



EMPLOYER TOOLKIT

Chittenden County Opioid Alliance

Engaging local employers in the hiring of people in recovery from substance use disorders, by providing the tools necessary to get started and to continue current practices

<https://www.ccoavt.org/employer-toolkit>

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SECTION 1: PURPOSE OF THE TOOLKIT

As of March 2019, Vermont's economy has an unemployment rate of 2.3%. (<http://www.vtlmi.info/> accessed 5/13/19) While this is good news on many levels, for employers it is imperative to engage all sectors of the workforce in order to find workers to fill jobs and grow their businesses. This presents an excellent opportunity to hire those who are in recovery from or with substance use disorders who need a second chance. It is estimated that 60% of adults with substance use disorders are employed full-time. (National Survey on Drug Use & Health) This toolkit is an answer to employers who have expressed a desire to learn about how to support and engage them.

Several employers in Chittenden County are already taking a "second chance mindset" and it is creating a win-win for both their companies and their employees. It is our hope that others will see the many benefits of hiring people with substance use disorders and/or who are in recovery and join the ranks of employing people who are available to get in the game. We think those who do will find loyal and dedicated employees who will make a difference in the workforce.

This Toolkit provides employers with the knowledge and resources to sustain a workforce of individuals with substance use disorders and in recovery. It is our hope that it will support employers to hire, on-board, and retain people who have been an important part of the workforce, but who have often navigated their careers and substance use with shame and fear of losing their livelihood. This is an important step for employers to take in creating a culture of wellness for their employees. We invite you to join the growing number of Vermont employers who actively recruit, value, and benefit from grateful and loyal employees.

SECTION 2: WHY HIRE PEOPLE WITH SUBSTANCE USE DISORDERS?

BENEFITS OF HIRING PEOPLE WITH SUBSTANCE USE DISORDERS

A focus group with employers and business advocates was held in Chittenden County in 2018 and identified several benefits of hiring people with substance use disorders.

1. Employees have a positive work ethic and loyalty to their employers
 - Research suggests that people in recovery are often highly motivated to work because employment provides purpose and identity. They are loyal and committed to the employer willing to give them a chance and help them achieve financial, social, and personal stability. Most people in recovery "...tend to take fewer sick days and if they have worked the 12-steps or a similar program they have "embraced principles like honesty, humility, and integrity", which serve them well both personally and professionally. Those who have completed a treatment program also have learned the importance of self-care, which often translates into increased productivity and focus at work" (Sack, 2012).
2. Employers can save on the costs of employee turnover

- There is a financial incentive for employers. “Conservative estimates of the cost of employee turnover are 25% to 30% of an employee’s salary. There are benefits realized in reduced training and administrative costs” (SAMHSA).
https://www.naadac.org/assets/2416/substanceuse_misusetoolkit9.pdf
- There is an opportunity to address Vermont’s need for employees and the low unemployment rates:
 - With Vermont’s unemployment rate at an unprecedented near all-time low, individuals in recovery are an untapped potential resource. Aside from realizing a gain for the business, it is the right thing to do.
 - Substance use is common, and the costs of substance use are high for employers. Of the 20 million adults classified as having problems with substance use disorders in 2007, approximately 12 million (60%) were employed full time. (*Employer’s Guide to Workplace Substance Abuse-National Business Group on Health*)

FEEDBACK FROM CHITTENDEN COUNTY BUSINESSES

In 2017, the CCOA conducted interviews with Chittenden County businesses identified for their progressive approaches to hiring individuals in recovery. We interviewed local businesses to understand their perspectives on hiring philosophy, advantages, managing risks, hiring considerations, and supports afforded their employees. The following summary documents our findings.

1. WHY HIRE PEOPLE IN RECOVERY?

For most, it is deeply personal. Many have faced addiction or witnessed its impact on family and friends. Employers in recovery believe it is an opportunity to be of service which is an integral part of 12-step work. By providing a second chance, they give back in a fashion that resembles the opportunities they received in their early days of sobriety. Each believed quite strongly that no one should be denied employment because of a mistake or a disease, especially if it no longer defines who they are now. Many business owners believe that work is a second home, second chances must be given, and employees must be treated like family.

2. WHAT ARE THE ADVANTAGES?

Across the board, those interviewed proudly stated that employees in recovery are extremely driven, they work harder and go the extra mile. They are grateful, loyal, and are often some of the best employees regarding the positive nature of their approach to life and work. They point to gratitude and appreciation from their employees who strive to perform at a high standard, not just for themselves, but for the employer they serve.

When you ask employers who have recruited people in recovery, most report positive experiences. They “can prove to be extremely loyal and dependable employees, because they are very grateful to have been given the chance to turn their lives around. People in recovery can demonstrate the characteristics employers look for: commitment, loyalty, ambition and talent” (Anders, 2012).

3. WHAT ARE THE DISADVANTAGES?

There can be call outs and no shows, but business owners and managers quickly pointed out that this can be problematic, regardless of whether an individual is in recovery or not. Punctuality can be an issue if an employee does not have a driver's license and if public transportation is delayed.

For employees in early recovery, personal issues can manifest at work, and they can be sensitive to instruction and correction. Some employees have obligations such as counseling, drug testing, or medication assisted treatment appointments which can prove challenging to honor.

Furthermore, accommodating recovery and 12-step work for meetings or work with sponsors requires careful planning creating work schedules.

4. WHAT HIRING CONSIDERATIONS AND SUPPORTS ARE AFFORDED?

Every employer stressed that it is important for employees to have been sober for a time, be engaged in a 12-step program, or have a significant support system in place. For those with experience working with this population, they stressed the importance of being upfront regarding expectations, performance and accountability. To ensure their employees are supported, they have regular check-ins and consistent communication about their work and personal life. Creating an open dialogue with employees about their needs is an important consideration.

- Establishing a personal relationship is paramount because it engenders open communication with employees who are transparent about moments of distress and potential negative situations can be averted. When done from a standpoint of kindness and concern, employees respond accordingly, doubling down on the quality of their work. They feel valued and cared for, which results in a dedicated and grateful employee.
- Being flexible with scheduling to accommodate 12-step and recovery programs is also a priority. It is a given for employers to support an employee who is striving to lead a healthy lifestyle. For employees who are serious about maintaining a solid program of recovery, 12-step work is critical and widely supported, even if it means being late or leaving early on occasion.
- Employers stressed the value of sharing their own recovery journey, if applicable. It offers a deep and personal connection, one which only those in recovery can truly understand. It provides a sense of solidarity where employees feel understood and more importantly, that they are not alone. Connecting them with other employees in recovery offers a mentoring scenario that is highly effective. The mentor honors their own journey in recovery while providing guidance for the employee done from concern and personal experience.
- Finally, expect that mistakes will happen with new hires. Employers stated that workers in recovery often make fewer mistakes or learn quicker if one was made. Regardless, owners stressed the importance that correcting with kindness offers an opportunity for the employee to improve the quality of their work when done in an atmosphere of understanding and support.

SECTION 3: WHY SHOULD EMPLOYERS CARE ABOUT SUBSTANCE USE DISORDERS?

Substance use in the workplace costs employers billions of dollars each year in the United States due to health care costs, workplace injuries, reduction in productivity and missed work. There are several reasons for employers care about substance use disorders.

According to the National Safety Council:

- Employers who provide access to treatment produce cost savings exceeding costs by a 12 to 1 ratio
- Absenteeism decreases by 36%
- Work turnover decreases by 13%
- Workers in recovery are the least likely to leave employers – 21%

LOSS OF TIME ON THE JOB

The typical worker misses about [two work weeks](#) (10.5 days) annually for illness, injury or reasons other than vacation and holidays. Workers with substance use disorders, however, miss nearly 50% more days than their peers, averaging [nearly three weeks](#) at (14.8 days) a year. Workers with pain medication use disorders miss nearly three times as much – [nearly six weeks](#) (29 days).

Workers in recovery who report receiving substance use treatment in the past and have not had a substance use disorder within the last 12 months miss the fewest days of any group – even the general workforce – at [9.5 days](#). (<https://www.nsc.org/work-safety/safety-topics/drugs-at-work/costs-for-employers>)

HIGH HEALTHCARE COSTS

We also know that healthcare costs are high for people with untreated substance use disorders. According to a survey done by the National Safety Council:

- Healthcare costs for employees who misuse or abuse prescription drugs are three times higher than an average employee.
- Getting an employee into treatment can save an employer up to \$2,607 per worker annually.

HIGH COSTS TO FIND REPLACEMENT WORKERS

Studies place the average cost to employers of recruiting and training replacement workers at [21%](#) of a worker's annual salary. (<https://www.nsc.org/work-safety/safety-topics/drugs-at-work/costs-for-employers>)

The National Safety Council (NSC) has a Substance Use Cost Calculator for Employers (<https://www.nsc.org/forms/substance-use-employer-calculator>) that can be used to calculate the cost to employers based on the industry, location, and size of employee base. The [Substance Use Cost Calculator](#) is a quick and easy way to track the potential cost of substance use disorders.

Drug use, abuse or addiction among employees and their family members can cause expensive problems for businesses, ranging from lost productivity, absenteeism, injuries, fatalities, theft and low employee morale, to an increase in health care, legal liabilities and workers' compensation costs.

In addition, according to National Council on Alcoholism and Drug Dependence (NCADD), drug misuse can cause problems at work including:

- After-effects of substance use (withdrawal) affecting job performance.
- Preoccupation with obtaining and using substances while at work, interfering with attention and concentration.
- Illegal activities at work including selling illegal drugs to other employees.
- Psychological or stress-related effects due to drug use by a family member, friend or co-worker that affects another person's job performance.

SECTION 4: HOW CAN EMPLOYERS SUPPORT EMPLOYEES WITH SUBSTANCE USE DISORDERS (SUD's)?

1. WHAT CAN EMPLOYERS DO? FACTORS & SUGGESTED PRACTICES TO SUPPORT EMPLOYEES WITH SUD's

Practical solutions are needed for employers to take to support new and existing employees who have substance use disorders. Below is a list of steps employers can take, including low and no-cost ideas to assist employees in ways that will create a better work experience for them, allowing the company to benefit from employees who are supported in the variety of ways that are needed to ensure their success.

