with employees need to take place prior to the development of a policy. You can engage the working group or steering committee (set up in Step 1) to develop the policy. Continue consultations with key stakeholders.

**Step 3: Develop strategies to implement the policy.**
There are three tasks within this step: review strategy options, find resources to implement strategies and develop an implementation plan. The strategies selected will depend on the company’s resources as well as the needs of the company and its employees. The implementation plan should outline the objectives, specific strategies, activities and targets. Implementation plans also need to identify the people responsible, timeframes, expected outcomes and potential barriers.

**Step 4: Implement and evaluate the policy.**
The main actions in this step include generating support and collaboration, co-ordinating implementation, training, demonstration projects and evaluating the outcomes.

Here are some things to consider when implementing and evaluating the policy:

- Review the policy with employees regularly. Ensure that they understand the standards, as well as their responsibilities. Make copies of the policy available to them.
- Intervene when you suspect or observe that employees are not fit for work. When you receive reports about an employee drinking or taking drugs, take them seriously. Investigate the situation and take the required actions. For those in unionized environments, involving a union representative may be required.
• Make use of counselling or employee relations resources if you’re unsure what action to take. Each company has its own guidelines about who to call for assistance, but these will likely include a manager, a human resources team, an occupational health nurse or an employee assistance program (EAP) or employee and family assistance program (EFAP).

• Ensure that managers, human resources staff and executives understand the company policy. Encourage them to seek clarification wherever points are unclear. Make sure their knowledge is current and that they are kept up to date on any revisions to the policy.

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642.

References


For more workplace-specific resources, please visit: http://www.albertahealthservices.ca/2672.asp
Alcohol and drug testing

What about alcohol and drug testing?
Each company has to determine for itself whether or not to institute alcohol and other drug testing. A company may need to rely on expert assistance to make this important decision. Here are some points for companies and leaders to consider about testing.

1. Alcohol and drug testing is controversial and involves legal, ethical and technical issues. Although it can be useful in some situations, it is not a complete answer to alcohol and other drug misuse in the workplace.

2. A positive drug test result indicates only that a substance is present in the employee’s urine sample. It cannot determine the level of impairment at the time the sample was taken. For example, a positive test for cannabis indicates that an employee has recently used marijuana or hashish. It cannot tell whether he or she was fit for work at the time the urine sample was provided, or whether the drug was used while the person was on the job.

3. Testing cannot differentiate between occasional and addictive use. For example, in the case of an employee who is charged with impaired driving, the breathalyzer test cannot tell if the employee has an alcohol problem or is simply someone who made a bad decision in a single instance (e.g., after the company’s Christmas party). Only an alcohol and drug assessment by a trained professional can determine this.

4. Sometimes testing is used with employees who have returned to work after being sent to treatment for an alcohol or other drug problem. For addicted employees, total abstinence (absolutely no use) from the substance is recommended. Once the employee returns to work, occasional testing can tell the employer whether the employee is maintaining sobriety.

5. Some employers are required to have a testing program in place in order to bid on or perform work (e.g., some companies in the transportation industry that are involved in cross-border transportation to the United States).

6. Little research has been conducted to determine whether alcohol and other drug testing is effective in reducing substance use or whether it is more effective than supervision in detecting impairment.

Alcohol and drug testing should not stand alone as a company’s only effort to determine an employee’s fitness for work. It should be part of a comprehensive alcohol and drug policy that includes clear guidelines about drug testing, education and training for all employees.

- Employees need to understand why testing has been introduced.
- Employees need to be clear about alcohol and other drug testing guidelines, procedures and the consequences of a positive test result.
- Employees need to feel secure that those with an alcohol or other drug problem will be treated fairly and given support throughout their treatment and recovery process.
- Supervisors/managers must be trained on policy, procedures and the consequences of a positive test.
- Supervisors/managers need to be provided with the skills to manage workplace substance use problems.
Alcohol and drug testing considerations

- Although alcohol and drug testing may be part of an overall approach, it is not the complete answer to reducing alcohol and drug misuse in the workplace.
- Positive drug tests cannot determine the level of impairment at the time the sample was taken, or whether the employee used the drug on the job.
- Testing cannot differentiate between occasional and addictive use.
- Testing may be useful in some situations, such as after an accident or incident.
- Testing after an employee returns from treatment may be one way to provide support to the recovering employee and ensure that they are maintaining sobriety or abstinence.
- Some employers are required to have testing programs in place in order to bid on or perform work.
- If alcohol and drug testing is used, it should be part of a comprehensive alcohol and drug policy.

The employer’s role in alcohol and drug testing

1. Ensure that you are knowledgeable about your company’s alcohol and drug testing program. Ask for clarification if anything is unclear.
2. Make sure that employees understand the testing program. You do not have to be a drug testing expert. You can invite a speaker in to talk with your team about testing and how it works. The laboratory that provides your drug testing services may be able to help you find a knowledgeable speaker.
3. Make sure that employees understand the situations in which they may be asked to submit to a test for alcohol and other drugs. Your invited speaker can talk to the employees about how their consent will be obtained, how the sample will be provided, the safeguards in place to prevent tampering with samples, how positive test results will be confirmed by a second test and to whom results will be reported.
4. Request that employees submit to a drug test when required to do so under your policy. Front-line managers and co-workers are often the first to notice signs that a worker is not fit for work. Your company policy will explain what actions you should take. It is rare that a manager or leader would be asked to refer employees for drug tests without first consulting at least one other person. Be clear on your role and take action when required.
5. Use resources to assist you when you do not know what to do. Each company has its own guidelines about who to call for assistance. For most companies, the people called to assist will include a manager, the human resources team, an occupational health nurse and, often, a union representative.

Detecting alcohol and drugs in testing samples

Each person is different. Each drug is different. Some classes of drugs stay in the body for a few days, and some can be detected even after a few weeks. It depends on a number of factors, including how long it takes your body to metabolize (clean out) the drug. Alcohol, for example, is usually metabolized more quickly than a drug like marijuana, which can be detected several weeks after the last use. The best way to prevent testing positive is not to use at all.

Supplementary handout

AHS It’s Our Business: Alcohol/Drug Policy Development and Employee Testing:


For more information

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322. For mental health related information, and to find a mental health clinic near you, please call the 24-hour Mental Health Helpline at 1-877-303-2642.
It’s Our Business
Addressing addiction and mental health in the workplace

Information for Leaders

**Making policy work**

It is not enough to have a sound company policy on alcohol and other drug use. Leadership has to show commitment to a safe workplace, ensure that employees understand the reasons for having the policy, and actively engage employees in applying the policy.

**Information**

Leadership must take responsibility for employee familiarity with the company’s alcohol and other drug use policy. Make sure that all employees have a copy of the policy and that they know where to obtain other copies. Post a copy in each staff area for easy reference.

Review your company’s alcohol and drug policy with your employees on a regular basis. You can do this at times when you are already getting together (e.g., safety meetings or staff meetings).

