



National Institute of
Environmental Health Sciences
Worker Training Program

Initiatives to Prevent Opioid Misuse and Promote Recovery Friendly Workplace Programs

January 2022



Overview

To respond to issues around the growing opioid epidemic, the National Institute of Environmental Health Sciences (NIEHS) [Worker Training Program](#) (WTP) has developed training, resources, and tools on [opioids and the workplace](#). Sharing information about initiatives to prevent opioid misuse and promote recovery friendly workplace programs is part of the WTP's commitment to propagating this important work.

According to the Centers for Disease Control and Prevention (CDC), 130 people die from opioid overdoses every day.¹ In 2018, more than 10 million people misused prescription opioids.² The CDC has reported significant increases in drug overdose deaths during the COVID-19 pandemic.³ For example, the CDC estimated 100,306 drug overdose deaths in the 12-month period ending in April 2021, an increase of 28.5% from the same period the year before. Overdose deaths from opioids increased to 75,673 in this timeframe, up from 56,064 the year before. Overdose deaths are increasing largely due to illegal synthetic opioids (primarily fentanyl) and psychostimulants such as methamphetamine (Figure 1).⁴

This document includes summaries of opioid training conducted by organizations funded by the NIEHS WTP. It also highlights training programs, toolkits, resources, and initiatives from other agencies and organizations. This is not intended to be an all-inclusive list, because there are many other organizations doing important work that we may not know about.

This document highlights examples of initiatives developed by employers, unions, community-based organizations, and government agencies for the prevention of opioid misuse and promotion of recovery friendly workplace programs. These examples can be used to generate ideas on how to tackle various aspects of combatting opioids in the workplace. There are multiple examples from the construction and manufacturing industries. Other important areas of focus include training, attacking stigma, expanding access to mental health and substance use treatment, and developing recovery friendly workplace programs. Development of peer networks within industries and unions is an important focus, as well as work in collaboration with recovery, treatment, and government organizations. Note that this is a living document, and it will be updated on a continual basis as our knowledge and awareness of additional initiatives expands in this area.

Workplace injury and stress are associated with the misuse of prescription or illicit opioids. Some key obstacles to preventing and responding to opioid use in the workplace include stigma, punitive workplace policies, lack of access to mental health and substance use care, and treating opioid use disorder as a moral failing and in a disciplinary matter rather than a disease.⁵

1 CDC 2020a, Opioid Overdose, Understanding the Epidemic: <https://www.cdc.gov/drugoverdose/epidemic/index.html>

2 SAMSHA 2018, Substance Abuse and Mental Health Services Administration: Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health: <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>

3 Centers for Disease Control and Prevention, Emergency Preparedness and Response, Increase in Fatal Drug Overdoses Across the United States Driven by Synthetic Opioids Before and During the COVID-19 Pandemic: <https://emergency.cdc.gov/han/2020/han00438.asp>

4 Centers for Disease Control and Prevention, National Center for Health Statistics, Drug Overdose Deaths in the U.S. Top 100,000 Annually: https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm

5 Healing the Nation: Advancing Mental Health and Addiction Policy, Well Being Trust, 2020: https://wellbeingtrust.org/wp-content/uploads/2020/01/WBT_Healing-the-Nation-digital.pdf

We encourage employers, unions, community-based organizations, public health officials, and researchers to develop their own initiatives, reach out to the leaders and organizations whose work is outlined in this document, and share lessons learned to help stop the deadly toll of this epidemic on workers, families, and communities.

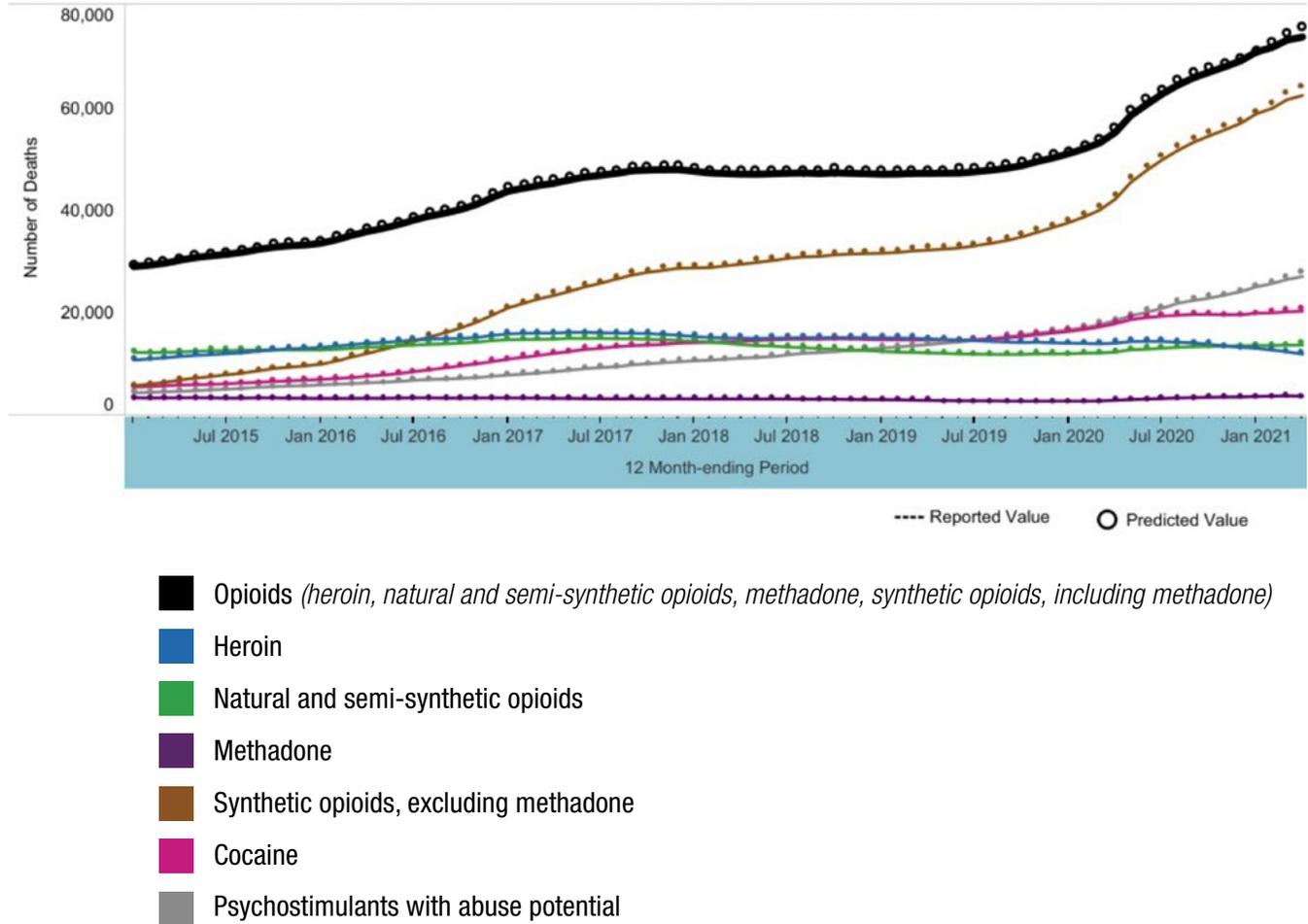


Figure 1: Chart reflecting month-ending provisional number of drug overdose deaths by drug or drug class up through April 2021.
 Source: [CDC, National Center for Health Statistics, 11/7/2021, 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class.](#)

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Union Initiatives



Training

CPWR and North America's Building Trades Unions (NABTU) Opioids in the Workplace Initiative

CPWR – The Center for Construction Research and Training was one of the first labor-based organizations to recognize the importance of addressing the opioid crisis in the construction industry. Individuals in the construction industry have one of the highest injury rates in the U.S., and opioids are commonly prescribed as a pain reliever. Between 2011 and 2015, there were 1,096 opioid-related deaths amongst construction and extraction workers—a rate of 150.6 deaths per 100,000 workers. The Massachusetts Department of Health has documented that construction workers die of opioid overdoses at a rate that is six times greater than the average of all Massachusetts workers.⁶ This was also confirmed by a multi-state study conducted by the National Institute for Occupational Safety and Health.⁷ These figures spurred officials at CPWR to take action to design materials to help construction workers address the crisis.

Some of the materials produced include a Hazard Alert, a Toolbox Talk, Physician's Alert, Pain Management for Construction Workers, an Infographic, and a Data Report. The Physician's Alert is a tool for injured construction workers to use with healthcare providers to discuss alternative pain treatment and avoid opioid misuse. This is a key tool, as it is at the time of injury that a construction worker will be confronted with prescription opioid pain treatment. It can be very consequential when providers do not try to offer alternative treatment or warn patients about the risk of addiction when opioids are prescribed. The Hazard Alert is a factsheet to raise awareness of construction workers, and the Toolbox Talk is a guide for pre-shift safety briefings.



Interview with Chris Trajan Cain, CIH, Executive Director, CPWR and Director of Safety & Health for NABTU



NIEHS Partnerships for Environmental Public Health
[Opioids and Worker Health Podcast](#)
[ConstructorCast: The Opioid Crisis & Construction](#)

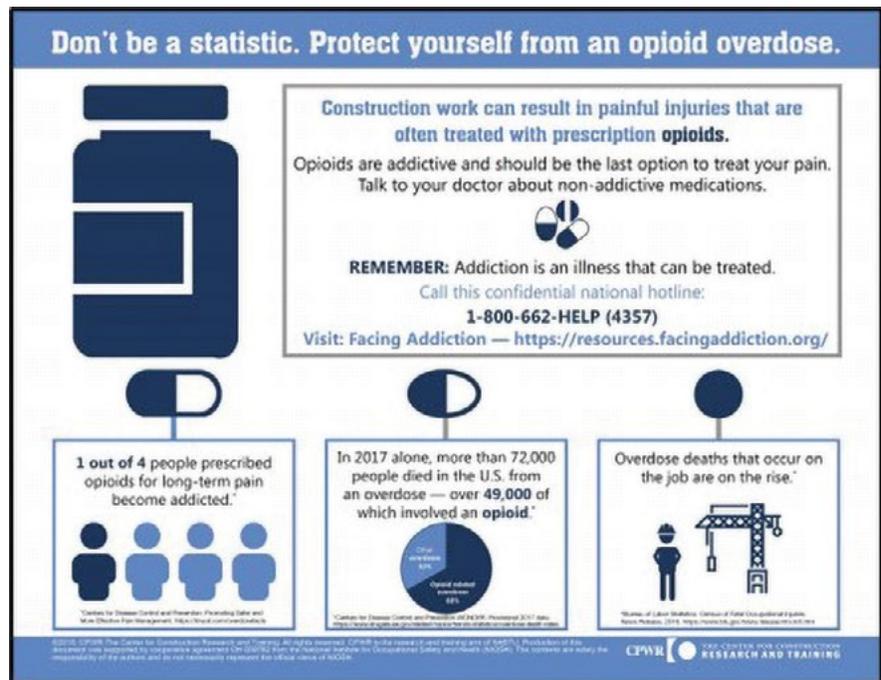


Construction gear (Source: NABTU)

6 Massachusetts Department of Public Health. Opioid-related Overdose Deaths in Massachusetts by Industry and Occupation, 2011-2015. August 2018. <https://www.mass.gov/doc/opioid-related-overdose-deaths-in-massachusetts-by-industry-and-occupation-2011-2015/download>

7 Harduar Morano L, Steege AL, Luckhaupt SE. Occupational Patterns in Unintentional and Undetermined Drug-Involved and Opioid-Involved Overdose Deaths — United States, 2007–2012. *MMWR Morb Mortal Wkly Rep* 2018;67:925–930. DOI: <http://dx.doi.org/10.15585/mmwr.mm6733a3>

North America’s Building Trades Unions (NABTU) is a labor organization representing more than 3 million skilled craft professionals in the United States and Canada. NABTU is composed of fourteen national and international unions and over 330 provincial, state, and local building, and construction trades councils. In partnership with construction industry employers, NABTU and its affiliates have long sponsored and promoted Registered Apprenticeship training programs as the most effective mechanism for bringing new workers into the industry, training them to understand all aspects of a trade, and providing them with the skills to safely perform complex tasks under ever-changing conditions.



