

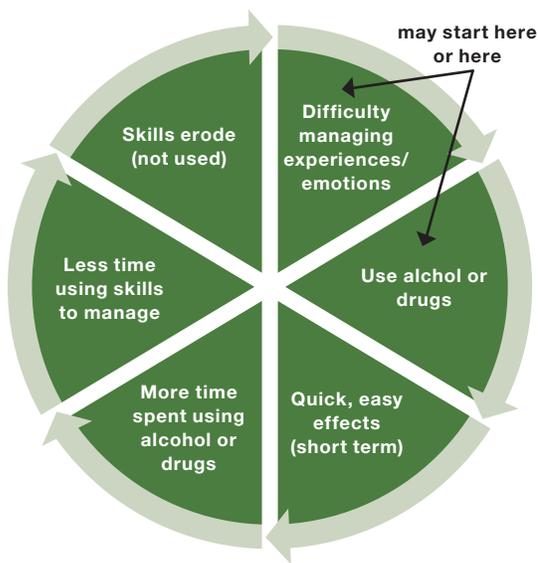
IT'S OUR BUSINESS

Addressing addiction and mental health in the workplace

Information for Leaders

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.



For more information

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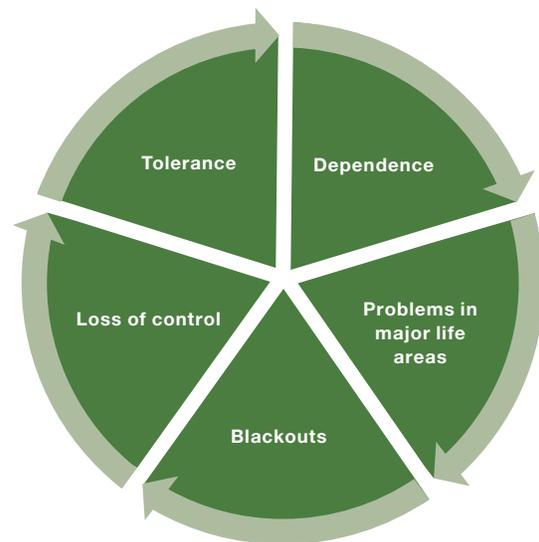
Alcohol and other drugs: It's a problem when...

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

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.

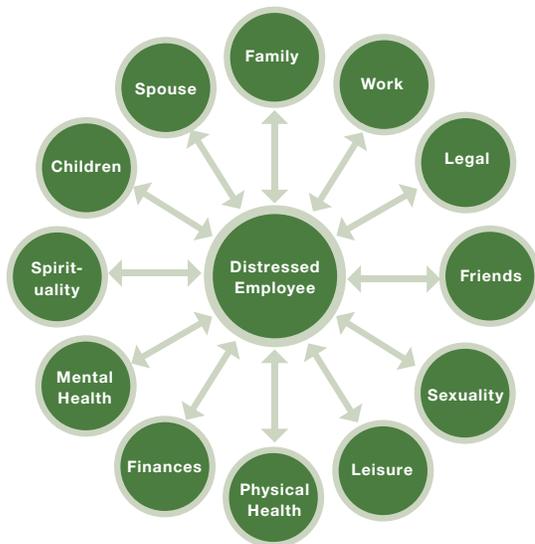
Problems in major life areas

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:



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](tel: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](tel:1-877-303-2642).

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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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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**

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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.

For more information

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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

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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."

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.

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.² 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 <http://www.workplacestrategiesformentalhealth.com/display.asp?l1=181&l2=220&l3=191&d=191>

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 workplace³

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.⁴ 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

References

1. Shain, M. (2010). *Tracking the perfect legal storm: Converging systems create mounting pressure to create the psychologically safe workplace*. Calgary, AB: Mental Health Commission of Canada.
2. Great-West Life Workplace Strategies for Mental Health. (2013). *Twenty questions for leaders about workplace psychological health and safety*. Winnipeg, MB: Great-West Life Workplace Strategies for Mental Health. Retrieved from <http://www.workplacestrategiesformentalhealth.com/display.asp?l1=180&l2=191&d=191>.
3. Alberta Health Services. (2011). *How to create a psychologically healthy workplace: Information for employers*. Edmonton, AB: Alberta Health Services.
4. Centre for Applied Research in Mental Health and Addiction. (2012). *The 13 psychosocial factors in GM@W*. Hamilton, ON: Centre for Applied Research in Mental Health and Addiction. Retrieved from http://www.guardingmindsatwork.ca/info/risk_factors.

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>