1. FLEXIBLE SCHEDULING AROUND TREATMENT AND APPOINTMENTS:

- The Factors:

"Working at Twincraft Skincare was a vital part of my recovery. They provided me with flexibility in my schedule and it was a positive and fulfilling experience that I'll never forget." - Anonymous

- Individuals committed to a life of recovery take the initiative to improve self-care. Like treatment for any disease, recovery requires regular work which may cross-pollinate with hours of operation.

- Individuals in recovery may be engaged in counseling, Medically Assisted Treatment, or service work through a 12-step program among others. By supporting and encouraging their effort, employees respond in kind by doubling down on their work out of appreciation.

- Suggested Practices:

Offer a flexible schedule if possible for staff to attend treatment and counseling.

- Offer assistance with transportation (e.g. bus passes)
- Offer a 12-step program on site

2. SUPPORT FOR TRANSPORTATION TO WORK AND TREATMENT

- The Factors:
 - Employment is key to restoring a productive life in recovery, and lack of a vehicle, and/or restrictions on driving and licenses often create significant obstacles for people, especially in early recovery.
 - The success of treatment, employment, and recovery rely heavily on the availability of transportation. Travel to obtain Medication-Assisted Treatment (MAT), counseling, other support services is time consuming, and require the willingness of family members and friends, whose transportation situations may also be limited or unavailable.
- Suggested Practices:
 - Provide bus passes to treatment and appointments
 - Encourage car pooling
 - Mentoring to provide employees with someone to assist them with transportation issues
 - Promote participation in Driver Reinstatement Days when available

3. ADDRESS CHILD CARE NEEDS

- Factors
 - High costs of child care
 - Lack of available child care. The vacancy rate for child care across all programs (ages 0-12) in Chittenden County is 1%. (<https://www.childcareresource.org/for-everyone/chittenden-county-child-care-statistics/>)
- Suggested Practices
 - Child Care Resource (www.childcareresource.org), Vermont 2-1-1 (www.vermont211.org) and your EAP are available to help employees and their family members locate appropriate daycare.
 - Child Care Resource will also help employees understand and apply for the Child Financial Assistance Program. Employers can contract with CCR to provide enhanced services to their employees.
 - Train supervisors on available resources and how to support employees in need of child care.

4. REDUCE STIGMA AND IMPROVE WORKPLACE CULTURE

One of the single greatest impacts an organization can have is to promote a culture that recognizes the negative impacts of stigma and embraces people with substance use disorders with the support for themselves and their families.

- Factors
 - Perceived control and perceived fault:

There are two main factors that affect the burden of stigma placed on a particular disease or disorder: perceived control that a person has over the condition and perceived fault in acquiring the condition. When we believe a person has acquired their illness through no fault of their own, and/or that they have little control over it, we typically attach no stigma to

either the person or the illness. Consider cancer, for example. By contrast, many people mistakenly believe mental health conditions, including substance use disorders, are both within a person's control and partially their fault. The behavior is perceived as a choice rather than a symptom of the disease. For these reasons, they frequently attach more stigmas to them. The potential for stigma is greater still when someone is using an illegal substance, which carries the additional perception of criminality.

(<https://www.samhsa.gov/capt/sites/default/files/resources/sud-stigma-tool.pdf> accessed 3.5.19)

https://www.samhsa.gov/sites/default/files/programs_campaigns/02_webcast_1_resources-508.pdf (Training Resource Guide-Stigma)

- Fear of being judged and/or discriminated against:

For people with substance use disorders, stigma disproportionately influences health outcomes and mental well-being. Fear of being judged and/or discriminated against can prevent people with substance use disorders, or who are at risk of substance use disorders, from getting the help they need. It can also prevent caregivers and others in a position to help from providing needed services, including medical care. In addition to getting help, fear of rejection or non-inclusion of the employee can be a pressure of the workplace that companies can attend to as part of the culture, ensuring that new hires feel included and supported. (<https://www.samhsa.gov/capt/sites/default/files/resources/sud-stigma-tool.pdf> accessed 3.5.19)

- Suggested Practices:
 - Train staff on stigma-what it is, what can be done in the workplace to address it, and the importance of language.
 - Ensure buy-in from senior management, and work to ensure all staff are on board with creating a stigma-free workplace.
 - Embrace people for who they are today. Some companies forego background checks and drug screenings and focus on who the person is more so than what happened in their past.
 - Focus on the fit of a person with their skills and the organization; be concerned less with the gaps in their past employment history. One way to address this is with the use of "functional resumes" which highlight skills learned over the course of a life-time rather than a traditional chronological presentation of work experience and education.
 - Employers should look to evaluate candidates on new criteria, such as the courage and dedication to overcome substantial obstacles. These traits will make a good and loyal employees.

5. OFFER HEALTH BENEFITS THAT PROVIDE COMPREHENSIVE COVERAGE FOR SUBSTANCE USE DISORDERS, INCLUDING AFTERCARE AND COUNSELING.

6. IMPLEMENT DRUG-FREE WORKPLACE ([HTTPS://WWW.SAMHSA.GOV/WORKPLACE/TOOLKIT](https://www.samhsa.gov/workplace/toolkit)) AND OTHER WRITTEN SUBSTANCE USE POLICIES THAT ADDRESS PREVENTION, HEALTH PROMOTION, INTERVENTION, TREATMENT AND REINTEGRATION OF EMPLOYEES.

7. USE PEER COACHES OR MENTORS (WWW.PEAR-VT.ORG) TO ASSIST WITH RECOVERY AND ASSIMILATING INTO A NEW JOB AND COMPANY.

8. TRAIN STAFF ON THE SCIENCE OF ADDICTION AND THE BRAIN

- Suggested Practices:
 - Train staff and managers on stigma and its impacts in order to dispel the myths that exist about people with SUD in your organization (Words Matter: How Language Choice Can Reduce Stigma <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5854406/>)
 - Educate employees about the health impacts and productivity hazards of substance use through company wellness programs, and Employee Assistance Programs (EAPs)

2. WHAT WORKS?

Addictions expert Dr. Robert Sack offers a perspective that individuals in recovery make excellent employees. He and others propose that individuals once overwhelmed by drugs or alcohol can reinvent themselves and become a business's most valuable commodity. "There is a growing number of corporate leaders who have discovered that providing people in recovery with a second chance at success, "is more than charitable outreach to a disadvantaged group, it is good business" (Sack, 2014).

Working in Early Recovery-Brian Hofmann:

"In my experience, having supportive employers in early recovery is essential. When I decided that it was time to make a change, my employer at the time was very supportive and didn't hire another person to fill my position while I was in residential treatment. I indeed made it up to her by being a better employee after treatment."

"A year later while still in early recovery I ended up switching jobs to another restaurant. By this time I was attending recovery meetings (AA) regularly, and had a home group. I even had a position in the home group where I had to attend monthly business-type meetings. This new employer would allow my schedule to change once a month to allow me to attend that meeting. I cannot express how important it was to me to have that kind of employer support in early (or even later) recovery. Many employees will feel obligated to perform better and just be a better person in general if they feel supported by their employer."

The following is a list of options available to employers that work to support employees to be their best.

1. EMPLOYEE ASSISTANCE PROGRAMS (EAP)

- An Employee Assistance Program (EAP) is a work-based intervention program designed to assist employees in resolving personal problems that may be adversely affecting the employee's performance. Many individuals and families face a host of difficulties closely associated with drug use, and they bring these problems into the workplace, directly or indirectly. By supporting EAP and treatment, employers dramatically can assist in reducing

- the negative impact of drug use on the workplace. (National Council on Alcoholism and Drug Dependence-NCADD).
- EAPs traditionally have assisted workers with issues like alcohol or substance use; however, most now cover a broad range of issues such as child or elder care, relationship challenges, financial or legal problems, wellness matters and traumatic events like workplace violence. Programs are delivered at no cost to employees by stand-alone EAP vendors or providers who are part of comprehensive health insurance plans. Services are often delivered via phone, video-based counseling, online chatting, and e-mail interactions or face-to-face. (www.SHRM.org)
 - An EAP may also include a wide array of other services, such as wellness workshops, organizational development, basic legal assistance and financial guidance. EAP services are usually made available not only to the employee, but also to the employee's spouse, children and non-marital partner living in the same household as the employee. Employers can help employees and their families through referrals to community resources and services
 - Not all EAPs are the same. Many insurance programs offer free or low cost EAPs that produce few real outcomes. Research demonstrates that spending only a small additional amount will result in an EAP that produces a significant return on investment in the form of increased productivity. Here's what to look for in an EAP:
 - In person orientations guaranteed to reach more than 50% of employees.
 - In person supervisor trainings guaranteed to reach more than 50% of supervisors.
 - In-state **EAP staff**, not affiliate/contracted counselors, available to respond to critical events and consult with management.
 - All employees contacting EAP are offered in-person counseling with a local *licensed* counselor.
 - EAPs that offer medical benefits such as direct counseling and treatment rather than just referrals for counseling and treatment are regulated under ERISA and subject to COBRA.

2. PEER RECOVERY COACHING

- A Recovery Coach creates a partnership with people in recovery from substance use disorders. A coach helps people to: create a vision for their recovery; identify and remove barriers to recovery; navigate through the human services system; access community resources; connect with recovery services, including treatment facilities, recovery centers, and mutual support groups. A coach works with people who have active addictions, people who are already in recovery, or with people who are concerned about someone else's substance use. People who participate in the recovery coaching process must have a commitment to recovery. All conversations are confidential. For more information on recovery coaching: <https://www.vtrecoverynetwork.org/peer-recovery-support-services/recovery-coaching/>
- Learn more about how to connect with a recovery coach: <https://turningpointcentervt.org/programs/recovery-coaching/> or to become a recovery coach: <https://www.vtrecoverynetwork.org/peer-recovery-support-services/recovery-coaching/become-a-coach/>

3. OTHER EMPLOYMENT RELATED LOCAL SUPPORTS

- Programs such as the United Way Working Bridges Program (<https://unitedwaynwvt.org/workingbridges>) and Working Fields (<https://www.workingfieldsllc.com/>) to support employers in the hiring and retention of employees.
- Guidelines for interviewing potential employees: Interviewing individuals in recovery, or anyone for that matter, requires skill and knowledge of Federal and Vermont statutes.
- Stigma of substance use and lack of understanding about recovery is a major disincentive for individuals to self-disclose in an interview and to apply for positions in which they are qualified. There is a real and justified fear of how they will be perceived and judged. As part of the interview process with all potential employees, share your vision and policies designed to foster teamwork and acceptance, and specifically, why and how you support individuals in recovery.