[NABTU/CPWR infographic](#) (available in JPG and PDF)

NABTU’s Opioid Task Force has developed an Opioid Awareness Training Program that includes a Facilitator’s Guide with extensive instructor notes, and a Participant Handout. The training program is comprehensive and covers topics from prevention of injury and pain associated with prescription drug use to improving access to treatment and recovery resources. The task force is propagating training and tools to combat the opioid crisis throughout the construction industry. These tools are all available free of charge at the [CPWR website](#).

United Association of Plumbers, Fitters, Welders, and Service Techs Instructor Training

The United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States, Canada (UA), affiliated with the national building trades, represents approximately 355,000 plumbers, pipefitters, sprinkler fitters, service technicians and welders in local unions across North America. The UA Education and Training Department equips UA local unions with educational resources for developing the skills of their apprentices and journeypersons.

Under the leadership of Health, Safety, and Environmental Administrator Cheryl Ambrose, the UA has added an instructor training program using a curriculum developed by the NIEHS WTP entitled, [Opioids and the Workplace, Prevention and Response](#). The participants were mainly UA training directors, instructors, and business agents who can adapt and implement the program at UA’s training centers throughout the United States and Canada. The UA Education and Training Department equips UA local unions with educational resources for developing the skills of their apprentices and journeypersons. These programs are supported by the International Training Fund, a jointly administered



Seal of the United Association of Plumbers, Fitters, Welders, and Service Techs

Taft-Hartley Trust, funded through contributions called for by collective bargaining agreements with the UA or one of its Local Unions. UA has begun to develop action plans to implement opioid prevention training into programs for apprentices, journeymen, and Occupational Safety and Health Administration (OSHA) training. But the commitment extends beyond training and into the realm of transforming workplace culture and developing or expanding peer assistance programs. Two veteran UA instructors, Shaun Coomey and Dean Van Kirk, are leading the training of instructors for the UA in the U.S. and Canada.

UA Virtual Trainer Course Addresses Opioids in the Workplace

What attendees are saying about the course:

- "... learning about the opioid crisis and understanding that it is a disease. I also learned a lot from participants relating these addictions and issues to real life experiences."
- "Discussion regarding peer groups was also very important to me as this is a huge area lacking in most workplaces."
- "I learned to be more mindful of what a person addicted to opioids may be going through and not to judge, but to help."
- "Most valuable: the support from the UA to start dealing with and setting up UA Locals to handle the opioid crisis within our membership."
- "I have already spoken with my Business Manager about forming a task force to address the opioid issue. We need to get less punitive programs in place soon, create peer advocacy groups, and partner with good and reputable treatment centers for our members to use when they need treatment. We need to work with contractors and customers to reduce the stigma associated with opioid use and enlist their help to eliminate this issue."
- "I have already talked to my family about what I learned in this course. I am also going to incorporate this training into our Veterans in Piping (VIP) teaching staff."
- "I plan on having "Toolbox" talks to our apprentices during lunchtime at day school."
- "Begin an opioids, drug, alcoholism abuse and addiction committee."
- "I brought it up in our union meeting last night in my coordinators report, and after the meeting I was approached by a journey worker that wants to be involved in starting a members assistance program. I will also incorporate this material in our orientation for new apprentices and newly organized members."
- "Wow, I have always villainized the drug taker, and I will be more empathetic going forward. I will be the voice of influence within my local to change our current thought process and zero tolerance culture."

Teamsters Local 25 Opioids in the Workplace Training

Teamsters Local 25, New England’s largest Teamsters local with more than 12,500 members, is the first Massachusetts labor organization to provide opioid awareness training for shop stewards. The initial training session held at the Teamsters Local 25 Union Hall, marked the first time a union has proactively addressed the addiction crisis by providing peer-to-peer training. The mission was to train Local 25 shop stewards as peer advocates in the workplace to be able to detect problems and direct members to available resources for help. The goal is to save lives, improve quality of life, and help Local 25 members and their families during this unprecedented epidemic. Teamsters Local 25 is providing this innovative program in partnership with TeamstersCare and the Massachusetts Coalition for Occupational Safety & Health (MassCOSH). It is funded through support from the Massachusetts Department of Public Health in response to its report examining the occupations of all state residents who died from opioid overdose. Ironworkers Local 7 and the Massachusetts Nurses Association (MNA) are also participating.

Teamsters Local 25 has a long commitment to helping members who fall victim to alcohol or substance abuse disorders. The union has provided its Referral and Follow-Up Team (R.A.F.T.) program for more than 35 years, with volunteer members helping brothers and sisters who are struggling with alcoholism or drug use. The Employee Assistance Program at TeamstersCare provides top quality medical care with a priority focus on mental health and substance use disorder.

“Peer-to-peer engagement is the most effective way to avoid opioid addiction and to get a person to accept help. Stewards are on the ground and ready to help, but they must have information and support. They are getting both from this program.”

—MassCOSH Executive Director
Jodi Sugerman-Brozan



Opioid overdose kit, including Narcan®

Ironworkers Local 7 Apprenticeship Training Program

Ironworkers Local 7 developed a pilot apprenticeship training program with support from the Massachusetts Committee for Occupational Health, University of Massachusetts – Lowell, and the State Health Department.

MassCOSH worked with the union to establish the following goals:

- Educate workers to better understand the risks of opioid painkillers used for chronic conditions and alternative pain treatments available that are more effective and less dangerous.
- Empower workers to be able to advocate for themselves before an injury occurs, during and after medical or dental treatment and when they return to work, to ensure accommodations are made so they can return to work safely.
- Educate workers about addiction treatment services that are available to them and their family and friends, and how to utilize these services without stigma or risking their job.

An Opioid Stand Down was conducted in June 2019 in conjunction with the Association of General Contractors, Massachusetts.



Seal of the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers

New York City District Council of Carpenters Training Center

The New York City District Council of Carpenters Welfare Fund operates a training facility that prepares apprentices, journeyman, supervisors, and runs the Building Works pre-apprenticeship program to bring new people into the trade. The facility emphasizes health and safety training within the Center’s curricula to benefit those in the trade. The Center trainers have been conducting a lot of 2-hour drug and alcohol prevention classes in 2020, partly in response to New York City Law 196 of 2017.

Following a series of construction site fatalities, the New York City Council passed the law which requires construction and demolition workers at most major worksites in New York City to have at least 30 hours of Site Safety Training (SST), including a 2-Hour Drug and Alcohol Awareness module. Employers face steep fines if they hire people without the SST. The Carpenters have integrated the drug and alcohol training into OSHA 30 classes and other offerings using a curriculum developed by United Brotherhood of Carpenters. During the pandemic, the Carpenters have trained over 300 people in this module.

“The Carpenters Union is really committed to this type of education for the members and very serious about preventing injury and addiction,” said Joan Staunton, grants manager and director of the pre-apprenticeship program. “To get into apprenticeship and the Building Works programs there is a mandatory drug screening. We tell participants to be prepared, you will have a drug screen in three months when the program begins.”

“Random drug testing is conducted at the school once a week during the six-week pre-apprenticeship program. Students who test positive are sent for confidential counseling through the Carpenters MEND Program: Members Education and Network for Dependency (drugs and alcohol). Those who decline counseling are removed from the training program.”

The MEND program is funded by the Joint Benefit Fund, and employs social workers that perform drug, alcohol, and mental health assessments and referrals. The program is available to all union members and their families.

The MEND program holds monthly peer support group meetings for members and their dependents who are in both long- and short-term recovery, and wish to share their experiences, sources of strength, inspirations, and hopes for the future with fellow group members in attendance. These meetings take place in the MEND Office.



The flyer features a circular logo at the top with a saw blade border. Inside the circle, it says "UNION MADE" and "New York City District Council of Carpenters". Below the circle, it reads "BENEFIT FUNDS" and "MEND" with a wrench and saw icon. Underneath is "MEMBERS EDUCATION AND NETWORK FOR DEPENDENCY". A red box contains the phone number "212-366-7590" and email "MEND@nycgbf.org", along with the address "395 Hudson Street- 5th Floor, New York, New York 10014".

MEND
MEMBERS EDUCATION AND NETWORK FOR DEPENDENCY

212-366-7590 | MEND@nycgbf.org
395 Hudson Street- 5th Floor
New York, New York 10014

The goal of this program is to service active participants and dependents of the NYCDC Welfare Fund in addressing substance abuse and mental health issues through the following services:

- Referrals for appropriate level of treatment including inpatient and outpatient treatment
- Case management and Coordination of Services with outside providers
- Supportive services
- Education

MEND is designed to:

- Verify eligibility for coverage, and/or assist in locating and obtaining coverage
- Conduct thorough assessments for appropriate level of treatment and length of stay
- Provide treatment authorization in accordance with established guidelines
- Assist participants and/or dependents with identifying their treatment needs and goals
- Help participants and their dependents to secure services at treatment facilities
- Provide in-house support services including individual and family counseling, support groups, and educational groups
- Provide educational workshops to not only those utilizing the program, but also Apprentices, Shop Stewards, and employees of the Benefit Funds and District Council

MEND Program instructional flyer (add website courtesy)

The goal of the MEND Program is to aid participants and dependents in addressing substance use and mental health issues through the following services:

- Referrals to appropriate level of treatment including inpatient and outpatient treatment for all substances and mental health issues.
- Case management and Coordination of Services with outside providers.
- Supportive services and education.



Recovery/Treatment

International Association of Fire Fighters (IAFF) Peer Based Treatment Facility

The International Association of Firefighters (IAFF) Center of Excellence for Behavioral Health Treatment and Recovery is a one-of-a-kind treatment facility for IAFF members who are struggling with addiction, post-traumatic stress disorder (PTSD), and other related behavioral health challenges. The purpose of the center is to provide a safe space for members to get the help they need and take first steps toward recovery. Created through an innovative partnership with Advanced Recovery Systems, a nationwide leader in rehabilitation and behavioral health, fire fighters and paramedics can heal in a safe space among their brothers and sisters. It is a haven for members to talk with other members who have faced and overcome similar challenges.

Located just outside Washington, D.C., in Upper Marlboro, Maryland, the facility sits on a 15-acre campus and includes 64 beds and comfortable residential accommodations. The facility was designed from the ground up with fire fighters in mind – a state-of-the-art gym, pool, basketball court, and other features were created to encourage physical activity to help fire fighters with recovery and prepare them for their return to work.

The center is staffed with clinicians, doctors, nurses, and others that are committed to care and experts in helping people reach recovery. Treatment is evidence-based, meaning it is backed by scientific research. The center combines the expertise of doctors, nurses, and clinicians from different disciplines to treat the whole person, not just the addiction or co-occurring disorder.

