

# Substance Use Policy Guide & Template for AIDS Service Organizations

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## Introduction

A powerful foundation of AIDS Service Organizations (ASOs) is the high value we place on lived experience. This has been mostly focused on supporting the greater involvement and meaningful engagement of people living with HIV/AIDS (GIPA/MEPA), and more recently has included people living with Hepatitis C (HCV). Over time, however we have increasingly recognized the need for a wider and more diverse range of lived experience, including the lived experience of substance use. In doing so, we recognize the complex and fluid ways that substance use can contribute to lived experience, and to an individual's overall health and wellness.

While this approach reflects our growing understanding and commitment towards respecting the lived experience of substance use amongst staff, Peers and other volunteers, it can also be a cause of significant tensions within our organizations and sector. These tensions can arise between:

- 1) organizational structures and practices (policies, systems, legal accountabilities);
- 2) employment regulations (legislation); and
- 3) our sector value of GIPA/MEPA and lived experience.

The ***Policy Guide & Template*** is intended to support ASO leaders to develop individual organization-wide and/or program specific substance use policies to respond to these tensions. It can also help to identify successful practices that can be shared with ASOs to help build the capacity of our sector to manage these areas of tension, to effectively and accountably provide services that align with their mission and mandate.

***This document is intended to be reviewed by relevant internal stakeholders and modified to develop a policy that aligns with the current structure, practices and needs of each organization. Key text requiring modification within the document is presented in italics within square parentheses. Key resources that will assist in completing organization-wide and/or program specific policies include: organizational policies (particularly human resources), including Rights & Responsibilities/Code of Conduct and [Harm Reduction at Work: A Guide for Organizations Employing People Who Use Drugs](#). The [Good Practice Guide for Employing People Who Use Drugs](#) is also available for organizations needing a deeper reference when determining organizational capacity.***

***Due to the wide range of policy issues addressed in a policy on substance use amongst staff, Peers and other volunteers, once finalized, the policy should be approved by the Board as a Governance policy of the organization.***

It is important to note that this is not a legal document nor does it replace the requirement for organizations to appropriately consult with human resource professionals, legal counsel and other relevant external supports. Developing this policy must also take into consideration and comply with all organizational requirements for policy approval, funding agreements, legislative requirements such as Accessibility for Ontarians with Disabilities Act (AODA), the Ontario Human Rights Code and overarching policies, norms and expectations of individual organizations.

Key content for this Policy Guide & Template was informed by: [Harm Reduction at Work: A Guide for Organizations Employing People Who Use Drugs](#) and [Good Practice Guide for Employing People Who Use Drugs](#).

## POLICY TEMPLATE

### **Overview**

*[Organization]* values and is committed to meaningfully engage individuals with a broad range of lived experience, including substance use, which can be an important contributor to an individual's overall health and wellness.

This policy outlines organizational practices that reflect this commitment and that value lived experience within a setting that offers organizational supports and structures required to maximize the provision of effective and accountable services that are aligned with its mission and mandate.

Employees, Peers and other volunteers with lived experience of substance use can:

- have insights and expertise that can help inform the planning, delivery and review of harm reduction and HIV/HCV services;
- strengthen the organization's ability to reach and connect with individuals who use substances;
- engage in work that can increase their own self-esteem and feelings of belonging and contributing to a community;
- exemplify an organization's commitment to improving the health and human rights of people who use substances;
- contribute to reduction in stigma and discrimination related to substance use.

### **Key principles and highlights of this policy include:**

- Clear organizational expectations of staff, Peers and other volunteers
- Organizational policy, practices and supports will help balance meaningful engagement and support for staff, Peers and other volunteers who use substances and the effective execution of their required activities and deliverables;
- When issues arise, the organization will respond based on existing and appropriate policies and practices, and:
  - will not make assumptions, use judgements or show bias towards potential substance use;
  - will reflect flexibility such as setting the work expectations (hours of delivery, approach used, etc.)

