National Institute of Environmental Health Sciences
Worker Training Program

Opioids and the Workplace: Prevention and Response

July 2019

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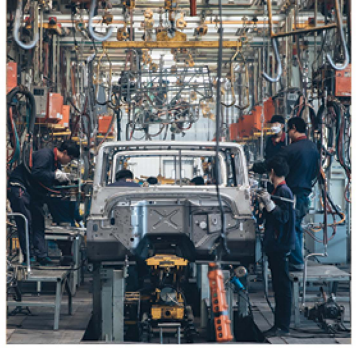
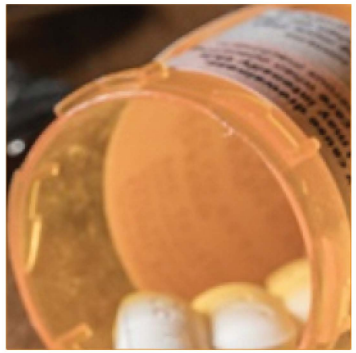
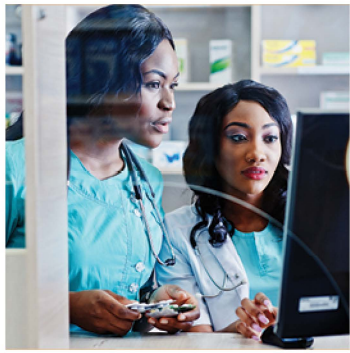


Objectives

After attending this session, participants will be able to:

1. Discuss the scope and severity of the opioid crisis.
2. Summarize the relationship between workplace injuries and illnesses, working conditions, and opioid use disorder.
3. Identify occupational exposure, prevention, and response.
4. List actions that might be taken at the workplace to prevent and respond to opioid use and misuse.

What Is an Opioid?

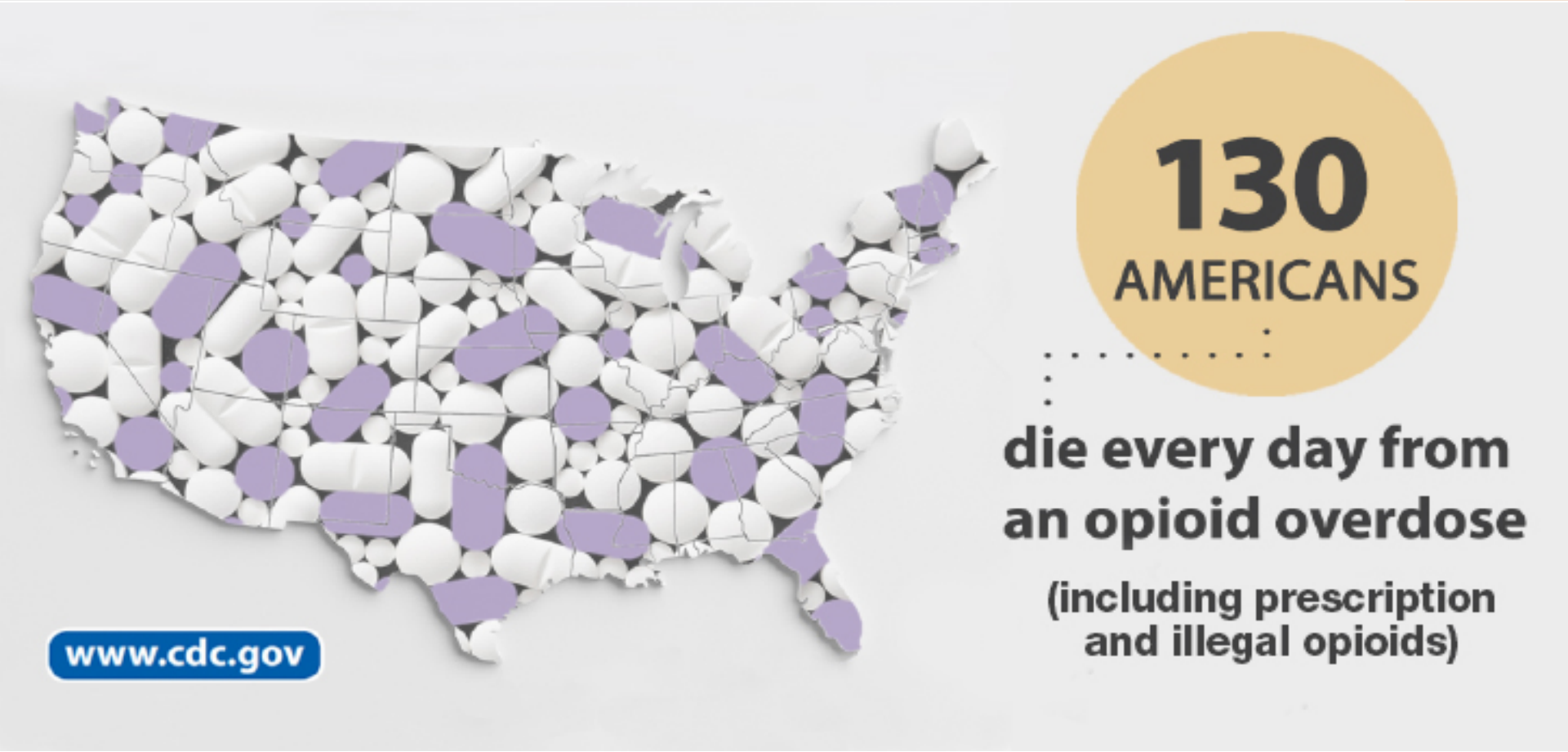
- A class of drugs used to reduce pain.
- Prescription opioids are used to treat moderate to severe pain but have serious risks and side effects. Examples: oxycodone, hydrocodone, morphine, methadone, tramadol, and fentanyl.
- Illegal opioids: heroin, illegally produced fentanyl, and other synthetic opioids.

Warning! Interaction with Benzodiazepines

- Prescription opioid overdose deaths often involve drug interactions with benzodiazepines.
- Benzodiazepines are central nervous system depressants used to sedate, induce sleep, prevent seizures, and relieve anxiety.
- Examples include alprazolam (Xanax®), diazepam (Valium®), and lorazepam (Ativan®). Avoid taking benzodiazepines while taking prescription opioids whenever possible.

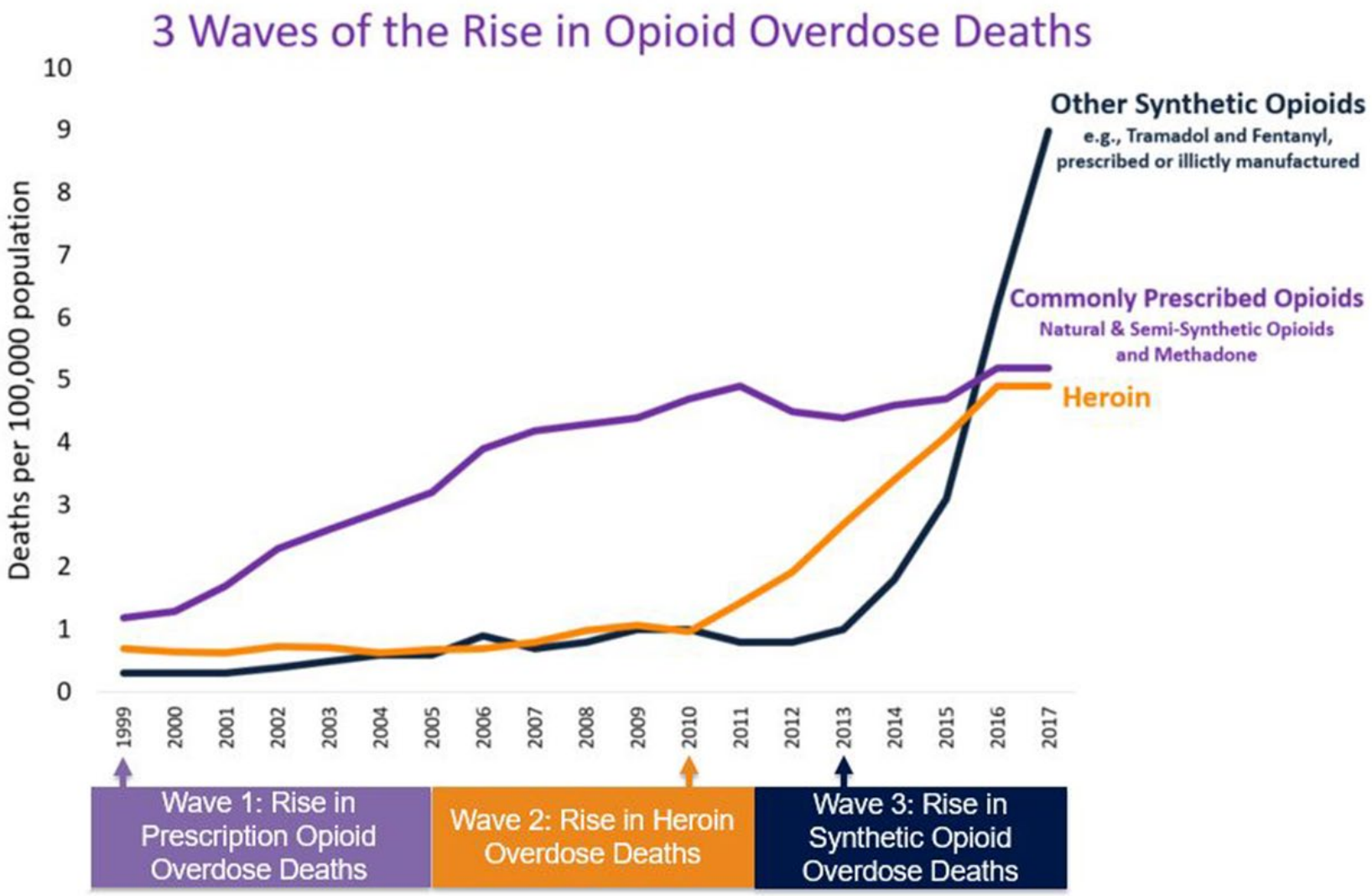
BACKGROUND ON THE EPIDEMIC

www.cdc.gov
From 1999 to 2017, 399,000 Americans died from an opioid overdose (including prescription and illegal opioids)


130
AMERICANS
die every day from an opioid overdose
(including prescription and illegal opioids)
www.cdc.gov

National Health Emergency Declared October 26, 2017

Drug overdose fatalities exceeded auto accidents as a cause of death for the first time in 2016. Illegally manufactured fentanyl is chiefly responsible for the current crisis.



SOURCE: National Vital Statistics System Mortality File.

Use of Opioid Pain Medication

Prior to the mid-1990s:

- Cancer treatment
- End-of-life care
- Life threatening illness (palliative care)

In the mid-'90s the pharmaceutical industry:

- " …downplayed the risk of addiction associated with opioids,"
- "exaggerated the benefits" and
- "advised healthcare professionals that they were violating their Hippocratic Oath and failing their patients unless they treated pain symptoms with opioids…"

Source: Quote from lawsuit filed by U.S. Attorney in Virginia, 2007

1980 Letter to the Editor

The NEW ENGLAND JOURNAL of MEDICINE

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients[1] who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,[2] Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug Surveillance Program
Boston University Medical Center
Waltham, MA 02154

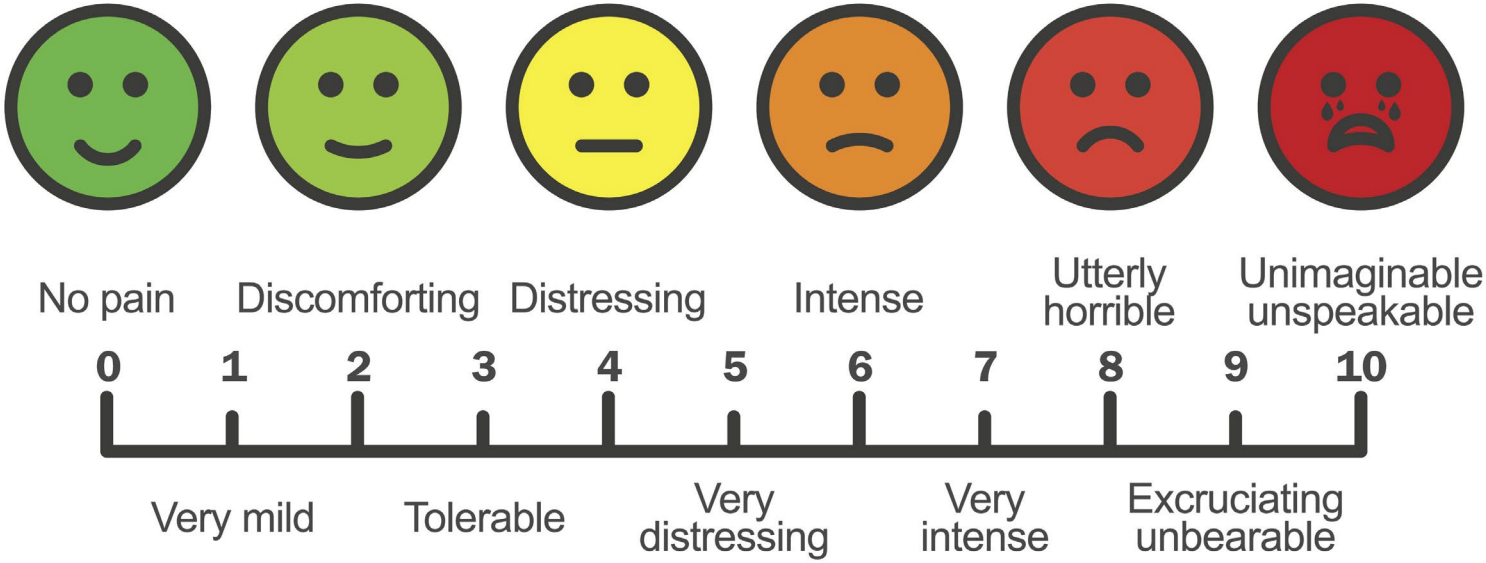
1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.

