

SUBSTANCE USE WORKFORCE WELLNESS PROJECT: SUMMARY REPORT AND RECOMMENDATIONS

Wellington Guelph Drug Strategy

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INTRODUCTION

The Wellington Guelph Drug Strategy, with the support of a grant from the City of Guelph, launched the Workplace Wellness Project in 2024 to address the critical impacts of the ongoing drug poisoning crisis on direct service workers within substance use organizations in Guelph. Frontline staff are regularly exposed to grief, loss, and trauma, often without adequate workplace support systems in place. This project was developed in response to these challenges, aiming to provide resources, training, and recommendations that promote workplace wellness within the context of loss due to the ongoing drug poisoning crisis. The Workplace Wellness Project consists of two primary components:

1. A Comprehensive Report that includes a literature review, a curated resource list, as well as these key recommendations for organizations on how to improve staff well-being. These insights have been shaped by participant feedback, a workplace survey, direct conversations with both staff and management, as well as input from a workplace wellness consultant.

2. A Shared Learning Series – Recognizing the need for focused training on grief and loss, the project facilitated a series of workshops led by Juno Zavitz of Aporrai Consultancy & Counselling. These sessions provided direct service workers and management with essential grief-processing spaces, skill-building opportunities, and leadership strategies to better support staff experiencing loss.

This report outlines our process, findings, and actionable recommendations to help organizations build a culture of care and sustainability for staff working within substance use organizations in Guelph Wellington.

WHAT WE HEARD

CURRENT CHALLENGES

Throughout the project, staff in the substance use field shared challenges and considerations in their workplace. Key themes we heard include:

Grief and loss are frequent and deeply felt, yet there was an identified lack of debriefing and structured support, leaving some staff to process in isolation. As an example, some staff may hear about a client death informally, sometimes from clients themselves, without time to collectively acknowledge and grieve.

Workplace culture and support systems are inconsistent across organizations —while some teams foster openness, this can sometimes lead to boundary challenges, or a sense that staff must continue working, despite challenging experiences, for fear of letting their colleagues down or leaving them under staffed. Additionally, wellness initiatives are inconsistent, with some some staff feeling unheard and unsupported.

Workload and job security concerns can further contribute to stress within the substance use workforce. The instability of funding, shifting policies, and structural inequities exacerbate uncertainty, making it difficult for workers to plan for the future.

Peers may face additional barriers, including stigma, tokenization, and lack of recognition for lived experience, leading to feelings of exclusion and powerlessness in decision-making.

WHAT IS WORKING

Staff also shared that several workplace wellness initiatives and informal supports have proven beneficial, including:

Peer Support and Team-Based Wellness

Informal peer-led initiatives, including drop-in sessions, morning and evening huddles, and individual check-ins, have supported staff in processing grief, trauma and fostering a sense of support and connection. Bi-weekly debriefing sessions, available both during the day and evening, provide accessible opportunities for staff to share experiences. Staff also appreciate having autonomy to take time off when impacted by a death or difficult situation, such as going for a walk or attending a memorial.

Leadership and Organizational Support

Intentional support and strong leadership has played a critical role in staff well-being. Some organizations have made space for grief and loss by supporting staff to visit hospitals to say goodbye to clients, holding memorials, and even shutting down services temporarily when teams need to cope. Monthly lunches and coffee meetings with management, where all topics, including personal well-being, are discussed, have been a helpful way to foster connection and support.

Formal Wellness Resources and Benefits

Employee Assistance Programs (EAP) and increased benefits have provided some level of support, particularly when promoted and made accessible. Dedicated wellness days allow staff to take necessary time for self-care. Previous examples include group counseling sessions and an Indigenous grief circle. Access to trauma counselors, though limited, has been helpful for some staff following client or coworker deaths.

Community and External Support

Support from outside organizations, as well as the willingness of teams to check in on each other, has created a sense of collective care. Staff value the ability to attend events relevant to their work, participate in community-led memorials, and engage with peer practice leads (e.g. supervisors with lived experience who can provide a unique level of understanding).

