

WORKPLACE GUIDE

A high-impact, no-BS resource for leaders and teams who care.

Recovery isn't just a personal journey—it's a cultural one. And if you're here, it's probably because you want to build a workplace where people in recovery aren't just tolerated... they're seen, respected, and supported.

But most DEI toolkits stop short when it comes to addiction.

They skip over the uncomfortable stuff: shame, stigma, relapse, the messy middle. This guide doesn't.

This is about learning how to use your words well. How to check your bias. How to spot real needs in the people you lead—and show up for them in ways that actually help.

Inside, you'll find:

- Language swaps to avoid stigma and center respect
- Red flags to look for without judgment
- Ways to support a sober employee without being weird about it
- Conversation openers that don't feel like HR scripts
- A workplace audit to see if your culture truly makes space for recovery

You don't need to have the perfect policy or say the perfect thing.

You just have to be willing to care out loud.

Golden rule: When in doubt, ask. Let people define themselves in their own words.

Section 1: Words Matter – The Language of Respect

Language can either invite people in or push them further into isolation. When it comes to sobriety and recovery, even well-meaning phrases can carry shame, stigma, or assumptions. If you aren't sure what's appropriate, here's a neutral vocabulary to use.

Inclusive language isn't about being perfect. It's about being mindful. It's about dignity.

Common Swaps for Respectful Language

Instead of...	Try this...	Why This Matters
“Addict / Alcoholic”	“Person in recovery” / “Person with a substance use disorder”	Puts humanity before diagnosis; reduces stigma
“Clean” (re: sober)	“Substance-free” / “In recovery”	“Clean” implies judgement; a person using is not dirty
“Relapsed”	“Returned to use” / “Using again”	Neutralizes shame; focuses on journey
“Substance abuse”	“Substance use” / “Misuse”	“Abuse” implies criminality or violence
“Cracked out / Wasted”	“Under the influence”	Reduces cartoonish or mocking language
“User”	“Person who uses substances”	Person-first language again
“Sober curious”	“Exploring sobriety”	Trendy verbiage can trivialize the experience
“Crazy / Psycho”	“Overwhelmed” / “Struggling” / “Going through it”	Ableist terms that trivialize mental health
“Having a meltdown”	“Needs a break” / “Is dysregulated”	Better for neurodivergence and trauma awareness

“High-functioning alcoholic/addict”	“Person who appears successful while struggling with substance use”	Avoids reinforcing productivity as a mask for pain
“They're just lazy”	“They may be disengaged or overwhelmed”	Laziness is often trauma, stress, or burnout in disguise
“Drinking the Kool-Aid”	“Bought into it fully” / “Fully aligned”	Rooted in a tragedy, can be triggering
“Off the wagon”	“Out of alignment with their recovery”	Respectful of complexity, not folklore language
“They can’t handle it”	“They might need a different kind of support”	Keeps dignity intact

If you’re worried you’re going to get it wrong, ask yourself:

- Does this phrase reduce someone to a label?
- Would I say this in front of a person with lived experience?
- Does this phrase center judgment, sarcasm, or dehumanization?

Pro tip: follow the lead of the person. If they call themselves an addict or use seemingly offensive language, it’s totally okay to ask about it.

Small shifts in language can create massive shifts in trust.

You don’t have to walk on eggshells, and you don’t have to get it right every time. You just have to give a crap.

Section 2: Warning Signs in the Workplace

Substance use challenges don't always show up like they do in movies. They can look like burnout, depression, or just “being off.”

Here are signs that may warrant compassion, not suspicion.

Behavioral Red Flags:

- Frequent lateness, absences, or using lots of “sick days”
- Missed deadlines, errors, or a drop in productivity
- Emotional swings, irritability, or detachment
- Withdrawing from coworkers or acting out of character
- Changes in hygiene, weight, or physical appearance
- Smelling of alcohol or acting erratically in meetings

🚫 What not to do: Gossip about it. Weaponize it. Assume. Avoid.

✅ What to do instead: Offer support, open a door—not a trap. Ask questions.

What to Do:

When you notice signs that *might* point to a substance use challenge, your job isn't to diagnose...it's to create space.