If your company uses alcohol and drug testing, your employees will feel comfortable with this process if they know what to expect. Invite a speaker from the laboratory that does your alcohol and drug testing to speak to your employees. Focus on telling employees what happens when they go for a test, how test results are handled and analyzed, what a positive result means and how positive test results are communicated to the company. Leave lots of time for questions.

**Education**

No alcohol and drug policy will work without employee participation. Employees will be more likely to co-operate if they understand that the policy is in place for their benefit and if they know what their role is in helping to keep their workplace safe.

To help employees understand the need for a policy, invite a physician or pharmacist to talk with your team about the effects of some common drugs on work performance. Encourage employees to ask questions.

Teach employees to discuss their specific job duties with their physician. Emphasize that it is especially important to have this discussion when they are on medication, to find out if they can safely perform their work duties while using the medication, or if it would be best to modify duties. Ask the employee to get a note from their physician indicating what they can do and how long the modified duty will be required.

Teach employees to talk with their pharmacist before using over-the-counter medications to ensure that these drugs will not affect safe work performance.

Help your employees to understand that fitness for work is everyone’s responsibility. Offer education to all employees so that they know how to intervene if they think a co-worker is not fit to perform their duties safely. Ensure that you take action when you receive reports from team members that an employee is not fit for work.
A safe workplace

Ensure that the work environment is designed for employee safety in accordance with your alcohol and drug policy. Ask a pharmacist to review any medications that are kept on site in first-aid kits or nursing stations. Ask the pharmacist to ensure that none of the headache remedies, decongestants or other cold medications made available to employees have the potential to affect safe work performance.

For more information

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Fit for work: A comprehensive approach

What is Fit for work?
“Fit for work” refers to employees’ ability to safely undertake the physical and psychological demands of their jobs. It is a comprehensive approach that employers can take to co-ordinate health and safety efforts, policies and guidelines to ensure a safe and healthy workplace for everyone. A fitness for work assessment is part of this approach and is used to determine if an employee can perform a specific job or task under their documented working conditions. Fitness for work assessments are most often done to determine medical fitness after an illness or injury, but are sometimes done after employment has been offered (pre-placement), as requested by the employer or as a condition of a job transfer.

A comprehensive approach
Fit for work is a comprehensive approach where many individual pieces fit together to create the whole picture. There are four key elements that make up this approach:

- clear policies and guidelines
- workplace programs and services
- employee support
- shared responsibility

Clear policies and guidelines
All staff should be clear about what the rules are and what is expected of them. The company should also have procedures and guidelines in place with regard to treating employees according to labour, employment and occupational health and safety legislation. Some examples of policies and guidelines that can support workplaces in consistently managing addiction, substance use, psychological health or physical health situations include

- alcohol and drug policies
- fit for work testing
- drug testing programs
- disability management programs
- occupational health and safety programs
- respectful workplace guidelines (e.g., the Canadian Safety Association psychological safety standard)
- shift work guidelines
The role of alcohol and drug policies

Having a clear alcohol and drug policy is one element of a comprehensive fit for work approach. While individual leaders are usually not responsible for developing policies, they often participate in policy design committees or policy review meetings. Leaders also play a key role in policy implementation and are usually responsible for ensuring that employees adhere to workplace standards.

Workplace programs and services

Individual programs and services contribute to an understanding and the effective administration of policies and support services offered to employees. Examples of these programs and services include

- education
- supervisory training
- workplace health and wellness programs
- employee assistance program (EAP) or employee and family assistance program (EFAP)
- informal and formal peer support (this ensures confidentiality)

Employee support model

The model below outlines the range of support that a company can make available to its workers while implementing its fit for work approach.

The process is not linear and does not have a start or end point. At any point in the process, the employee can move to the next or previous phase, though they do not usually skip a step entirely. It is common for organizations to focus on performance management: identifying and dealing with employees who violate policies. The fit for work approach, however, is much more proactive
and focuses instead on prevention. For example, as part of this approach, employees are offered information about the effects of drug use on safe work performance, allowing them to make better choices. Here’s an example of effective prevention.

<table>
<thead>
<tr>
<th>Without prevention and education</th>
<th>With prevention and education</th>
</tr>
</thead>
<tbody>
<tr>
<td>A worker goes to work unaware that the Tylenol® 3 he is taking, as prescribed by his doctor for back pain, has the potential to affect his work performance.</td>
<td>A worker is prescribed Tylenol® 3. He is aware that some medications can impair safe work performance.</td>
</tr>
<tr>
<td>The worker has an accident driving the company vehicle. The investigating supervisor notices that he is groggy and unco-ordinated.</td>
<td>The worker asks his doctor if the Tylenol® 3 can affect his work performance. The doctor advises him that it can impair his ability to drive or operate equipment.</td>
</tr>
<tr>
<td>The worker is tested for alcohol and drugs. He tests positive for opiates.</td>
<td>The worker discusses this with his supervisor and the supervisor reassigns him to other duties that do not involve driving.</td>
</tr>
</tbody>
</table>

In this example, the worker would fail a drug test, even though he has never used an illegal drug. Tylenol® 3 contains codeine, which is derived from the same source as opium and heroin. The bottom line is that the accident is still an accident, and the driver was under the influence of a drug. This situation can be avoided when employees receive workplace education to help understand the effects of some medications on their work performance.

Education is usually effective, and it allows for an approach that is proactive and positive. Content usually focuses on what to do or not do, as well as how to comply with the policies and guidelines of the workplace.

Today’s workplaces focus more attention on supporting workers in recovery, as well as those who are returning to work after a leave. By focusing on education and prevention, employers and organizations can increase an employee’s chance of success.

**Shared responsibility**

The foundation of a comprehensive fit for work approach is shared responsibility. An organization’s culture, structures, policies and procedures can have a significant effect on its employees’ health and well-being. Employers and employees share responsibility for creating and sustaining a safe, healthy, respectful and productive workplace. Each employee contributes to the company’s commitment to fitness for work.
Employers, with support from key leaders, can work towards creating a psychologically healthy and safe workplace. This refers to a workplace that promotes good mental health for all employees by preventing careless, negligent, reckless or intentional harm. Some examples of the characteristics of such a workplace culture are

- **psychological support:** co-workers and supervisors support the addiction and mental health concerns of all employees
- **organizational culture:** the organization and team culture fosters trust, honesty and fairness
- **clear leadership and expectations:** leaders help employees understand what they need to do, as well as how their work contributes to the organization and future changes
- **civility and respect:** employees show respect and consideration to clients, the public and each other
- **growth and development:** leaders encourage and support employees to develop people and job skills
- **job fit:** there is a good fit between how an employee interacts with people and how his or her emotions, job skills and job position are managed
- **recognition and reward:** employees are acknowledged and appreciated for their efforts in a timely manner
- **involvement and influence:** employees are included in discussions about how they do their work and how important decisions are made
- **workload management:** employees are able to perform tasks and responsibilities successfully in the time available to them
- **engagement:** by enjoying and feeling connected to their work, employees are motivated to do a good job
- **balance:** the need to balance work, family and personal life is recognized
- **psychological safety:** employees feel comfortable asking questions, seeking feedback, reporting mistakes or problems, or proposing new ideas, without being afraid of negative consequences to themselves or their job
- **physical safety:** management and employees take appropriate actions to protect the physical safety of employees, who then feel more secure and engaged at work.