"The worst man-made epidemic in modern medical history"

- Hundreds of thousands of overdose admissions.
- Millions addicted and/or dependent.

Source: Quote from Gary Franklin, M.D., Washington State Department of Labor and Industries

Pain Was Designated the 5th Vital Sign



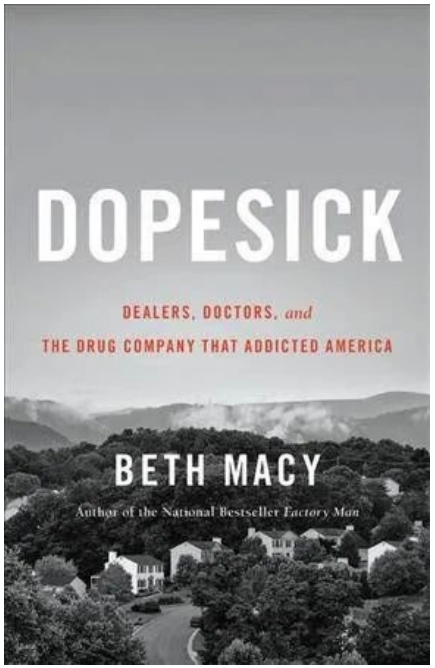
- Is pain really a vital sign?
- This system is highly subjective.
- CDC acknowledges that abruptly forcing patients off long-term opioids may cause harm.

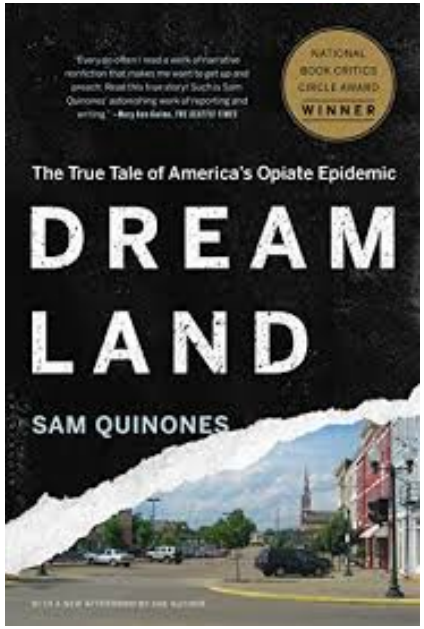
Lawsuits

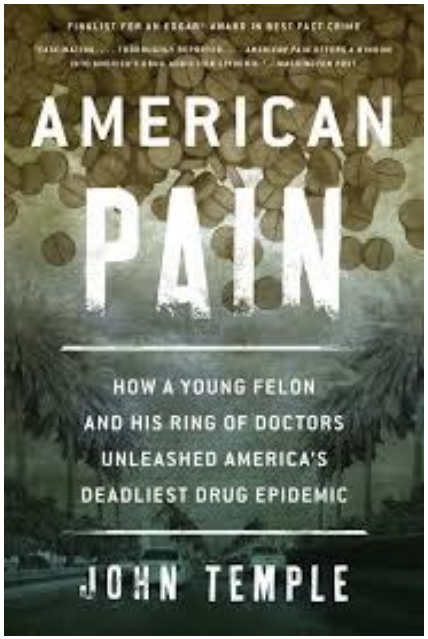
- In 2007, pharmaceutical company officers paid **$600 million in fines.**
- Guilty of criminal charges that they misled regulators, doctors, and patients about the drug's (OxyContin®) risk of addiction.
- In 2018, they agreed to stop marketing opioid drugs to doctors.
- Currently, there are over 2,000 state and local lawsuits.

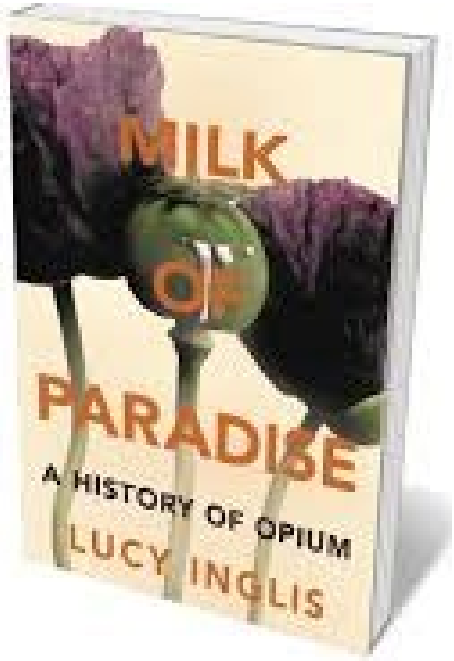
IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
ABINGDON DIVISION

UNITED STATES OF AMERICA)
)


DOPESICK
DEALERS, DOCTORS, and
THE DRUG COMPANY THAT ADDICTED AMERICA
BETH MACY
Author of the National Bestseller Factory Man


NATIONAL BOOK CRITICS CIRCLE AWARD
WINNER
The True Tale of America's Opiate Epidemic
DREAM LAND
SAM QUINONES


AMERICAN PAIN
HOW A YOUNG FELON
AND HIS RING OF DOCTORS
UNLEASHED AMERICA'S
DEADLIEST DRUG EPIDEMIC
JOHN TEMPLE


MILK OF PARADISE
A HISTORY OF OPIUM
LUCY INGLIS

1. Small Group Activity

Workshop participant concerns about opioids

Time for activity: 20 minutes

Objective: The goal of this activity is to learn from participants about their concerns and experiences with opioids in the workplace and community.

Task: Choose a recorder/reporter. Ask each participant what their concerns and experiences are with opioids in the workplace and community. Report back and discuss.

FENTANYL AND SYNTHETIC OPIOIDS

What Is Fentanyl?

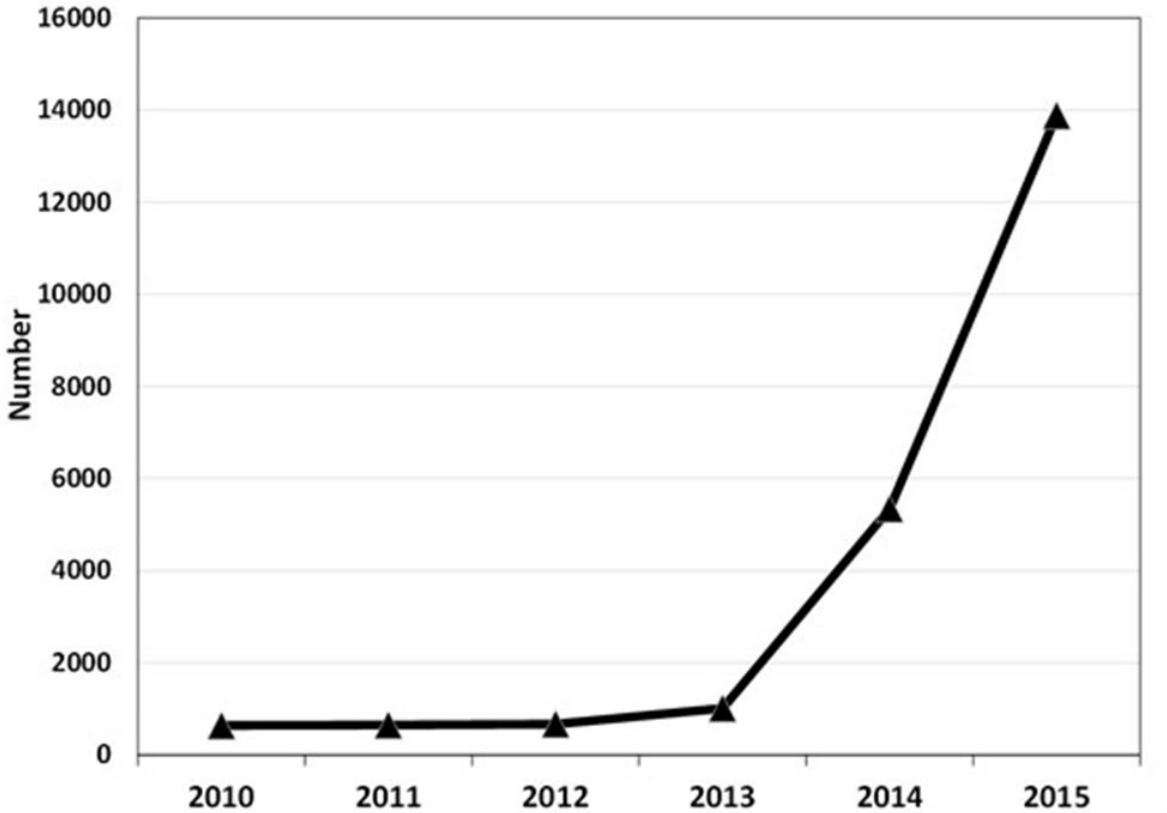
- A powerful synthetic drug, similar to morphine and heroin.
- 50 to 100 times more potent than morphine.
- A rapid-acting synthetic opioid that alleviates pain.
- Acts quickly to depress central nervous system and respiratory function.
- Exposure may be fatal.

How Much Fentanyl Is Fatal?

2-3 milligrams of fentanyl can induce respiratory depression, arrest, and death.

Comparable to 5-7 grains of salt!

Number of Reported Law Enforcement Encounters Testing Positive for Fentanyl in the U.S., 2010-2015



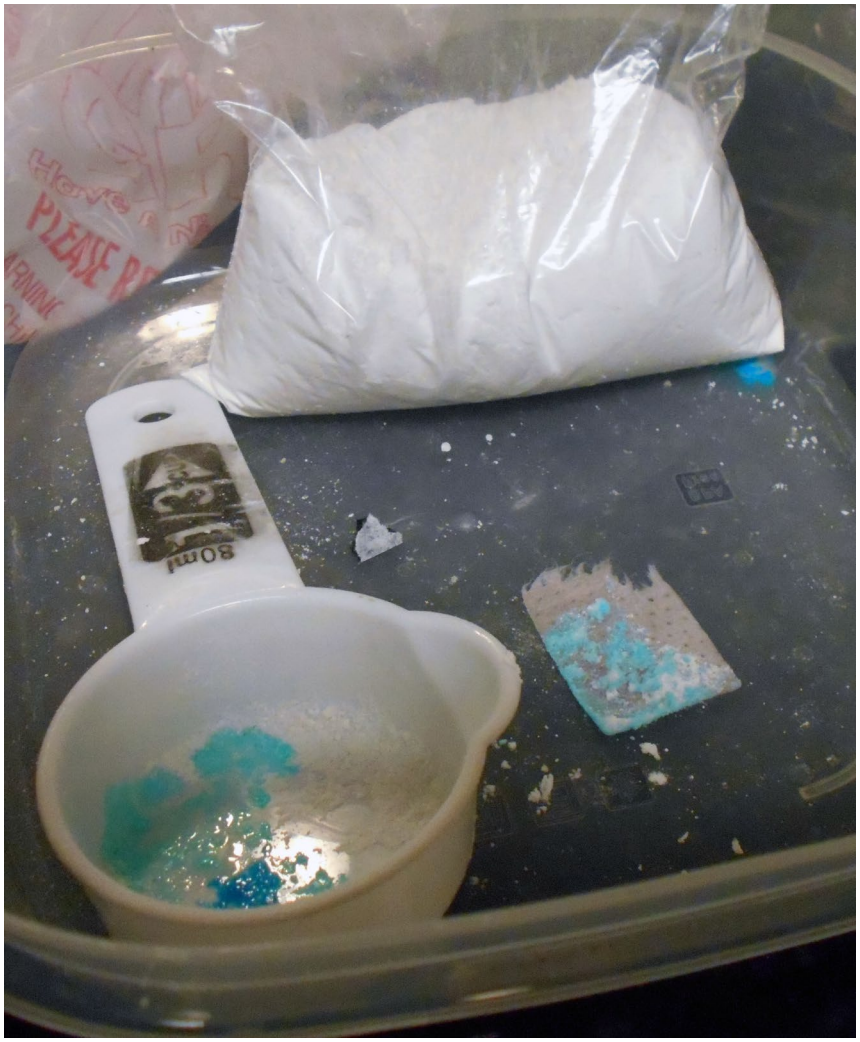
www.cdc.gov
Your Source for Credible Health Information

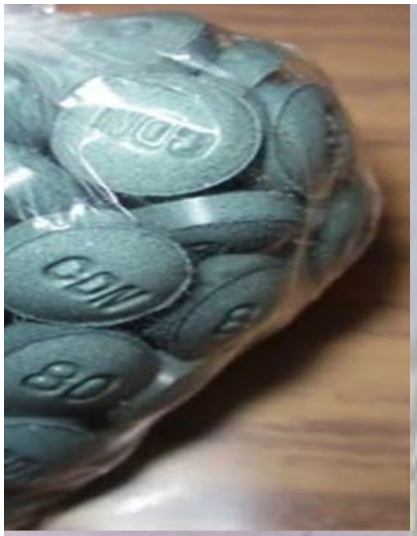
Significant Fentanyl Seizures of More than 1 Kilogram, January 2016 – June 2017

Illegal Forms of Fentanyl and Synthetic Opioids

Street names?	
Apache	Tango & Cash
China Girl	He-Man
China Town	Jackpot
Dance Fever	King Ivory
Goodfellas	Murder 8

Illegal Fentanyl





Fentanyl Analogues

- Acrylfentanyl
- Butyrfentanyl
- Carfentanil
- Alfentanil
- Sufentanil
- Remifentanil

Synthetic Opioid Fatalities

- Fentanyl overdoses up 540% in 3 years.
- Deaths from synthetic opioids increased from **3,000** in 2013 to **20,000** in 2016.