Here's how to open that door with care and integrity:

1. Check Yourself First

Before you approach someone, pause. Ask:

- Am I reacting with curiosity or with judgment?
- Is this about their well-being—or my discomfort?
- Do I have the relationship and trust to have this conversation?

If not, it might be better to refer to HR or someone they trust more.

2. Document (quietly, respectfully)

If you're a supervisor and concerned, take quiet notes—not to punish, but to observe patterns. Be specific and objective:

- “Missed deadline on X, 3rd time this month”
- “Left team Zoom abruptly, seemed disoriented”
- “Emotional outburst with no apparent context”

This helps later if support, not speculation, is needed.

3. Create Psychological Safety

Make it *clear*—both in culture and one-on-one interactions—that employees can talk about what’s really going on without fear of punishment or being labeled.

Say things like:

“If you ever need to step back or take care of yourself, we can work through it. We want you well and to feel supported.”

4. Offer Resources, Not Assumptions

Instead of trying to “get to the bottom of it,” offer help. Try:

- “Hey, you’ve seemed off lately and I care. If you ever want support, I can walk you through our EAP.”
- “No pressure to share details, but if you’re going through something, you don’t have to carry it alone.”
- “There’s no judgment here; I’ve noticed a shift recently and wanted to offer support if you need it.”

Make it *normal* to talk about mental health, recovery, or hard seasons.

5. Respect Privacy, Always

Don’t push someone to explain. If they say “I’m dealing with something personal,” honor that.

And if they do open up—don’t tell the team. Don’t make it about you. Don’t try to “fix” them.

Keep in mind: not everyone’s problem is yours to solve, and someone who is in recovery may already be seeking help, assistance or aid elsewhere.

Section 3: Supporting a Recovering Teammate

“Let me know if you need anything” isn’t a policy. Support is a system.

Recovery is personal, but surviving in recovery is deeply social. Especially in the workplace.

Too often, organizations rely on vague statements of “support” that crumble under pressure. But building a recovery-friendly culture doesn’t require a total overhaul. It requires intention, consistency, and the willingness to hold space for the messy middle.

Here’s what that can look like:

Recovery-Positive Employer Practices

1. Flexible, Non-Stigmatized Time Off

Don’t make people choose between keeping a job and attending a therapy session or a 12-step meeting or a support group.

- Offer adjustable schedules for ongoing recovery care
- Avoid requiring disclosure of *why* someone is taking time off unless it’s legally necessary
- *Normalize phrases like: “We value mental and emotional health. You don’t need to explain it all to take care of yourself.”*

2. EAPs that Aren’t Just Fine Print

If you offer an Employee Assistance Program, talk about it like it’s for everyone—not just people in crisis.

- Mention it during onboarding, wellness emails, team check-ins
- *Use language like: “Whether you’re dealing with burnout, anxiety, substance use, or just need to talk—this is here for you.”*
- Consider anonymous or third-party EAP outreach for added privacy and access

3. Real Benefits that Cover Real Recovery

Your health plan should support both mental health treatment and substance use recovery without loopholes.

- Coverage should include inpatient, outpatient, therapy, and medication-assisted treatment (MAT)
- List addiction recovery openly in benefits guides, don't bury it
- If possible, partner with recovery-informed providers in your network

4. Job Descriptions and Performance Reviews Without Shame Baked In

Audit your materials for bias against people in recovery, trauma survivors, or neurodivergent folks.

- *Replace phrases like “thick-skinned” or “handles high-stress fast-paced environments” with language like: “Able to navigate changing priorities with support and communication”*
- Ensure reviews don't penalize someone for taking time off for treatment or ongoing care

5. Stop Making Booze the Center of Belonging

Yes, it's fun to pop champagne. No, it shouldn't be the only way to connect.

- Offer non-alcoholic options (that aren't just water) at every event
- Don't ask *why* someone isn't drinking, ask what they *would* like
- Host connection opportunities that aren't bar-centric: think morning walks, cooking classes, volunteer outings, book swaps

Pro tip: Sober culture isn't “less fun.” It's often more present.

6. Treat Addiction Recovery as a DEI Issue...Because It Is

Substance use intersects with trauma, race, gender, disability, class, and neurodivergence. Addiction does not discriminate.

It is not a moral failing. It's a disease that can show up at any time and can evolve and express itself in many ways.