After discharge, IAFF members receive:

- A relapse prevention plan
- 12-step support
- Peer support
- Individual or family therapy sessions
- Return-to-Work planning and support
- Diagnostic check-ins
- Transition to local behavioral and physical health care providers

United Steel Workers (USW) Emergency Response Team

The United Steel Workers Union operates an Emergency Response Team (ERT) that is tasked with investigating injuries and workplace fatalities involving USW members, though they have expanded their portfolio to include connecting members with addiction support services. On their [website](#), USW offers a portal that allows individuals to submit a resource request form which, upon submission, will begin a process by which a union representative will reach back out. ERT also operates a 24/7 hotline, 866-526-3480, by which a local union president or staff representative is able to report an emergency that cost a life or result in life-altering injuries.

USW's ERT support is primarily post-mortem support services for the bereaved offering the deceased's families and co-workers counseling and workshops on grief and healthy coping mechanisms.

International Association of Machinists and Aerospace Workers Addiction Services Program

In response to the opioid epidemic, the International Association of Machinists and Aerospace Workers (IAM) Executive Council members recognized the growing needs amongst their membership and added an [Addiction Services Program](#) housed within their Employee Assistance Program (EAP). The program gives members an outlet to seek confidential help if they or a family member are struggling with addiction. Members can call 1-888-250-4IAM (4426), 24/7, and be connected directly with IAM Assistant EAP Director Vinny Ceraso, an addiction specialist with 25+ years experience. The Addiction Services Program will then connect members with treatment options within the confines of their current health care coverage.



Peer Support

Building Trades of Philly, Allied Trades Assistance Program (ATAP)

The Allied Trades Assistance Program (ATAP) is an Employee Assistance Program serving the needs of Building Trade Union Members for over 30 years. ATAP is a confidential assistance program created by trade unions to assist members and their families struggling with mental health and substance use disorders. Assistance is available 24/7. The 24-hour telephone helpline is staffed by professionally trained counselors. ATAP staff consists of certified employee assistance professionals, substance abuse professionals, licensed social workers, master-level social workers, and certified addiction counselors.

ATAP provides a thorough evaluation, in person or telephonic, to determine the nature and severity of the issue at hand. Individuals are placed within the appropriate level of care ranging from inpatient hospitalization to outpatient therapy. ATAP also provides managed care services for various Building Trade Unions, handling benefit verification, authorizations, utilization review, and/or claims processing. ATAP has developed an extensive provider network for mental health and substance use services. ATAP's provider network offers a wide range of specializations specific to the needs of members at discounted rates to protect the solvency of the Health and Welfare Funds that are responsible for funding treatment costs. Through ATAP's Centers of Excellence, providers are held accountable for the provision of services for members. The Centers of Excellence is the blueprint for the National Building Trades Opioid Task Force.



ATAP Peer Advocate Program insignia



Allied Trades Assistance Program

In Philadelphia's building trades, construction workers are helping their colleagues battle addiction

by Aubrey Whelan, Posted: October 3, 2018 | Source: Philadelphia Inquirer

"One advocate was homeless for 15 years before entering recovery and getting a job as a laborer; another, sober for decades, is now trying to help his son through an opioid addiction as he counsels coworkers on job sites."

Others came to the program after losing coworkers to overdoses: "We had a young man on one job, and he was messing with heroin, and they fired him, and within a year he was dead," said John "Mac" McFadden, a painter. "I'm just not quiet about being sober anymore. Now that I'm a peer I make sure everyone knows who I was and what I'm about. We've got ATAP stickers on the damn hard hats now."



"I tell the general contractor on the job, if there's anyone struggling, let me know, before they lose their job."

—Ed O'Toole, Peer Advocate for Allied Trades Assistance Program

Photo from Allied Trades Assistance Program

ATAP provides online training and education that has been adopted into the standards of various apprenticeship training curriculums. ATAP's training and education also provided the foundation for the IUPAT Helping Hands Initiative. This training is available on ATAP's website.

ATAP's Peer Advocacy Program was established in 2017. This program trains peer advocates to be first responders on work sites to offer early intervention, continued support through the treatment process, and assistance in reacclimating back into the work environment post treatment. The online education is the first step in members becoming ATAP peer advocates. After completion of the online training, peers then attend an intensive 16-hour, in person training that covers mental health and substance use disorder. ATAP's peer advocates develop and conduct the monthly Building Trades Support Group. This support group is hybrid and offered virtually and in person on the third Thursday of each month.

Information can also be found on ATAP's Facebook page which provides a chat form for immediate assistance. Videos from peer advocates, members in recovery, and relevant information pertaining to prevention, education, treatment, and support.

International Union of Operating Engineers, Local 478, Member Assistance Program

Kyle Zimmer, health and safety director for the International Union of Operating Engineers (IUOE), Local 478 in Hamden, Connecticut has established a model Member Assistance Program (MAP) for his construction industry members. Zimmer initially sought assistance from Brian LeBlanc, chair of the Connecticut Chapter of [Labor Assistance Professionals](#) (LAP), after an explosion at the Kleen Energy Plant took the lives of six workers and injured 60 on February 10, 2010. Local 478's effort was initially focused on providing support for co-workers and family members who were traumatized by the explosion and loss of life, but it led to Zimmer's recognition of the importance of addressing mental health, drug and alcohol use, and suicide among the membership. The Local Union Trustees approved a request to hire two certified mental health/substance use counselors that are available to assist IUOE members in Connecticut. Local 478 also began holding peer recovery meetings every Thursday at the union hall, open to members, their families, and non-union construction workers. The certified counselors provide half an hour of education, followed by peer discussion and support. The local union has committed to raising addiction awareness with journeypersons, apprentices, and union leadership, as well as providing training for use at the local union level to address these issues.

The Member Assistance Program (MAP) is an internal peer-based program that provides confidential help, and referral services to union members in need. Peer advocates include people in recovery who are union members, as well as union leaders who volunteer to participate. Overall, the majority of signatory contractors support the program, which has an 80% success rate.



International Union of Operating Engineers Local 478 logo



Kleen Energy Memorial, Connecticut AFL-CIO

Vetting treatment programs has been part of the effort. Different programs may be more effective for different age groups and genders. The union also wanted to ensure that members who were ready to enter treatment get access within 24 hours. Local 478 has also found that some members are able to build and sustain recovery in outpatient programs that allow them to continue working and earning a living. Access to treatment is a big problem nationwide, as only 10 to 20% of people needing treatment can access it. With an 80% success rate, the advantages of a peer program are evident, including:

- Saved lives and careers.
- Increased productivity.
- Increased longevity with the company (reduced replacement training costs).
- Reduced complaints with management.
- Reduced disciplinary problems.
- Reduced healthcare and workers' compensation costs.
- Increased job stability.
- Increased morale.
- Builds the capacity and reputation of the Union.

“Creating a workplace that is constructive versus punitive and that does not stigmatize an employee’s effort to get help with a substance abuse or mental health problem is a win-win for everyone,” said Zimmer.

“The ability to support an employees’ recovery and get their experience and skills back on the jobsite after they receive help saves the time and money required to recruit, train and develop another employee.”

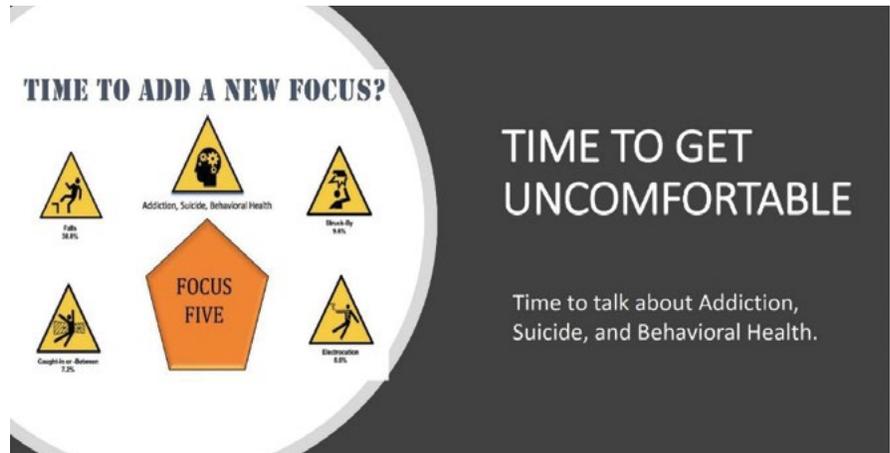
“I’ve worked with contractors who say they want the employees back after treatment because they are such good workers. I’ve also worked with an employee who said that if he’d known about the program, he would have sought help three years ago,” he said.

Zimmer has also established a certified peer assistance advocate 40-hour training class that provides comprehensive training to peer advocates. This program is held at the International Union’s training facility in Texas. This has also led to group recovery meetings being opened to all IUOE trainees who attend the Texas facility. An addendum to the collective bargaining agreement allows members to attend the peer training with support from the companies and a job to return to.

Key training topics for Peer Advocates include:

- How to recognize problems
- How to approach employees who need help
- Active listening
- Workers’ rights
- Working with employers
- Overview of substance use in the workplace
- Signs and symptoms of substance use in the workplace
- How to handle reasonable suspicion
- Veterans, PTSD, and eating disorders — how each affects the workplace
- Critical incident stress management
- Opioids and prescription drugs
- Domestic issues with addiction
- Return-to-work agreements

“Time to Get Uncomfortable” is the theme of the IUOE Local 478 campaign and captures the importance of creating a work culture where everyone can talk openly about mental health, addiction, and suicide without fear of discrimination and job loss. Zimmer has also proposed adding these issues to the “Focus Four,” an OSHA-identified list of the four leading workplace hazards—including Fall Hazards, Caught-In-Between Hazards, Struck-By Hazards, and Electrical Hazards—and renaming it the “Focus Five” (Figure 26). IUOE Local 478 has produced a very moving 10-minute video called “[The Road Home](#),” that features members in recovery speaking out about the value of the MAP and their personal experiences in recovery. The video is a useful resource is destigmatizing people who are struggling with addiction.

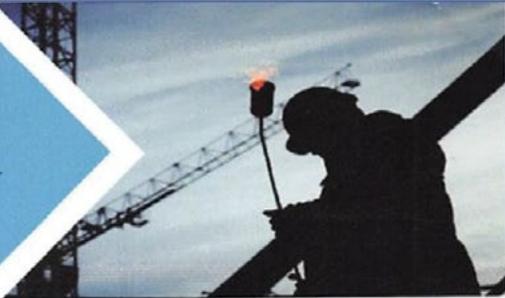


Top: IUOE’s Focus 5; **Bottom:** IUOE Local 478 Toolbox and Hardhat Stickers to Promote the Member Assistance Program



IUOE Local 478 Roadmap

A successful Member Assistance Program takes planning, organization, and partnering with appropriate organizations. Much of the information and materials are out there, you and your team need to bring them all together. Use this guide as a rough roadmap highlighting key milestones and stakeholders.