4. LEARN HOW TO IDENTIFY WORKPLACE SUBSTANCE USE ISSUES:

According to NCADD, the following job performance and workplace behaviors may be signs that indicate possible workplace drug problems:

- Decrease or changes in job performance.
- Inconsistent work quality.
- Poor concentration and lack of focus.
- Lowered productivity or erratic work patterns.
- Increased absenteeism or on-the-job “presenteeism.”
- Unexplained disappearances from the job site.
- Carelessness, mistakes or errors in judgment.
- Needless risk taking.
- Disregard for safety for self and others which can translate to on-the-job and off-the-job accidents.
- Extended lunch periods and early departures.
- Workplace behavior.
- Frequent financial problems.
- Avoidance of friends and colleagues.
- Blaming others for own problems and shortcomings.

- Complaints about problems at home.
- Deterioration in personal appearance or personal hygiene.
- Complaints, excuses and time off for vaguely defined illnesses or family problems.

5. SHARE INFORMATION ABOUT ADDICTION AS A CHRONIC BRAIN DISEASE

It's vital for both employers and employees to have a firm understanding of what addiction is and what it isn't. The information below from Shatterproof is an important reminder. More can be found at <https://www.shatterproof.org/about-addiction/science-of-addiction>.

Addiction is a chronic brain disease.

The National Institute of Drug Abuse (NIDA) defines addiction as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.

(National Institute on Drug Abuse. [The Science of Drug Abuse and Addiction: The Basics.](#))

In the United States, 8–10% of people over the age of 12 are addicted to alcohol or other drugs. That's approximately 22 million people. (Grant B, Saha TD, Ruan WJ. "Epidemiology of *DSM-5* Drug Use Disorder Results from the National Epidemiologic Survey on Alcohol and Related Conditions– [The Journal of the American Medical Association](#), January 2016.)

Addiction is chronic

But it's also preventable and treatable. While addiction can't be cured, it can be managed with treatment. Other examples of chronic diseases include asthma, diabetes, and heart disease.

Addiction is a disease.

Respected institutions like the American Medical Association and the American Society of Addiction Medicine define addiction as a disease. (ASAM. [Definition of Addiction.](#)) Studies published in top-tier publications like *The New England Journal of Medicine* support the position that addiction is a brain disease. (Volkow ND, Koob GF, McLellan AT. "Neurobiologic Advances from the Brain Disease Model of Addiction." [The New England Journal of Medicine](#), 28 January 2016.)

A disease is a condition that changes the way an organ functions. Addiction does this to the brain, changing the brain on a physiological level. It literally alters the way the brain works, rewiring its fundamental structure. That's why scientists say addiction is a disease.

Although there is no cure for addiction, there are many evidence-based treatments that are effective at managing the illness. Like all chronic illnesses, addiction requires ongoing management that may include medication, therapy, and lifestyle change. Once in recovery from substance use disorder, a person can go on to live a healthy and successful life. Addiction is treatable, and recovery should be the expected outcome of treatment.

Addiction is not a moral failing.

Addiction is not a choice. It's not a moral failing, or a character flaw, or something that "bad people" do. Most scientists and experts agree that it's a disease that is caused by biology, environment, and other factors.

Someone with Substance Use Disorder is a husband, wife, father, mother, step-parent, son, daughter, cousin, grandparent, aunt, uncle and are part of a family that shares the ramifications of the disease, both emotionally and financially. By employing one person with substance use disorder, you are positively impacting many members in the community.

6. OFFER 12-STEP MEETINGS ON SITE OR PROVIDE IDENTIFIED MEETINGS WHICH EMPLOYEES ARE ENCOURAGED TO ATTEND

7. ASSIGN A MENTOR – A CURRENT EMPLOYEE IN LONG-TERM RECOVERY – AND THAT IS KEPT STRICTLY CONFIDENTIAL

8. ENSURE WORKPLACE SPONSORED EVENTS ARE SUBSTANCE FREE

9. PROVIDE TRAININGS AND EDUCATION FOR MANAGERS AND EMPLOYEES

- Provide training about stigma to create a culture shift and an understanding of addiction within your organization
- Educate staff on the brain science of Substance Use Disorder (SUD) and how to recognize signs of an employee struggling with substance use, Understanding Recovery, and Treatment Options
- Present evidence-based research on the value demonstrated by individuals in recovery

SECTION 5: USEFUL TOOLS

Below are some tools that can help you as an employer to support both your business, and your employees.

1. FEDERAL BONDING PROGRAM

The Federal Bonding Program protect the employer for employee dishonesty including: theft, forgery, larceny, and embezzlement. Employers receive the FBP bonds free-of-charge as an incentive to hire these applicants. Each FBP bond has a \$5,000 limit with \$0 deductible and covers the first six months of a selected individual's employment. (<http://bonds4jobs.com/about-us>)

- The US Department of Labor (USDOL) created the Federal Bonding Program (FBP) in 1966. The FBP has been successfully providing fidelity bonds to employers, giving them access to job seekers and opening doors of opportunity.
- Thousands of employers across the country have integrated the Federal Bonding Program into their hiring practices – industries that support our country's economy – hospitality, retail, construction, transportation, auto repair, manufacturing, healthcare, non-profits, banking,

tourism and more. This USDOL program is a great success, with over 52,000 job placements made for at-risk job seekers who were automatically made bondable. Last year, there were 774 bonds issued to 606 individuals in the program.

- The FBP, a unique hiring incentive tool, targets individuals whose backgrounds can pose significant barriers to securing or retaining employment, including:
 - Justice-involved citizens
 - Individuals in recovery from substance use disorders
 - Welfare recipients
 - Individuals with poor credit records
 - Economically disadvantaged youth and adults who lack work histories
 - Individuals dishonorably discharged from the military
- Advantages include:
 - No application for job seekers to complete
 - No papers for employers to submit or sign
 - No formal bond approval process
 - No Federal regulations covering bonds issued
 - No follow-up or required termination actions
 - No deductible paid if bond claim is filed by the employer
 - No age requirements (other than legal working age in State)
 - Bonds can be applied to:
 - Any job
 - Any State
 - Any employee dishonesty committed on or away from the work site
 - Any full- or part-time employee paid wages (with Federal taxes automatically deducted from pay), including individuals hired by temp agencies. *Self-employed people cannot be covered by Fidelity Bonds

2. EXPUNGEMENT AND SEALING OF RECORDS

Expungement and sealing of records is available in Vermont for specific charges and convictions. Taking this step for those who are eligible can have a positive impact on the ability to obtain both employment and housing. While the conditions for each differ, information can be accessed through the links below.

<https://vtlawhelp.org/expungement>

<https://www.vermontjudiciary.org/sites/default/files/documents/200-00130A%20Filing%20a%20Petition%20to%20Expunge%20or%20Seal%20a%20Criminal%20Record.pdf>

3. EMPLOYMENT DISCRIMINATION LAWS & SUBSTANCE USE DISORDER

There are two federal anti-discrimination laws that are relevant to people with substance use disorder:

Title I of the Americans with Disabilities Act (ADA)

Section 504, Rehabilitation Act of 1973

It is critical that employers know these laws. These laws protect applicants and employees who are qualified for the job, are individuals with disabilities, *and* are not currently engaging in illegal drug use. Those not protected include individuals who currently use illegal drugs, pose a direct threat to others, or do not have a current or past impairment. The ADA applies to all state and local governmental employers, and to private employers with 15 or more employees. The Rehabilitation Act applies to Federal employers and other public and private employers who receive Federal grants, contracts, or aid. For additional information, please see (link to VT Legal Aid document: Employment Discrimination & Substance Use Disorder)

4. BAN THE BOX

In 2017, Vermont passed a law (Act 81) requiring companies to remove the box on a job application inquiring about criminal history. You can still ask about criminal history during a job interview and conduct a background check. This law gives prospective employees the opportunity to explain their criminal history and circumstances surrounding their convictions. The law contains some exemptions for certain industries or jobs that are prohibited by law from hiring felons. (VBSR <https://vbsr.org/public-policy-post/ban-the-box/> accessed 4/30/19)

SECTION 6: VIDEO/TED TALK LINKS

1. WHY THE WORKFORCE NEEDS RECOVERING ADDICTS —

<https://www.youtube.com/watch?v=GX1kwT7bspI>

Tori Utley, Executive Director, More Than an Addict

An enlightening talk that sheds light on why people in recovery from addiction really do make the best employees.

2. THE POWER OF VULNERABILITY

<https://www.thediscoveryhouse.com/03/17/2016/5-ted-talks-recovering-drug-abuse/>

Dr. Brené Brown

When you've watched loved one's struggle, that feeling of helplessness never really goes away. Dr. Brené Brown went on a quest to better understand something that, as humans, we are all familiar with; shame. She talks about the link between shame, vulnerability, and the fear of disconnection, which she believes to be directly linked to some of the reasons that someone might start to develop a substance use disorder.

3. ADDICTION IS A DISEASE. WE SHOULD TREAT IT LIKE ONE.

https://www.ted.com/talks/michael_botticelli_addiction_is_a_disease_we_should_treat_it_like_one?language=en

Michael Botticelli, Former Director, National Drug Control Strategy

Only one in nine people in the United States gets the care and treatment they need for addiction and substance abuse. A former Director of National Drug Control Policy, Michael Botticelli is working to end this epidemic and treat people with addictions with kindness, compassion and fairness. In a personal, thoughtful talk, he encourages the millions of Americans in recovery today to make their voices heard and confront the stigma associated with substance use disorders.