Include it in:

- DEI training and panels
- ERGs (employee resource groups) for mental health or recovery
- Storytelling and culture-building efforts

“Diversity” isn't just about who's at the table. It's about *whether people feel safe to eat there*. Make room. Create space. Allow vulnerability.

Section 4: How to Have Sensitive Conversations

You don't need to be a counselor. You just need to be human.

Let's be real: most people don't open up because they don't trust how you'll handle it.

If you're a leader, coworker, or friend and you're concerned about someone, don't ignore it. And also don't overthink it. The goal isn't to fix or diagnose, it's to extend safety. Here's how to do that without being performative, invasive, or making it worse.

Check Your Intention:

Before you say anything, ask yourself:

- Am I trying to support or am I trying to manage?
- Am I okay with not knowing the whole story?
- Can I hold space without making this about me?

If the answer is no, it might be best to pause and talk to HR or a mental health partner first.

If You're Concerned About Someone:

Here are some non-intrusive, empathy-forward ways to open the door:

- **“Hey, I've noticed you've seemed off lately. Just want you to know I care.”**
- **“If you're going through something personal, you don't have to share—but you don't have to carry it alone either.”**
- **“There's no pressure to talk, but if you ever need space or support, I've got your back.”**
- **“You're not in trouble. I just care more about *you* than whatever's on the calendar today.”**

*Tone matters. Be calm, nonjudgmental, and unrushed.
People can tell when you're faking it.*

If you're interested in learning more or having a 1:1 coaching session to support your team or create a safe work environment, contact Whitney Cowell at whitney@sobersoul.co.

Avoid These Phrases:

- **“Are you using again?”** - This is accusatory and humiliating, even if it’s true
- **“You’ve really been slipping. What’s wrong with you?”** - This centers your discomfort, not their experience
- **“You’re letting the team down.”** - This creates shame, which shuts people down and pushes them further into hiding

Big red flag: Never use someone’s recovery—or suspected challenges—as leverage or gossip. Discretion and safety are foundational when it comes to leadership.

If They Share: Understand that you don’t need to fix it, you need to witness it.

Here’s how to be a safe person:

- **Listen more than you talk.** Silence is not awkward, it’s safe and, in this situation, inviting.
- **Say thank you.** “Thanks for trusting me. That’s a big deal.”
- **Ask what they need.** Not what you assume they need.
 - “Is there anything I can do to make work feel more manageable right now?”
 - “Would it help to connect with HR or our EAP together?”
- **Respect their privacy.** Don’t repeat their story—even to “check in” on their behalf.

Things to Remember:

- Their recovery or mental health is not your business *unless* they choose to share it.
- Your job isn’t to be their therapist. Your job is to be a trustworthy, respectful person in their space.
- Showing up doesn’t mean having the right words; it means being present without pressure.

Pro Tip: If you say “You’re not alone”, you better mean it.

Section 5: Building a Sober-Inclusive Culture

If you want to be a workplace where people in recovery don't just survive but thrive, there are a few things you can immediately work on.

Build a culture that:

- Offers *non-alcoholic* options at every event (and doesn't make it weird).
- Celebrates mental health days like they matter.
- Avoids glamorizing “wine o'clock” or “whiskey Wednesday” tropes.
- Includes people with lived recovery experience in policy creation.
- Uses DEI training to talk about trauma, addiction, and healing—not just optics.

Questions to Ask Your Team:

- Do people feel safe sharing about mental health or recovery needs?
- Is our wellness programming inclusive of sober folks?
- Are leaders modeling vulnerability and care—or just compliance?

Workplace Audit – Is Your Culture Recovery-Inclusive?

Question	Yes / No
Do your health benefits include coverage for addiction recovery and mental health treatment?	✓ / ✗
Do your policies support time off for therapy, meetings, or treatment—without shame?	✓ / ✗
Are social events inclusive for sober folks (non-alcoholic options, no pressure)?	✓ / ✗
Is alcohol normalized or glamorized in your culture (jokes, “drink carts,” etc.)?	✓ / ✗
Have your managers been trained on trauma-informed and recovery-aware leadership?	✓ / ✗
Do you celebrate or acknowledge people's personal journeys (with consent)?	✓ / ✗
Is your DEI strategy inclusive of neurodiversity, mental health, and recovery?	✓ / ✗