Three Components of a Successful Member Assistance Program:

1. Generate Interest

2. Training and Education

3. Engage with Local Resources

Estimated time table to rollout: 12 months

Introduce to Local

Begin Local Leadership Training

Identify Local Resources

Educate Employers & Membership

Ensure Benefit Plan is Appropriate

Identify Members That Want to Help

Engage in Training Peer Advocates

Support Peer Training

Complete during ____ month of MAP rollout	
<input type="checkbox"/> First month	Generate interest at the local level by showing videos and testimonial videos to union members. Make clear that this is part of a shift in the safety culture , this encompasses behavior on and off the job, and exists for members and their families.
<input type="checkbox"/> First 3 months	Next step is to begin training local health and safety leaders. There are classes, resources, and seminars offered through IUOE at training facilities. Contact other IUOE Behavioral Health Leaders for more direction.
<input type="checkbox"/> First 2 months	Begin looking into local substance abuse treatment and behavioral health centers. It will be useful to have consultation from those working in addiction medicine and it is advised to have a clinician on retainer. Building these relationships early helps find the best treatment options for your membership and finds professionals to aid in subsequent education initiatives.
<input type="checkbox"/> Begin after local leadership is trained, (approx. month 3-6)	Begin taking educational materials to employers and demonstrate that a program like this helps alleviate workplace safety concerns and that supporting recovery will save them money. An employer packet is being developed to facilitate this conversation. Another option for employer training is a Safety Symposium. Begin membership training by hosting speakers during general meetings, showing testimonial videos, and incorporating these topics into apprenticeship training.
<input type="checkbox"/> First 3 months	Benefit plans differ between locals so begin talking to the appropriate personnel that run your benefit plan to see what options are available and what options could be made available in terms of treatment.
<input type="checkbox"/> Approx. month 3-6	During initial education of the membership and program rollout there is a chance that there are members with experience dealing with substance abuse and/or mental health in the past. Create an avenue for them to identify themselves and get involved as peer advocates. Workers are more receptive to these messages and initiatives when coming from a fellow worker or union member.
<input type="checkbox"/> Months 6-9	After identifying members interested in being an advocate, assist in training them. They should be trained in effective, sensitive communication and be aware of local resources or next steps to send those that are struggling and looking for help. Additionally, they can start and participate in support groups hosted at the hall.
<input type="checkbox"/> Through entirety of MAP	Peer training is an important aspect of a MAP because it makes the material and conversations more comfortable to the members. Further peer training and certifications can be facilitated through Labor Assistance Professionals and Facing Addiction. IUOE specific peer training initiatives are currently being explored.

IUOE Local 478 poster to promote the MAP.

United Auto Workers (UAW), Turning Pain into Power

The personal impact of the opioid crisis has driven the UAW to take up the issue of opioids in the workplace. Prescription drug programs have been changed, emergency response procedures improved, and new efforts implemented to foster community support among the membership.

In 2019, the membership drafted and approved a collective bargaining resolution which resulted in negotiated language between the UAW and major employers. The Union has been pushing companies to realize that systems based on drug testing, discipline, and stigmatization have not worked.

UAW President Ray Curry shared his thoughts on the opioid crisis, and the efforts of the Union to resolve opioid-related issues in the workplace.

“The most important thing we can do as a Union is to have a serious and concerted effort to combat this crisis,” he said. “It should start by having actions developed to reduce the stigma associated with addiction. We cannot get members and families the help they need if the problem remains hidden.”

“When I was on the line assembling trucks, I felt the toll that assembly work can have on your body and understand how this epidemic transformed into an American tragedy with no end in sight,” Curry said. “I am proud to say my local negotiated some of the best ergonomic language in the country to prevent injuries. When I started to represent members in the plant as an international representative, I worked tirelessly to get our brothers and sisters the treatment and time they needed to heal and get back to work. But for those who suffer chronic pain, the use of opioids in pain management is so prevalent that addiction risk is inevitable.”

“Opiate addiction is a disease that’s preventable and treatable, and we as the UAW need to lead the way in combating this terrible epidemic.”



UAW Logo



Ray Curry, UAW President

The UAW held workshops and scheduled presentations at union conferences with rank-and-file members to help educate membership on the opioid crisis. Full day classes were held at the Annual UAW Health and Safety conference in 2018 and 2019, piloting the NIEHS WTP curriculum. UAW members discussed how workplace injury and stress related pain can lead to addiction from both prescription opioids and illicit drugs. Members in recovery spoke openly about their life experiences and helped educate participants that opioid use disorder is a disease, not a moral failure, and that people can recover and lead successful lives.

At the 2019 Collective Bargaining Convention, after hearing the presentation on the topic of opioids, UAW delegates spoke with enthusiasm about the importance of addressing the crisis. Delegates at the convention adopted a strong collective bargaining platform for training and research on opioids for the workplace (see resolution on the next page).



Opioid Interactive training at a UAW Health and Safety Conference



UAW members get hands-on training interpreting OSHA 300 logs. Ergonomic risk factors account for the majority of work-related illnesses and injuries among UAW members. Accurate record keeping is a must. (Photo courtesy of Judy Daltuva).

Primary Prevention

- Auto workers are exposed to injury from ergonomic hazards that feature repetitive motion, pushing, pulling, lifting, bending, and awkward postures.
- Treatment of musculoskeletal injuries often involve opioid painkillers such as codeine, oxycodone, hydrocodone, or Vicodin.
- Workplace stress such as mandatory overtime and split shifts can cause work/family conflicts, bullying, anxiety, and depression. This can lead to self-medication.
- A major goal of the UAW initiative is to eliminate these primary drivers of opioid misuse.

UAW Collective Bargaining Resolution 2019

Opioid Crisis and Addiction in the Workplace

Opioid addiction is a shockingly common problem, and it can affect anyone, including highly functioning and successful workers. Addiction takes a massive toll on workers, their families, communities, and our society. Chemical dependence can impact an employee's job performance and threaten the safety and well-being of both the employee and their co-workers. Supporting workers to get treatment is not only right for them, but also right for the company, saving money in the long term. Regrettably, many employers do not recognize addiction as a common illness that affects a wide array of people. It is often treated with judgement and bias. However, addiction is a disease like any other and should be treated as such.

Opioid abuse, both prescription and illicit, was involved in more than 35,000 deaths in 2015 and increased to nearly 64,000 deaths in 2016. There are now more deaths from drugs, two-thirds of which are opioid related, than from car accidents or gun violence in the U.S. annually. Clearly opioid addiction is a societal crisis. The estimated cost to the economy of this crisis is \$400 billion per year, most of that in the workplace.

In the past 15 years, sales of prescription opioids have nearly quadrupled, with approximately 1 in 3 Americans having a prescription for an opioid. A National Survey on Drug Use and Health found that 4.3 million Americans engage in nonmedical use of an opioid each month. In industries where workers have physically demanding jobs, perform repetitive motions, or spend long stretches of time on their feet, opioid abuse rates are even higher. Contractual language is needed to address ongoing opioid abuse. Therefore, we will seek:

- The creation of "Optimal Care Plans" through the expansion of employer funded, Union administered Employee Assistance Programs (EAPs) for the prevention of dependency and addiction caused by chronic use of opioids or other potentially addicting chemicals.
- Increased education and awareness related to the complexities of opioid and other substance abuse addictions for workers and their families.
- Enhanced and expanded treatment programs.
- Treatment, rather than punishment, for workers with addiction.
- Continually updated training for entire worksite populations, including supervisor training.
- The inclusion of appropriate UAW representatives in developing objective written workplace policies related to addressing, treating, or testing formats that are confidential medical information.
- Written policies, where necessary, that are non-punitive and administered in a manner consistent with labor contracts and both state and federal law.

The UAW has negotiated some of the most comprehensive collective bargaining language of any union in the country on this topic.

The UAW negotiated language includes:

- A commitment to use the NIEHS Opioid and the Workplace, Prevention and Response Training with rank-and-file workers.
- Leadership training to address gaps in prevention, address stigma, punitive drug policies, and improve access to treatment and recovery.
- Funding for research for alternate pain management as well as improvement for peer support programs.

The UAW Health and Safety Department received funding from NIEHS allowing University of Michigan researchers to conduct pilot projects and impact evaluation to assist the companies with their commitment to developing centers of excellence to prevent opioid use disorder. These projects include working with Mary Janevic, Ph.D., associate research scientist in the Department of Health Behavior and Health Education at the University of Michigan School of Public Health. Janevic's work focuses on chronic pain management and alternatives to opioids. Her work builds on evidence-based, non-pharmacological pain treatments such as cognitive-behavioral, manual, and mind-body approaches. Janevic has developed an educational module, "Non-Medication Approaches to Chronic Pain Management," that integrates small group discussions, activities, and attention to workplace risk factors for pain, and can be delivered by local union discussion leaders as a companion to the Opioids and the Workplace curriculum. A second pilot with the University of Michigan based Center for Health and Research Transformation will work with the UAW to identify and train non-management employees to serve as peer recovery support specialists. The UAW will evaluate the success of these University of Michigan programs with the goal of replicating in sites across the country.



Matt Hill will develop peer groups to provide support for those that have already found themselves in active addiction.



Mary Janevic, Ph.D., studies non-pharmaceutical alternatives to pain management.

While representing Ford workers in Kentucky, the UAW won an expansion of employer-funded, union-administered assistance programs aimed at preventing short-term use of prescription painkillers to curb harmful, long-term dependence. The Local UAW Chapter wanted to ensure that workers could seek help without fear of retribution by their employer so they would be less likely to hide an addiction to remain employed.

The UAW's goals include formalizing and expanding efforts started before and after the current contract was signed. The UAW and General Motors implemented a pharmacy program in the fall of 2017 to curb the quantity of short-acting opioids employees can receive after simple surgeries. The company also promotes safe opioid use and disposal through annual seminars and communications. The UAW has initiated similar programs with Ford and Stellantis.

The UAW has also negotiated a Campaign of Hope! Opioids and Heroin Awareness Program with Ford. This is an education initiative negotiated into the UAW-Ford Collective Bargaining Agreement to bring awareness to the opioids and heroin epidemic. Campaign of Hope meetings are currently being held at Ford plants and facilities throughout the U.S. These meetings are held at local union halls, community town halls, and churches to ensure that they are accessible to communities. The campaign, which now reaches all of Ford's U.S. plants, began in Ohio, a state where the opioid epidemic has been particularly devastating. In 2017, the most recent year with government data available, 5,111 people died of drug overdoses in Ohio, where Ford has four plants and more than 6,500 employees.



Reports from the Field

United Association, Reports from the Field

John Kane, Retired Business Manager, Local 690 UA Plumbers

John has spoken about his life and experience of being in recovery for 37 years, and he has shared this with others at UA training programs on opioids and the workplace. His inspirational story illustrates that people can recover from addiction and lead successful lives. John recently retired after being elected to the 9th District State Senate seat in Pennsylvania. He served as the union's business manager in Philadelphia for 13 years. It is especially important to provide a safe space for people to tell their stories when conducting worker training on opioids and addiction. John's story of hope is provided below in his own words.



Retired United Association Business Manager, John Kane

"I was 22 years old when I got sober. Alcoholics Anonymous (AA) had a clubhouse and it was mostly old timers playing chess and Pinochle, an alcoholic talking to another alcoholic. I was just glad to have a driver's license in my pocket because I kept losing it. I was in the trade at age 18, and was in recovery by the time I got out of apprenticeship. I met a young man who was in my apprenticeship program who was in recovery. He didn't drink or do drugs, so he was a role model. He always had a pocketful of money. He had some tattoos on his arms that revealed he had demons. The president of our union was also in recovery, as was my union steward. He introduced me to AA. He knew I was having issues like missing work, never having money, and always getting in trouble."

"I was hurting too many people in my life and knew I had to do something about it. This was 1983 and it was October 3rd when I went to my first AA meeting. I agreed to attend 90 meetings in 90 days. If I could sit in the bar for a couple of hours a day, I could go to a meeting. I probably did two or three meetings a day at that time as I was laid off. I didn't get much work because I had a reputation of not being a great plumber due to the addictions. After I went into recovery, I became a model employee. It took four years to ruin my name and probably 12 to straighten it out. Even though I was often around drinkers, I stayed sober."