Employees also play an active part in improving their health at work, as well as the health of others. Managers can encourage employees to

- monitor work–life balance and make a list of ideas each week to establish a better balance
- set a regular bedtime and wakeup routine—most adults need 7–9 hours of sleep each night
- live an active and healthy lifestyle (e.g., take walks, spend more time with their children, stop smoking and limit their alcohol intake) to help lower stress, sleep better and manage anxiety and/or depression
- be respectful in the workplace—this may look differently for everyone but generally includes valuing other workers and their families, being fair, valuing diversity and treating others with respect and dignity
- think about activities that make them feel good about themselves—if these activities are written into a schedule, people are more likely to do them
- learn how to manage emotions—be aware of thoughts that are unfair, unrealistic and inaccurate and turn them into thoughts that are balanced, fair, realistic and accurate.

Employers have the front-line responsibility to make sure that employees report for work and remain fit to perform their duties safely and well. But this is not something they are expected to do on their own.

Promoting fitness for work must start at the top. Companies must equip their leaders with clear policies, guidelines and programs that support fitness for work. They must also support their leaders in enforcing fitness for work. This starts with training and extends to standing behind leaders when they make a decision to remove a worker who does not appear fit for duty.

Individual employees must also share in the responsibility of keeping their workplace safe.
This starts with healthy lifestyle choices (e.g., a drug-free lifestyle), safe work practices, good sleep hygiene (especially for shift workers) and managing treatable medical conditions (e.g., diabetes, depression and epilepsy). Individual team members must also learn how to intervene when they suspect that a co-worker is not fit for work. Each workplace will have its own guidelines about what steps should be taken. All employees must be clear on what steps to take if a fellow employee is not fit to perform their duties.

Employers can take responsibility for initiating team discussions or ensuring that training occurs so that all employees are clear about their safety responsibilities. They can also promote fitness for work by setting a good example and intervening when required.

References


For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: http://www.albertahealthservices.ca/2672.asp
Performance management: Frequently asked questions

Should the employees on my team intervene when they notice changes in each other?
Absolutely. But your team will likely need training in how to intervene effectively.

Should the employees on my team tell me when they notice changes in a co-worker?
That depends. If colleagues notice changes in an employee that they have worked with for a long time, and their co-worker’s performance has not been affected, they may choose to make a peer referral without your knowledge. Employees will likely be more inclined to talk with you if they are concerned about a teammate whose performance is suffering. It is important that all team members understand the importance of alerting the manager if they are concerned that someone on the team is not fit for work.
Approaches to invention are most effective when everyone on a team shares responsibility for safety and wellness. When everyone shares responsibility for the team’s safety and wellness, these approaches to intervention will be most effective.

If my company doesn’t have any formal policies, do these guidelines still apply?
Even when a company doesn’t have clear policies, it’s important for leaders to focus on safe and effective work performance from all employees. When you notice changes in performance, you can still intervene effectively.
The difference is that you will likely need to consult with others in your company for guidance about how to best handle the situation, rather than referring to a policy. Regardless, it’s important for leaders to rely on the assistance of others when they are in doubt. The leader can consult with their manager, a member of the human resources team, an internal or external occupational health professional or an internal or community-based service provider.
As a leader, you can promote employee fitness for work by keeping yourself informed and by influencing your workplace to educate leaders and employees.

Ask your workplace to build a comprehensive addictions and psychological health strategy that covers policy, enforcement and staff training. You may also consider implementation of a voluntary psychological safety standard. Information and examples can be found at http://www.psychologicallysafeworkplace.ca/standards.html.

For more information
For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322.
For mental health related information, and to find a mental health clinic near you, please call the 24-hour Mental Health Helpline at 1-877-303-2642.
Keep your knowledge of workplace policies up to date and attend training events offered by your workplace. Even if you do not have any performance problems on your team now, you never know when employees will experience personal difficulties that will affect their work.

Ask your workplace to organize a training session for leaders on confidentiality. A company representative can outline how to deal with personnel records, and your employee assistance program (EAP) or employee and family assistance program (EFAP) representative can provide guidelines on how to handle confidential situations.

Promote familiarity with the EAP/EFAP program by inviting your EAP/EFAP provider to meet with you and other team leaders to talk about the services they offer.

Provide training on mental health, mental illness, enabling behaviour and peer intervention to the employees on your team. Check with your local community mental health association, addictions agency or EAP/EFAP provider to see if they provide this training.

For more information and tips on successful methods of intervening with employees, ask your provider to recommend or lend you resources. Other sources include local agencies like the Canadian Mental Health Association or your local Alberta Health Services, Addiction and Mental Health office.

For more information
Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: http://www.albertahealthservices.ca/2672.asp
Performance management: How to tell that employees need support

<table>
<thead>
<tr>
<th>Early warning signs of distress</th>
<th>Early warning signs of short- and long-term performance decline</th>
<th>Early warning signs of absenteeism</th>
</tr>
</thead>
<tbody>
<tr>
<td>• withdrawal, isolation or avoidance</td>
<td>• missed deadlines</td>
<td>• frequent unscheduled short-term absences</td>
</tr>
<tr>
<td>• tardiness</td>
<td>• reduced quality of work and frequent mistakes</td>
<td>• frequent Monday or Friday absences</td>
</tr>
<tr>
<td>• mood swings</td>
<td>• longer turnaround times</td>
<td>• peculiar and increasingly improbable explanations for absences</td>
</tr>
<tr>
<td>• irritability and impatience</td>
<td>• difficulty recalling instructions</td>
<td>• excessive tardiness and leaving early</td>
</tr>
<tr>
<td>• relationship issues</td>
<td>• erratic work patterns</td>
<td>• continued absences from the work area (e.g., long coffee breaks)</td>
</tr>
<tr>
<td>• conflict with others</td>
<td>• coming or returning to work in an unacceptable condition (e.g., impaired by substance or fatigue, vomiting, unkempt appearance or body odour)</td>
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</tr>
<tr>
<td>• anxiety, fearfulness or a lack of confidence</td>
<td>• increased excuses for underperformance</td>
<td></td>
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<tr>
<td>• confusion, reduced concentration or forgetfulness</td>
<td>• mistakes due to inattention or poor judgement</td>
<td></td>
</tr>
<tr>
<td>• overreactions to negative feedback</td>
<td>• complaints of unexplained aches and pains</td>
<td></td>
</tr>
<tr>
<td>• complaints of unexplained aches and pains</td>
<td>• frequent physical illnesses (e.g., colds, influenza and headaches)</td>
<td></td>
</tr>
<tr>
<td>• high rate of accidents on or off the job</td>
<td>• high rate of accidents on or off the job</td>
<td></td>
</tr>
</tbody>
</table>

If an employer observes changes in an employee's behaviour, attitude and activity on the job, it's important to look for patterns or combinations of indicators, rather than focusing on single incidents.