### **Definitions**

peer	An individual belonging to the same societal group or community.
Peer	Beyond the general definition of peer above, <i>[Organization]</i> defines 'Peer' as an individual who meets qualifications and requirements of a particular role, including specific lived experience and the ability to actively incorporate that lived experience into the duties of the role, often including personal disclosure of that lived experience. <i>[Peers may be either staff or volunteer roles depending on individual organizational structures.]</i>

Substance	Any substance that is ingested, consumed or otherwise taken, and includes alcohol, illicit drugs, inhalants, solvents and medication, the use of which represents a misuse of medication.
Illicit Drugs	Any drug or substance that is not legally obtainable by the employee, Peer or other volunteer, and whose use, sale, possession or transfer is restricted or prohibited by law (e.g. cocaine, heroin, methamphetamine MDMA), and includes prescription drugs that have not been lawfully prescribed to the employee, Peer or other volunteer.

### **Policy**

*[Organization]* is committed to processes and practices that support the meaningful engagement of individuals with lived experience of substance use, in staff, Peer and other volunteer roles while holding all staff, Peer and other volunteers accountable to meet organizational requirements to carry out the mission and mandate as outlined in *[name of organizational Rights & Responsibilities/Code of Conduct document]*.

### **Procedures**

#### **1. Employing people who use substances**

*[Organization]* recognizes that substance use occurs along a spectrum and for many, is fluid and may change over time. This requires appropriate and responsive support from supervisors and the development of an organizational Rights & Responsibilities/Code of Conduct.

*[Organization's]* *[name of organizational Rights & Responsibilities/Code of Conduct document]* defines the principles, values, standards and expected behaviour of staff, volunteers, clients and students. It is designed to contribute to the welfare, safety and rights of all those working in and with the organization and *[has been/will be]* developed with meaningful participation from those who use substances including staff, Peers and other volunteers. *[Cross reference to organizational document if one currently exists.]*

Further, specific procedures related to employing people who use substances include:

- a) *[Organization]* provides an in-depth reference of appropriate resources, as referenced in this policy, to support effective harm reduction program planning and for working successfully with staff, Peers and other volunteers with lived experience of substance use.
- b) *[Organization]* provides accessible opportunities for those with lived experience of substance use to have meaningful input into planning and evaluation of programs and service delivery.
- c) Where requested or identified as a capacity building need, supervisors of staff who have been recruited from volunteer-based Peer programs provide training and guidance on working in an office setting, using administrative and communication systems, and working as part of a multi-disciplinary team.

- d) *[Organization]* delivers training for staff, Peers and other volunteers that provides a space for participants to reflect together on personal models and philosophies of substance use, harm reduction, individual identities, social stereotypes, power relationships and empathic practice.
- e) *[Organization]* supports and expects staff, Peers and other volunteers who use substances and provide services to others who use substances to be able to distinguish between the personal values of a particular model or framework in their own life (e.g. a political framework such as human rights framework; a self-help model such as 12-step programmes; or the approach used by a service provider, such as a medical or therapeutic community model) and the service user's right to choose their own model or framework for understanding their substance use.
- f) All staff, volunteers, students, and clients within *[Organization]* use non-judgemental and non-discriminatory language about substance use or people who use substances.
- g) Staff who actively use substances are attentive to their language when discussing substance use or situations involving substance use in front of staff or clients who are working to reduce substance use and/or achieve or sustain abstinence.

## 2. Human Resources Management

*[Organization]* supports all Peer volunteers to explore and prepare their individual capacity building goals including, but not limited to, employment opportunities within the Organization or community.

Further, specific procedures related to human resources management include:

- a) Recruitment & hiring
  - i) *[Organization]* commits to providing opportunities for Peer volunteers, who otherwise meet the skill requirements, to secure paid positions, and for staff with lived experience of substance use to have fair opportunities to progress through the organization.
  - ii) *[Organization]* HR recruitment, selection and orientation processes clearly communicate they value diverse lived experience, including substance use for staff and volunteers.
  - iii) *[Organization]* includes substance use as one example of lived experience that is an asset to staff or Peer volunteer roles within the Organization.
  - iv) When recruiting for harm reduction or related positions, *[Organization]* specifically notes the requirement or preference for current or former lived experience of substance use. *[Organization]* includes targeted promotion of the available position in the recruitment process, in efforts to draw from different segments of populations that use substances (e.g. through local harm reduction and social service agencies, community drop-ins, shelters, local substance user networks - both formal and informal).
  - v) Recognizing traditional structural barriers in the hiring process that can exist for people with lived experience *[Organization's]* selection process provides flexible but consistent interview processes; and understands and does not negatively factor into the hiring decision considerations such as gaps in the timeline of work history and experience,

background or criminal record checks which are not a mandated requirement of the position.