"Being in recovery meant I had a driver's license, a car, money, and an apartment. Slowly and surely, I was getting better. The early 1990s were bad years for work. I may have worked five months in three years and so I ran out of unemployment and healthcare and was forced to take jobs like delivering flowers, caddying in the summer, and working at a bowling alley. Things picked up around 1997. In 1991 I became active in the UA's Political Action

Committee. I rose through union ranks to the examining board, finance committee, and became a full-time union organizer in 1999, business agent in 2003, and business manager in 2007. I was elected to five, three-year terms. I have always talked about my life story in everything I do.”

“My story is more about recovery than addiction. I lost a run for the Senate in 2014 and was diagnosed with cancer. I got elected because of my life experiences of being a blue-collar guy that knows what it is like to run out of work, lose your healthcare, get up at 5 AM to be on the job at 7 AM. I know people who committed suicide, died from opioids, gun violence, and I know what it is like to have cancer. During the senate campaign I talked about being in recovery. My grandfather was a plumber who was killed in a ditch cave in, in 1958. My uncle was an instructor at the local.”

“Life in recovery is not a life sentence. I was held captive by alcohol. I have had a life beyond your wildest dreams. I am proof that recovery works. We have to give people a second chance, third chance, and beyond. If a kid tests positive, we need to provide help and support. This is a big issue on job sites.”



Veterans in Piping logo

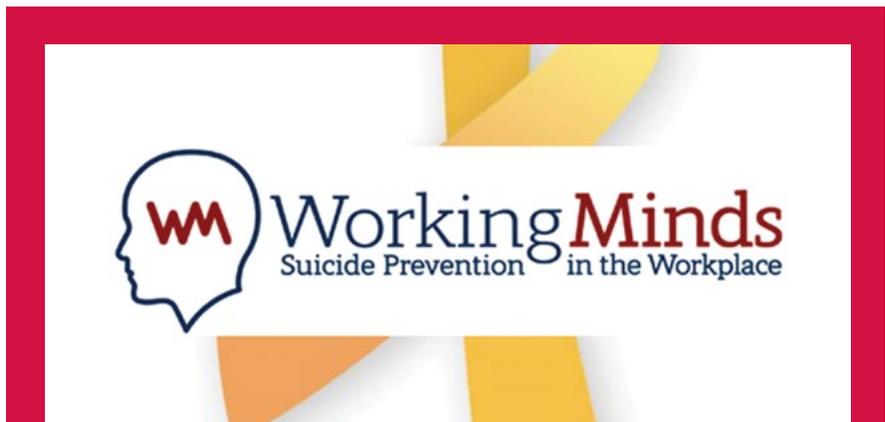


Mike Hazard, VIP Program Manager and UA Instructor

Veterans in Piping (VIP)

To ease the transition from military service to the civilian job market, the United Association of Plumbers, Fitters, Welders, and Service Technicians established the Veterans in Piping (VIP) program. Through free 18-week accelerated courses, the VIP program equips transitioning service members with industry recognized certifications and job skills that lead to direct entry into the UA’s five-year apprenticeship program and solid private-sector jobs with good pay and benefits.

Through his experiences as a veteran and working in the construction industry, VIP Program Manager Mike Hazard has discovered the importance of implementing mental health training into the VIP program. “We



Working Minds was developed to address a gap in suicide prevention programming for those of working age. The toolkit was built on best practices and the insights of mental health service providers, human resource professionals, and top suicide prevention experts from across the country.

Program Objectives

At the end of training, Working Minds participants will have:

- Increased awareness of suicide prevention.
- Increased capacity for dialogue and critical thinking about workplace mental health challenges.
- Increased ability to promote help-seeking and help-giving in the workplace.

always believed that the world class job skills taught in VIP were providing everything a veteran needed for a seamless transition from their military service to a career in the UA,” Hazard said. “But with everything going on in the world today, coupled with all of the issues that many veterans carry, we now know that it takes a holistic approach for our veterans to be successful.”

With the help of Sally Spencer-Thomas, Psy.D., and her Working Minds Suicide Prevention Workshop, VIP program leadership and instructors are working to eliminate the stigma associated with mental health issues. “We are working to create a help-seeking and help-giving environment for our students,” Hazard said. “Our VIP staff is taking what they’ve learned through Dr. Sally Spencer-Thomas and are now talking about mental health issues with our students in weekly safety meetings.”

“The most challenging part is initiating the conversation about suicide with someone in crisis,” said VIP Service Member and Veteran Advisor Nicole Jeup. “There is a misconception that asking about suicide may influence suicidal thoughts or ideations, but research shows that asking someone about suicide is a protective factor rather than a risk factor. It is also very helpful in determining the level of crisis that a person is experiencing so we can get them the help that they may need.”

“The goal of our member assistance program is to equip our instructors with the tools and resources necessary to identify and provide assistance to anyone experiencing mental health issues,” she added. “We are not mental health professionals by any means, but knowing what to say and do in times of crisis and to be able to provide resources to those who do need help is crucial to suicide prevention. Ultimately, we want to create a safe environment for anyone to ask for help, and a culture that is supportive of mental health. We hope that implementing these preventative measures will avoid, or at a minimum, decrease the instances of individuals reaching any level of crisis.”

With the VIP program the UA doesn’t ask what the return on investment is. They do it because it’s the right thing to do! If you or someone you know is experiencing a crisis, please call the Veterans Crisis Hotline at 1-800-273-8500.

Don Masten, Training Director, Local 142, San Antonio, Texas

“The town I come from is very hush hush and people don’t discuss these issues. My business manager, a few people in the local, and my family were the only ones who knew I had an addiction problem. The first time I spoke out was at the UA Opioids and the Workplace Instructor Training. John Kane’s presentation was the first time I heard a story of recovery in a union setting and the first time I felt that someone within the union really cared about people with a problem that need help. I would believe him and feel safe telling him and going to him. We, for the most part, are burly men. If you ask how you are doing, and a brother says living the dream, that means he’s about to shoot himself in the face. I realize the power in telling my story. I have been going through addiction therapy since 2016. It is about being honest with yourself and turning negative into positive. Your flaws are what makes you a powerful voice to other people. If you can share it, find common ground, you can use it.”



Don Masten, Training Director

“If you are addicted to something and you rely on it to get through the day, and you feel like you are getting away with it, it is easier to keep doing it. If you are addicted, you are the king of rationalization. My brother who is a

lawyer, was the only one who would listen. I reached out to him, and he did what he could do and knew what to do. He told me if you get in over your head, I'll help you out. In 2016, I was arrested. That was a wakeup call because I don't get arrested, I don't go to jail, I don't get in newspaper. I went from being a guy who had a good reputation in community to damaging my reputation. Counseling helped a lot."

"I was very interested in the opioids instructor class because I am really into the soft skills side of the trade. I don't agree with the punitive approach to drug and lifestyle issues. I wanted to know if there is common ground and if others see things similarly. I found everyone was on the same page. Everyone wants change. Real effectiveness is when you say, 'you can't do this and why' and 'we aren't going to do this because it's not right.' Not just because it is illegal. When you haven an actual human being saying this is no joke, this is what happened, and people can die, it has a bigger impact. I don't think about facts and figures, I think about the people. I don't hide anything."

"We can add an extra hour on mental health and substance use to our OSHA training class. For apprentices we can provide more comprehensive training. They are kind of prisoners. We are in process of changing the training center's drug policy, which is part of our collective bargaining agreement (CBA). The training center is established by the CBA. The current rule is an apprentice must sit for 30 days if they test positive, and they need to provide a negative test and go through a 4-hour awareness class that is taught by the drug testing company. If they test positive a second time, they sit for 60 days, and on the third time they are kicked out. Nobody has failed a second time. I am talking to our labor negotiators to change the rules to focus on getting apprentices into treatment and recovery instead of suspending them. I want to increase our work with community recovery groups."

Company Initiatives



Recovery/Treatment

Belden Company, Pathways to Employment

Belden, a manufacturer in Richmond, Indiana and its workforce were sharply affected by the regional opioid crisis. In 2016 the company was facing a labor shortage and having a hard time finding qualified applicants. About 1 in 10 applicants failed their drug test, so the company developed a novel approach to the problem. In 2018, Belden began offering drug treatment to those who failed their drug screening with a promise of a job if they successfully complete the program. The program, called [Pathways to Employment](#), was so successful that the company launched it at its Syracuse, New York and Washington, Pennsylvania locations a year later. “The program has grown to 30 in Richmond,” said Ellen Drazen, corporate communications manager at Belden.

Pathways to Employment is a community-based solution blending drug-rehabilitation with the promise of employment for new and existing workers willing to lead drug-free lives. Begun as a pilot program in Belden’s Richmond, Indiana facility in February 2018, our employees are delighted by what has been achieved for their community in just one year. To date, 29 individuals have entered the program. Of these, 13 have graduated to demanding machine-operating positions, six are currently in safety-sensitive roles, two are in the assessment phase and eight have left the program.

The program’s expansion in Syracuse and Washington leverages the Belden Blueprint, a tool available to any entity wishing to replicate the program. The Blueprint lays out an implementation path utilizing the data and learnings from the Richmond pilot, including the importance of community partnerships, transparent communication, culture, and leadership.

@ShatterproofHQ: “By helping current employees and potential workers who have issues with substance use disorder, Belden Inc. is a model for employers across the country.”



Leah Tate, Belden's vice president of human resources, “the company is committed to paying for drug treatment for job applicants. Belden’s close ties to the community prompted it to invest more for treatment, even for those who are not yet employees. *Yuki Noguchi/NPR*”



Peer Support

Leidos, Changing the Way we Fight the Opioid Epidemic

After John Hindman lost his son to a heroin overdose in 2016, he discovered that he was not alone in his grief. As word of the tragedy spread among his colleagues at Leidos, a defense, aviation and health tech firm employing 33,000 worldwide, many came forward to share their stories of loved ones struggling with addiction. He was so overwhelmed by the breadth of the problem that he wrote to his CEO challenging him to do something about it. In a lengthy email titled “A Father’s Request,” Hindman told Leidos CEO Roger Krone about his son Sean, who died at age 30, and his struggles with opioid addiction and later, heroin. He wrote of his grief and explained that many other employees face similar challenges, either dealing with their own addictions or those of loved ones. A few weeks later, Krone replied.

Hindman said Krone’s exact words were: “You broke me down. We’re all in.” In turn, Roger Krone initiated the CEO Pledge which calls on the private sector to utilize their considerable levers of power to create a workplace where it is safe to have uncomfortable, and often difficult, conversations about addiction; to help educate employees about the dangers of prescription opioids; and to support nonprofit organizations dedicated to building drug-free communities and preventing addiction. More than 90 representatives of corporate leadership have signed the [pledge](#).

As Leidos developed its new strategy on opioids, company officials realized that a simple change in the company’s prescription-drug plan—mandating that any first-time prescription for painkillers cover no more than seven days—could greatly reduce the chances that a pain patient would develop an addiction. Along with that one-week supply, patients get



John Hindman, Leidos Corporation

The Leidos Pledge

The opioid epidemic is my problem to help solve. By completing the following form, I pledge that my organization will do what it can to take action.

I pledge to help create a workplace where it is safe to have uncomfortable, and often difficult, conversations about addiction.

I pledge to help educate my employees about the dangers of prescription opioids, to dispel the myths and stigma surrounding the disease of addiction, and to support employees and family members’ access to quality treatment and recovery services.

I pledge to support nonprofit organizations dedicated to building drug-free communities and preventing addiction, improving access to quality treatment, and supporting recovery.

an education letter about opioid addiction and even a Detera bag, which dissolves unused pills for disposal in the trash. Fewer than one in 10 Leidos workers seeks to extend a prescription beyond the seven days. Leidos also held town hall meetings to gauge the extent of the problem and launched an internal public awareness initiative. It also re-examined its benefits and began looking at ways to better control the prescribing of opioids.