Lethal doses of heroin, fentanyl, and carfentanil. (U.S. DEA photo)

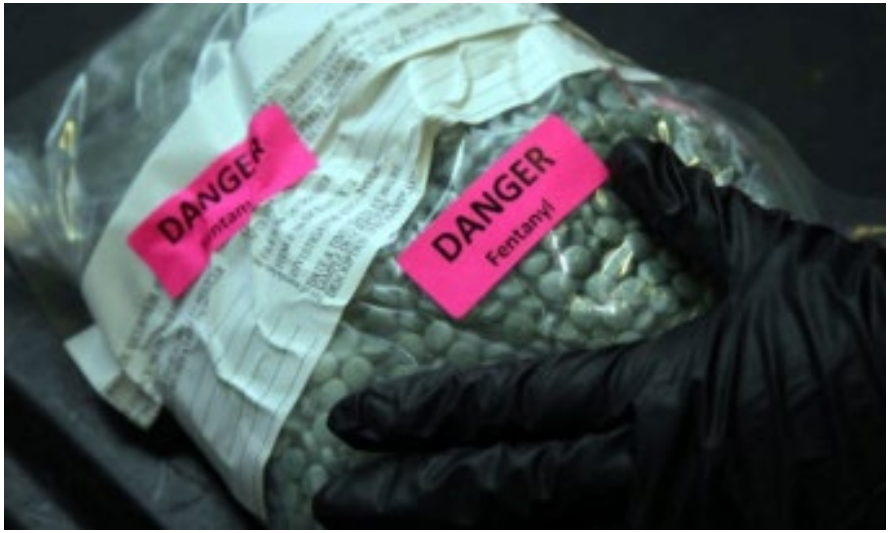
Legal Forms of Fentanyl and Synthetic Opioids

What do they look like?

- Lozenges called “lollipops”
- Tablets
- Sprays
- Patches
- Injectables

Illicit Opioids Contribute to the Crisis

- Synthetic opioids are often mixed with heroin and other illicit drugs.
- Formulated into tablets that look like therapeutic drugs.
- Frequently, users don't know that the drug they are using has fentanyl in it.



UNDERSTANDING OPIOID USE DISORDER

What's Pain Got to Do with It?

- Everyone needs to reduce pain, including emotional pain.
- **Healthy option:** self-care, building healthy relationships, exercise, and recreation.
- Accessing medical and mental health services is key.
- **Unhealthy option:** substance use is also a means of dealing with physical and emotional pain.
- The **employer, co-workers, and unions** need to **respond to the person**, not the addiction. Addiction is often a mask that people in pain use to cope and disguise mental health issues.

NSC's video: Opioids & the Brain

Video available at: https://youtu.be/baCPgy6YLs4

Definitions

Substance use disorder is a negative pattern of substance use with recurrent and significant adverse consequences for the individual and co-workers.

Opioid use disorder is a subset of substance use disorder.

Tolerance is the term used to explain that opioid users need to take increasingly higher dosages of drugs to achieve the same opioid effect.

Dependence occurs when users become susceptible to withdrawal symptoms. Withdrawal symptoms occur only in patients who have developed tolerance.

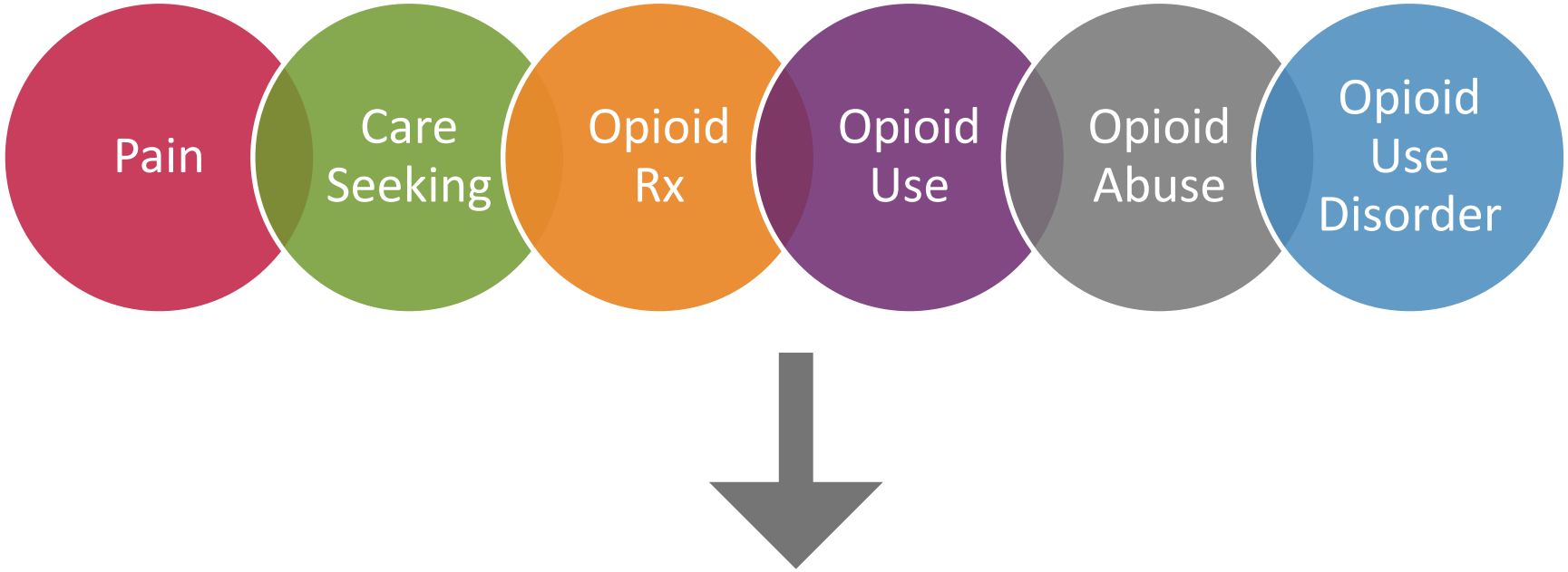
Withdrawal relates to a user's growing tolerance. Most times, people who use opiates hit a level where they no longer feel pleasurable effects but continue to use because of the very painful physical and psychological symptoms that follow discontinuance of an addicting drug.

Definition of Opioid Addiction

Opioid addiction is defined as a chronic, relapsing disorder characterized by compulsive drug-seeking and use despite adverse consequences.

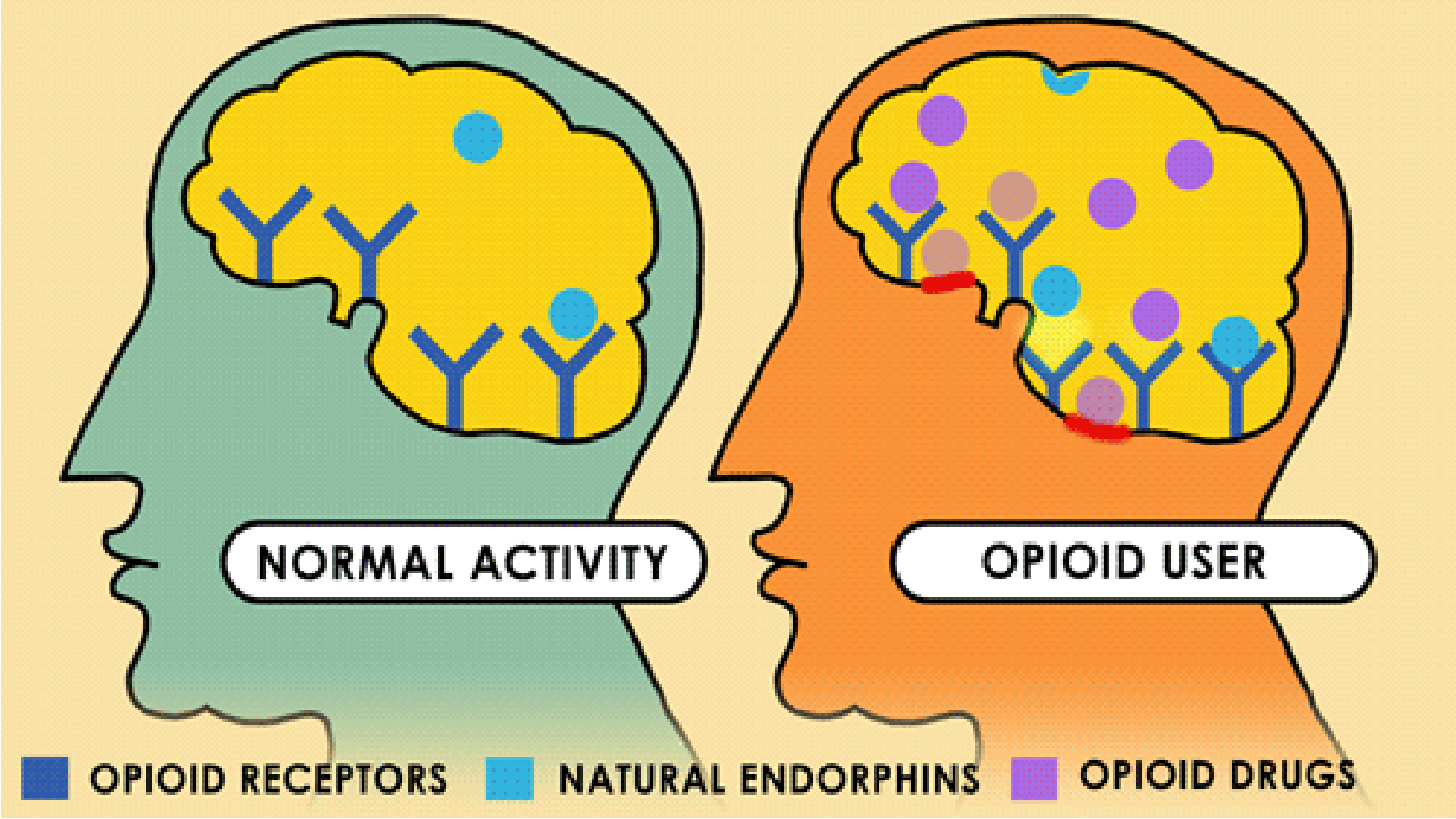
It is considered a brain disorder, because it involves functional changes to brain circuits involved in reward, stress, and self-control, and those changes may last a long time after a person has stopped taking drugs.