4. A PROSECUTOR'S VISION FOR A BETTER CRIMINAL JUSTICE SYSTEM

<https://www.youtube.com/watch?v=H1fvr9rGgSg>

Kenneth Foss, Suffolk County District Attorney's Office

When a kid commits a crime, the US justice system has a choice: prosecute to the full extent of the law or take a step back and ask if saddling young people with criminal records is the right thing to do every time. In this searching talk, Adam Foss, a prosecutor with the Suffolk County District Attorney's Office in Boston, makes his case for a reformed justice system that replaces wrath with opportunity, changing people's lives for the better instead of ruining them.

5. FINDING SOBRIETY ON A MOUNTAINTOP

<https://www.youtube.com/watch?v=Wh9O3-ciOYs>

Scott Strode, Founder, Phoenix Foundation Multisport

Scott is the Founder and National Executive Director of Phoenix Multisport, offering free programs such as climbing, boxing, CrossFit, yoga, and biking to individuals in recovery from substance use disorder and introducing them to a new supportive network of sober friends. Phoenix is based on Scott's own discovery that a healthy, active lifestyle has a transformative effect on long-term sobriety. Scott has been recognized worldwide for his work with Phoenix. On the road to recovery from his drug & alcohol addiction, Scott Strode found self-confidence and a new identity in sports. "Every time I stood on top of a mountain or crossed a finish line, I was a little more a climber, and a little less an addict," Scott explains. Is it possible that creating a community of sober athletes might revolutionize recovery? Scott Strode is a triathlete, mountaineer, and recovering alcoholic.

SECTION 7: WHERE EMPLOYERS AND EMPLOYEES CAN GET HELP:

RESOURCES

Below are brief descriptions and hyperlinks to National and Vermont substance use, mental health, and recovery resources.

CRISIS HOTLINES

Mental Health Crisis Text Line

[Crisis Text Line \(link is external\)](#)

Text "VT" to 741741 and a trained crisis counselor will respond within 5 minutes.

Suicide Hotline

Help and support are available if [you are thinking about suicide \(link is external\)](#) or [you're worried about someone else \(link is external\)](#).

Dial 2-1-1 or the [National Suicide Prevention Lifeline \(link is external\)](#) at 1-800-273-8255.

Domestic Violence Hotline

(800) 228-7395

Sexual Violence Hotline

[Vermont Network Against Domestic & Sexual Violence \(link is external\)](#)

(800) 489-7273

WHERE TO FIND NALOXONE (BRAND NAME NARCAN®)

Naloxone can be purchased at any pharmacy in Vermont without a prescription. Insurers and Medicaid will cover the cost so people do not have to pay out of pocket. Naloxone is also distributed by a number of [community-based organizations](#), where prevention and overdose response trainings are also provided.

WHERE TO DEPOSIT UNUSED MEDICATIONS

There are a number of [Prescription Drug Disposal sites](#) across the state. If these sites are not convenient, you can also request a free prescription medication mail-back envelope from the Health Department.

SYRINGE SERVICE PROGRAMS/SAFE NEEDLE DISPOSAL & EXCHANGE

[Syringe Service Programs](#) across the state provide free sterile syringes, safe needle disposal, education, harm reduction, and HIV/HCV testing and resources. Sterile syringes are also available at Vermont pharmacies without a prescription. Additional guidance on [safe needle disposal](#) is available at many of these sites and through the Health Department.

VERMONT DEPARTMENT OF HEALTH (VDH), DIVISION OF ALCOHOL AND DRUG ABUSE PROGRAMS (ADAP)

HOW DO I FIND ALCOHOL AND DRUG ADDICTION TREATMENT? HOW DO I FIND RECOVERY SUPPORT SERVICES?

The Division of Alcohol & Drug Abuse Programs oversees a network of health promotion, prevention, intervention, treatment and recovery services. Our mission is to prevent, reduce and eliminate the problems caused by alcohol and drug use. We work with national, state and community-based organizations to make proven programs and services available to Vermonters. We use data to plan and guide program improvements, and to support Vermont's statewide system of providers.

[Vermont Department of Health, Division of Alcohol and Drug Abuse Programs \(ADAP\)](#)

ALCOHOL OR DRUG USE

Start here to [find alcohol or drug use and addiction help and treatment](#). You can also dial 2-1-1 for services near you.

VERMONT DEPARTMENT OF HEALTH, DIVISION OF ALCOHOL AND DRUG ABUSE PROGRAMS (ADAP)
— PRESCRIPTION AND OVER-THE-COUNTER DRUG ABUSE

No matter where in Vermont you are, there are resources to help. Find a link to a resource in your area, or use online and phone services to get you where you need to go. From support groups, to treatment centers, to community education, you will find them here.

[ADAP, Prescription and Over-the-Counter Drug Abuse](#)

VERMONT DIVISION OF AGING & INDEPENDENT LIVING-VOCATIONAL REHABILITATION (VOCREHAB)
VocRehab offers employers a wealth of services and information to assist with the hiring of people with disabilities, including substance use disorders <https://vocrehab.vermont.gov/> VocRehab offers workforce supports to employers through an initiative called creative workforce solutions <http://www.cwsvt.com/>

SAMHSA (SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION)

Below are three national search options for behavioral health, Buprenorphine and Opioid treatment locators. Also, SAMHSA'S helpline can streamline your search.

DRUG FREE WORKPLACE TOOLKIT: [HTTPS://WWW.SAMHSA.GOV/WORKPLACE/TOOLKIT](https://www.samhsa.gov/workplace/toolkit)

BEHAVIORAL HEALTH TREATMENT SERVICES LOCATOR

Find alcohol, drug, or mental health treatment facilities and programs around the country

findtreatment.samhsa.gov

BUPRENORPHINE PHYSICIAN & TREATMENT PROGRAM LOCATOR

Find information on locating physicians and treatment programs authorized to treat opioids, such as heroin or prescription pain relievers

www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator

OPIOID TREATMENT PROGRAM DIRECTORY

Find treatment programs in your state that treat addiction and dependence on opioids, such as heroin or prescription pain relievers

dpt2.samhsa.gov/treatment/

SAMHSA'S NATIONAL HELPLINE

Also known as, the Treatment Referral Routing Service, this Helpline provides 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.

1-800-662-HELP (4357)

TTY: 1-800-487-4889

www.samhsa.gov/find-help/national-helpline

VERMONT SUBSTANCE USE & MENTAL HEALTH COUNSELOR LOCATORS

Below you will find links to Drug and Alcohol counselors, therapists and mental health counselors in Vermont.

VT LICENSED ALCOHOL AND DRUG COUNSELORS (LADC)

Looking for a Licensed Alcohol and Drug Counselor? Find one in your area.

<https://www.psychologytoday.com/us/therapists/addiction/vermont>

VERMONT ASSOCIATION OF ADDICTION TREATMENT PROGRAMS

Looking for a treatment professional? VAATP represents the Addiction Treatment System of Care in the State of Vermont.

[Vermont Association of Addiction Treatment Programs \(VAATP\)](#)

VT PSYCHOLOGICAL ASSOCIATION

Looking for a therapist? Find one in your area.

[Vermont Psychological Association](#)

VT MENTAL HEALTH COUNSELORS ASSOCIATION

Looking for a Counselor? Find one in your area.

<https://vtmhca.org/>

RECOVERY RESOURCES

Below please find information on recovery services, recovery centers and 12-step meeting locators.

PREVENTION, EDUCATION, ADVOCACY, RECOVERY (PEAR)

Clearing house of information on Substance Use Disorder and Recovery publications.

<http://store.pear-vt.org/search-publications/online-resources/vermont-resources/>

FRIENDS OF RECOVERY VERMONT

Friends of Recovery Vermont is a grassroots advocacy and education advisory board. They help us spread the word about the value of long-term recovery from substance use disorder and the effects on individuals, families and communities. The FOR-VT Advisory Board members work together on three dedicated Delta Task Force Committees. They are currently focusing on the following priorities: Recovery Housing, Youth and Family Recovery, and the Continuing Opiate Crisis and Medication-Assisted Treatment.

[Friends of Recovery – Vermont](#)

VERMONT RECOVERY NETWORK

Helping people find, maintain, and enhance their recovery experience through peer support, sober recreation, and educational opportunities.

[Vermont Recovery Network \(VRN\)](#)

VERMONT'S 12 RECOVERY CENTERS

Turning Point Recovery Centers offer a safe and supportive environment for individuals in recovery. They offer 12-step meetings and a variety of programs designed to support individuals achieve and sustain a happy and healthy life in recovery. Below are links to all 12 centers.

[Turning Point Center Of Addison County](#)

[Turning Point Center of Chittenden County](#)

[Turning Point Center of Central Vermont](#)

[Turning Point Center of Rutland](#)

[Turning Point Recovery Center of Springfield](#)

[Turning Point of Windham County Recovery Center](#)

[Upper Valley Turning Point](#)

[Turning Point Center of Franklin County](#)

[Journey to Recovery Community Center](#)

[Turning Point Center of Bennington County](#)

[North Central Vermont Recovery Center](#)

[Kingdom Recovery Center](#)

12-STEP MEETINGS LOCATORS

Find a 12-Step meeting in your area. AA and NA are for individuals in recovery, while Al-Anon and Al-Ateen are for family members who have a loved one striving for recovery or struggling with Substance Use Disorder. Below are links to meeting lists.

[Alcoholics Anonymous-VT](#)

[Green Mountain Area Narcotics Anonymous](#)

[Champlain Valley Area Narcotics Anonymous](#)

[Vermont Al-Anon/Alateen](#)

VT SUBSTANCE USE DISORDER IN-PATIENT TREATMENT FACILITIES

Following are brief descriptions and contact information to Vermont's in-patient facilities for Substance Use Disorder.

BRATTLEBORO RETREAT

(800) 738-7328

The Brattleboro Retreat provides specialized diagnosis and treatment services for children, adolescents and adults suffering from a wide range of psychiatric and addiction challenges.

[Brattleboro Retreat](#)

LUND

(802) 864-7467

The overarching goal of Lund's education, Substance Use Disorder treatment, adoption and family support services is that every child grows up in a safe, secure and loving family. Their unique and award-winning programs wraparound families meeting them where they are and helping them to make progress towards their education, family and employment goals.