RK Construction Company Suicide Prevention Program

RK, a Denver-based mechanical contractor, has developed a suicide prevention model, and they are actively working to fight the stigma of mental health across the construction and manufacturing industry by including 24-hour access to counseling services, lenient leave policies and crisis training for managers. According to the CDC, construction and mining have one of the highest suicide rates across working-age adults, rising to 17.3 suicides per 100,000 in 2015 from 12.9 in 2012 – a 34% increase in three years. The industry’s workforce demographics, including gender, age, and educational level, a “tough-guy culture” and a tendency to view mental health problems as personal weaknesses, all contribute to high rates of untreated mental illnesses and suicide. Furthermore, as opioids are prescribed for workplace injuries and a large population of military veterans overcoming trauma and substance use, it remains a common struggle for many workers.

In response to this plight, RK leadership took an active role in changing the culture and conversation within the company surrounding mental health. During regular toolbox talks, (held 2-3 times a week), RK staff convene to report on announcements and updates of which mental health is always brought up so that individuals feel encouraged to share their struggles and find support amongst their professional community. The support is further underlined by the presence of crisis intervention and employee assistance program contact information printed on every employee’s hard hat. By changing the dialogue surrounding mental health, RK management has become more considerate in managing the needs of their employees and credit their model with averting roughly 15 suicides between 2014 and 2019. RK was invited to share their model in Constructor Magazine and contribute to a recommendation called, “[A construction industry blueprint: Suicide prevention in the workplace](#),” alongside the Carson J. Spencer Foundation and the National Alliance for Suicide Prevention.



Left: RK Construction Toolbox Talk; **Right:** RK sticker with EAP, Suicide, and Crisis Hotline info

Local (City or State) Initiatives



Training

State of Connecticut, Opioids in the Workplace Initiative

The Connecticut Department of Public Health's Occupational Health Program is working on a special emphasis program to encourage employers to recognize and support employees with an opioid use disorder or any type of substance misuse to seek treatment and recovery.

In 2017, the Occupational Health Unit organized two full-day conferences (on March 1 and October 4) with over 250 stakeholders from labor, insurance, and medical communities. The conferences helped attendees identify best-practices and innovative strategies to help employers and employees combat the opioid crisis with a new proactive approach to deal with substance use in their workplaces.



**YOU ARE NOT
ALONE.
THERE IS HELP.**



If you or someone you know is struggling with mental health issues or battling drug and/or alcohol addiction, please do not hesitate to use the resources below.

Suicide Prevention: 800-273-8255 (TALK)
Addiction Help: 800-563-4086



ctconstruction.org/OpioidStandDownWeek

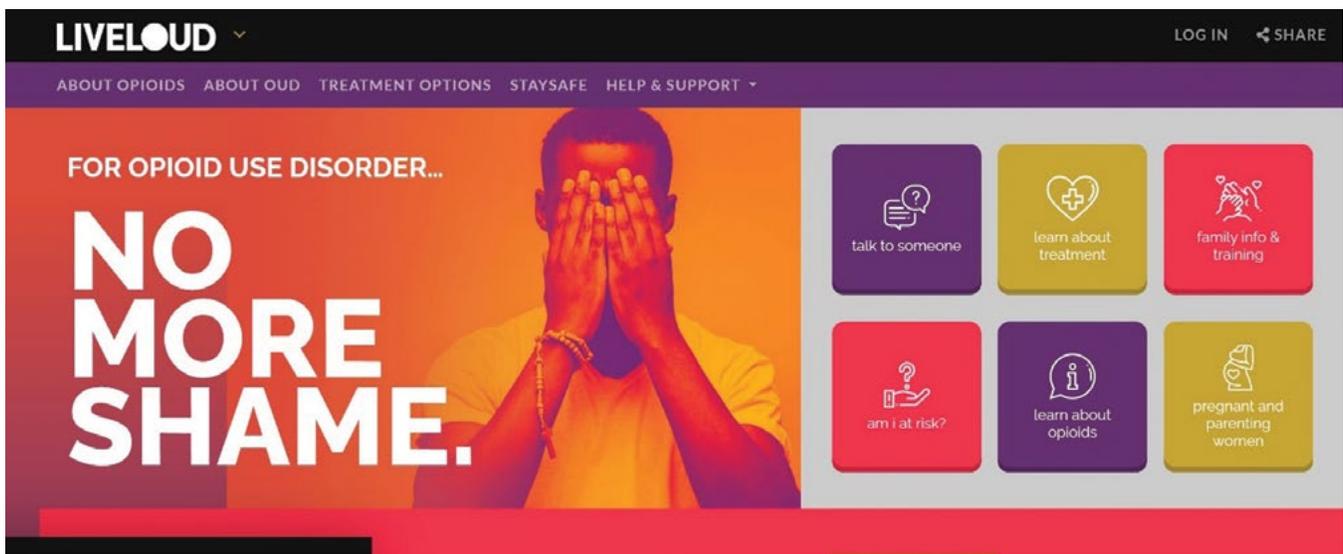
Connecticut Construction Opioid Stand Down Poster

For employers, HR representatives, workers compensation specialists, collective bargaining representative/union officers, and physicians who are interested in learning more about these symposia, information can be found below.

- [The Opioid Crisis and Connecticut's Workforce Report, November 28, 2018](#)
- [The Opioid Crisis and Connecticut's Workforce Brochure, November 28, 2018](#)
- [The Opioid Crisis and Connecticut's Workforce Symposium, October 4, 2017](#)
- [Injured Workers and Opioid use Symposium, March 1, 2017](#)

Additionally, the Department has developed a [Recovery Friendly Toolkit](#) in collaboration with the Connecticut Departments of Labor and Addiction Services & Mental Health. The Labor Department has obtained a federal grant to expand the Recovery Friendly Workplace efforts with regional behavioral health centers. The Recovery Friendly Workplace Toolkit is comprehensive and includes guidelines, templates, an employee checklist, and more.

Connecticut Recovery Friendly Workplace includes a link to [LiveLOUD Live Chat](#) that provides one-on-one, confidential messaging with a trained recovery coach. Recovery coaches are people who have been there and can help at each step. They can explain the different types of treatment, the steps you need to take, and the challenges you might face.



LiveLOUD online chat portal

Connecticut Construction Safety Stand-Down on Opioid Awareness and Prevention

The Connecticut Construction Industry Association (CCIA) conducted an Opioid Stand Down of its members during the week of October 28, 2019-November 1, 2019. As part of that campaign, the CCIA Safety Committee created a webpage with the following resources:

- [Opioid Stand Down Planning Kit](#)
- [Opioid Use Prevention PPT Presentation Template](#)
- [CCIA Opioid Use Prevention Poster](#)
- [AGC MA Opioid Use Resource Page](#)

The event began with a press conference including the governor, attorney general, health department, labor union, and industry officials. The general theme of the campaign was called “You Are Not Alone: There Is Help” and called upon industry, public officials, and unions to come together in the name of opioid addiction, use, and overdose prevention across the sector. The week-long event called for participating construction sites and companies to stop work for periods of time to educate, discuss, and train on addiction prevention, treatment, and awareness within the industry. Upon conclusion, more than 1,100 construction workers received training during this initiative.

City of Concord, New Hampshire

Under the leadership of Human Resources Manager, Jennifer Johnston, the City of Concord has initiated a continuous program of mental health and substance use programs for the city’s 475 workers. Johnston has a predilection for addressing these issues proactively because of her education and background in clinical psychology. There were several cases where city workers left employment as they waited too long to access treatment due to stigma. Jennifer then realized that mental health wellness is as important as physical wellness. She advocated with city leaders to address worker mental health and substance use proactively and invest in workers who are in recovery. “Our HR Department has been working on developing a culture here that supports our employees, takes the stigma out of seeking help for mental health concerns and educates,” Johnston stated. This led to development of ongoing programs including:



Jennifer Johnston, HR Director,
City of Concord, NH

- Conducting a worker survey about programming needs, familiarity with EAP, access to mental health treatment, and related topics.
- Worker education on mental health, mental illness, myths, and facts.
- Three presentations by Justice John Broderick on five symptoms of emotional stress attended by over 200 people.
- A lunch and learn called, “Mental Health 101, Ask a Clinician.”
- Individual screening for depression and anxiety.
- An 8-hour mental health first aid course.
- Providing educational resources to employees and family members.
- Forty-five city workers went to a presentation provided by EAP counselor Jennifer Fitzgerald, who used research and a TED Talk by Kelly McGonigal, Ph.D., on “Embracing Stress,” a program about reframing thinking about stress to help how we react to it.
- The city has joined the State of New Hampshire’s Recovery Friendly Workplace Program.
- Development of a Narcan administration training for employees.

Consideration about the time and place of these programs was important due to worker concerns about stigma. They used a central location and allowed walk-ins and appointments.

The city has established a relationship with Riverbend, “Treatment Works!”, a community mental health center. Riverbend provides a mechanism for follow-up or referrals as needed. The Concord Hospital provides EAP services to the city and produces quarterly and annual reports on utilization. That data was used to develop the curriculum for the mental

health awareness training. The two most frequent reasons city workers used EAP were for stress management and substance use disorder.

The city held “Opioid in the Workplace Leadership Pilot Training,” sponsored by the NIEHS WTP. The leading cause of injuries included police officers responding to people on methamphetamine in crisis and slips in the parking lot during winter. The evaluations showed improvement in attendees understanding about the importance of ergonomics in injury prevention, improved ability to talk to injured workers about avoiding opioid misuse, and a strong interest in developing more peer support networks. The police department representatives expressed interest in further strengthening their approach to dealing with people in mental health crises.



Project FIRST crest

CONCORD FIRE DEPARTMENT'S PROJECT FIRST PRESENTS: NALOXONE & HANDS ONLY CPR TRAINING

WHAT:

- Learn why & how to administer Naloxone (Narcan®) to an Opioid Overdose
- Learn how to perform CPR to a person in Cardiac Arrest

WHEN:

6pm on any of the following dates:
Monday Aug. 10th
Tuesday Sept. 8th
Wednesday Oct. 14th
Monday Nov. 16th
Tuesday Dec. 8th

WHERE:

Concord Fire Department's Training Grounds Classroom
109 Old Turnpike Road
Concord, NH 03301

COST:

None = FREE

HOW:

Call to reserve your spot or for more information
603-225-8650

WHY:
Because your actions may save a LIFE!!!

Concord Fire Department Naloxone and CPR training advert

Jeff Stewart, Director of Project FIRST, was hired in April 2019 by Concord's Fire Department under a federally supported Opioid Use Disorder response grant awarded to the State of New Hampshire called Project FIRST. Project FIRST stands for 'First Responders Initiating Recovery Support and Treatment.' In 2018, Concord's Fire Department responded to and treated approximately 220 opioid overdoses. The primary goals of Project FIRST are:

- Educate both first responders and the public about substance use disorder – specifically opioid use disorder.
- Reduce opioid overdose and opioid overdose death by training people on the use of Naloxone and to provide opioid overdose response kits.
- Collaborate with other entities to enhance the hub and spoke model to facilitate and assist people seeking treatment for opioid use disorder.