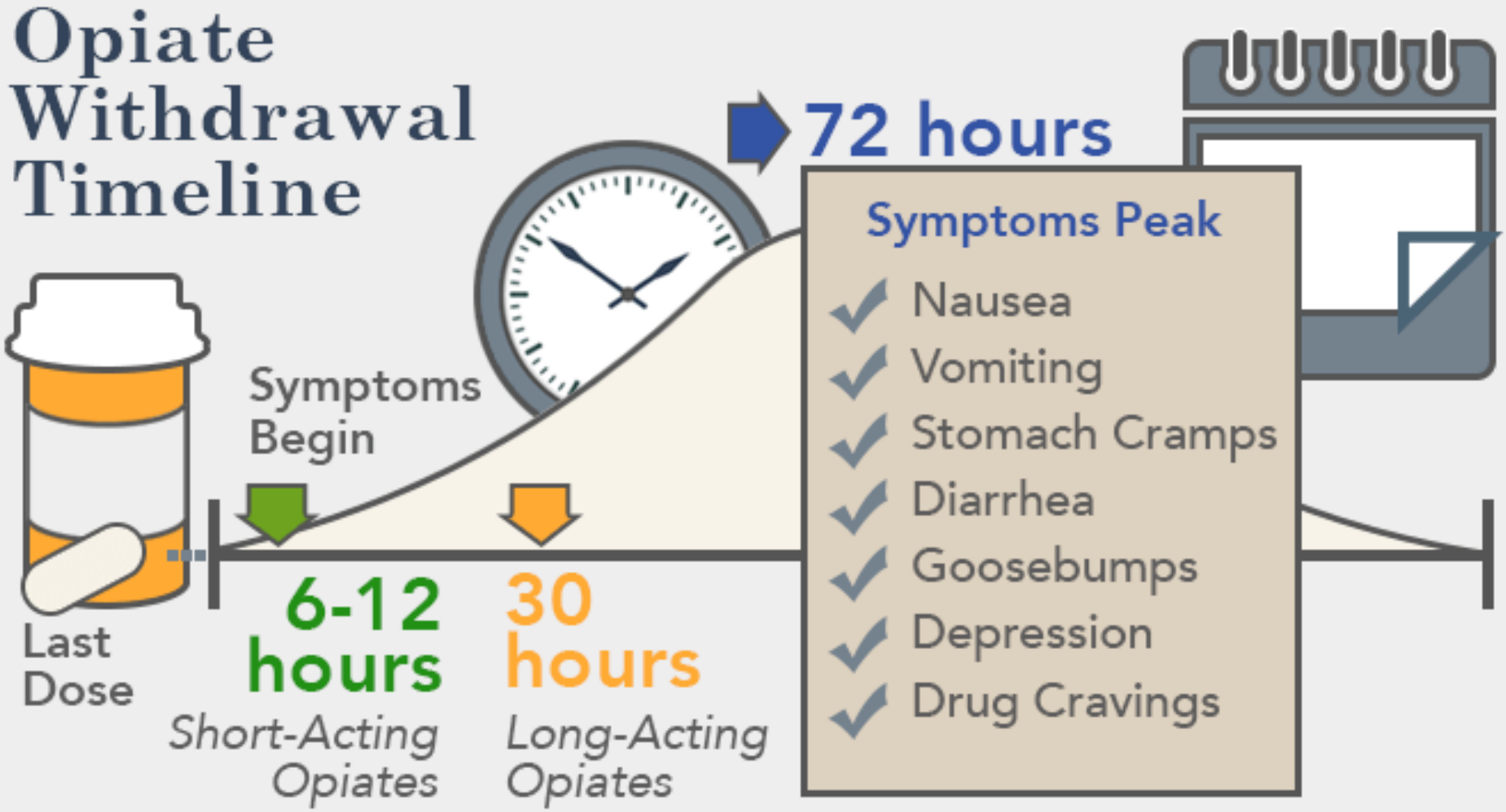
Pathway to Opioid Addiction



An opioid triggers a chemical response in the brain's reward center – the same reaction a brain has to intense pleasure – and causes the release of excess amounts of dopamine.

Opioids Increase the Number of Opioid Receptors and the Flow of Dopamine in the Brain




Opiate Withdrawal Timeline
72 hours
Symptoms Peak
Nausea
Vomiting
Stomach Cramps
Diarrhea
Goosebumps
Depression
Drug Cravings
Symptoms Begin
Last Dose
6-12 hours
Short-Acting Opiates
30 hours
Long-Acting Opiates

The American Medical Association, the American Society of Addiction Medicine, as well as most medical associations and the CDC define substance use disorder as a disease, like diabetes, cancer, and heart disease.

AMA

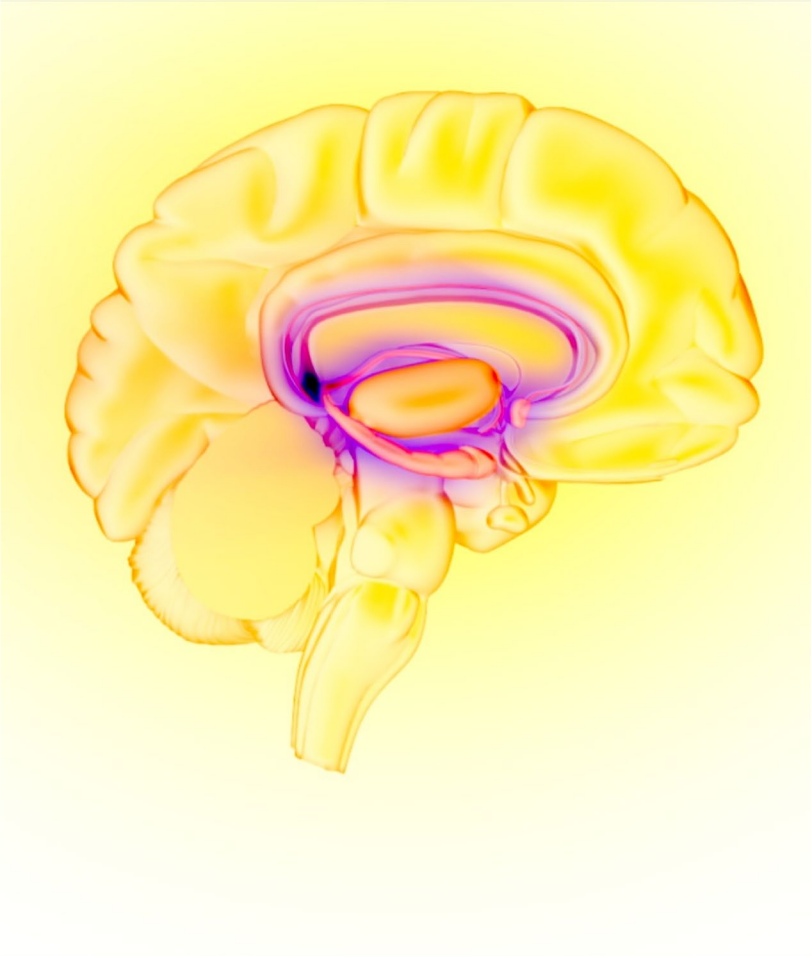
CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

AMERICAN SOCIETY OF ADDICTION MEDICINE FOUNDED 1954 ASAM

ASAM American Society of Addiction Medicine

Opioid Use Disorder Is a Disease

- Opioid misuse **is not** a moral failing or caused by lack of willpower.
- It causes changes in the brain that lead to drug-seeking behavior and avoidance of withdrawal.
- The drug changes the brain in ways that make quitting hard, even for those who want to.
- Quitting takes more than good intentions or good will.



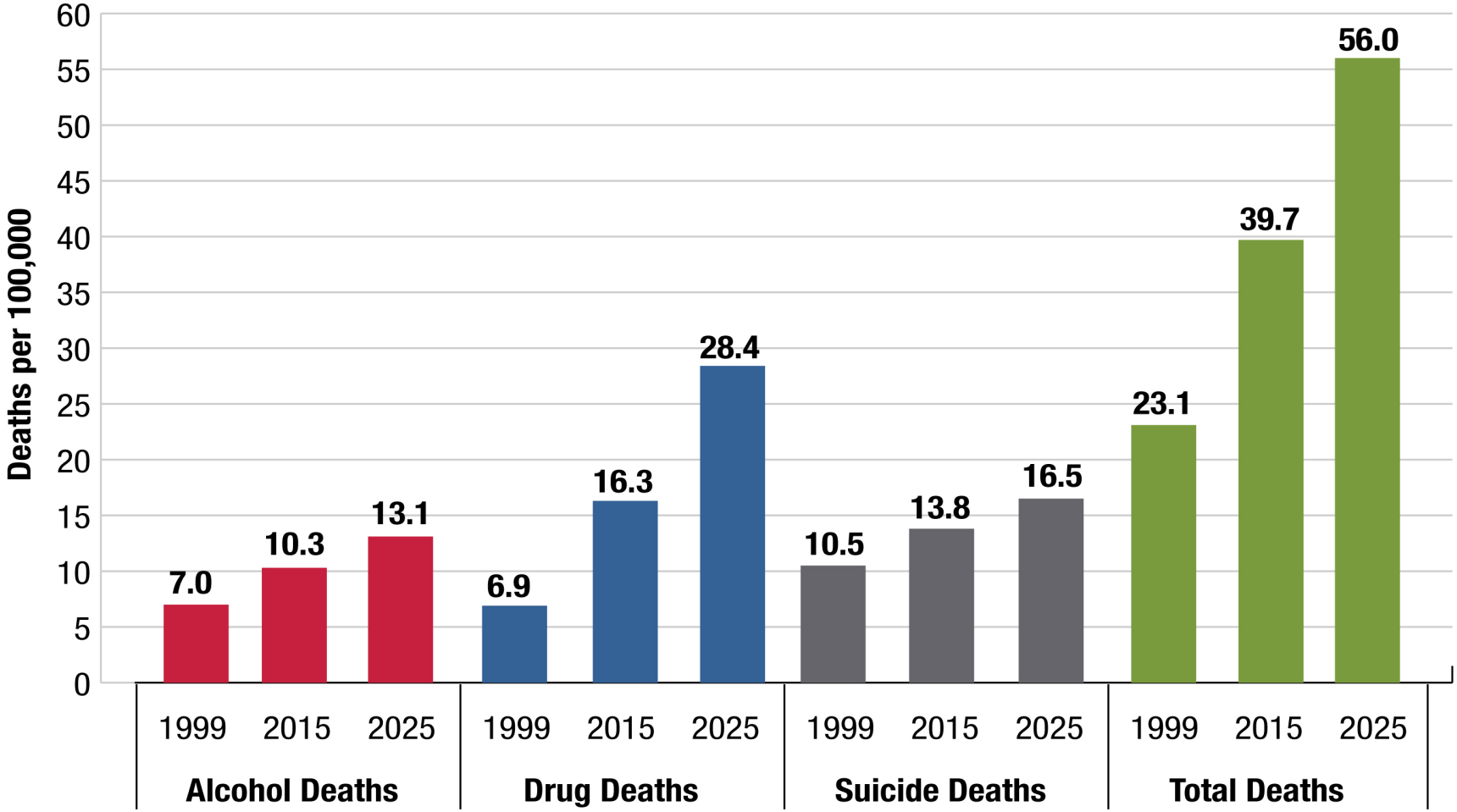
Physical Warning Signs of Addiction

- Change in physical appearance
- Small pupils
- Decreased respiratory rate
- Nonresponsiveness
- Drowsy
- Loss or increase in appetite
- Weight loss or weight gain
- Intense flu-like symptoms (nausea; vomiting; sweating; shaky hands, feet, or head; large pupils)
- Wearing long sleeves or hiding arms