[Lund Family Center](#)

RECOVERY HOUSE (SERENITY HOUSE – WALLINGFORD; GRACE HOUSE – RUTLAND)

(802) 446-2640

Professional alcohol, drug, and family rehabilitation program dedicated to providing effective treatment

[Recovery House \(Serenity House – Wallingford, Grace House – Rutland\)](#)

VALLEY VISTA

(802) 222-5201

Valley Vista is a 99-bed inpatient addiction treatment program for men, women and adolescents suffering from substance use disorder often complicated by co-occurring mental health conditions.

[Valley Vista](#)

ALLYSSUM

(802) 767-6000

Two-bed home is a residential crisis respite and hospital service funded by the VT Department of Mental Health. It is peer run and designed for people who need short-term support while working on recovery and discovery. Average length of stay is seven days.

[Alyssum](#)

YOUTH COUNSELING & FAMILY SUPPORT SERVICE ORGANIZATIONS

PARENT UP VERMONT

All teens are at risk of substance abuse and other serious issues. As parents, you are their number one influence. Kids are surrounded by pressures and influences. Make sure you are armed with the latest and most accurate information so you can be the best influence possible.

[Parent Up Vermont](#)

CENTERPOINT ADOLESCENT TREATMENT SERVICES

(802) 448-7711

Centerpoint provides a full array of treatment & educational supports and programs to teens, young adults, and their families faced with emotional, behavioral, mental health, substance abuse, or special learning needs.

[Centerpoint Adolescent Treatment Services](#)

NORTHEASTERN FAMILY INSTITUTE (NFI)

(802) 658-0040

Northeastern Family Institute, VT (NFI VT) is a private, nonprofit agency that serves Vermont families whose children struggle with severe emotional, behavioral and mental health challenges. The majority of children who come to NFI have a history of not functioning well at home, in school and in the community.

[NFI Vermont, Inc.](#)

OUTRIGHT VERMONT

(802) 865-9677

The mission of Outright Vermont is to build safe, healthy, and supportive environments for gay, lesbian, bisexual, transgender, queer, and questioning youth ages 13-22.

[Outright Vermont](#)

PRIDE CENTER OF VERMONT

(802) 860-7812

Pride Center of Vermont (PCVT) is New England's most comprehensive community center dedicated to advancing community and the health and safety of the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Vermonters.

[Pride Center of Vermont](#)

SPECTRUM YOUTH AND FAMILY SERVICES

(802) 864-7423

Their mission is to empower teenagers, young adults, and their families to make and sustain positive changes through prevention, intervention, and life skills services.

[Spectrum Youth & Family Services](#)

WASHINGTON COUNTY YOUTH SERVICE BUREAU

(802) 229-9151

Their mission is to empower and enrich the lives of youth and families in Washington Country through prevention, counseling, transitional living and youth support.

[Washington County Youth Service Bureau](#)

HOWARD CENTER

(802) 448-6001

Professional crisis and counseling services to children and adults; supportive services to individuals with autism and developmental disabilities who need help with education, employment, and life maintenance skills; counseling and medical services for those struggling with substance abuse; and intensive interventions for adults with serious and persistent mental health challenges

Howard Center

VERMONT FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH

(800) 639-6071

The Vermont Federation of Families for Children's Mental Health exists to support families and children where a child or youth, age 0-22, is experiencing or at risk to experience emotional, behavioral, or mental health challenges

Vermont Federation of Families for Children's Mental Health (VFFCMH)

Child Care Resource

Call a referral specialist (802) 863-3367

Child Care Resource exists to unite with our community in making early care and education work! They help families and providers make child care connections, strengthen early learning opportunities, and create child care solutions for communities.

VERMONT MENTAL HEALTH SERVICES ORGANIZATIONS

VERMONT DEPARTMENT OF MENTAL HEALTH: AGENCY OF HUMAN SERVICES

(802) 241-2010

The Department of Mental Health resides under the Agency of Human Services and has the same critical mission in mind: to improve the conditions and well-being of Vermonters and protect those who cannot protect themselves.

<http://mentalhealth.vermont.gov/>

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI-VT)

802-876-7949

NAMI Vermont supports, educates and advocates so that all communities, families, and individuals affected by mental illness or mental health challenges can build better lives

National Alliance on Mental Illness – VT (NAMI-VT)

UNIVERSITY OF VERMONT MEDICAL CENTER, MENTAL HEALTH SERVICES

(802) 847-0000

Their mental health specialties range from outpatient counseling for children and adults and to inpatient care for acute mental illness and 24/7 crisis response service. Learn more about mental health programs at the UVM Medical Center

[University of Vermont Medical Center, Mental Health Services](#)

HOWARD CENTER

(802) 448-6001

Professional crisis and counseling services to children and adults; supportive services to individuals with autism and developmental disabilities who need help with education, employment, and life maintenance skills; counseling and medical services for those struggling with substance abuse; and intensive interventions for adults with serious and persistent mental health challenges

[Howard Center](#)

LAMOILLE COUNTY MENTAL HEALTH (LCMH)

(802) 888-5026

Lamoille County Mental Health provides comprehensive community mental health, children, family, and person-centered developmental disability services.

[Lamoille County Mental Health](#)

NORTHEAST KINGDOM HUMAN SERVICES (NEKHS)

(802) 748-1683

Offers intellectual developmental disability, substance use and other mental health & psychiatric services

[Northeast Kingdom Human Services \(NKHS\)](#)

NORTHWESTERN KINGDOM HUMAN SERVICES (NEKHS)

(802) 525-6554; (800) 834-7793

Emergency service for anyone experiencing a psychiatric or emotional crisis requiring immediate attention.

[Northwestern Counseling and Support Services \(NCSS\)](#)

RUTLAND MENTAL HEALTH SERVICES, INC. (RMHS)

(802) 775-2381

Behavioral health, developmental disability and Substance Use Disorder Services

[Rutland Mental Health Services, Inc. \(RMHS\)](#)

WASHINGTON COUNTY MENTAL HEALTH SERVICES, INC. (WCMHS)

(802) 229-0591

Crisis services, adult mental health, developmental and child, youth and family services

[Washington County Mental Health Services, Inc. \(WCMHS\)](#)

COUNSELING SERVICE OF ADDISON COUNTY (CSAC)

(802) 388-7641

We offer a wide range of professional mental health and developmental services designed to meet the needs of those seeking help. Using a multi-disciplinary approach, we draw on the expertise of staff trained in developmental services, addiction recovery treatment, psychiatry, mental health counseling, social work, family and child therapy, and employment support.

[Counseling Service of Addison County](#)

CLARA MARTIN CENTER

(800) 639-6360

Offers child & family, school, adult, Substance Use Disorder and Emergency services.

[Clara Martin Center](#)

HEALTH CARE AND REHABILITATION SERVICES OF SOUTHEASTERN VERMONT (HCRS)

(802) 886-4500

Crisis, children, youth, family and adult services.

[Health Care and Rehabilitation Services of Southeastern Vermont](#)

CENTRAL VERMONT SUBSTANCE ABUSE SERVICES (CVSAS)

Committed to promoting healthy lives for those impacted by substance abuse issues and co-occurring substance abuse and mental health issues

(802) 223-4156; Emergency - (802) 229-0591

[Central Vermont Substance Abuse Services \(CVSAS\)](#)

COMMUNITY HEALTH CENTERS OF BURLINGTON (CHCB)

(802) 864-6309

Offers behavior health, counseling and psychiatry services.

[Community Health Centers of Burlington](#)

RECOVERY & TRANSITIONAL RESIDENCES

Following are a list of recovery and transitional housing options in Vermont. They are listed by city, house make-up & qualifications as well as contact information.

BARRE

RETURN HOUSE (TRANSITIONAL) – OPERATED BY WASHINGTON COUNTY YOUTH SERVICES

BUREAU

For men, age 18-22 returning from incarceration

Summer Street

(802) 622-0211 Main; (802) 477-1321 Mary Anne Owen, Dir.

SIERRA HOUSE (TRANSITIONAL) – OPERATED BY WASHINGTON COUNTY MENTAL HEALTH

SOUTH BARRE

RISE/PHOENIX HOUSE (TRANSITIONAL)

For Men. Agree to counseling. DOC supervision

580 South Barre Road

(802) 257-4677

jhenzel@phoenixhouse.org

BELLOWS FALLS

RISE/PHOENIX HOUSE (TRANSITIONAL)

11 Underhill Ave.

(802) 257-4677

jhenzel@phoenixhouse.org

DOC and ADAP information contact Robin Baldinelli (802) 463-9851

BRATTLEBORO

RISE/PHOENIX HOUSE (TRANSITIONAL)- FOR MEN

435 Western Ave.

(802) 257-4677

jhenzel@phoenixhouse.org

DOC and ADAP information contact Robin Baldinelli (802) 463-9851

RISE/PHOENIX HOUSE (TRANSITIONAL) FOR WOMEN

178 Linden St.

(802) 257-4677

jhenzel@phoenixhouse.org

DOC and ADAP information contact Robin Baldinelli (802) 463-9851

GROUNDWORKS COLLABORATIVE

For Women

(802) 257-0666 x1109

www.groundworksvt.org

BURLINGTON

1ST STEP (RECOVERY HOUSING)

For men, no maintenance, two DOC beds

77 Walnut St.

(802) 825-4977; House Phone: (802) 399-2690
firststepvt@gmail.com

1ST STEP (RECOVERY HOUSING)

For men, no maintenance, two DOC beds
1174 North Ave.
(802) 825-4977; (802) 540-1738
Firststepvt@gmail.com

EVOLUTION HOUSE (RECOVERY HOUSING)

For Men DOC clients allowed & Maintenance
123 King St.
(802) 355-0010; House Phone (802) 497-2613 or (802) 497-2613

MEN'S OXFORD (RECOVERY HOUSING)

For Men, 1/3 can be DOC clients
10 St. Catherine St.
(802) 777-5366; (802) 578-4844

MEN'S OXFORD (RECOVERY HOUSING)