Stewart is a paramedic, licensed in peer support, and a certified addiction interventionist and recovery coach. The goal of Project FIRST is to help people in need get into treatment and stay in recovery, and most clients are public safety workers. Stewart is familiar with the treatment providers, both inpatient and outpatient. He conducts patient needs assessments to

ensure that referrals are to programs that are compatible with patient needs considering factors such as gender, trauma history, and occupation. He also has a process for vetting treatment programs and warning about for-profit programs that make false claims for services. In an effort to provide exceptional care, Stewart is also very involved in providing support to the homeless and mental health population in Concord. Weekly peer recovery meetings are held at the Concord Fire Department for public safety personnel. For more information, listen to Stewart share more about [Project FIRST in a YouTube video](#).

Center for Promotion of Health in the New England Workplace Needs Assessment and Training Initiative

In 2019, the Massachusetts Department of Public Health awarded a CDC funded grant to the Center for the Promotion of Health in the New England Workplace (CPH-NEW) at the University of Massachusetts, Lowell to develop and conduct an Opioid Awareness Peer Training Project. CPH-NEW partnered with the Massachusetts Committee for Occupational Safety and Health on the project. CPH-NEW and MassCOSH recruited three unions to participate in a peer-led opioid awareness training project: Ironworkers Local 7, Massachusetts Nurses Association (MNA), and Teamsters Local 25. Each union recruited members and staff to develop and deliver training to their members. These unions represent workers in occupations with high risks of work-related injury and pain. Construction and material moving are also occupations at high risk of opioid-related overdose in Massachusetts, as are health care support occupations.

CPH-NEW conducted a needs and resources assessment with each union to develop tailored approaches to training. Common themes included identifying risk factors for injuries and opioid use, how painkiller medicines impact the brain and may cause addiction, and how to help a coworker. An instructor training was conducted for each of the three unions to discuss how the opioid crisis was affecting members, the workplace, and how to tailor training to site-specific needs. During April and May 2019, the three unions trained 285 workers. MNA held four continuing nursing education-qualified workshops across the state and trained 137 nurses. Teamsters Local 25 trained 22 stewards from diverse sectors. The Ironworkers Local 7 trained 125 apprentices as part of their mandatory trade training.

Pre- and post-training surveys were completed by 63 to 69% of trainees. Trainees were evenly divided between men and women and were diverse in age and years of job experience. Majorities in each group described their jobs as physically demanding and reported that they had experienced painful job-related injuries.

The workers who were trained reported that for those who had experienced injuries, less than one-half had reported them to their employer; about one-half had sought medical care; and one-third had filed workers' compensation claims. One quarter of those who were injured and sought medical care received an opioid prescription. Key results included:

- Trainings were rated as high quality by participants.
- The pre- and post-training surveys revealed positive changes in opioid knowledge, stigma around help seeking, and confidence in helping others with substance use disorder. Fear of job negative consequences from revealing a substance use disorder remained a concern among most of the participants post-training.
- Overall, union leaders and trainers expressed that the project had exceeded expectations and they strongly endorsed the tailored training approach. They stated that the training project had led to many positive outcomes including union members entering treatment, new union-led support programs, and their own increased skills and confidence to address opioid issues and other personal challenges among the membership.



UMass-Lowell logo

The project demonstrated the value of inter-union support and participation in the development process. As a result, CPH-NEW recommends expanding a collaborative training development approach to other industries and occupations. Additionally, CPH-NEW recommends expanding public health resources devoted to support further workplace training development and collaboration among worker organizations.

The project revealed the value of including at least one worker who is in recovery and one person with training and presentation experience on the training team. CPH-NEW recommends that union-based trainers should be integrated into the broader network of peer advocates and behavioral health trainers.



MassCOSH logo

While training should be customized to each group culture, conditions of work, and professional demands, there are core topics all groups should include such as:

- Understanding addiction is a medical disorder.
- Identifying prescription and illicit painkiller medications, and how they affect the body and brain.
- Signs and symptoms of overdose, dependence, and addictions.
- Risk factors for injury that can lead to addiction.
- Prevention strategies.
- Impact of stigma.
- Union and state resources.
- Skills to help co-workers.

For more information:

- [Opioids and Work: A Formative Research Assessment to Inform Educational Outreach](#)
- [Executive Summary](#)

Make the Road New York, Community Health Worker Training

Make the Road New York is a New York City based community organization that builds the power of immigrant and working-class communities to achieve dignity and justice. Program Coordinator Maiber Solarte administers the Community Health Worker Training (CHWT) Program for adults over 21 years of age. CHWT is a job training program and is a bridge to health care careers, geared to immigrants who have advanced proficiency in English. The program is focused on health literacy, social determinants of health, and home community health. Job placement includes work as care coordinators, patient navigators, and other employment in community health. Seventy-five percent are placed in jobs. The program goal is to train community members for jobs who are multilingual, from the community, and understand its culture.



Program Coordinator
Maiber Solarte

Some students worked in health fields in their country of origin. All are bilingual in English and another language. The goal is to prepare students to become providers of care in their communities. The core competencies for community health workers include ethics, home visits, motivational interviewing, client centered counseling, community outreach, health education, and workshops on specialties in health care. They work with hospitals and clinics on topics like asthma, heart disease, nutrition, substance use, mental health, and others. Occupational health and safety is emphasized.



Make the Road New York's Free Health Job Training Program

This is an intense 12-week program followed by 135 hours of internship through partnerships with New York City Health and Hospitals Corporation, New York University Langone, Riseboro Community Services, and others. Students learn that health outcomes are not only impacted by where they live but by their occupations as well. Many are unaware of their rights or fear retaliation for reporting unsanitary or unsafe conditions.

Under an NIEHS WTP grant with Rutgers University, instructors for the CHWT took a training class in the summer of 2020 and have since incorporated five hours of opioid and the workplace prevention and response training and five hours of resilience training into their curriculum. Learning about opioids, substance use, and mental health prepares students to better assist clients and to be aware of the prevention and response strategies in their own work lives. Often participants have worked in jobs with adverse working conditions and have first-hand experience connecting injury, stress, pain, and prescription opioids. The Make the Road staff adjusted the NIEHS opioids curriculum to provide five hours of training to the CHWT participants.

“Many are surprised when the conversation starts because we typically focus on chronic disease,” Solarte said. “We don’t think enough about opioids related to workplace injury and illness. This training gives students tools to become an ally and support people they work with. Stigma is a big focus. They can talk about their own experience with stigma. As instructors, we used the IUOE video in the curriculum to show the human side of the issue. It is more powerful when students open up and share their own experiences. In a class of 20 students, at least eight described some type of knowledge or experience.”

Certifications in the Community Health Worker Program

- OSHA 10-hour General Industry
- Disaster Resilience
- Infectious Disease at Work
- Nutrition and Community Health
- HAZWOPER



Recovery

Ben's Friends, Support Group in South Carolina

[Ben's Friends](#) is a support group with meetings throughout the country for food service industry professionals who have found or are seeking sobriety. Started by South Carolina restaurateurs Mickey Bakst and Steve Palmer, Ben's Friends is named in honor of the late Charleston chef Ben Murray who took his life after a long struggle with addiction and depression. Bakst, a recovering alcoholic himself, attended Alcoholics Anonymous meetings and saw little representation of those in the service industry despite the food service and hospitality industry having the highest rates of substance use disorders and third-highest rates of heavy-alcohol use of all employment sectors. Bakst and Palmer recognized the need across their community and started hosting group meetings in 2016 with an emphasis on accessibility as many in the industry are prevented from seeking help due to a lack of insurance, funds, and irregular work schedules.

Ben's Friends hosts weekly meetings across the U.S. including, but not limited to, Asheville, NC; Atlanta, GA; Portland, OR; and Washington, DC. In the wake of COVID-19, they have also begun offering nationwide Zoom meetings. At these meetings, individuals are ushered into a community of sober chefs, line cooks, servers, bartenders, hosts, managers, and more who are committed to helping others find the support that they need through personal connection and fellowship.

Toolkits and Resources

Many states and organizations have developed opioid and the workplace toolkits, mainly directed to employers. A few of them are listed below. Search your state health department or substance use agency website to see what is happening in your state.

Alaska Employer Opioid Toolkit

- The [Alaskan Department of Health and Social Services](#) offer [overdose prevention](#) and access to treatment resources via their website.

Minnesota Opioid Epidemic Response: Employer Toolkit

- The Minnesota Department of Health offers an [employer toolkit](#) with five steps they can take to be part of the opioid epidemic response with guidance and resources on how to support and empower those battling addiction.

Ohio Chamber of Commerce Opioid Employer Toolkit

- Ohio's Chamber of Commerce hosts an [opioid toolkit](#) which includes an 8-module online course for employers titled, "Daily Dose of Reality," which details the risks associated with Ohio's opioid crisis as it relates to the workplace.
- Also offered are third-party tools and resources including the "What's A Recovery-Supported Workplace Anyway?" video released by Working Partners, a consulting firm centered on providing training to seek behavioral change across the adult workforce.



Ohio Chamber of Commerce online video, "What's A Recovery-Supported Workplace Anyway?"

Kentuckiana Health Collaborative, Opioids and The Workplace: An Employer Toolkit for Supporting Prevention, Treatment, And Recovery

- The Kentuckiana Health Collaborative (representing Greater Louisville and Kentucky) offers an [Opioids and the Workplace Toolkit](#) with information on the opioid crisis in the workplace, data analytics, and legal considerations.

New Hampshire Recovery Friendly Workplace

The State of New Hampshire was the first to create a recovery friendly workplace program in 2018. It has grown from 25 to over 280 businesses at various levels of engagement. The governor of Rhode Island has initiated a program based on the New Hampshire model. The program includes a director and three staff members. The mission of the NH Governor's [New Hampshire Recovery Friendly Workplace \(RFW\)](#) Initiative is to promote individual wellness by creating work environments that further mental and physical well-being of employees; prevent substance misuse; and support recovery from substance use disorders in the workplace and community.

Key benefits to employers that participate in the RFW initiative include:

GET CONNECTED to substance misuse and behavioral health information, resources, trainings, and services to meet the needs of businesses and organizations of all sizes and levels of readiness.

RECEIVE SUPPORT from Regional Public Health Networks, Recovery Support Organizations, and Recovery Friendly Advisors (RFAs) to aid with additional, customized workplace policy, training, or education related resources.

RETAIN a healthier, more productive, and more motivated workforce through the delivery of evidence-based health and safety programs, policies, and practices.

- Substance misuse costs the State of New Hampshire \$2.36 billion annually. These costs are related to the loss of productivity of individuals and businesses, as well as criminal justice, health care, and other related costs. (PoEcon Research, 2017)
- There are an estimated 60,000 granite staters in recovery from addiction. People in recovery are our employees, our customers, our friends, and our family members.
- Prevention, treatment, and recovery support and services save lives and save resources.

RECEIVE DESIGNATION as a Recovery Friendly Workplace by the governor.

- By joining this initiative, you will send a strong message to current and potential employees about the positive culture of your workplace. Recovery Friendly Workplaces (RFWs) support their communities by recognizing recovery from substance use disorder as a strength and by being willing to work intentionally with people in recovery. RFWs encourage a healthy and safe environment where employers, employees, and communities can collaborate to create positive change and eliminate barriers for those impacted by addiction.



The benefits of recovery-friendly workplaces.

FOSTER a safe and recovery friendly environment.

- In order to strengthen workplace culture, RFAs support interested companies in finding evidence-based practices to meet their individualized needs. RFAs help companies develop and sustain the RFW Initiative in your workplace. They are your RFW partners; there are no charges for their services.

ENGAGE their employees in addiction and behavioral health education and prevention.