Managers are not addiction and mental health experts, nor do they have to be for their role in the fit for work and performance management process. However, having some basic information about common signs and symptoms will help increase a manager's confidence and comfort. During performance management discussions, employees may disclose underlying addiction or mental health issues; it can therefore be helpful for managers to know where to refer an employee for further support. Performance management can be a positive, effective and successful process.
For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: http://www.albertahealthservices.ca/2672.asp
When performance management is required

Some human resources professionals say that managers should always be managing employees’ performance: actively, passively, proactively or reactively, as the situation demands. This type of management may help the employee grow professionally, but it may also help the employee meet performance expectations. In the latter case, there are three basic situations that call for an employer’s intervention.¹

Performance management is required when:

- An employee is not fit for work.
- An employee’s performance has deteriorated over time.
- You are concerned about an employee, even though their performance has not yet been affected.

When an employee is not fit for work

There are some instances in which a manager has an obligation to take immediate action to ensure that a worker who is not fit for work does not remain on the job. If there are alcohol, other drug or fit for work policies in place, the manager should review these prior to taking any action and refer the employee to them during discussions. Some examples of situations that require immediate intervention are:

- a worker is seen drinking or using other drugs at work, just prior to work or while on a break
- a worker is slurring their words, staggering or unsteady, which may be the result of the employee drinking, using other drugs, taking a new medication that is causing adverse effects, having a stroke or having (or having just had) a seizure or other medical symptom
- a worker is very upset, emotional or irritable on more than one occasion
For each of these situations, behavioural clues can be used to guide the manager's decision to request an assessment; however, these clues should not be used to attempt a diagnosis. In these instances, it is unlikely that the worker is fit to perform their duties safely. As a result, the manager must decide on an immediate course of action:

- If the manager thinks the worker has been using alcohol or other drugs and is met with resistance or denial, request an immediate fitness for work assessment from a medical professional. However, if the assessment cannot be done immediately, let the employee know that they cannot return to work until they have documentation from a physician that they are fit for work.
- If the worker does not participate in a fitness for work assessment, ensure that the worker is removed from the work site immediately and escorted home, either by someone from the work site or a friend or family member of the employee. Remember, if the worker is not fit for work, they likely are not fit to drive, either.²
- If the worker requires medical or psychological assistance, the employer needs to make arrangements to transport the person to a medical professional, employee assistance program (EAP) or employee and family assistance program (EFAP), or involve the occupational health nursing team. If the worker does not think they need medical assistance, the manager may wish to request a fitness for work assessment.
- If the worker has just received bad news, the manager should suggest they go home for the day. Most employees will do so without argument. In this case, the manager should also have someone drive the worker home. It is also helpful for the manager to remind the employee of the EAP/EFAP or community services available to them, along with a pamphlet and the phone number to call.

The following guidelines will help a manager get an employee who is not fit for work to a place where they will be safe:

- Obtain a witness, if possible. In a unionized environment, the manager will probably call a steward or other union member. Rely on the company’s policies for guidance.
- Take the worker aside, and tell them that they do not appear able to work and that they need to leave the work site.
- Listen to their response, but do not attempt to reason or negotiate with them. Assure the worker that there will be an opportunity to discuss the incident when they return to work.
- Document the date, time and details of the incident. Make sure both the manager and the witness sign it.
- Meet with the employee upon their return. Advise them of the consequences at that time.

**When an employee’s performance has deteriorated over time**

Working effectively with an employee whose performance has deteriorated over time is a learned skill. It is based on a planned approach to performance management that includes five key steps.

These steps allow leaders to focus on job performance and help them avoid becoming personally involved in their employees’ problems.
Step 1: Watch and listen.

This skill is largely observation. At the first sign of a change in an employee’s usual behaviour, attitude or activity, managers should start to watch and listen. Sometimes managers will notice these changes themselves and other times they will hear reports or rumblings from co-workers.

Managers should look for patterns or combinations of indicators, not single incidents. Patterns may also be observed in absence from work, attitude, behaviour, activity or a combination of these factors. To identify these patterns, co-operation between human resources, occupational health and safety and the manager will likely be required. Some typical patterns that are seen include sick days before or after weekends, on the first day of a shift, or on the day of a shift rotation; changes in behaviour after the lunch break; frequent lateness or even changes in mood and behaviour that appear to be out of the ordinary.

The manager should watch and listen for changes in behaviour, attitude and activity:

**Behaviour**

- attendance
- absences from the work area
- number of phone calls or visits
- incidence of illness, ailments, injuries and accidents
- safety violations
- policy violations
- the ability to keep promises for improved work performance

**Attitude**

- mood swings
- conflicts with others
- morale problems within the team

- complaints from customers, co-workers and others
- rationalizing or making excuses

**Activity**

- pace of work
- concentration
- reliability
- the ability to meet deadlines
- quality or quantity of work

Look for patterns or combinations of indicators, rather than single incidents.

Step 2: Record what you observe.

It’s important for managers to document what they see and hear. Good documentation helps managers stay focused on job performance when they meet with the employee. It also allows them to talk openly with the employee about changes in their performance.

The manager’s notes must reflect observable, verifiable facts, rather than their thoughts or opinions about the situation. Two examples are given in the table on the next page. The poor example does not describe the specific situation or behaviour observed. The better example does the opposite by providing specific, factual, descriptive information about the situation and action taken.
<table>
<thead>
<tr>
<th>Poor documentation</th>
<th>Better documentation</th>
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</thead>
<tbody>
<tr>
<td><strong>Situation 1</strong></td>
<td>“January 13—Mitch appeared agitated at the morning dispatch meeting. He was speaking loudly and became very angry when he was assigned to the clean-up crew. He swore at two other team members—Jill and Glenn—and told them he ‘wouldn’t ride with them because neither of them should have a licence anyway.’”</td>
</tr>
<tr>
<td>“January 13—Mitch was at it again! He was not getting along with the team.”</td>
<td></td>
</tr>
<tr>
<td><strong>Situation 2</strong></td>
<td>“January 15—Mitch showed up on the job site without a hard hat or safety glasses. When I approached him about this, he told me to ‘mind my own business.’ I explained that he would have to leave the job site if he refused to wear the gear. He told me I was ‘much too picky about stuff that was a waste of time,’ then went to his truck, got the gear and put it on.”</td>
</tr>
<tr>
<td>“January 15—safety infraction.”</td>
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</tr>
</tbody>
</table>

When writing down these observations, it is important for managers to be fair, objective and consistent so that the employee is clear about what specific changes they need to make. Managers will also need written documentation, should they need to discipline or terminate an employee.