While there are gaps in consistency and accessibility, these existing wellness practices highlight the importance of peer support, strong leadership, flexible benefits, and structured debriefing as key components of staff well-being. Expanding and formalizing these supports can improve long-term resilience in the field.

RECOMMENDATIONS FOR IMPROVED WORKPLACE WELLNESS

The following recommendations are derived from informal interviews, surveys, and focus groups conducted with staff working in local substance use organizations, and from Juno Zavitz, the consultant and shared learning facilitator for this project.

The feedback highlights the unique demands of working in the substance use field, with a focus on grief, loss, and emotional well-being.

The following recommendations are aimed at addressing these needs while promoting a culture of support, communication, empathy, and connection. They are organized into key themes that emerged throughout the course of the project.

PRIMARY RECOMMENDATION

1. SUSTAINED COLLABORATION AMONGST PARTNERS FOR ONGOING WORKPLACE WELLNESS

For lasting impact, it is recommended that organizations move beyond one-time initiatives and commit to sustained, collaborative wellness efforts. By pooling resources—financial, educational, and community-based—organizations can invest in sustainable strategies to address grief, loss, and burnout among direct service workers.

Some staff noted they were more comfortable attending wellness programs hosted by partner organizations rather than their own, making cross-agency collaboration essential. Developing shared wellness spaces, allowing participation across agencies, and offering multiple access points within internal programs can help accommodate diverse comfort levels.

A variety of wellness approaches should be offered, recognizing diverse needs and potential hesitation of staff to participate. Building engagement takes time, and it is recommended that staff be actively involved in shaping support programs to ensure relevance and effectiveness.

2. PEER ROLE AND SUPPORT:

•Peer Representation in Decision-Making:

Ensure peers are actively involved in all aspects of program design and decision-making. It is recommended that at least two peer representatives be included at all decision-making tables, to ensure their voices and experiences shape policies and practices. This will also help to reduce feelings of tokenism and isolation.

•**Staff Support Groups:** Establish regular staff-run support groups where staff can come together to share experiences, provide mutual support, and process grief collectively, in ways that feel appropriate to staff, to foster a sense of solidarity and help reduce isolation.

•**Grief Doula or Peer Counselor:** Embed a "Grief Doula" or peer counselor within the community—someone with lived experience who can offer emotional support, conduct grief-related training, and be a go-to resource for those coping with loss. This person could also facilitate memorials and lead staff through grieving processes.

•**Peer Training:** Provide agency-wide training, especially for management, on the peer role to deepen understanding of its complexities and challenges. It is recommended that the training highlight the importance of applying policies and procedures equitably rather than equally, ensuring that peer workers receive the appropriate support and accommodations needed for their unique roles.

3. BENEFITS AND TIME OFF:

•Clear and Accessible Bereavement Policies:

Ensure that bereavement leave and wellness days are clearly outlined during orientation and are easily accessible. Staff should be encouraged to take time off without fear of judgment or additional barriers.

•**Wellness Days and Paid Time Off:** Offer paid wellness days or personal time off to everyone, regardless of staff hours or contract, that can be used without the need for detailed justification. It is recommended that organizations normalize and encourage taking time off for care needs.

•**Therapy Coverage:** Provide therapy sessions specifically for grief and loss as part of the benefits package, with the organization covering costs directly related to these issues. Consider allocating resources to be used for "wellness" however employees see fit.

•**Implement a Worker Wellness Spending Model:** Develop a consultancy pool where staff can access a pre-approved list of care providers (e.g., therapists, body-based practitioners, Indigenous healers) and provide a set number of sessions covered by employer funding. Encourage non-traditional wellness options, such as massage therapy, acupuncture, or movement-based interventions.

• **Equitable Rather than Equal Distribution of Benefits:** Allot time off and benefits based on the level of emotional risk associated with each role, rather than distributing them equally across the agency. This ensures that those in high-impact positions receive the necessary support to manage the emotional demands of their work.