Behavioral Warning Signs

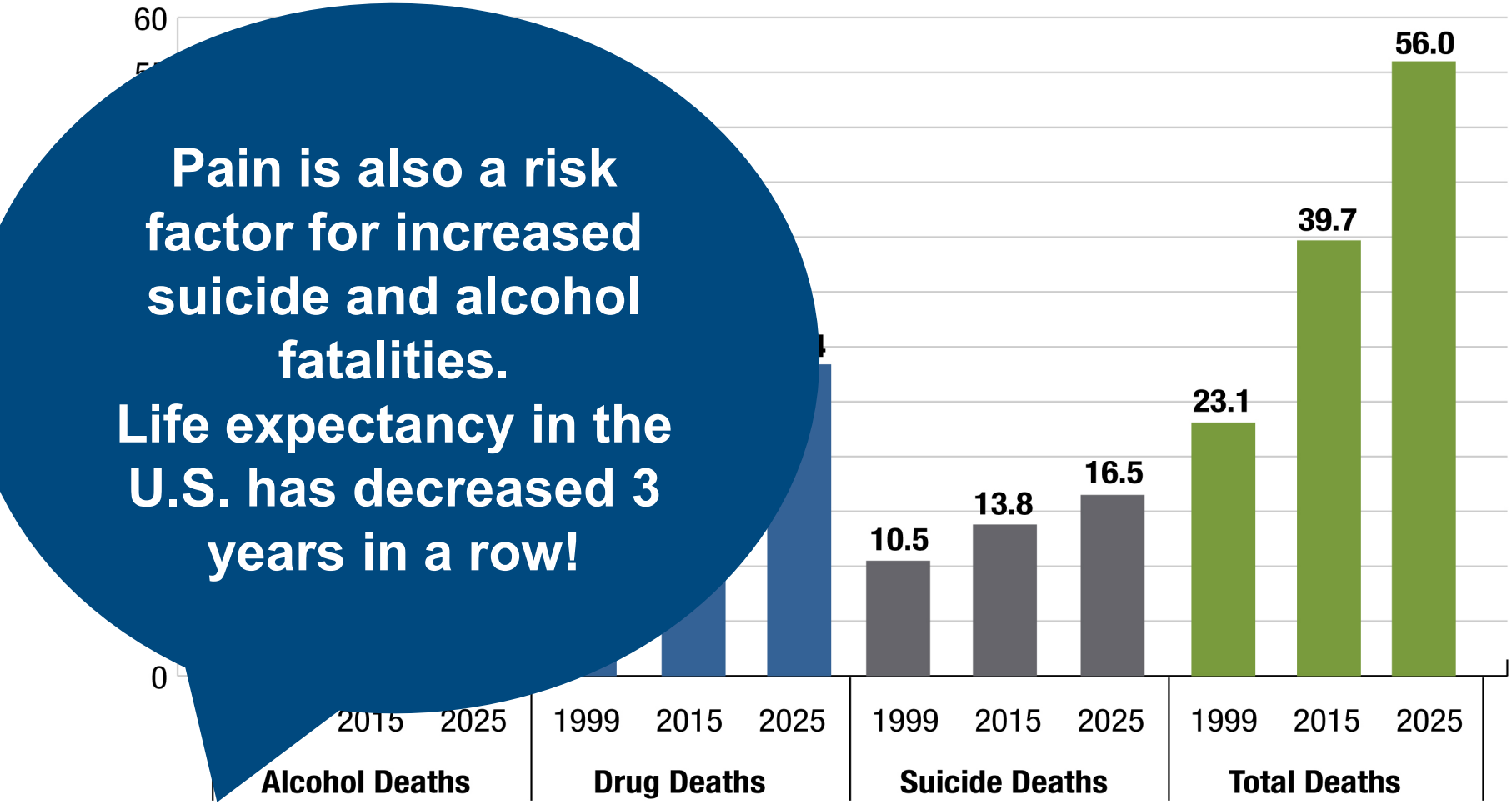
- Change in attitude and/or personality
- Tendency to avoid contact with family and/or friends
- Change in friends, hobbies, activities and/or sports
- Drops in grades or performance at work
- Isolation and secretive behavior
- Moodiness, irritability, nervousness, giddiness
- Tendency to steal

U.S. Drug, Alcohol, or Suicide-related Deaths



Source: http://valleyrecoveryandtreatment.com/drug-alcohol-deaths-rise-60-next-decade/

U.S. Drug, Alcohol, or Suicide-related Deaths



Pain is also a risk factor for increased suicide and alcohol fatalities.
Life expectancy in the U.S. has decreased 3 years in a row!

Source: http://valleyrecoveryandtreatment.com/drug-alcohol-deaths-rise-60-next-decade/

Deaths of "Despair"

"Could it be that a society gets so stressed out that it actually starts to break?"

— Dr. Sanjay Gupta

Medication-Assisted Treatment (MAT)

- MAT combines behavioral therapy and medications to treat substance use disorders.
- Methadone, buprenorphine (Suboxone), naltrexone (Vivitrol and Revia).
- MAT decreases opioid use, opioid-related overdose deaths, criminal activity, and infectious disease transmission.
- After buprenorphine became available in Baltimore, heroin overdose deaths decreased by 37%.
- Issues:
  - 8 hours of training is required for providers.
  - Misconception that it is substituting one opioid drug for another.
- Most emergency rooms and EMS don't provide access to it.

Access to Treatment

- Only 10% of people with opioid use disorder get into treatment.
- Key barriers include stigma, lack of availability, and cost.

STIGMA

2. Activity

Substance use, mental health, and stigma

Time for activity: 20 minutes

Objective: Identify the impact of stigma on addressing mental health and substance use in the workplace.

Task: Each participant completes 3 to 5 sticky notes in response to the prompts from the instructor and pastes them on the flip chart. Organize the sticky notes according to the instructor's directions, and then discuss the results.

What Is Stigma and How Does It Affect People?

- Stigma is the shame or disgrace attached to something regarded as socially unacceptable.
- Language matters, such as calling people “junkies” or “addicts.”
- Stigma interferes with people coming forward for help.
- The key to recovery is support and compassion. People who are in pain and have a substance use disorder need comprehensive treatment, not judgment.

Assisting workers in crisis—Time to get* uncomfortable *and talk about substance use, mental health, and suicide.

What Is Stigm lt Affect People?

- Stigma is something regarded
- Langua kies" or "addicts
- Stigma i for help.
- The key t ion. People who are in pain a rder need comprehensive t.

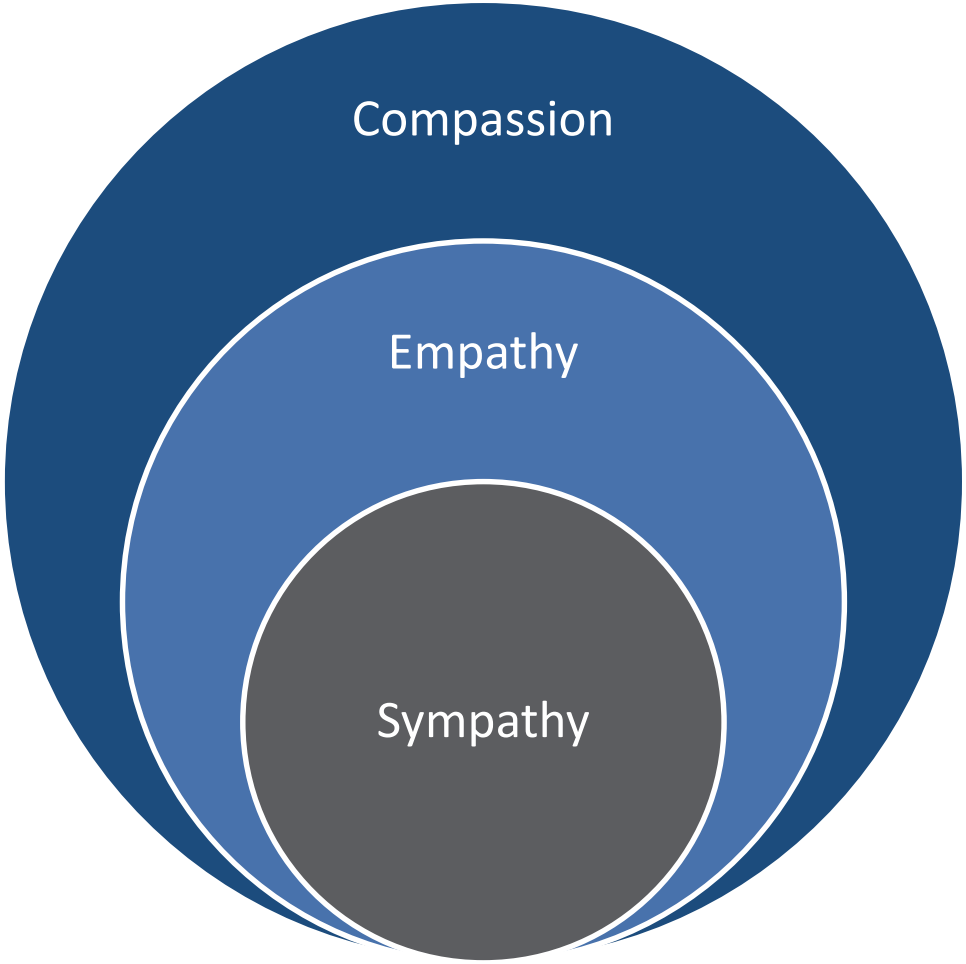
Is stigma a workplace problem?

Assisting workers in crisis—Time to get uncomfortable and talk about substance use, mental health, and suicide.

Openness is the first step to recovery.

Words Matter! Instead of…	Say…
Abuse, abuser, user, addict, junkie	Person with alcohol, opioid use disorder
Substitution, replacement drugs (MAT)	Treatment
Clean, dirty	Positive/negative test
Relapse	Unhealthy/return to using
Binge	At-risk, risky, hazardous
Dependence	Heavy use, episode
Problem, inappropriate	In need of support/treatment

Define Sympathy, Empathy, Compassion



- **Sympathy:** I'm sorry that happened to you.
- **Empathy:** I see your pain and I understand it.
- **Compassion:** How can I help you?

Define Workplace Risk Factors That Impact Mental Health:

- Work-life balance
- Workplace violence/ harassment/bullying
- Occupational stress
- Presenteeism
- Job burnout
- Substance use
- Occupational injury/illness

3. Small Group Activity

Identify work-related risk factors affecting mental health

Time for activity: 20 minutes

Objective: Identify work-related risk factors that can impact mental health.

Task: Write yes or no in each column if these risk factors are present in your worksite, and then list any key examples in your work environment. Report back.

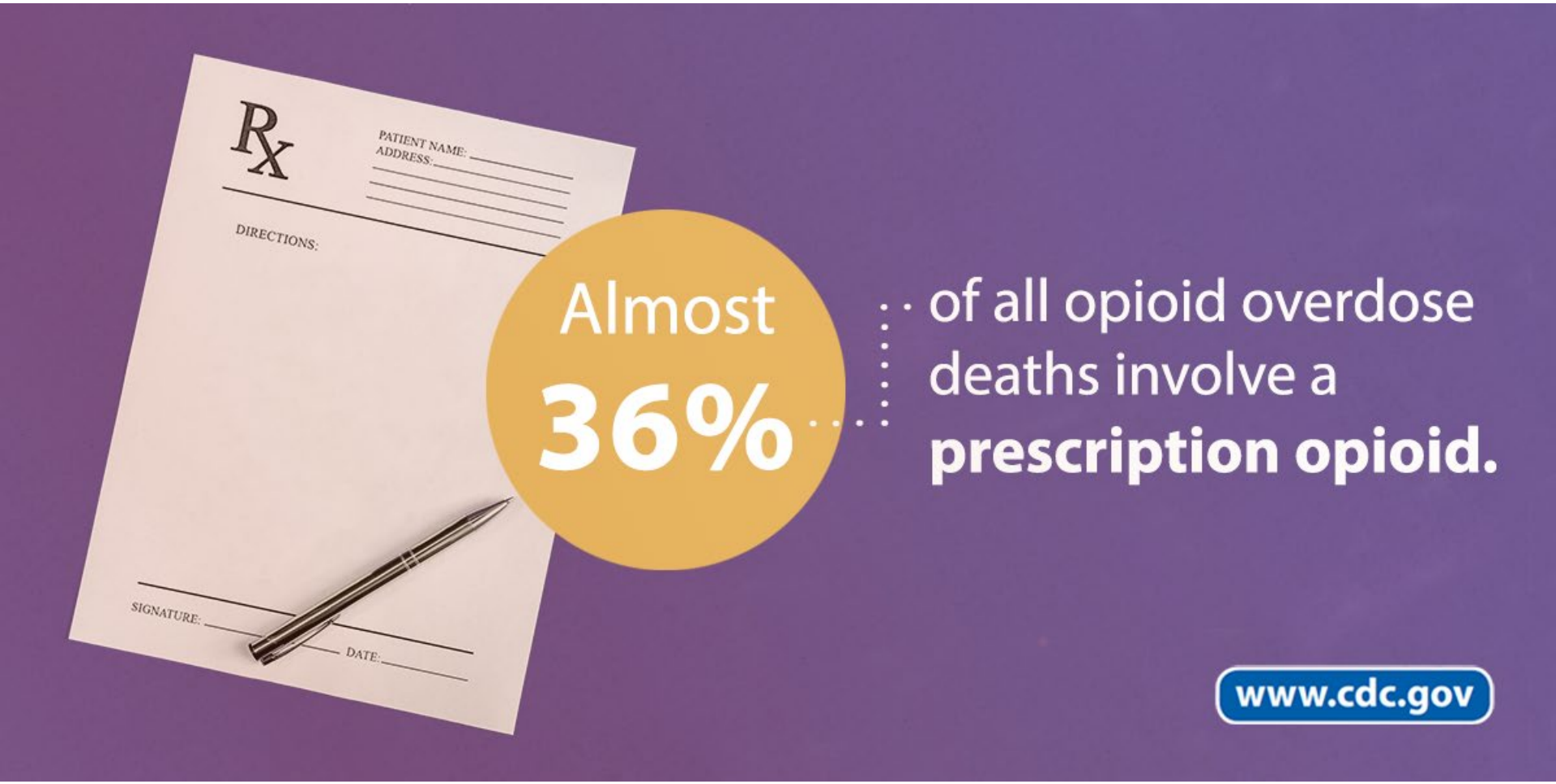
Work-Related Risk Factors Affecting Mental Health					
Work-life balance	Workplace violence/ harassment/ bullying	Occupational stress	Presenteeism	Job burnout	Occupational injury/illness