- RFAs provide workplaces with information and resources to promote health, well-being, and recovery for themselves and their family members.
- RFWs provide their employees with education and review of the company's alcohol, tobacco, and other drug policies upon hire and on an annual basis thereafter.
- RFAs consult with employers to plan training related to substance misuse, behavioral health, and addiction that are tailored to the company's specific needs.

RETAIN healthy and productive employees.

- Workplaces that implement evidence-based health and safety programming retain a healthier, more productive, and more motivated workforce.

PROMOTE prevention and recovery in their local communities.

- By creating a recovery friendly environment, employers send a strong message to their communities that they understand the importance of a solution-focused approach by addressing addiction and behavioral health head-on.
- RFAs assist businesses with participating in public awareness and education events in their communities. These events build loyalty between the recovery community, their allies and the designated RFW.

There is no cost associated with the various RFW introductory trainings or access to a RFA.



Seal of a Recovery Friendly Workplace

Initial Required Components

- Submit a [Letter of Interest](#) to learn more about the RFW Initiative.
- Ensure senior management and human resources personnel receive RFW orientation provided by the Regional Public Health Network.
- Make a declaration to employees stating your workplace's commitment to RFW principles and its participation in this initiative before receiving RFW designation by the Governor.
 - SAMPLE: "ABC Company is committed to creating a healthy, safe, and stigma-free work environment through our participation in the NH Governor's Recovery Friendly Workplace (RFW) Initiative. RFW's encourage environments where employers, employees, and communities can collaborate to create positive change and eliminate barriers for those impacted by addiction. In order to achieve a high level of employee health, safety, and productivity, we invite and encourage all employees to reach out for help and support."

Additional Required Components

To be completed within one year of RFW designation with assistance from the RFAs.

- Provide employees with information and resources to promote health, well-being, and recovery for themselves and their family members.
- Establish connections with local recovery support organizations as a resource for employees.
- Ensure supervisors receive education on existing alcohol, tobacco, and other drug policies upon hiring and on an annual basis thereafter.
- Ensure supervisors and employees receive annual training and education on substance misuse, behavioral health, and addiction.
- Complete and submit RFW checklist and application with assistance from your RFA.

Optional Components

- Develop an RFW Task Force or incorporate RFW focus into an existing health, wellness, or safety committee.
- Participate in one community-based prevention or recovery focused activity annually.
- Work with your RFA to determine additional, customized workplace policies and/or training related needs.

New York State CHAMPS Program and Legislation

New York State (NYS) has made significant legislative reforms to increase access to addiction treatment. One in five New Yorkers who required addiction and mental health care were being denied access because of discrimination and other barriers to treatment. Although these reforms benefit the community at large, they are also valuable to workers and employers. An estimated 66.2% of self-reported illicit opioid users were employed full- or part-time. (SAMHSA 2016). In 2013, changes were made to the way providers and payors interacted to address the delays in access to care. The legislation requires payors to use a standard tool to determine the appropriate level of care.

NYS laws passed in 2016 required immediate access to bedded substance use disorder treatment, limited payor interference and expedited access to medication-assisted treatment (MAT) in emergencies. In 2018, these protections were expanded to outpatient services resulting in reduced costs, co-pays, and established enforceable regulations.

In 2019, New York enacted no prior approval for formulary forms of MAT and expanded immediate access to include bedded mental health services for children. As of January 2020, all state regulated payors must provide access to the full continuum of SUD treatment services.

The 2018 legislation funded an independent Office of the Ombudsman that assists individuals with a substance use disorder or mental illness with access to treatment and health insurance coverage. As of August 2021, there were over 5,000 cases opened, overturning insurance denials, resolving barriers and discrimination issues for healthcare, resolving reimbursement issues, and helping enroll people who are under or uninsured.

Workers and community members needing treatment are susceptible to the unethical practice of patient brokers who refer clients to out of state treatment facilities in return for compensation. Vulnerable clients who are offered travel or cash often end up stranded in other states, exposing them to relapse and death. Therefore, in 2018, the NYS Mental Hygiene Law was amended to make patient brokering illegal. The number of overdose deaths in NYS decreased by nearly 16% from 2017 to 2018, the first decrease in 10 years.

The New York Model

- Immediate access.
- Limit payor interference.
- Limit costs.
- Stop patient brokering.
- Enforce the rules.



Seal of the State of New York



Stephanie Campbell, director of NYS Office of the Ombudsman

Policies such as wide-spread distribution of naloxone, expanded treatment and recovery centers, peer services, mobile treatment, 24/7 open access centers, and the independent Ombudsman Office may have contributed to this decrease.

Do You Need Help Accessing Addiction or Mental Health Care?

Community Health Access to Addiction and Mental Healthcare Project (CHAMP) can help you:

- ▶ **KNOW** your insurance rights
- ▶ **FIGHT** insurance denials for mental health and addiction care
- ▶ **CHALLENGE** insurance barriers & discrimination
- ▶ **GET** the most from your coverage
- ▶ **RECEIVE** fair reimbursement
- ▶ **LEARN** about options for low-cost care for the uninsured
- ▶ **AND MUCH MORE!**

Services Are Free & Confidential

So you can access treatment for mental health & substance use disorders, including medication.

Call our Helpline (888) 614-5400

Helpline Hours: Monday-Friday, 9 a.m. – 4 p.m.



Community Service Society
Fighting Poverty
Strengthening New York



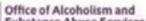
NYS Council for Community Behavioral Healthcare



LEGAL ACTION CENTER



Office of Mental Health



Office of Alcoholism and Substance Abuse Services

CHAMP mental health awareness and support flyer.

The National Safety Council Employer Opioid Toolkit

Nonprofit National Safety Council (NSC), alongside national launch partner, Stericycle, assembled the employer opioid toolkit after a national survey indicated just 17% of employers are extremely well prepared to deal with employee opioid misuse. NSC called on all employers to equip their workplace first aid kits with naloxone, an overdose reversal drug, provide supervisor education around opioid misuse, and include access to treatment options in their EAPs – all elements of a robust drug-free workplace policy. To help employers answer this call, NSC launched its free [Opioids at Work Employer Toolkit](#) at a press event attended by Vice Admiral Jerome M. Adams, surgeon general of the U.S.; Deputy Assistant Secretary of Labor Loren Sweatt; Eric Talbot, assistant director of the Office of National Drug Control Policy; U.S. Chamber of Commerce Foundation President Carolyn Cawley; Stericycle Chief Executive Officer Cindy Miller; and Rex Butler, a safety professional and advocate who lost his brother to an opioid overdose.

The toolkit also addresses other areas of concern expressed in the NSC survey conducted in 2020, such as:

- Employers are more concerned about hiring qualified workers, employee benefits costs and worker compensation costs than they are about employee opioid use of any type – legal or illicit. However, opioid misuse – no matter what type – can impact all other issues employers cited as more concerning.
- 86% of employers believe taking opioids (even as prescribed) can impair job performance, yet only 60% have policies in place helping employees stay safe when being prescribed a prescription opioid.
- Only half of employers are very confident that they have the appropriate HR policies and resources to deal with opioid use and misuse in the workplace.
- 79% are not very confident that individual employees can spot warning signs of opioid misuse.

Substance Use Cost Calculator

To help employers understand how substance misuse impacts their bottom lines – and what they can save by addressing it – NSC and NORC at the University of Chicago have updated the [Substance Use Cost Calculator](#), funded by Nationwide, with the new data and analysis. Originally released in 2017, the interactive tool allows businesses to input basic statistics about their workforce such as industry, location and number of employees. The results show estimated prevalence of substance use disorders among employees and their dependents, associated costs, and potential savings if employees and their family members obtain treatment for their substance use disorders.



National Safety Council seal

Key recommendations are that employers focus on the following areas:

1. **Employee education.** Provide descriptions of opioids and their brand and generic names, common risk factors and questions to ask prescribers.
2. **Workplace policies.** Have a clear drug-free work policy, provide manager training and flexible medical leave policies.
3. **Workplace culture.** Foster values and principles that support recovery, including alcohol-free events.
4. **Benefits and health care plans.** Make sure they provide preventative services and treatment for substance use disorders, cover alternative pain management treatments and therapies, and include a program for managing the prescribing of opioids.

Highlights include:

- On average, employers spend an average of \$8,817 annually on each employee with an untreated substance use disorder.
- However, each employee who recovers from a substance use disorder saves a company over \$8,500 on average, according to the analysis.
- Other highlights and details are available on the [NSC Substance Use Calculator](#) website.

Beware of Predatory Alcohol, Drug Treatment Brokers!

<https://teamstersic7.org/tap-tarp/beware-predatory-drug-alcohol-treatment-brokers>

Kaiser Family Foundation 2019 Employer Health Benefits survey

Kaiser Family Foundation’s survey found that in the past five years, large employers have made a number of changes in their benefits plans in response to the opioid crisis.

- 40% launched or revised an EAP in response to the opioids crisis.
- Nearly a quarter modified their health plans to incorporate step therapy for opioid use.⁸
- 38% provided additional health information to employees.
- 8% required employees with high opioid use to obtain prescriptions from only one provider.
- 21% asked their insurer or pharmacy benefit managers to increase monitoring of opioid use.
- 2% increased the number of substance abuse providers in their networks.

Opioid Hazard Awareness for Stone, Sand, and Gravel Miners

A Mine Safety and Health Administration (MSHA) Refresher Training Module, by Cora Roelofs, Sc.D., and offered by the University of Massachusetts-Lowell, is a [free innovative opioid hazard awareness training module](#), designed for sand and gravel workers. These workers are classified as extraction workers, and have experienced the greatest rate of opioid overdose fatalities according to national and state studies. The training



Stone, Sand & Gravel Opioid Hazard Awareness module logo

⁸ “Step therapy”—which requires that treatment start with a less risky drug such as an over-the counter, anti-inflammatory and pain medication, and allows a riskier opioid only if the first drug fails to work—is another strategy to reduce inappropriate opioid use

Source: Johns Hopkins University, June 22, 2018, Health Insurance Plans May Be Fueling Opioid Epidemic. <https://publichealth.jhu.edu/2018/healthinsurance-plans-may-be-fueling-opioid-epidemic>

program meets the requirements of the MSHA Part 46 Health and Safety Refresher Training Health section. The 45-minute module comes in two formats for instructor-led training. The first format includes PowerPoint slides, a facilitator guide with slide-by-slide instructions, and a participant handout. The second format is a fully narrated training. Instructors can direct trainees to complete the module on their own, or it can be used in virtual or in-person training for groups. The module includes interactive questions to stimulate discussion. While the module is playing, the instructor is still actively involved by monitoring the trainees' progress and engaging the trainees in the content.

The project prepared six worker trainers who delivered 20 MSHA Refresher training days in January and February 2020 in Massachusetts. Additionally, 14 training programs were sponsored by the Massachusetts Department of Labor Standards and six were company sponsored. At least 800 workers were trained. Seven hundred and sixty-two miners and others attended trainings that used pre- and post-surveys. Five hundred and ninety-eight pre-surveys and 623 post-surveys were returned (participation rates of 78% and 82%). The post-test results indicated participants gained knowledge about the nature of opioids and increased their confidence in addressing issues of opioid misuse in the workplace.

To obtain copies of the PowerPoint slides, facilitator guide, and the participant handout, please email: Cora_Roelofs@uml.edu.

Training Content

- Why Opioid Hazard Awareness is Important for Stone, Sand and Gravel Miners
- Risk Factors for Opioid Addiction
- What's an Opioid and How Opioids Work
- Prevention and Harm Reduction including Tips for the Doctor's Office
- The Harms of Stigma and Treatment Resources
- Total Worker Health®



National Institute of
Environmental Health Sciences
Worker Training Program



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