For Men, 1/3 can be DOC clients
North Ave.
(802) 777-5366; (802) 578-4844

LUND INDEPENDENCE PLACE (TRANSITIONAL HOUSING)

For pregnant and parenting families
Mansfield Ave.
(802) 859-0468

NORTHERN LIGHTS

For Women from incarceration; Maintenance accepted
Cherry St.
(802) 488-7043; House Phone (802) 488-7008

RISE/PHOENIX HOUSE

For Men, agree to counseling, DOC supervision
37 Elmwood Ave.
(802) 735-9790 x 6631

WOMEN'S OXFORD

For Women, no maintenance, 1/3 DOC clients
42 Bright St.
(978) 335-1848; House (802) 399-2058
DOC & ADAP information call Robin Baldinelli (802) 463-9851 x 6390

VERMONT FOUNDATION OF RECOVERY BURLINGTON HOUSE (RECOVERY HOUSING)

For Men. DOC clients allowed
79 Lyman Ave. (corner of Lyman Ave. & Pine St.)
(802) 735-4340
info@vermontfoundationofrecovery.org

ESSEX

LIBERTY HOUSE (RECOVERY HOUSING)

For Women. DOC clients & maintenance allowed.
18 River Road
(208) 422-4126; (802) 342-8378

ESSEX JUNCTION

VERMONT FOUNDATION OF RECOVERY (RECOVERY HOUSING)

For Men. DOC clients & maintenance allowed.
Lincoln Street
(802) 735-4340
info@vermontfoundationofrecovery.org

HARTFORD

DISMAS (TRANSITIONAL)

For Men & Women. Corrections.
1673 Maple Street
(802) 698-8661

LYNDONVILLE

LYNDONVILLE APARTMENTS

For Men. DOC clients and maintenance allowed.
1376 Back Center Road

NEWPORT

JUDD NORTH

For Men. DOC clients & maintenance allowed
9 Judd Drive
(802) 334-7540

RUTLAND

MANDALA HOUSE (TRANSITIONAL)

For women. Long-term transitional
88 Park Street
(802) 772-7802

SANCTUARY HOUSE

30 Washington Street
(802) 855-8015
ericmsanctuary@gmail.com

GRACE HOUSE (RECOVERY HOUSING)

35 Washington Street
(802) 446-2640

DISMAS (TRANSITIONAL HOUSING)

For Men & Women. Corrections
103 Park Street
(802) 775-5539

SOUTH BURLINGTON

VERMONT FOUNDATION OF RECOVERY (RECOVERY HOUSING)

For Women. DOC clients & Maintenance allowed
82 Suburban Square
(802) 735-4340
info@vermontfoundationofrecovery.org

SPRINGFIELD

TURNING POINT RECOVERY CENTER OF SPRINGFIELD (TRANSITIONAL)

7 Morgan Street
(802) 885-4668
sprldturningpoint@gmail.com

ST. ALBANS

VERMONT FOUNDATION OF RECOVERY (RECOVERY HOUSING)

For Men. DOC clients & Maintenance allowed
135 Lake Street
(802) 735-4340
info@vermontfoundationofrecovery.org

ST. JOHNSBURY

JUDD SOUTH

For Men. FSU, Maintenance & Sex Offender allowed. DOC supervision
1574 Portland Street
(802) 748-0056
dperkins@nekcavt.org

VERMONT FOUNDATION OF RECOVERY (RECOVERY HOUSING)

For Men. DOC clients & Maintenance allowed
87 Elm Street
(802) 735-4340
info@vermontfoundationofrecovery.org

AERIE HOUSE (TRANSITIONAL)

For Women. DOC clients allowed.
(802) 748-0056
tpowers@neckavt.org

WINOOSKI

DISMAS (TRANSITIONAL) FOR MEN: CORRECTIONS

103 E. Allen Street
(802) 655-0381; (802)658-0300
kim@dismasofvt.org

DISMAS (TRANSITIONAL) FOR MEN & WOMEN. CORRECTIONS

96 Buell Street
(802) 655-0381; (802)658-0300
kim@dismasofvt.org

GENERAL RESOURCES

- Chittenden County Opioid Alliance: www.ccoavt.org
- Governor's Opioid Coordination Council Homepage:
<http://www.healthvermont.gov/response/alcohol-drugs/governors-opioid-coordination-council>
- Vermont Department of Health (VDH) Alcohol and Drug Abuse Program (ADAP):
<http://www.healthvermont.gov/alcohol-drugs>
- Attorney General's Opioids Project: <http://ago.vermont.gov/opioids-project/>
- Vermont 211: <http://www.vermont211.org/>

STIGMA-SPECIFIC

- Newly Released Video Series: <https://www.orchamedia.net/series/understanding-vermonts-opioid-crisis>

- Writers for Recovery: <https://www.writersforrecovery.org/blog>
- Unwritten Stories of Addiction: <https://www.unwrittenstoriesofaddiction.com/>
- CCOA Op-ed: <https://vtdigger.org/2018/08/23/christine-johnson-turning-tide-opioids/>
- Poetry of Addiction: <https://www.thefix.com/language-sideways-poetry-addiction>
- VPR - Coaching Parents with Opioid-Addicted Children: <http://digital.vpr.net/post/tough-love-empathy-coaching-parents-opioid-addicted-children#stream/0>
- Study shows stigma is hurting our response to the opioid epidemic: <https://www.vox.com/science-and-health/2018/6/7/17434480/needle-exchange-safe-injection-site-stigma-study>
- CCOA Commentary – A Solution to the Shrinking Workforce <https://vtdigger.org/2018/12/28/chuck-hafter-ron-stankevich-solution-shrinking-workforce/>

SECTION 8: CONCLUSION

In 2016, a team of leaders from Chittenden County, Vermont was selected by GE Healthcare to participate in the Healthy Cities Leadership Academy. The overall focus of the Academy was on improving population health and Vermont’s focus was on employment for people in recovery. Vermont was chosen as one of 9 communities nationwide. Following the work of the team in the yearlong project, GE Healthcare awarded Chittenden County Opioid Alliance (CCOA) a gift of \$75,000. In 2018, the Working Recovery Action Team was created to continue the focus of employment for people with Substance Use Disorders and/or in recovery. The decision was made to focus on supporting employers with understanding addiction and how to hire, onboard and retain people with substance use disorder and/or people in recovery. We hope this toolkit will serve as a concrete way to support employers to both understand and navigate the systems and resources available to them for people with substance use disorders.

PARTNERS IN THE DEVELOPMENT IN THIS TOOLKIT

We engaged with multiple partners in the development of this toolkit, starting with support from Jolinda LaClair and Rose Gowdey with the Governor’s Opioid Coordination Council (OCC). The CCOA Working Recovery Action Team, along with multiple employers in Chittenden County, and participants in the focus group have also been instrumental to this toolkit coming to fruition. A special thanks to Ron Stankevich, Mickey Wiles, Sara Byers, Dana Ward, Ed Baker, Maria Horn, Elizabeth Perrin, Brian Hofmann, Tara Murphy, Lisa Jensen, Gary DeCarolis, Steve Dickens, Chuck Hafter, Kayla Donohue, Beth McMurray and GE Healthcare.

The Chittenden County Opioid Alliance is a non-profit organization based on the premise that no one organization can reduce the burden of the opioid crisis alone. It takes an Alliance of committed partners. The Alliance is made up of many dedicated people who come from different sectors of the community and have partnered together- local non-profit agencies, state and local government, business leaders, and community members in Chittenden County, Vermont.

SECTION 9: GLOSSARY OF TERMS

A

ADVERSE CHILDHOOD EXPERIENCES (ACEs): ADVERSE CHILDHOOD EXPERIENCES (ACEs) IS THE TERM USED TO DESCRIBE ALL TYPES OF ABUSE, NEGLECT, AND OTHER POTENTIALLY TRAUMATIC EXPERIENCES THAT OCCUR TO PEOPLE UNDER THE AGE OF 18. ADVERSE CHILDHOOD EXPERIENCES HAVE BEEN LINKED TO RISKY HEALTH BEHAVIORS, CHRONIC HEALTH CONDITIONS, LOW LIFE POTENTIAL, AND EARLY DEATH. AS THE NUMBER OF ACEs INCREASES, SO DOES THE RISK FOR THESE OUTCOMES (3).

ADDICTION: A CHRONIC, RELAPSING DISORDER CHARACTERIZED BY COMPULSIVE (OR DIFFICULT TO CONTROL) DRUG SEEKING AND USE DESPITE HARMFUL CONSEQUENCES, AS WELL AS LONG-LASTING CHANGES IN THE BRAIN. IN THE PAST, PEOPLE WHO USED DRUGS WERE CALLED “ADDICTS.” CURRENT APPROPRIATE TERMS ARE PEOPLE WHO USE DRUGS AND DRUG USERS (1).

AGONIST: A CHEMICAL SUBSTANCE THAT BINDS TO AND ACTIVATES CERTAIN RECEPTORS ON CELLS, CAUSING A BIOLOGICAL RESPONSE. OXYCODONE, MORPHINE, HEROIN, FENTANYL, METHADONE, AND ENDORPHINS ARE ALL EXAMPLES OF OPIOID RECEPTOR AGONISTS (1).

ANTAGONIST: A CHEMICAL SUBSTANCE THAT BINDS TO AND BLOCKS THE ACTIVATION OF CERTAIN RECEPTORS ON CELLS, PREVENTING A BIOLOGICAL RESPONSE. NALOXONE IS AN EXAMPLE OF AN OPIOID RECEPTOR ANTAGONIST (1).

ASSESSMENT: AN EVALUATION OF A PERSON’S MEDICAL, PSYCHOLOGICAL AND SUBSTANCE USE HISTORY, CURRENT HEALTH STATUS, SYMPTOMS OF ADDICTION, POTENTIAL WITHDRAWAL SYNDROME AND RELATED HEALTH CONDITIONS. THIS HELPS TO FORMULATE A TREATMENT PLAN. IT SHOULD BE PERFORMED BY A QUALIFIED HEALTH PROFESSIONAL (2).