PRESCRIPTION OPIOIDS

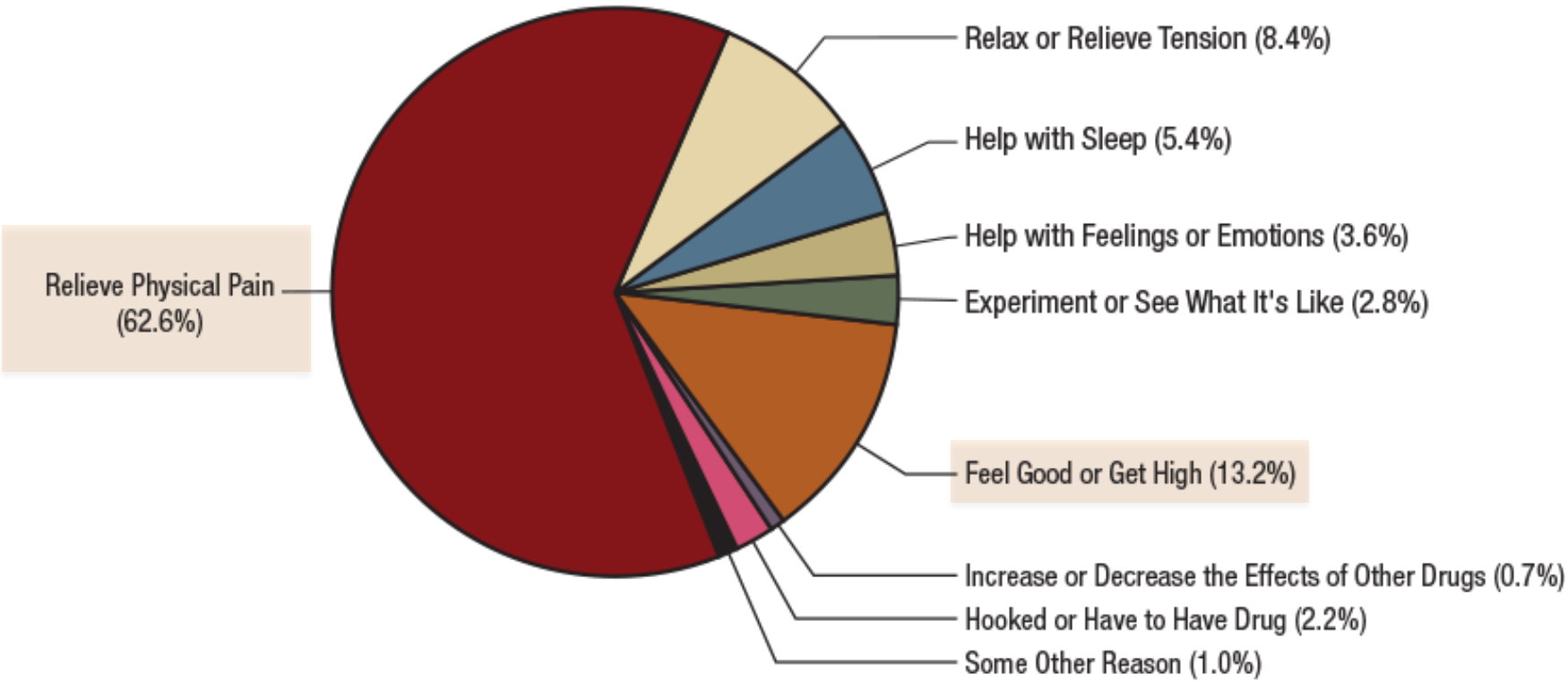
Scope of the Problem

From 1999 to 2017, overdose deaths involving Rx opioids increased 5 times.

www.cdc.gov


Rx
PATIENT NAME:
ADDRESS:
DIRECTIONS:
SIGNATURE:
DATE:
Almost
36%
of all opioid overdose deaths involve a
prescription opioid.
www.cdc.gov

Main Reason for Prescription Pain Reliever Misuse in 2017 Was to Relieve Physical Pain



11.1 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

Source: Substance Abuse and Mental Health Services Administration (2018)

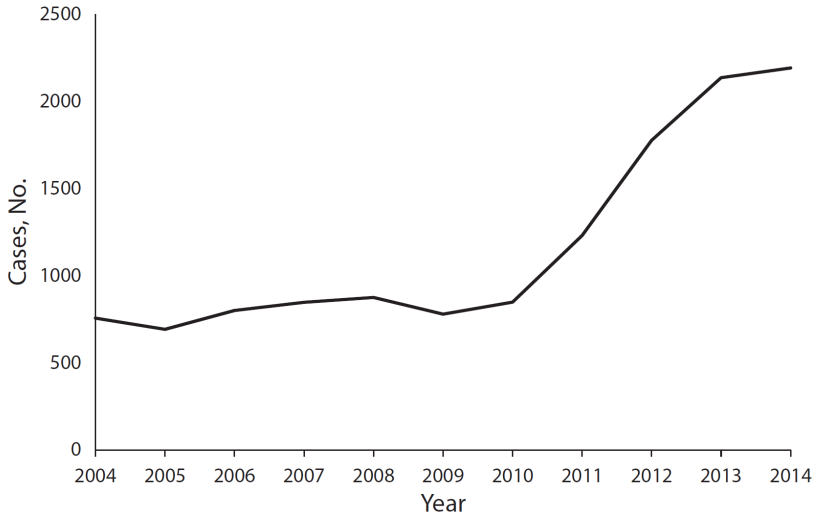
Prescription Pain Killers in 2016

- 97 million users
- 11.5 million misused
- 2.1 million misused for the first time

RELATED INFECTIOUS DISEASES

Increased Hepatitis C Infection

- Acute hepatitis C incidence doubled: 2004-2014.
- The main cause was use of injection drugs.
- The increase was highest among those injecting prescription opiates.



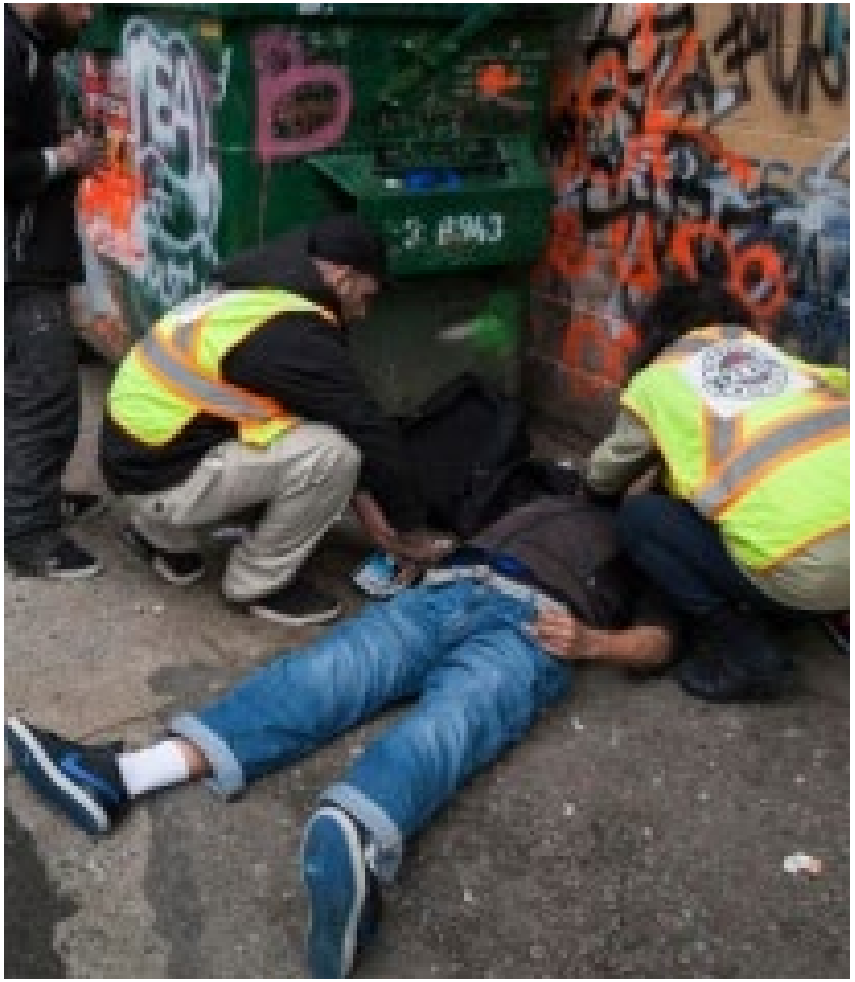
Reported Cases of Acute HCV Infection by Year: National Notifiable Disease Surveillance System, United States, 2004-2014

HIV Outbreak in Scott County, Indiana (population: 4,200)

- November 2014: 215 HIV infections among people injecting the prescription opioid oxymorphone.
- Most coinfected with hepatitis C.
- Scott County ranked 92nd in many health and social indicators among Indiana's 92 counties.
- After temporary emergency, Indiana passed law for needle exchange program.

OCCUPATIONAL EXPOSURE

Worker Populations with Potential Exposure



Worker Populations with Potential Exposure

Industry	Job Tasks
Pre-hospital (EMS)	911 calls involving treating, stabilizing, and transporting overdose cases. Exposure to needles and drug paraphernalia.
Law enforcement	Investigating, frisking, arresting, transporting people with drugs or who have overdosed.
Crime laboratories	Evidence handling and laboratory evaluation of confiscated drugs and drug paraphernalia.
Health care	Emergency department treatment of overdose cases. Use of illicit opioids in patient rooms.
Environmental services, response and cleanup workers	Cleaning of affected crime scenes, spills, or abandoned drug labs.
Fire service	Fire suppression at contaminated locations.
Public employees (DOT, Highway Maintenance, Parks, Environmental Conservation, Corrections & Parole Officers)	Removal of needles/drug paraphernalia from public roads, highways, and parks. Confiscation of contraband, searching, arresting.

Signs and Symptoms

Overdose may result in:

- Stupor
- Pinpoint pupils that later may become dilated
- Cold and clammy skin
- Cyanosis: blue or purplish discoloration due to low oxygen
- Coma
- Respiratory failure leading to death

The presence of a triad of symptoms is strongly suggestive of opioid poisoning:

1. Coma
2. Pinpoint pupils
3. Respiratory depression

Naloxone (Injectable and Nasal Spray) Antidote

Sometimes multiple doses are required.

Post-exposure Treatment

- Naloxone (Narcan®) should always be on hand when there are potential exposures!
- Naloxone doesn't work with drugs other than opioids.
- Naloxone is safe and effective.
- Many worksites are putting Narcan® in with their first aid kits and emergency preparedness training.

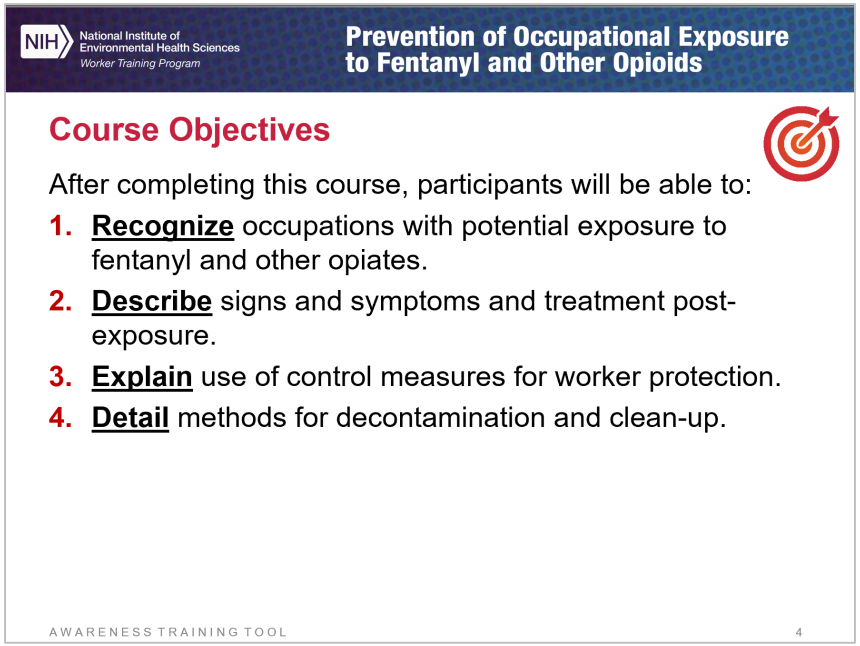
State Laws Vary on Naloxone

As of July 2017:

- 50 states passed laws making naloxone accessible without requiring a prescription.
- 40 states passed "Good Samaritan" laws to eliminate arrest, charging, or prosecution for reporting overdoses.
- These laws are all different. Check your state's law for more info. http://www.pdaps.org/datasets/laws-regulating-administration-of-naloxone-1501695139
- As of 2014, 150,000 lay people received training and naloxone kits, reversing 26,000 overdoses.

NIEHS WTP Awareness Training Tool

- The awareness tool is designed as a 4-hour interactive course.
- Organizations may integrate or adapt it into their training programs.
- The tool is in PPT format and includes three small group activities.
- https://tools.niehs.nih.gov/wetp/index.cfm?id=2562



OPIOIDS AND WORK

Is Occupational Injury and Pain a Pathway to Opioid Use, Misuse, Addiction?