Documentation should also include written notes of any actions that a manager has taken to assist an employee. For example, managers should record each time they meet with an employee, remind them about the EAP/EFAP or other sources of help, or provide training or coaching to assist the employee in meeting performance standards. The manager should record what is observed.

Records should be
- factual
- objective
- verifiable
- complete
- accurate

Good documentation helps a manager:
- avoid counselling the employee
- show the performance picture over time
- demonstrate that they are serious
- support corrective action
- record their efforts to assist the employee
- be objective, fair and consistent
Step 3: Prepare to meet with the employee.

When the manager has observed a change in an employee's performance and made a written record of it, the next step is to prepare to meet with the employee. This allows the manager to make a plan for the meeting and to anticipate how the employee might respond.

Here are some tips to make sure the manager is prepared for the meeting:

- Review all documentation. Choose the entries that are most factual, verifiable and objective to demonstrate how the employee's performance has changed.
- If employee attendance is an issue, review their attendance records. The company’s payroll or human resources department will likely be able to provide these. When examining the records, the manager should look for patterns in the employee’s absences.
- Review the employee’s past performance records. Has the employee’s performance been similarly affected in the past? If so, what actions were taken?
- Review relevant company policies and programs (e.g., alcohol and other drug policies, disability management policies, EAP/EFAP and peer support programs).
- Get direction and/or support. If the manager is unsure how to proceed, they should consult with someone who can provide guidance (e.g., an immediate supervisor, a member of the human resources team or an EAP/EFAP service provider).

Step 4: Meet with the employee.

It’s important to schedule a private meeting to discuss the employee’s performance rather than talking with them in front of their co-workers.

In a unionized workplace, the employee may wish to have a union steward present. In some instances, the managers may also want to involve their supervisor or a human resources (HR) representative. The manager should pick a time when they are most likely to be uninterrupted and when both the manager and employee are calm.

Here are some ideas that may help the manager stay focused on performance and keep the meeting on track:

- Discuss the employee’s current performance. Rely on information that has been observed and documented.
- Get input from the employee. Rather than telling the employee what should change, ask for their ideas about how their performance can be improved. Discuss solutions, rather than focusing strictly on the problem. The employee must be very clear about the objectives and what they must do to fix the performance problem.
- Advise the employee of the corrective action that must be taken. The goal here is to highlight the changes that you see in the employee’s behaviour, attitudes and activities and to focus on improving their future performance.
- Set timelines. It’s important that the employee understand the timelines in which improvement should occur. Otherwise, the manager might think that performance should be improved within a few days, while the employee thinks that he or she has months.
- Be clear about consequences. These must be clearly spelled out in advance so that both the manager and the employee understand what steps will be taken if the employee’s performance does not improve.
- Get commitment from the employee. One way of doing this is to record the action plan that has been developed during the meeting. This should clearly specify the actions that both the manager and the employee have agreed to take, the timelines for completion and the consequences if success is not achieved. Set a date to review progress. The employee and the manager both need to sign the action plan. A copy is then provided to the employee, the manager and human resources, if the employer has a formal HR department. In some cases it may also be necessary to share a copy with the union.
• Anticipate the possibility of the employee admitting to having an addiction or illness. If this happens, the manager will likely need to involve their supervisor, the EAP/EFAP co-ordinator, the occupational health representative or an HR representative. This is especially true if the employee works in a safety-sensitive position.

Success breeds success—recognizing improvements in an employee's job performance is a good way to get more of it!

**Step 5: Follow up to ensure success.**

It is important to follow through with scheduled performance reviews. These reviews allow the manager and the employee to ensure that any agreed-upon action plans are being carried out. If improvement is not occurring, the manager can plan additional actions and follow through with the consequences that you agreed to during your first meeting.

It's a good idea to schedule a follow-up meeting within two or three weeks of your first meeting. This gives the employee enough time to start making improvements and the manager enough time to recognize changes the employee is making. If you wait too long to follow up, smaller changes may not be noticed, or they may be forgotten. It's also a good idea to schedule regular performance reviews as the employee is working to bring their performance up to expected standards. These can taper off over time.

Follow-up meetings are also a great opportunity to recognize improved performance and provide encouragement. Employees often work very hard to fix their performance problems, especially if personal difficulties are involved. It can be very disheartening to employees when nobody notices the improvements in their performance.

**For more information, visit**
[http://www.mentalhealth works.ca/Employers/faq/Talking-to-employee/approach#prepare](http://www.mentalhealth works.ca/Employers/faq/Talking-to-employee/approach#prepare)

When an employee's job performance has not yet been affected

Sometimes you will be concerned about an employee on your team, even though their work performance has not yet been affected. You may notice changes that could be an indication of a personal problem. Perhaps they are looking tired or have become withdrawn. You may notice changes in their behaviour or attitude. Other times, you may see your co-worker outside of work and become aware of a personal issue.

When you have these concerns, you do not have to wait until there are job performance problems to take action. As a leader, you can take action informally, with a simple expression of concern or an encouraging word about the availability of assistance.

**References:**


For more information

Alberta Health Services (AHS), Addiction and Mental Health offers information, prevention and treatment services through a province wide network of offices, facilities and funded services. Services include a toll-free helpline, prevention and education, detoxification, outpatient counselling, opioid dependency programs and residential treatment.

AHS, Addiction and Mental Health has counsellors with specific training in workplace issues. This allows us to better meet the needs of employees and supervisors, and to respond readily to referrals from the business community. Other specific services for the Alberta workplace include

- addictions-related information and prevention resources for the workplace
- addictions education, employer consultation and supervisory training
- the Addiction and Mental Health Business & Industry Clinic, which offers residential treatment for employees who have problems related to alcohol or other drugs

For more information and to find an addiction services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642.

For more workplace-specific resources, please visit: http://www.albertahealthservices.ca/2672.asp
Enabling in the workplace

Enabling refers to protecting someone from experiencing the consequences of their behaviour. For example, it is common for employers to accept excuses from employees who are not performing up to their usual standards. Sometimes the team even makes excuses for someone else’s behaviour. It is also common for team members to cover up for those who are experiencing problems. Some leaders will repeatedly give people breaks or choose to ignore or avoid the problem.

Enabling is usually done with good intentions. Often, people who enable others think they are helping an employee with a problem by cutting them a little slack or taking on some of their workload. However, enabling employees increases the risk of their situation getting worse. The earlier an employee gets help for an addiction or mental health issue, the more likely they can get the support they need to get better.

There are many reasons why you might enable someone else. Sometimes it’s to avoid conflict or because you are not sure how to intervene. It may also seem easier to do nothing than to deal with the embarrassment of having a poor performer on your team. The key to resolving personal problems successfully is early intervention. If you find yourself thinking any of the following thoughts, you may be putting off intervening with someone on your team and enabling their problem:

- If I wait long enough, the problems may fix themselves.
- I’m afraid my boss won’t support me.
- I have too much work as it is!
- I do not want to hurt anyone’s feelings.
- I am afraid the employee will quit.
- I do not want to get involved in anyone’s personal life.
- I do not have enough authority.
- I hate arguing with employees.
- My company doesn’t have any policies in place to deal with this.
- I’m afraid of the employee.
- I do not know what to do about a substance use problem.
- It will reflect badly on our whole team.
- The problem is too big.
- If I take action now, my boss will wonder why I didn’t take action sooner.