- b) *[Organization]* utilizes orientation processes to:
  - i) communicate and establish organizational values;
  - ii) introduce and familiarize new staff, Peers and other volunteers to the workplace and fundamentals of the organization including first aid training, access to first aid kits, managing overdose, fire extinguishers, universal precautions, safety and security protocols, safe disposal boxes for used harm reduction supplies, evacuation and emergency protocols, self-care practices/employee assistance programs, and serious incident reporting; and
  - iii) establish clear expectations in terms of ethics, integrity and workplace standards. *[Cross reference to any relevant organization documents such as Rights & Responsibilities or Code of Conduct.]*
- c) Wherever possible, training provided by *[Organization]* takes into account the range of adult learning styles as well as the specific needs of participants, including those who use substances.
- d) *[Organization]* adheres to requirements of occupational health & safety. This includes the understanding that impairment is a potential workplace hazard that may lead to accidents and injuries, and that substances (e.g. drugs, alcohol), fatigue and life stresses can cause impairment. Safety of all (Organization) members must be of primary importance.
- e) Attendance issues for staff, Peers or other volunteers who use substances are addressed through *[Organization's]* Human Resources policies. *[Cross reference relevant Human Resources policies and review/update these policies to ensure they provide transparent flexibility where appropriate and possible.]*
- f) *[Organization's]* policies on Personnel Records and Confidentiality are strictly adhered to and include appropriate managing of any personal information about lived experience of substance use for staff, Peers or other volunteers.

### **3. Support for staff, Peers and other volunteers with lived experience of substance use**

Consistent with organizational practice and recognizing the apprehension that exists for many individuals who bring lived experience of substance use to their role as support for others with similar lived experience, it is important to provide a range of support for staff, Peers and other volunteers who use substances. These supports are focused on assisting individuals to manage their well-being and strengthen their workplace performance.

Further, specific procedures related to support for staff, Peers and other volunteers with lived experience of substance use include:

- a) Staff, Peers and other volunteers continue to be able to access any service that they would be eligible for. Their staff role neither restricts their access, nor does it allow them to bypass eligibility criteria and service procedures.

- b) *[Organization]* responds to treatment requirements of staff, Peers and volunteers who use substances in a manner consistent with and framed within the wider context of policies and practices supporting individuals with chronic health conditions. Open, confidential and non-judgemental discussions are required to review the staff, Peer or volunteer's needs while balancing the requirements of the role and organization to determine the ways in which the organization can support the individual's treatment needs. This might include: adjusting work hours to allow staff to benefit from treatment and related healthcare services (e.g. dispensing arrangements for Opioid Substitution Treatment [OST]); ensuring Human Resources policies are in place that respond to episodic illness and absence; and ensuring a mutual understanding of any potential impact on performance.
- c) *[Organization]* recognizes the need for employees to take time off to manage the effects of withdrawal as legitimate, and will be managed through organizational sick leave, unpaid leave, or short-term disability policies and procedures. *[Cross reference to current, relevant organizational policies.]*
- d) No employee, Peer or other volunteer will be forced, explicitly or implicitly, into any treatment program. Should they request it, individuals will be supported in using all available established drug dependence treatment programs.
- e) Excessive use of sick leave, knowingly or assumed to be related to substance use, will be managed consistent with organizational values and existing policies and procedures, and will involve non-judgemental discussions with the individual to identify any needs, possible supports and organizational expectations.
- f) *[Organization]* supports access to a range of support including: psychological and professional support; coaching; Peer debrief sessions; community or sector network supports; and Employee Assistance Program (EAP). Consistent with organizational policy, there may be instances where those providing support are required to disclose discussions to appropriate organizational management. *[Cross reference relevant organizational policies on limitations of confidentiality.]*
- g) Through regular supervision, proper and effective briefing/debriefing practices (pre and post-shift) and other broader organizational supports, *[Organization]* incorporates burnout prevention strategies such as training for staff on: managing stress and stigma; time management and goal setting; developing internal coping skills; using social support mechanisms, such as Peer support groups; a healthy work-life balance; and setting concrete and realistic goals.
- h) Recognizing that experiencing death, loss and grief are often aspects of harm reduction and HIV work, *[Organization]* provides appropriate support and has policies/practices in place for staff to reduce the possibility of complex grief responses negatively impacting performance (e.g. access to psychological/professional support such as EAP or community partner referrals, maintaining a memorial book, and where possible and appropriate, for staff to attend funeral or memorial services).
- i) A personal risk assessment tool and process is available for staff, Peers and other volunteers who use substances to think about how they manage the interface between work and their