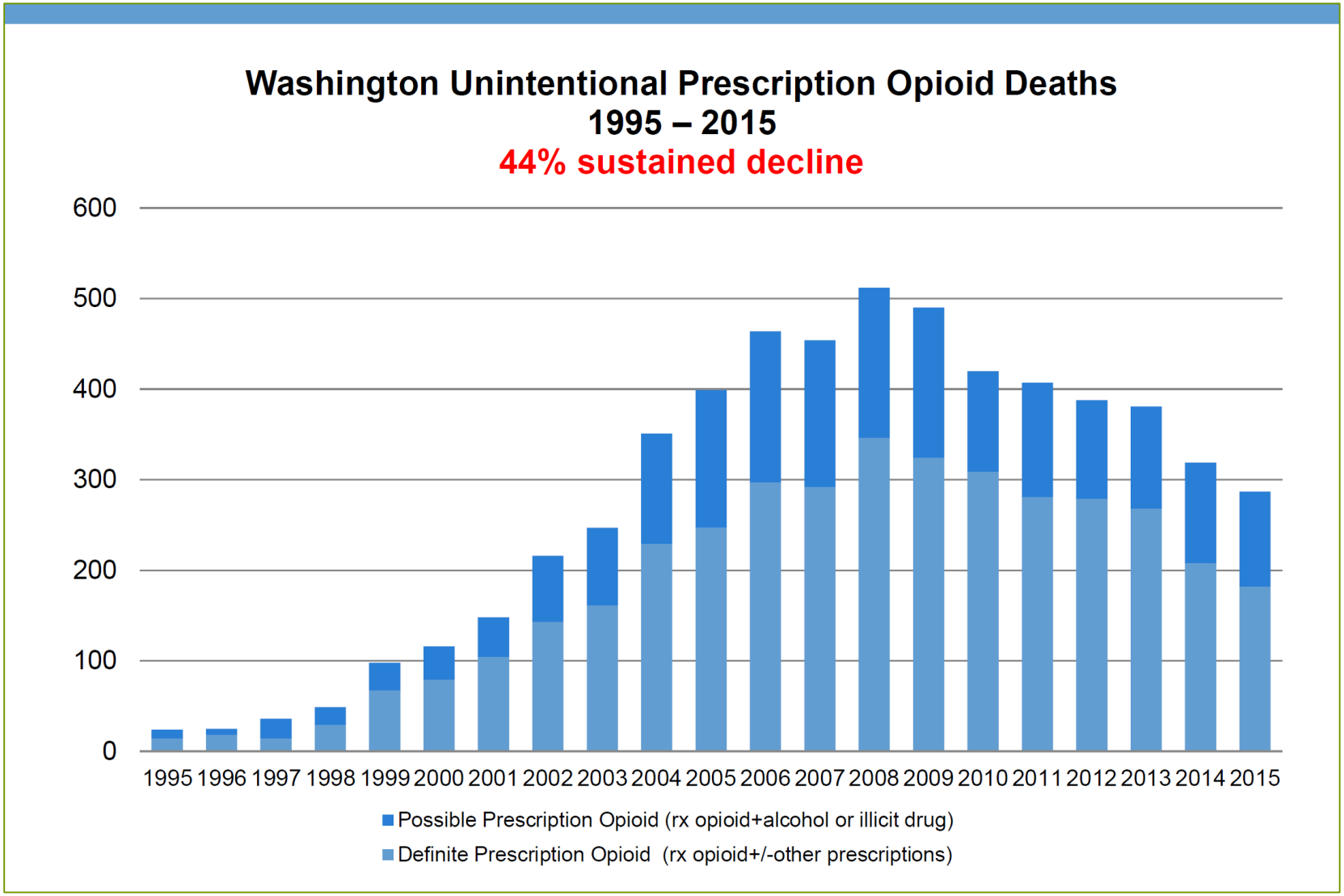
- 2.8 million work injuries and illnesses in 2017.
- How many of the opioid deaths began as treatment for work injury?

- Often, insurance companies and self-insured employers challenge causation and the necessity of treatment under state workers' compensation systems, causing delays and continued pain for affected workers that may lead to abuse and addiction.

Washington State Officials Discovered Opioid Deaths Among Injured Workers, 1996-2002

- 260 deaths in Washington state workers' compensation system.
- Reviewed death certificates and the prescription database.
- 150,000 opioid prescriptions in 2002!
- Included workers treated for carpal tunnel syndrome and lower back pain!
- Washington state reduced death rate through regulations and education

Source: Opioid dosing trends and mortality in Washington state workers' compensation, 1996-2002



Source: Washington State Department of Health

WA State Study: Opioids Didn't Relieve Pain or Help Injured Workers Return to Work

- Interviewed 1,843 workers with acute low back injury and at least 4 days lost time.
- 14% were on disability after 1 year.
- **Results:** long-term use of high doses of opioids **doubled the risk** of 1 year of disability and was not effective in treating pain.

Source: Early opioid prescription and subsequent disability among workers with back injuries: the Disability Risk Identification Study Cohort

Opioid-related Overdose Deaths in Massachusetts by Industry and Occupation, 2011-2015, Massachusetts Department of Public Health

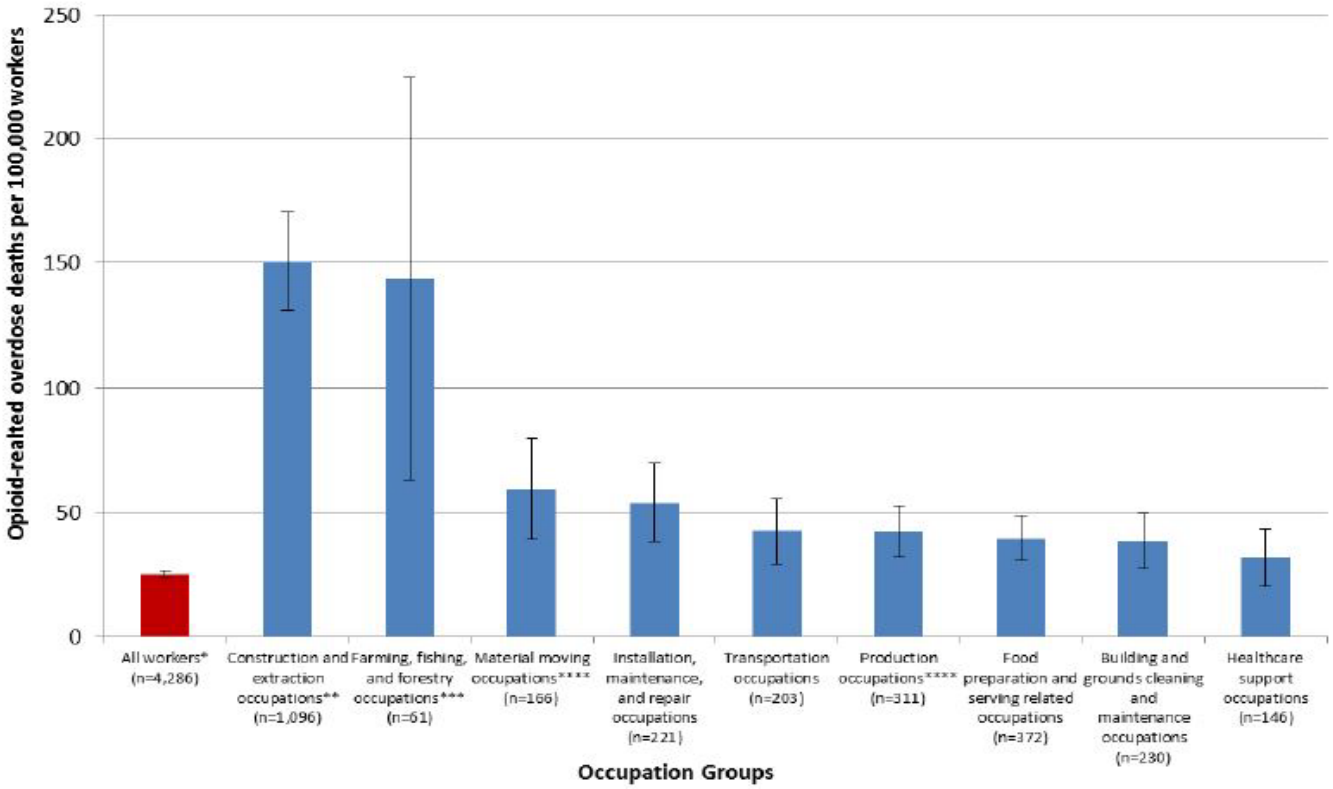
Total opioid overdose deaths: 4,302

Construction and extraction: 1,096 (6X average rate)

Farming, fishing, and forestry: 161 (5X average rate)

Opioid overdose was higher in industries with high rates of work-related injuries and illnesses and lack of sick leave.

Occupation groups with opioid-related overdose death rates significantly higher than the average rate for all workers, Massachusetts workers, 2011–2015, n=4,302



Summary and Key Findings, Massachusetts

"These findings underscore the need for educational and policy interventions targeting high-rate worker populations to prevent opioid-related overdose deaths.

Interventions should address:

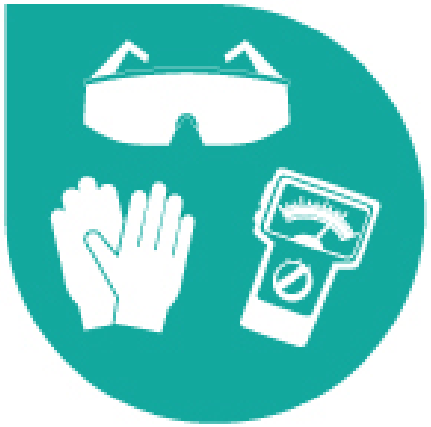
1. workplace hazards that cause injuries for which opioids are prescribed,
2. appropriate pain management following injury, including safer opioid prescribing,
3. access to evidence-based treatment for opioid use disorders,
4. and overdose prevention education."

Framework, Opioids in the Workplace:

IDENTIFY Workplace Conditions

DETERMINE Risk Factors

PROTECT Workers and Responders



DEVELOP Methods for Detection and Decontamination

National Institute for Occupational Safety and Health NIOSH

Fram the Workplace:

"We all have an important role in preventing opioid overdose deaths through education, partnership, and collaboration."

Wor for
Respon tion and
contamination

Occupational Patterns in Unintentional and Undetermined Drug-Involved and Opioid-Involved Overdose Deaths — United States, 2007-2012 MMWR/Aug. 24, 2018

NIOSH used data from the National Occupational Mortality Surveillance (NOMS) system to examine overdose deaths within 26 occupation groups in 21 states, from 2007-2012.

57,810 overdose deaths (heroin=7,463; opioids=25,058)

Death rates from opioids were especially high among construction, extraction, food preparation and serving, health care practitioners and technical, health care support, and personal care and service.

Preventing opioid use, misuse and overdose among high risk worker groups: Opportunities for prevention

Primary *Before pain, injury & opioid use*	Secondary *Post (at) injury*	Tertiary *Post substance use disorder (SUD)*
Prevent pain & injuries	Access to treatment and appropriate pain management	Access to SUD treatment and recovery support
Health and safety Committees/ Programs	Paid sick leave	EAP/ Peer support programs
.....	*Return to Work* accommodations	Naloxone/training in the workplace .....
Opioid awareness		
Address cultural issues regarding help seeking, stigma		

Acknowledgment: Dr. Cora Roelofs for her input.

PREVENTION: IDENTIFYING PROGRAM GAPS AND RISK FACTORS

4. Small Group Activity

Prevention of injuries/illnesses/stressors that can lead to pain treatment/substance use

Time for activity: 20 minutes

Objective: Document opportunities to identify and control occupational hazards and stressors.

Task: Choose a workplace hazard or stressor identified in Small Group Activity 3 and brainstorm ideas on how the problem could be evaluated, documented, and prevented using the worksheet.

Are Safety and Health Prevention Programs in Your Workplace Effective?

Discuss strengths and weaknesses of existing prevention programs and ideas for improvement in your workplace.

1. Are current programs for identifying and controlling hazards effective? What are the gaps?
2. Are current systems for reporting and investigating incidents effective? What are the gaps?
3. Are current committees and procedures for managing the health and safety program effective? What are the gaps?

What Are Key Gaps Leading to Stress, Injury, Illness, and Pain?

Outdated or no OSHA standards:

- Ergonomics
- Workplace violence prevention
- Indoor air quality
- Slips, trips, and falls
- Hazardous drugs in health care
- Psychological health at work
- Minimum staffing
- Outdated chemical standards

Other potential gaps:

- Lack of management commitment/worker involvement
- Safety culture/safety climate
- Inadequate hazardous assessment and control
- Occupational stress and bullying
- Lack support systems: sick leave, employee assistance programs, family leave

Importance of Ergonomics

Ergonomics is the science of fitting the job to the worker. Work stations and tools are designed to reduce work-related musculoskeletal disorders.