B

BUPRENORPHINE: AN OPIOID PARTIAL AGONIST MEDICATION PRESCRIBED FOR THE TREATMENT OF OPIOID ADDICTION THAT RELIEVES DRUG CRAVINGS WITHOUT PRODUCING THE HIGH OR DANGEROUS SIDE EFFECTS OF OTHER OPIOIDS (1).

D

DEPENDENCE: A CONDITION THAT CAN OCCUR WITH THE REGULAR USE OF ILLICIT OR SOME PRESCRIPTION DRUGS, EVEN IF TAKEN AS PRESCRIBED. DEPENDENCE IS CHARACTERIZED BY WITHDRAWAL SYMPTOMS WHEN DRUG USE IS STOPPED. A PERSON CAN BE DEPENDENT ON A SUBSTANCE WITHOUT BEING ADDICTED, BUT DEPENDENCE SOMETIMES LEADS TO ADDICTION (1).

DETOXIFICATION: A PROCESS IN WHICH THE BODY RIDS ITSELF OF A DRUG, OR ITS METABOLITES. MEDICALLY-ASSISTED DETOXIFICATION MAY BE NEEDED TO HELP MANAGE A PERSON’S WITHDRAWAL SYMPTOMS. DETOXIFICATION ALONE IS NOT A TREATMENT FOR SUBSTANCE USE DISORDERS, BUT THIS IS OFTEN THE FIRST STEP IN A DRUG TREATMENT PROGRAM (1).

DRUG ABUSE: AN OLDER DIAGNOSTIC TERM THAT DEFINED USE THAT IS UNSAFE, USE THAT LEADS A PERSON TO FAIL TO FULFILL RESPONSIBILITIES OR GETS THEM IN LEGAL TROUBLE, OR USE THAT CONTINUES DESPITE CAUSING

PERSISTENT INTERPERSONAL PROBLEMS. THIS TERM IS INCREASINGLY AVOIDED BY PROFESSIONALS BECAUSE IT CAN PERPETUATE STIGMA. CURRENT APPROPRIATE TERMS INCLUDE: DRUG USE (IN THE CASE OF ILLICIT SUBSTANCES), DRUG MISUSE (IN THE CASE OF PROBLEMATIC USE OF LEGAL DRUGS OR PRESCRIPTION MEDICATIONS) AND ADDICTION (IN THE CASE OF SUBSTANCE USE DISORDER) (1).

H

HARM REDUCTION: HARM REDUCTION IS A SET OF PRACTICAL STRATEGIES AND IDEAS AIMED AT REDUCING NEGATIVE CONSEQUENCES ASSOCIATED WITH DRUG USE. HARM REDUCTION IS ALSO A MOVEMENT FOR SOCIAL JUSTICE BUILT ON A BELIEF IN, AND RESPECT FOR, THE RIGHTS OF PEOPLE WHO USE DRUGS (4).

HUB AND SPOKE TREATMENT SYSTEM: HUB AND SPOKE IS VERMONT'S SYSTEM OF MEDICATION ASSISTED TREATMENT, SUPPORTING PEOPLE IN RECOVERY FROM OPIOID USE DISORDER. NINE REGIONAL HUBS OFFER DAILY SUPPORT FOR PATIENTS WITH COMPLEX ADDICTIONS. AT OVER 64 LOCAL SPOKES, DOCTORS, NURSES, AND COUNSELORS OFFER ONGOING OPIOID USE DISORDER TREATMENT FULLY INTEGRATED WITH GENERAL HEALTHCARE AND WELLNESS SERVICES. THIS FRAMEWORK EFFICIENTLY DEPLOYS OPIOID USE DISORDER EXPERTISE AND HELPS EXPAND ACCESS TO OPIOID USE DISORDER TREATMENT FOR VERMONTERS (5).

I

INJECTION DRUG USE (IUD): THE ACT OF ADMINISTERING DRUGS BY INJECTION. BLOOD-BORNE VIRUSES, LIKE HIV AND HEPATITIS, CAN BE TRANSMITTED VIA SHARED NEEDLES OR OTHER DRUG INJECTION EQUIPMENT (1).

INPATIENT TREATMENT: AN ADDICTION TREATMENT VENUE THAT REQUIRES OVERNIGHT STAYS USUALLY IN A HOSPITAL SETTING (2).

M

MENTAL DISORDER: A MENTAL CONDITION MARKED PRIMARILY BY DISORGANIZATION OF PERSONALITY, MIND, AND EMOTIONS THAT SERIOUSLY IMPAIRS THE PSYCHOLOGICAL OR BEHAVIORAL FUNCTIONING OF THE INDIVIDUAL. THIS IS SOMETIMES REFERRED TO AS A MENTAL HEALTH CONDITION. ADDICTION IS A MENTAL DISORDER (1).

MEDICATION ASSISTED TREATMENT (MAT): THE USE OF MEDICATIONS IN COMBINATION WITH PSYCHOSOCIAL THERAPIES (SEE BELOW) TO TREAT SUBSTANCE PROBLEMS. RESEARCH SHOWS THAT COMBINED TREATMENTS OFTEN WORK BETTER THAN EITHER TREATMENT ALONE. ALTHOUGH MAT MOST OFTEN REFERS TO AN APPROACH FOR OPIOID USE DISORDERS, IT IS OFTEN RECOMMEND FOR ALCOHOL, NICOTINE, OR OTHER DRUGS AS WELL. FOR THOSE ADDICTED TO OPIOIDS, HOWEVER, A MEDICATION LIKE NALTREXONE, METHADONE, OR BUPRENORPHINE IS USUALLY NECESSARY FOR TREATMENT TO BE EFFECTIVE (2).

METHADONE: A LONG-ACTING OPIOID AGONIST MEDICATION USED FOR THE TREATMENT OF OPIOID ADDICTION AND PAIN. METHADONE USED FOR OPIOID ADDICTION CAN ONLY BE DISPENSED BY OPIOID TREATMENT PROGRAMS CERTIFIED BY SAMHSA AND APPROVED BY THE DESIGNATED STATE AUTHORITY (1).

N

NALOXONE (BRAND NAME NARCAN): AN OPIOID ANTAGONIST MEDICATION APPROVED BY THE FDA TO REVERSE AN OPIOID OVERDOSE. IT DISPLACES OPIOID DRUGS (SUCH AS MORPHINE OR HEROIN) FROM THEIR RECEPTOR AND PREVENTS FURTHER OPIOID RECEPTOR ACTIVATION (1).

NALTREXONE (BRAND NAME VIVITROL): A LONG-ACTING OPIOID ANTAGONIST MEDICATION THAT PREVENTS RECEPTORS FROM BEING ACTIVATED BY OTHER OPIOIDS. NALTREXONE IS USED TO TREAT ALCOHOL AND OPIOID USE DISORDERS (1).

NEONATAL ABSTINENCE SYNDROME (NAS): A CONDITION OF WITHDRAWAL THAT OCCURS WHEN CERTAIN DRUGS PASS FROM THE MOTHER THROUGH THE PLACENTA INTO THE FETUS' BLOODSTREAM DURING PREGNANCY CAUSING THE BABY TO BECOME DRUG DEPENDENT AND EXPERIENCE WITHDRAWAL AFTER BIRTH. THE TYPE AND SEVERITY OF A BABY'S WITHDRAWAL SYMPTOMS DEPEND ON THE DRUG(S) USED, HOW LONG AND HOW OFTEN THE MOTHER USED, HOW HER BODY BROKE DOWN THE DRUG, AND IF THE BABY WAS BORN FULL TERM OR PREMATURELY. NAS CAN REQUIRE HOSPITALIZATION AND TREATMENT WITH MEDICATION TO RELIEVE SYMPTOMS (1).

O

OUTPATIENT TREATMENT: AN ADDICTION TREATMENT VENUE WHERE THE PATIENT DOES NOT HAVE TO STAY OVERNIGHT. THE SERVICES ARE OFFERED IN AN OFFICE OR CLINIC SETTING. INTENSIVE OUTPATIENT ADDICTION TREATMENT SERVICES ARE OFFERED MORE FREQUENTLY—TYPICALLY, ON A DAILY BASIS—THAN TRADITIONAL OUTPATIENT SERVICES AND ARE DESIGNED FOR PATIENTS WHO NEED MORE REGULAR CONTACT WITH HEALTH CARE PROVIDERS (2).

OVERDOSE: AN OVERDOSE OCCURS WHEN A PERSON USES ENOUGH OF A DRUG TO PRODUCE A LIFE-THREATENING REACTION OR DEATH (1).

P

PREVENTION: PREVENTING SUBSTANCE MISUSE REDUCES THE RISKS THAT CONTRIBUTE TO ALCOHOL, TOBACCO OR OTHER DRUG USE — WHILE PROMOTING PROTECTIVE FACTORS THAT SUPPORT HEALTHY LIFESTYLES AND COMMUNITIES. BY STOPPING SUBSTANCE USE BEFORE IT STARTS, OR BEFORE IT BECOMES SUBSTANCE MISUSE, PREVENTION ALSO WORKS TO SAVE VERMONT TAX DOLLARS (6).

PRESCRIPTION DRUG MISUSE: THE USE OF A MEDICATION IN WAYS OR AMOUNTS OTHER THAN INTENDED BY A DOCTOR, BY SOMEONE OTHER THAN FOR WHOM THE MEDICATION IS PRESCRIBED, OR FOR THE EXPERIENCE OR FEELING THE MEDICATION CAUSES. THIS TERM IS USED INTERCHANGEABLY WITH “NONMEDICAL” USE, A TERM EMPLOYED BY MANY NATIONAL DRUG USE SURVEYS (1).

PHARMACEUTICAL THERAPY: THE USE OF MEDICATIONS TO TREAT ADDICTION THAT WORKS IN ONE OF THESE WAYS: (1) REDUCING CRAVINGS AND WITHDRAWAL SYMPTOMS; (2) HELP PATIENTS FUNCTION BETTER IN DAY-TO-DAY LIFE; (2) REDUCING THE REWARDING EFFECTS; (3) PROVIDING A LESS DANGEROUS OR LESS ADDICTING VERSION OF THE SUBSTANCE. PHARMACEUTICAL THERAPIES ARE PRESCRIBED BY A PHYSICIAN, OR OTHER HEALTH PROFESSIONAL UNDER THE SUPERVISION OF A PHYSICIAN, AS PART OF A TREATMENT PLAN ESTABLISHED AND MANAGED BY A PERSON'S PHYSICIAN (2).