Peers should refrain from counselling one another or attempting to diagnose problems experienced by their fellow employees.

If you do not feel confident in addressing performance problems, get help from your own supervisor. You might also benefit from some training in supervision or performance management, especially when working with employees who are distressed.
Enabling behaviour in the workplace

We enable another person when we protect them from experiencing the consequences of their behaviour by

- accepting excuses
- making excuses for their behaviour
- covering up for them
- giving them unnecessary breaks
- ignoring the problem
- avoiding the problem

Enabling is usually well intentioned.

Reasons for enabling include

- avoiding conflict
- feeling helpless
- avoiding embarrassment or stigma
- feeling that the person’s problem is somehow a reflection of our own competence

For more information

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Treatment for substance misuse and gambling problems: Frequently asked questions

Is a person cured when they come back from a treatment program?

People cannot be “cured” of an addiction in the same way that they can be cured of an infection or some types of cancer.

After treatment, people are in recovery. Just as it can take years to develop a severe problem, it can take a long time to recover. Attending a treatment program is a starting point for many people. It gives them the opportunity to explore the role that substance use or gambling has played in their lives, and to learn skills for coping without using. Once treatment is completed, the recovering person must start to use these skills in real life and strengthen them through practice. Recovery is an ongoing process, not a completed event.

What do I do if I’m not sure whether an employee has been away on medical leave for a mental health concern or an addiction problem?

The reason for anyone’s absence from work for a medical problem is confidential and kept between the employee and the professional providing care. The person may be away because they asked for help for an addiction problem, a mental health problem or a physical ailment. Leaders and co-workers only need to know what the employee chooses to tell them.

Sometimes, the employee is referred to treatment as a result of a formal workplace referral. In these instances, the manager or supervisor may have initiated the referral process and will know where the employee has gone. Employers will also need to find out if there are any special needs or limits on the kinds of work they can do when they return to work, and to determine if they will require further time off for appointments related to their illness. No matter the reason, all co-workers should make the employee feel welcome when they come back.

I know somebody whose life was messed up because of drinking. They quit but, just when it looked like they were getting it together, they relapsed. Why?

If people could easily say no to alcohol or other drugs once they have a problem, they would. Unfortunately, change is not that simple, and there are many reasons why a person might relapse. While outsiders may see only the problems a person’s substance use causes, they may not understand how much that person has come to rely on alcohol or other drugs to manage their life.

Some people with substance use problems have relied on that substance for many years to see them through stress, grief, celebration and depression. Those in recovery must first learn how their use fits into their lives and how
to manage all aspects of their lives without substances. People in recovery have to make many changes in their lives and their behaviour. It can be extremely difficult to make them all at once.

For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: http://www.albertahealthservices.ca/2672.asp
The continuum of treatment services for substance misuse

There are many options for people who need help quitting alcohol, other drugs or gambling. These include having an assessment, going to a detox centre, talking with a counsellor or attending an addictions treatment program. Remember: change is a process, not an event!

**Assessment**

The first step for many people is an assessment. Counsellors will ask them to reflect on how their addiction is affecting their lives, help them determine how serious the problem is, help them decide what changes they want to make and direct them to the relevant services in their community. Some workplace employee assistance programs (EAP) and employee and family assistance programs (EFAP) provide assessment services. Addictions professionals are also available to complete assessments in most communities.

**Detoxification (detox)**

Withdrawal is a process a person goes through when they stop taking a substance that their body has become physically dependent on (e.g., alcohol and opioid drugs, such as heroin or oxycodone). A detox centre is a place where people can go to safely withdraw from alcohol or other drugs. Withdrawal symptoms vary depending on what type of drug(s) the person has been using, how long they have been using, what combinations they have been taking, how healthy they are and how old they are. Withdrawal can be life-threatening. In communities where no detox centre is available, people needing support through the detox process can go to their local hospital.

**Counselling services**

Most communities offer counselling services for people with substance use or gambling problems. People can attend information sessions, talk to a counsellor individually or join a counselling group. Those concerned about someone else’s substance use or gambling can get help. Counselling for teens and children from homes where substance use or gambling is a problem is also available.

**Treatment programs**

Treatment programs are intensive. People attend them every day for several weeks. Most are residential or in-patient programs, with clients staying for long- or short-term treatment.
Some of these programs may not be available in all communities, so a person must go elsewhere to attend. Talk to your local Alberta Health Services, Addiction and Mental Health office for programs available in your area, as well as other options available throughout Alberta. Treatment programs usually provide group and individual counselling, a range of workshops to help people learn new skills to overcome problems, support group meetings and leisure activities.

There are a range of types of treatment programs available, including some that are designed specifically for workplace referrals. There are gender-specific programs (programs designed for just men or just women), programs for youth and programs for those with specific addictions (e.g., cocaine or gambling). Support programs are also available to family members of those with alcohol, other drug or gambling problems. Treatment can be a powerful experience during which people learn much about themselves. They will leave the program with a recovery plan to help them stay clean and sober, which includes actions they can take after leaving treatment. These may include attending 12-step or other support group meetings, seeing a counsellor, or going to a follow-up program at a later date. People are not “cured” when they leave treatment—it is only the start of the healing process. Recovery starts when they leave the program and begin to manage their lives without relying on substance use or gambling to cope.

**Support groups**

These are independent groups of people who come together to help each other deal with a common problem. They offer ongoing support to help people in the months, or even years, after they decide to quit using.

Best known are the worldwide 12-step groups such as Alcoholics Anonymous, Narcotics Anonymous and Gamblers Anonymous. There are also 12-step groups for those concerned about someone else’s use (e.g., Al-Anon, Nar-Anon and Gam-Anon).

**Follow-up services**

These services provide support to people after they have completed treatment. They help people build on the skills they learned in treatment and provide support for issues and concerns they face once they are home and back to work. The person may see a counsellor one on one, attend a group or return to the treatment program for a formal follow-up program.
How people change

Think of a time when you tried to make a change in your life. Maybe it was quitting smoking, losing weight or establishing an exercise routine. Was it easy? Did it happen all at once? Probably not—changing behaviour takes time, and there are usually many ups and downs before you succeed.

People in recovery from addiction often say that quitting alcohol, other drugs or gambling is actually easy—it’s staying abstinent that’s the hard part. They face many problems, such as issues at work, rebuilding relationships and addressing financial difficulties. And they must handle all of this without the addiction that they’ve used to rely on to cope or escape. It is very easy to slip back into old habits when under stress.

Recovery from a mental health problem is similar. There is often a trial and error process to select the most effective medication and counselling approach, thus a person’s return to health can be a slow process.