current and/or past substance use (e.g. [Good Practice Guide for Employing People Who Use Drugs](#); *Risk assessment circle – Appendix 3*). When this is used, it is then followed up with risk prevention planning and risk management strategies.

[*Organization*] consults with appropriate Human Resources professionals or legal counsel to ensure appropriate support in recognition that accommodation may be required for individuals who have a disability under the Ontario Human Rights Code (e.g. substance use disorder).

#### 4. Performance

Performance concerns which may be related to substance use need to be addressed in a manner consistent with organizational policy and practice. The objective is to understand the issues and support change for the individual. This will address performance concerns which might include support for the individual to manage their substance use in a way that does not impact negatively on their performance at work. If patterns of problem substance use continue and particularly, if a staff fails to engage in support measures or take personal action to address their substance use and its effects at work, then the problem is addressed through the organization's disciplinary policies. The focus at this point is the poor performance and any resulting damage to the organization's reputation. [*Cross reference to relevant Human Resources policies.*]

Further, specific procedures related to performance include:

- a) All staff, Peers and other volunteers are expected to perform their professional duties in a coherent, competent, and respectful manner and in alignment with organizational expectations and [*Rights & Responsibilities/Code of Conduct*]. Concerning behaviours could include:
  - i) paranoid episodes that can appear violent,
  - ii) slurred speech,
  - iii) exaggerated or clumsy body movements,
  - iv) verbal or physical threats, and
  - v) unacceptable behaviours for the work environment (e.g. inappropriate jokes, unwanted touching, discriminatory remarks, etc.).
- b) Regardless of whether management believes that these behaviours are caused by substance use, management will focus on behaviour and "fitness for duty" rather than suspicions of substance use.
- c) Supervisors will also be cognizant and tolerant of physical reactions that an individual who uses substances has no control over, and that do not, by themselves, compromise the job such as: profuse sweating, pinned or enlarged pupils, itchy skin and/or what might look like exacerbated scratching, or feeling tired or sleepy, for example during methadone acclimation periods.
- d) Following the legalization of cannabis in Canada, [*Organization*] adheres to the rules and prohibitions related to cannabis use in the workplace as set out in Ontario's legislative framework for cannabis legalization. (<https://www.ontario.ca/page/cannabis-laws>)