4. SUPPORT AND SUPERVISION:

•**Empathetic Supervision:**

It is recommended that supervisors be trained to provide emotional support and active listening in addition to oversight. Supervisory relationships should focus on empathy and understanding of the emotional challenges with a focus on witnessing, rather than fixing.

•**Regular Check-ins:** Implement regular one-on-one check-ins between staff and supervisors to monitor well-being, offer emotional support, and provide clinical supervision to support an environment where staff can discuss challenges openly. Group debriefing was also named as a desired option.

•**Access to Counseling:** Ensure that staff have access to clinical supervision or counseling sessions with a grief specialist or emotional support professional.

•**Leadership Training:** Prioritize ongoing leadership training and skill building around grief and loss, to better help support staff.

5. CONNECTION & COMMUNITY

•**Wellness Drop-In:** Designate regular, work-hour drop-in sessions (e.g., monthly) for staff to engage in group debriefing, memorials, or wellness-focused activities such as somatic exercises or arts-based therapy, or other activities as suggested by staff. This ensures accessible, ongoing support for processing grief, fostering connection, and maintaining well-being. This may need to be led by staff or organized by leadership.

•**Building Community Among Staff:** Foster an inclusive environment and connection through in-person social activities during work hours to build team cohesion and support staff.

• **Implicit vs. Explicit Grief Care Strategies:** Provide both implicit and explicit grief support options to accommodate different comfort levels. Avoid labeling spaces as “grief groups” and instead offer alternative gatherings for staff with a shared experience of grief, such as lunches, creative activities, or movie screenings, where grief discussions may naturally emerge. For those who prefer direct support, explore options for individual counseling or body-based wellness interventions, as mentioned.

6. LEARNING AND COMMUNICATION

•**Ongoing Professional Development:** Provide consistent professional development opportunities focused on grief management, trauma-informed care, harm reduction, peer support, and self-care. It is recommended that this take place during work hours and be regularly scheduled.

•**Clear Communication of Client Deaths:** Develop a clear policy and communication plan for how client deaths and other sensitive events will be communicated to staff and community members. This plan should be transparent and consistent, helping to manage the emotional impact of such news.

•**Debriefing and Incident Reporting:** Debriefing after an incident takes place should largely focus on the impacts of the event, rather than the sequence of events itself. For more info visit [here](#).

7. MEMORIALS AND RITUALS

•**Staff Memorials and Ceremonies:** Consider implementing workplace memorials and rituals that recognize client deaths and honor their memory and provide meaningful ways to grieve collectively as a team.

•**Community-Based Memorials:** Foster community involvement in memorials, ensuring that staff and community members alike have a chance to participate in honoring those lost. This can include open ceremonies, shared spaces for reflection, and memorial art. Ensure communication between agencies on when memorials are set to take place.

8. PHYSICAL SPACE:

•**Wellness-Focused Break Rooms:** Design break rooms and rest spaces that encourage relaxation and recovery. Consider adding calming elements like puzzles, comfortable seating, grounding tools, or a “kudos wall” for staff to celebrate one another’s accomplishments. Designate a low-stimulation “regulation space” where workers can down-regulate after difficult interactions, with pre-bookable access for those who anticipate needing time to decompress. Consider incorporating adjustable lighting, noise control, and comfortable seating.

9. RESOURCES

•**Access to Grief and Loss Resources:** Ensure that resources for managing grief—whether through literature, online courses, or access to external grief counselors—are readily available to staff. For a list of resources, [visit here](#)

•**Grief and Loss Training for All Staff:** Implement training programs and resources that help staff understand grief, how to identify grief in themselves and others, and how to approach sensitive conversations about loss. It is recommended that this should be part of regular professional development.

CONCLUSION

By implementing these recommendations, organizations can create a workplace that prioritizes the wellness of individuals in the substance use workforce, helping them manage the emotional demands of their roles and promoting long-term resilience. This holistic approach will not only improve staff morale but also enhance the quality of care provided to clients and the broader community.