Those who are most successful usually use a variety of resources to help them make the initial change. They also build a strong support network of family, friends, work colleagues and professionals to whom they turn when the going gets rough. This support network also helps the recovering person to recognize their success.

Recovery and preventing relapse

Recovery is an ongoing process of maintaining change. To be successful in recovery and prevent relapse, people with an addiction will likely need to

- develop new ways of dealing with their feelings
- learn how to deal with cravings for alcohol or other drugs
- have a well-developed plan for dealing with triggers and high-risk situations
- learn how to express their feelings appropriately
- have a support system
- find new ways of having fun without alcohol, other drugs or gambling
- examine areas of their lives that were damaged by their addictive behaviour or mental illness (e.g., rebuilding relationships, focusing on physical health and repaying debts)
- know the workplace consequences of a relapse
- deal with the perceptions, attitudes and expectations of others

For more information

Alberta Health Services, Addiction and Mental Health offices offer a range of prevention and treatment services to assist businesses in managing workplace addiction and mental health concerns. For more information, and to find an addiction and mental health services office near you, please call the 24-hour Addiction Helpline at 1-866-332-2322 or the 24-hour Mental Health Helpline at 1-877-303-2642. For more workplace-specific resources, please visit: http://www.albertahealthservices.ca/2672.asp
Recovery

Can people recover?
Each person has a different idea about what “recovery” means. Many people measure recovery by their success in meeting their treatment goals.

However, recovery is a process. It depends as much on attitude as on following a treatment plan. The process of recovery can include:

- developing self-confidence
- having hope and optimism about the future
- setting achievable goals
- making changes to housing, lifestyle or employment situations

Recovery takes time and may require ongoing counselling or attendance at self-help or support group meetings. Some flexibility with scheduled work hours may be necessary for a period of time after the employee returns to work.

Issues in recovery
Treatment can be considered a kick-start to recovery. But recovery is an ongoing process. Some of the challenges people in recovery face are listed below.

Dealing with cravings for alcohol or other drugs
- People in early recovery may experience intense cravings and urges to return to using. Cravings can occur at work; if alcohol or other drugs are available on site, it can be a high-risk situation for relapse.

Dealing with feelings
- When people first get treatment, whether it be for alcohol, other drugs or mental illness, they may feel like they’re riding an emotional roller coaster. One minute they feel ready to take on the world. The next, they are exhausted and overwhelmed by everything going on in their lives. The roller coaster can be scary. These extreme feelings do subside over time, but may arise when a person least expects them.

- When returning to work after treatment, workers may also have to deal with their co-workers’ feelings towards them. There could be resentment or anger for their past behaviour. The recovering person may feel shame or embarrassment. These feelings can be very uncomfortable to deal with.

Creating a balanced life
- Once in recovery, people must rebuild relationships with family and friends, find ways to have fun, address any employment, financial or legal problems and deal with anything else that needs attending to. They must learn to handle problems as they arise, so that they don’t pile up and become unmanageable.

- One of the ways people try to cope in early recovery is to overwork themselves. Overwork can lead to more stress and to relapse. A supervisor can monitor this and help the employee set appropriate work hours.

Dealing with health issues
- A person’s physical health may have been damaged by their involvement with substances, especially if the addiction has been part of their life for a long time. A recovering person’s health issues can create difficulties at work, including more time off or a temporary reassignment.
Dealing with perceptions, attitudes and behaviour of others

- People in early recovery are often worried about how they will be treated by others. Some may expect a person in early recovery to behave very differently, even though they are still the same person. Others may expect them to remain the same and not make any changes in their life. The recovering employee must also decide what and how much to tell co-workers about their addiction or mental health recovery, which is difficult.

- The initial weeks and months of recovery can be very stressful for both the individual and the people around them. It takes time to rebuild relationships. Supervisors may need time before feeling that they can trust the person to do their job in a safe and satisfactory way.

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Understanding relapse

What is relapse?
A person in recovery is not “cured.” In their most severe forms, mental health and substance use problems are both lifelong.

This means that, even after a person has received treatment, their problems may come back. When this happens, it is called a relapse.

Relapse is part of the recovery process
People who have a supportive family and job to go back to after treatment are less likely to relapse. However, it is a still a concern for an employee in early recovery. Many businesses have policies in place that spell out the consequences if an employee relapses. It is important that the employee returning to work clearly understands these consequences. This is one of the many realities the person must deal with while in recovery. But it can also provide increased motivation to stay clean and sober.

When a person has a relapse, they may become discouraged and give up on their treatment plan. However, relapsing is common. It is not a reason to stop treatment. It is more helpful to see it as another step in the recovery process.

Relapse can be used as a chance to
- learn about the things that might lead to another relapse
- review the treatment plan (and make any necessary changes)
- renew a plan of action to continue recovering

Why do people relapse?
It’s no wonder people often feel overwhelmed in early recovery: they have to deal with many issues that were put on hold by their addiction or mental health problem. If they depended on substances to help them cope, it can be even more difficult now. If someone feels overwhelmed, they may be at risk of relapse.

For those with an addiction problem, most relapses occur within the first 90 days of a person’s recovery. People are most vulnerable during this time. They are trying to rebuild their lives without relying on substances or gambling to cope. The longer they stay clean and sober, and the more successes they have, the better they are able to handle things without resorting to their old habits. Some people are able to maintain sobriety without ever experiencing a relapse. Others will relapse several times before they are able to make all the changes required to stay away from substances or gambling.
The reasons why a person may relapse include:

• not being able to work out their stresses and problems on their own
• using a substance to cope with a mental disorder (e.g., anxiety or depression)
• stopping work on their recovery plan or letting it slide
• feeling they have the problem under control and wanting to test their ability to use or gamble again
• experiencing social pressures at work or at home, especially when having fun and trying to fit in with others

When people relapse, they are often overwhelmed with feelings of guilt and failure. These feelings can drive the person to slip back into old patterns. It is important that a relapse be used as a learning opportunity so that it does not happen again.

How to use this information in your workplace

• Invite an addictions counsellor to attend a staff meeting to talk about the different kinds of treatment services available in your community.
• Invite a mental health therapist to speak to staff about the process of treatment and recovery, and treatment services available in your community.
• Your local Canadian Mental Health Association (CMHA) may be able to provide someone who can speak to staff about living with their own mental illness.
• Invite a speaker to discuss what is involved in creating, supporting and maintaining a psychologically safe workplace.
• Invite a speaker from a mutual aid organization, such as Alcoholics Anonymous, to talk to your employees about their recovery and about the support the program has to offer.
• All employees should be aware of the services available to them. When employees return to work after any absence, leaders should provide information on all available services (e.g., employee assistance programs or employee and family assistance programs).

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Accommodation

What are the accommodation rights and responsibilities of employers, employees and unions?

A return-to-work process is successful when all parties (the employer, employee, and, if applicable, the union) work collaboratively and co-operatively. It is also important that the manager, employee and union understand one another’s role in this process.