- e) If an employee, Peer or other volunteer requires medical cannabis during work hours and has provided a physician's prescription, *[Organization]* will make every effort to meet the expressed needs of the staff, Peer or other volunteer. Additionally, *[Organization]* will consider any other obligations pursuant to the duty to accommodate under the *Ontario Human Rights Code*.
- f) *[Organization]* supervision sessions are provided to all staff and Peer volunteers and follow organizational policies and procedures. While key aspects of supervision are standard for all individuals, supervisors can be flexible to support staff to maximize positive returns for the program and employees, Peers and other volunteers who use substances.
- g) Investigations undertaken in response to a complaint follow *[Organization's]* complaint policy and procedures, and include consideration of any potential bias or stigma related to real or perceived substance use.
- h) Where appropriate and consistent with organizational policies and practice, a Performance Improvement Plan (PIP) is developed and utilized to clearly outline issues, opportunities for support, and agreed upon expectations within a specified time period.
- i) When reviewing and updating organizational policies, particularly related to performance and discipline, *[Organization]*, reviews previously provided feedback and where appropriate, solicits input from staff, Peers or other volunteers who use substances.
- j) *NOTE: Organizations should review their Human Resources policies and procedures related to progressive discipline to ensure that in addition to the examples already cited (such as violence, sexual assault, theft from the organization, sexual relationships with clients/service users, etc.) specific examples related to substance use are clearly communicated. In addition to common examples for each step of progressive discipline, examples more specifically relating to substance use include, but are not limited to:*
  - i) *Policy Violations that Warrant a documented Verbal Warning or Written Warning:*
    - *Lending money to service users*
    - *Being obviously impaired during office hours (not including side-effects of medication)*
  - ii) *Policy Violations that Warrant a Written Warning, Temporary Suspension or Other Action:*
    - *Purchasing drugs from service users*
    - *Borrowing money from service users*
    - *Coming to work obviously impaired after prior warning(s)*
  - iii) *Policy Violations that Warrant Dismissal:*
    - *Selling, "fronting," or giving illegal substances to service users*
    - *Violating confidentiality of service users (for example, by letting others know about a service user's substance use)*
    - *Injecting substances for service users (for Peers, this would only be during work time), See 5d below.*
    - *Using substances on site or while working in the community (except in situations involving the use of medical marijuana as set out in 4 c) above)*

- *Coming to work obviously impaired after several warnings and suspensions*
- *Failure by Peers to deliver services due to an outstanding debt to a service user (staff should never have any kind of debts to service users)*

***As with any progressive discipline process, organizational practice should include consulting with appropriate Human Resources professionals and/or legal counsel.***

## 5. Relationships

While providing the opportunity for meaningful and rewarding activities that for many are a component of their personal well-being, moving from a service user role to a service provider role (such as Peer volunteer or staff), can create **personal** challenges and require organizational support.

In addition, becoming an employee or Peer volunteer can occasionally have a negative impact on **relationships** within existing social networks of substance users and may require additional support to manage conflict and changing roles.

Further, specific procedures related to relationships include:

- a) Examples related to substance use, shared lived experience between service user and service provider, and the corresponding structural power imbalances, are incorporated into discussions of confidentiality and boundary expectations of the organization. Where staff, Peer or other volunteer roles directly relate to substance use, harm reduction or direct lived experience of the individual filling that role, additional training and/or discussion is provided to focus on the additional tensions and complexity that can exist within this context. *[Cross reference organizational policies on confidentiality, boundaries and other relevant resources.]*
- b) Supplying, soliciting the supply of, or storing illicit substances on *[Organization's]* premises or when representing the organization are strictly prohibited.
- c) Supplying, soliciting the supply of, storing or sharing legal substances (e.g., alcohol or cannabis products) during work-related activities are strictly prohibited.
- d) Unless specifically identified as part of the role, such as might be the case in Consumption and Treatment Services (CTS) settings with Peer-to-Peer assisted injection services, no staff or Peer is allowed to inject a service user with a substance, including where outreach workers visit places where people are likely to be injecting.
- e) *[Organization]* provides debriefing meetings whenever a crisis occurs, including situations related to substance use. These offer opportunities to review procedures and outcomes as well as for those involved to gain mutual support.
- f) Opportunities, processes and expectations are clearly communicated to support early and open discussion of questions or tensions related to complex relationships which are often present for staff, Peers and other volunteers who use substances or have lived experience of substance use and work with clients who use substance users.

- g) Staff and Peers do not lend money to, or borrow money from, service users. The borrowing or lending of money where inherent power imbalances exist can create boundary issues and impact on delivery and/or access to services. *[Review relevant organizational policies such as conflict of interest and boundaries, and include appropriate cross references to these.]*
- h) Harm reduction is a core principle and aspect of service delivery for *[Organization]*. Supervisors will support any employee, Peer or other volunteer who may be triggered by signs or perceptions of substance use by colleagues to develop strategies and will ensure clear expectations that support a comfortable and respectful work environment for everyone, to ensure the employee can continue to effectively meet the deliverables of their position.
- i) Coordinators of volunteer Peer programs and managers of staff with lived experience of substance use will actively provide coaching on wellness in the workplace.

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