Risk factors: lifting, bending, reaching, pushing, pulling, moving heavy loads, working in awkward body postures, and performing repetitive tasks.

Examples of Musculoskeletal Disorders

- Carpal tunnel syndrome
- Tendinitis
- Rotator cuff injuries (affects the shoulder)
- Epicondylitis (affects the elbow)
- Trigger finger
- Muscle strains and low back injuries

Musculoskeletal Disorders in 2017

- 344,970 cases, U.S. Bureau of Labor Statistics
- 34% of the lost work time cases in manufacturing alone
- 77% in construction
- Associated with widespread use of prescription pain medication

EMPLOYEE ASSISTANCE AND PEER ASSISTANCE PROGRAMS

Employee Assistance Programs

- Do you have one in your workplace?
- Is it an external, internal, or blended service program?
- What is its reputation?
- Do workers trust it and use it?
- What coverage is there for mental health and substance use services?

Video available at: https://youtu.be/AvTcg1X_faE

IUOE Local 478, Hamden, CT, Case Study

- Formed member assistance program (MAP) after the Kleen Energy explosion that took the lives of 6 workers.
- Assistance from Labor Assistance Professionals (LAP).
- The International Union approved hiring 2 certified mental health/substance use counselors.
- All but 2 of the 250 contractors under a collective bargaining agreement are supporting the program.

IUOE Local 478 Case Study Continued

- Peer meetings on Thursday nights at the union hall open to family members and nonunion workers.
- Half-hour education by specialist followed by peer support meeting.
- Peers being trained to be certified peer advocates.

Labor Assistance Professionals (LAP)

- LAP: established 1991 to promote development of peer-based member assistance programs (MAPs) within the labor movement.
- LAP organized to help reform the dysfunctional health care system that makes health care increasingly unavailable and unresponsive to the needs of drug- and alcohol-abusing workers.
- As insurance companies restricted access to treatment, LAP has advocated for worker self-help and mutual aid through trained MAPs.
- MAPs define drug use at work as unacceptable, as it creates safety risks and impairs job performance.

Labor Ass AP)

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- MAPs defin at work as unacceptable, as it creates safet ks and impairs job performance.

MAPs mobilize peer counselors—trained union members who volunteer to prevent substance use, motivate co-workers to accept referral for treatment, and support them when they return to work.

—Union members helping each other to stay clean and sober.
https://www.laborassistanceprofessionals.com

WORKPLACE SUBSTANCE USE PREVENTION PROGRAMS

National Safety Council Survey of Employers' Substance Use Programs:

76% do not offer training

81% lack a workplace policy

41% who drug test don't test for synthetic opioids

Many lack sufficient insurance coverage for substance use and mental health treatment

75% of People with Substance Use Disorder Are Working

What is the impact on the workplace?

- Lost productivity = $2 billion
- Absenteeism and presenteeism = $10 billion
- Increased workers' compensation costs = 4X per claim
- Increased health care costs
- Increased lost work time
- Compromises workplace safety and health

What Is the Impact of Substance Use Disorder on Workers and Their Families?

- Job loss
- Mental and physical stress deterioration
- Financial ruin
- Divorce
- Loss of child custody
- Prison
- Death

Drug-Free Workplace and Zero-Tolerance Policies

- 1981 aircraft crash aboard USS Nimitz: 14 service members killed, 48 injured, costing $150 million. Half the flight crew were using illicit drugs.
- Military began treating substance use disorder as a discipline problem rather than an addiction problem.
- Developed punitive actions, court martial, and discharge for failed drug tests.
- “War on Drugs”: punitive and prosecutorial action against drug users.
- Entire federal government and its contractors subject to Executive Order 12564 – Drug-Free Federal Workplace.

What's the Impact of Punitive Policies?

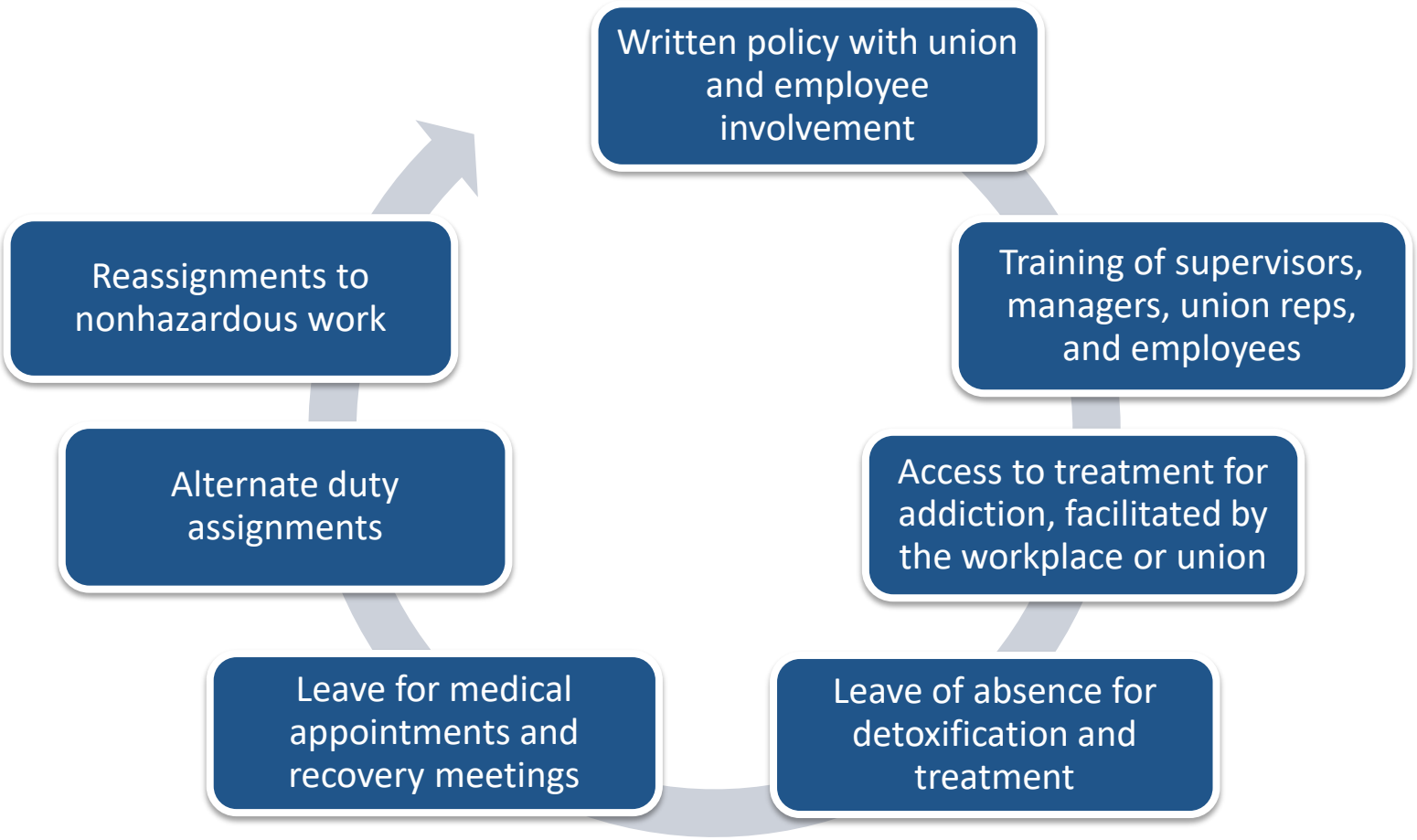
A high-performing employee with 20 years of seniority has a back injury, is prescribed opioids for pain, and subsequently develops an opioid use disorder.

1. How might this employee react to the drug-free workplace policy?
2. Will he come forward to speak to his supervisor or HR or the union rep?
3. How do the terms "zero-tolerance" and "will lead to discipline or termination" impact employees struggling with substance use disorder coming forward for help?

STOP villainizing substance use disease STOP

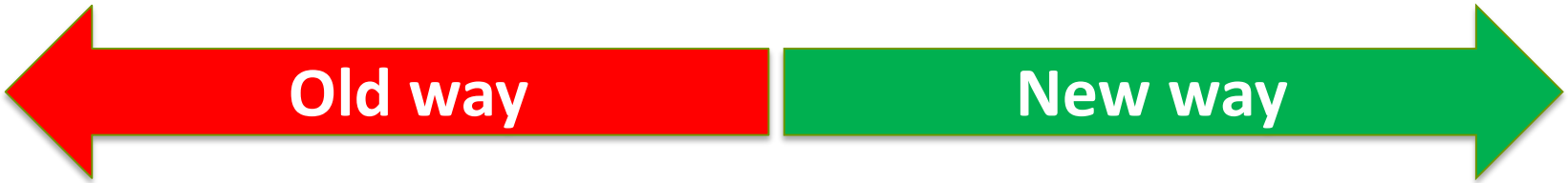
“Is it finding work through recovery, or finding recovery through work?” he asked. “I don’t think recovery would have been so successful if I hadn’t been working.”

Supportive Drug-Free Policy



Employers Should Reevaluate Their Approach

- Move from reactive to proactive.
- Understand jobs are a lifeline, providing a paycheck, daily structure, a sense of purpose and identity, stability, and social support.
- Create an environment where it is safe to talk about mental health and substance use.
- Ensure confidentiality.
- Establish return-to-work policies.
- Work with workplace stakeholders to revise policies and programs.



Treatment/Recovery Support for Workers

Alternative-to-discipline (ATD) programs help workers recover from addiction and return to work without losing their jobs.

These programs have been successful by providing a nonpunitive pathway for workers to obtain treatment and keep their employment.

- The worker enters a substance use treatment program.
- An individual sobriety and recovery program is established.
- Return-to-work agreements involve drug testing and participation in recovery programs. In health care and law enforcement, no access to narcotics.
- Continued treatment and monitoring for periods of 2 to 5 years.

Toolkit for Injured Workers to Avoid Opioid Misuse

- Stickers
- Checklists
- Questions to ask your doctor
- Drug disposal materials
- Fact sheets

Injured Workers Should Be Prepared to Talk to Their Doctor about:

- Opioid avoidance. Discuss alternative pain treatment methods such as acetaminophen, ibuprofen, ice, physical therapy, chiropractic care, etc.
- Dosage and duration.
  - Discuss limiting opioid prescriptions for short-term use (3-7 days).
  - Don't start with long-acting opiates and use the lowest possible dose.
- Expectations. 100% pain-free may not be realistic.
- Risks. If a prescription is given, make sure you know the risks

Store Medications in a Safe Place. Dispose of Unused Amounts. Do Not Share Prescriptions!

Survey on where new, occasional, or frequent users got their prescriptions:

- 53.1% - Given by, bought from, or took from a friend or relative
- 34.6% - Prescription from 1 doctor
- 16.3% - Bought from friend, relative, dealer, or stranger

5. Individual Activity

Action planning

Time for activity: 15 minutes

Objective: Identify ideas for follow-up actions.

Task: Write down one or more ideas for follow-up action(s) that will help prevent injury, illness, or improve workplace substance use treatment and recovery programs. Describe any relevant details (who, what, when, why, where).

Legal Rights May Include:

- Under the **Affordable Care Act:** expansion of **access and parity** for mental health and substance use treatment.
- **Reasonable accommodations** under the Americans with Disabilities Act if a worker cannot perform a safety-sensitive job due to legal use of prescription drugs.
- **Collective bargaining** around drug testing, access to treatment, education and training, mental health and substance use benefits, treatment and procedures, and employee assistance programs.
- **The right to union representation**, “Weingarten rights” for unionized employees in connection with an investigatory interview, including referral for a workplace drug and alcohol test.
- **State sick leave and family medical leave laws** and regulations.

Summary

Thank you for attending today's program. Today we learned:

- The roots of the opioid crisis.
- Its impact on workers, families, employers, and communities.
- Opioid use disorder is a disease and not a moral failing.
- The importance of attacking stigma in the workplace.
- The connection between safety and health hazards, occupational stress, and other risk factors that can lead to pain and substance use and abuse.
- Prevention strategies and ideas for action.

Resources

- Free and confidential drug hotline: https://addictionresource.com/
- Labor Assistance Professionals (LAP): https://www.laborassistanceprofessionals.com/
- NAADAC, the Association of Addiction Professionals: https://www.naadac.org/
- NIEHS Worker Training Program, Prevention of Occupational Exposure to Fentanyl and Other Opioids: https://tools.niehs.nih.gov/wetp/public/hasl_get_blob.cfm?ID=11206
- NIOSH Opioids in the Workplace webpage: https://www.cdc.gov/niosh/topics/opioids/default.html
- Opioids and Worker Health, Interview with CPWR's Chris Trahan Cain: https://www.niehs.nih.gov/research/supported/translational/peph/podcasts/2019/jan24_opioids/index.cfm
- SAMHSA Behavioral Health Finder: https://findtreatment.samhsa.gov/
- Start Your Recovery: https://startyourrecovery.org/