Accommodation rights and responsibilities of employers, employees and unions²,³

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<th>Employer</th>
<th>Employee</th>
<th>Union (if applicable)</th>
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<td>Create an environment in which employees feel comfortable receiving information about the company's accommodation policy.</td>
<td>Request accommodation, preferably in writing, and provide information on the type of accommodation needed and how long the accommodation is required.</td>
<td>Be an active participant in the accommodation process.</td>
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<td>Highlight procedures that guarantee confidentiality of requests.</td>
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<td>Once an employee’s request is received, the duty to accommodate is on the employer or service provider.</td>
<td>Listen to and consider accommodation options provided by the employer. An employee must accept a reasonable accommodation, even if it is not the one that was originally requested.</td>
<td>Share responsibility with the employer in the development and implementation process.</td>
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<td>Maintain records of employee requests for accommodation and steps taken in working with the employee and experts to explore and understand all accommodations.</td>
<td>When requesting an accommodation, the employee does not have to provide specific information on the nature of the illness or specific diagnosis (e.g., an addiction or mental health issue). However, they do need to provide enough information for the employer to understand the accommodations required.</td>
<td>Unless it would create undue hardship, support requests for accommodations, even when such requests are not consistent with the collective agreement.</td>
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<td>An employer can request information pertaining to an employee’s • prognosis for recovery • fitness to return to work • fitness to perform components of their pre-leave job • restrictions or limitations, and duration thereof, following a return to work</td>
<td>The employee is also responsible for notifying the employer of any changes that affect the request for accommodation.</td>
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<td>Respect employee confidentiality and respond to requests in a timely manner. Respond to all requests, even if they are not made formally.</td>
<td>Provide supporting documentation to assist the employer in developing an accommodation.</td>
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<td>Obtain only the information from an employee that is needed to develop an accommodation plan.</td>
<td>Work with the employer to determine an appropriate accommodation. A union and/or other expert may also be involved.</td>
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<td>Take the necessary steps to accommodate the employee, without causing undue hardship for the organization. If full accommodation is not possible due to undue hardship, work with the employee to find options that could partially meet their needs.</td>
<td>If unsure of how reasonable proposed accommodations are, consult with an expert (e.g., human resources or union representatives, or lawyers).</td>
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Accommodation rights and responsibilities of employers, employees and unions continued

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<td>Train managers, and ensure they understand their obligation to prevent an employee from being harassed due to accommodation. Ensure the employee knows that no form of harassment will be tolerated by the organization.</td>
<td>Once accommodation has been provided, be sure to meet all standards and job requirements.</td>
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<td>Make a formal written agreement with the employee outlining the accommodation and, if applicable, its timelines. Follow up with the employee to ensure the accommodation is meeting their needs.</td>
<td>Work with the employer to ensure success of the accommodation.</td>
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<td>Ensure performance management processes are in place to identify and assist employees prior to performance issues arising.</td>
<td>Be willing to review and potentially modify the accommodation agreement, if needed.</td>
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<td>Pay for costs associated with accommodation (e.g., any required medical certificates).</td>
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What is the duty to accommodate?

According to Mental Health Works, accommodation demonstrates an employer’s commitment to a healthier, more equitable workplace. More importantly, the Supreme Court of Canada ruled that it is an employer’s legal duty to take reasonable steps to accommodate an employee’s needs, up to the point of undue hardship. These reasonable steps may include policies or conditions of work. Undue hardship on the employer must be “substantial in nature” (e.g., compromising safety).

“Accommodation means making changes to certain rules, standards, policies, workplace cultures and physical environments to ensure that they don’t have a negative effect on a person because of the person’s mental or physical disability, religion, gender or any other protected ground.”

Accommodations may not be needed in every situation. Some people with mental health issues, for example, may not have any functional limitations and will not require an accommodation at work. However, there may also be a range of long- and short-term accommodations needed, depending on the needs of each individual request. For example, someone returning to work may only require a short-term accommodation, such as setting a flexible schedule or working reduced hours.

Are there limits on the duty to accommodate?

Yes. According to Mental Health Works, “in Canada, the limits are described as either ‘reasonable’ accommodation or accommodation to the point of ‘undue hardship.’”

Accommodations may create some level of hardship for an employer. However, accommodations are required unless they create undue hardship, implying that such would create an onerous circumstance for an employer (e.g., financial costs, resources, disruption of operations, and health or safety concerns).

For more accommodation suggestions, see resources such as the Alberta Human Rights Commission: Duty to Accommodate document: [http://www.albertahumanrights.ab.ca/Bull_DutytoAccom_web.pdf](http://www.albertahumanrights.ab.ca/Bull_DutytoAccom_web.pdf)

What information can an employer request for an accommodation request?

It is an employee’s responsibility to provide information so that their employer can understand and assess an accommodation request. In this disclosure process, an employer must respect an employee’s right to privacy. While employers may not, for instance, request information about an employee’s diagnosis, the Alberta Human Rights Commission states that employers may request other information that supports an employee’s return to work and necessary accommodation requests.

This includes information on an employee’s

- prognosis for recovery
- fitness to return to work
- fitness to perform components of their pre-leave job
- restrictions or limitations, and duration thereof, following a return to work

The Alberta Human Rights Commission advises that when a health professional or physician who is working with the employee provides information to an employer about the employee’s fitness for work, it is helpful for that professional or physician to review the employee’s job description in order to understand the range of tasks the employee is required to perform.
How are accommodations determined?

Accommodations are determined on a case-by-case basis, depending on the needs of an individual employee and their situation. It is important to remember that accommodations are determined jointly by the employer, employee and, in some cases, the union. While there is no list of required accommodations, there are guiding principles and documents that can be used to assist an employer and employee in determining accommodation. The Alberta Human Rights Commission and the Treasury Board of Canada Secretariat have a number of useful guiding documents to assist you in determining accommodation. Please see their respective websites:

- http://www.albertahumanrights.ab.ca/

What kinds of accommodations can be made?

Since accommodations are based on the needs of both the employee and employer, it is important that both people work together to find an accommodation that works for them. There are a range of accommodations that can be provided to employees. One example provided by Mental Health Works pertains to employers setting up opportunities to mitigate discrimination and workplace prejudice that may occur toward people with mental health issues in the workplace. This accommodation includes workplace education, issuing statements about a workplace harassment policy and ensuring employees are aware that they can report instances of harassment in the workplace. Another type of accommodation may include an alternative position or an accommodation so they can continue their original job.

Some common accommodations include
- flexibility in start or end time of working hours
- part-time shifts to return a worker to a full-time position
- more frequent breaks
- allowing an employee to work from home
- altering some of the person’s job duties
- offering rehabilitation programs

How to determine if an employer has met the duty to accommodate

Employers need to maintain records of employee accommodation requests and the steps employers have taken with the employee (and, if applicable, the union/professional body) to explore and understand accommodation options. These records can be referred to if there are any concerns about whether the duty to accommodate has been met. Mental Health Works outlines some of the criteria courts may look at to determine if the duty to accommodate has been met.

References


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