PSYCHOSOCIAL THERAPY: PSYCHOSOCIAL THERAPY INCLUDES SPECIFIC TYPES OF INDIVIDUAL, COUPLES, FAMILY, AND GROUP THERAPIES THAT HAVE BEEN SHOWN TO HELP INDIVIDUALS ENHANCE THEIR COPING SKILLS, NAVIGATE HIGH-RISK SITUATIONS, AVOID TRIGGERS TO USE SUBSTANCES, CONTROL CRAVINGS, COPE WITH LAPSES, ENHANCE THEIR MOTIVATION TO CHANGE BEHAVIOR, ENCOURAGE ATTENDANCE AT SELF-HELP MEETINGS, OR ALTER ENVIRONMENTS TO REDUCE PRESSURES TO USE. PSYCHOSOCIAL THERAPIES ARE PROVIDED BY HIGHLY TRAINED CLINICAL PROFESSIONALS (2).

R

RECOVERY: A PROCESS OF CHANGE THROUGH WHICH PEOPLE WITH SUBSTANCE USE DISORDERS IMPROVE THEIR HEALTH AND WELLNESS, LIVE SELF-DIRECTED LIVES, AND STRIVE TO REACH THEIR FULL POTENTIAL (1).

RECOVERY COACH: A RECOVERY COACH CREATES A PARTNERSHIP WITH PEOPLE IN RECOVERY FROM ADDICTIONS. A COACH HELPS PEOPLE TO: CREATE A VISION FOR THEIR RECOVERY; IDENTIFY AND REMOVE BARRIERS TO RECOVERY; NAVIGATE THROUGH THE HUMAN SERVICES SYSTEM; ACCESS COMMUNITY RESOURCES; CONNECT WITH RECOVERY SERVICES, INCLUDING TREATMENT FACILITIES, RECOVERY CENTERS, AND MUTUAL SUPPORT GROUPS (7).

RELAPSE: IN DRUG ADDICTION, RELAPSE IS THE RETURN TO DRUG USE AFTER AN ATTEMPT TO STOP. RELAPSE IS A COMMON OCCURRENCE IN MANY CHRONIC HEALTH DISORDERS, INCLUDING ADDICTION, THAT REQUIRES FREQUENT BEHAVIORAL AND/OR PHARMACOLOGIC ADJUSTMENTS TO BE TREATED EFFECTIVELY (1).

REMISSION: A MEDICAL TERM MEANING THAT MAJOR DISEASE SYMPTOMS ARE ELIMINATED OR DIMINISHED BELOW A PRE-DETERMINED HARMFUL LEVEL (1).

RESIDENTIAL TREATMENT: AN ADDICTION TREATMENT VENUE WHERE PATIENTS LIVE AWAY FROM HOME, TYPICALLY FOR SEVERAL WEEKS OR MONTHS, IN A FACILITY THAT PROVIDES TREATMENT BUT NOT HOSPITAL CARE. THERE MAY BE LIMITED PHYSICIAN OR PSYCHOLOGIST SERVICES AVAILABLE AT SUCH PROGRAMS (2).

S

SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT): AN EVIDENCE-BASED PRACTICE USED TO IDENTIFY AND INTERVENE WITH PEOPLE WHO USE ALCOHOL OR DRUGS IN A RISKY, HARMFUL, OR HAZARDOUS WAYS AND MAY BE AT RISK FOR OR ALREADY HAVE A SUBSTANCE PROBLEM. SBIRT IS AN INTEGRATED, PUBLIC HEALTH APPROACH THAT PROVIDES OPPORTUNITIES FOR EARLY INTERVENTION BEFORE MORE SEVERE CONSEQUENCES OCCUR, OR PROVIDES REFERRALS TO AN ADDICTION TREATMENT PROVIDER FOR THOSE IDENTIFIED AS HAVING ALREADY MOVED BEYOND THE AT-RISK THRESHOLD (2).

SELF-MEDICATION: THE USE OF A SUBSTANCE TO LESSEN THE NEGATIVE EFFECTS OF STRESS, ANXIETY, OR OTHER MENTAL DISORDERS (OR SIDE EFFECTS OF THEIR PHARMACOTHERAPY) WITHOUT THE GUIDANCE OF A HEALTH CARE PROVIDER. SELF-MEDICATION MAY LEAD TO ADDICTION AND OTHER DRUG- OR ALCOHOL-RELATED PROBLEMS (1).

STAGES OF CHANGE MODEL: A FRAMEWORK FOR UNDERSTANDING THE BEHAVIOR CHANGE PROCESS FOR PEOPLE CONSIDERING CHANGING AN UNWANTED BEHAVIOR, SUCH AS SUBSTANCE USE. THE MODEL IDENTIFIES A SERIES OF 4 STAGES THROUGH WHICH PEOPLE PROGRESS AS THEY CHANGE BEHAVIOR. IT IS OFTEN USED TO

UNDERSTAND BEHAVIOR CHANGE RELATED TO SUBSTANCE USE. THE 4 STAGES INCLUDE: (1) PRE-CONTEMPLATION; (2) CONTEMPLATION; (2) PREPARATION; (3) ACTION; AND (4) MAINTENANCE (2).

STIGMA: A SET OF NEGATIVE ATTITUDES AND BELIEFS THAT MOTIVATE PEOPLE TO FEAR AND DISCRIMINATE AGAINST OTHER PEOPLE. MANY PEOPLE DO NOT UNDERSTAND THAT ADDICTION IS A DISORDER JUST LIKE OTHER CHRONIC DISORDERS. FOR THESE REASONS, THEY FREQUENTLY ATTACH MORE STIGMA TO IT. STIGMA, WHETHER PERCEIVED OR REAL, OFTEN FUELS MYTHS AND MISCONCEPTIONS, AND CAN INFLUENCE CHOICES. IT CAN IMPACT ATTITUDES ABOUT SEEKING TREATMENT, REACTIONS FROM FAMILY AND FRIENDS, BEHAVIORAL HEALTH EDUCATION AND AWARENESS, AND THE LIKELIHOOD THAT SOMEONE WILL NOT SEEK OR REMAIN IN TREATMENT (1).

SUBSTANCE USE DISORDER (SUD): A MEDICAL ILLNESS CAUSED BY DISORDERED USE OF A SUBSTANCE OR SUBSTANCES. ACCORDING TO THE FIFTH EDITION OF THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM-4), SUDs ARE CHARACTERIZED BY CLINICALLY SIGNIFICANT IMPAIRMENTS IN HEALTH, SOCIAL FUNCTION, AND IMPAIRED CONTROL OVER SUBSTANCE USE AND ARE DIAGNOSED THROUGH ASSESSING COGNITIVE, BEHAVIORAL, AND PSYCHOLOGICAL SYMPTOMS. AN SUD CAN RANGE FROM MILD TO SEVERE (1).

SYRINGE SERVICES PROGRAM (SSP): SSPs, WHICH HAVE ALSO BEEN REFERRED TO AS SYRINGE EXCHANGE PROGRAMS (SEPs), NEEDLE EXCHANGE PROGRAMS (NEPs) AND NEEDLE-SYRINGE PROGRAMS (NSPs) ARE COMMUNITY-BASED PROGRAMS THAT PROVIDE ACCESS TO STERILE NEEDLES AND SYRINGES FREE OF COST AND FACILITATE SAFE DISPOSAL OF USED NEEDLES AND SYRINGES (8).

T

TOLERANCE: A CONDITION IN WHICH HIGHER DOSES OF A DRUG ARE REQUIRED TO ACHIEVE THE DESIRED EFFECT (1).

W

WITHDRAWAL: SYMPTOMS THAT CAN OCCUR AFTER LONG-TERM USE OF A DRUG IS REDUCED OR STOPPED; THESE SYMPTOMS OCCUR IF TOLERANCE TO A SUBSTANCE HAS OCCURRED, AND VARY ACCORDING TO SUBSTANCE. WITHDRAWAL SYMPTOMS CAN INCLUDE NEGATIVE EMOTIONS SUCH AS STRESS, ANXIETY, OR DEPRESSION, AS WELL AS PHYSICAL EFFECTS SUCH AS NAUSEA, VOMITING, MUSCLE ACHES, AND CRAMPING, AMONG OTHERS. WITHDRAWAL SYMPTOMS OFTEN LEAD A PERSON TO USE THE SUBSTANCE AGAIN (1).

1. [NATIONAL INSTITUTE ON DRUG ABUSE GLOSSARY OF COMMONLY USED TERMS IN ADDICTION SCIENCE](#)
2. [CENTER ON ADDICTION GLOSSARY OF ADDICTION TERMS](#)
3. [CDC ADVERSE CHILDHOOD EXPERIENCES](#)
4. [PRINCIPLES OF HARM REDUCTION](#)
5. [BLUEPRINT FOR HEALTH HUB AND SPOKE](#)
6. [VERMONT PREVENTION MODEL](#)
7. [VERMONT RECOVERY NETWORK](#)
8. [CDC SYRINGE SERVICES PROGRAMS](#)

ACRONYMS

ADAP: VERMONT ALCOHOL AND DRUG ABUSE PROGRAMS

CCOA: CHITTENDEN COUNTY OPIOID ALLIANCE

DOC: VERMONT DEPARTMENT OF CORRECTIONS

EAP: EMPLOYEE ASSISTANCE PROGRAM

FBP: FEDERAL BONDING PROGRAM

OCC: GOVERNOR'S OPIOID COORDINATION COUNCIL

PWID: PEOPLE WHO INJECT DRUGS

SAMHSA: SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION

USDOL: US DEPARTMENT OF LABOR

VAMHAR: VERMONT ASSOCIATION FOR MENTAL HEALTH AND ADDICTION RECOVERY

VDH: VERMONT DEPARTMENT OF HEALTH

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