

## INSTRUCTOR TIPS

This document provides guidance for instructors of the NIEHS Opioids and the Workplace: Prevention and Response (OWPR) training tool or course. Instructors are encouraged to adapt and modify how they deliver the course to meet the needs of the specific worker population they are training. The awareness training is designed to motivate participants to take action to identify and address workplace risk factors that may lead to opioid use, misuse, and addiction.

The OWPR course may be integrated into existing training programs such as the HAZWOPER 40 hour or refresher course. It may also be used as a stand-alone course. The curriculum uses interactive training techniques so that workers will fully engage in the process of sharing their knowledge and experience, while learning about the risks and solutions to the opioid crisis that can be applied in their workplaces. The materials for the course include:

- 1) A one-page agenda.
- 2) A PowerPoint presentation.
- 3) An activity worksheet that participants can write on for the individual and small group activities.
- 4) Three fact sheets:
  - a) [Workplace Action to Combat the Opioid Crisis: What can be done?](#) This fact sheet reviews the background of the opioid crisis and its impact on workers and the workplace and lists potential workplace changes that may be undertaken.
  - b) [Injured on the Job or at Home? Ask Your Healthcare Provider These Questions Before Accepting Opioids.](#) This fact sheet provides questions that injured workers can ask their providers; it also provides a comprehensive list of opioids, indicated by their generic and brand names.
  - c) [Know Your Workplace Legal Rights Related to the Opioid Crisis.](#) This fact sheet is a 12-page review of key legal rights under the Americans with Disabilities Act, Affordable Care Act, Labor Law, and various state sick and family leave laws.
- 5) A resource list with titles and links to guidelines, research articles, government and union resources, books, videos, and more. Instructors are encouraged to review some of the primary resources on the list to better understand some of the key evidence that the training is based upon.

These materials may be downloaded from the NIEHS Clearinghouse website:

<https://tools.niehs.nih.gov/wetp/index.cfm?id=2587>

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## Course Goal

The goal of the course is to provide an evidence-based worker awareness training program that identifies workplace risk factors and solutions for opioid use, misuse, and addiction.

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## Course Objectives

Upon completing this course, participants will be able to:

- Discuss the scope and severity of the opioid crisis.
- Summarize the relationship between workplace injuries and illnesses, working conditions, and opioid use disorder.
- Identify risks of occupational exposure and potential steps for prevention and response.
- List actions that might be taken at the workplace to prevent and respond to opioid use, misuse, and addiction.

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## Target Audience

The course is intended for workers and employers with enhanced potential to be impacted by the opioid crisis. While all industries and demographic groups have been affected, industries with high rates of occupational injury, illness, and stress have experienced greater rates of overdose fatalities and should be primary targets for training. They include construction, extraction, commercial fishing, healthcare, and forestry, to name a few.

Instructors should tailor the materials to the educational level and experience of the people who are being trained. For example, healthcare and emergency medical services workers may already be knowledgeable about much of the background to the crisis and the definitions, whereas construction, industrial, and service workers may not be.

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## Preparation

Set up the training room so that the activities may be conducted. This may include the following:

- Using round tables for small group activities.
- Making sure there is an adequate supply of sticky notes, flip charts, markers, and tape for the group discussions and activities.
- Making sure there is an internet connection or alternative plan for showing the video. Note: some instructors may want to show the video on Slide 88 earlier in the program. The video puts a human face on the problem and also shows the power of peer and member assistance programs.
- Having an adequate supply of fact sheets, Opioids Warn Me stickers (National Safety Council), drug disposal mailers, and nasal Naloxone available to display or pass around.
- Having a leader or member available who can tell their personal story can have a powerful and positive impact on humanizing the problem of addiction. They may recount a family member's struggle or talk about their own path to recovery. Either way, this can help destigmatize the problem.
- **Warning:** Some of the activities and materials in this course may trigger emotional discomfort among participants. Be sure to notify participants that if they feel uncomfortable or upset, they are free to leave the training room, and if they need immediate support, they should let the instructor know. Instructors should have a plan in place in the rare event that this may occur. The plan should include providing private space for support. If the lead instructor provides support, the plan should include having a co-trainer run the class. Alternatively, the plan could include having a person trained in providing support available to call upon, such as a mental health professional or trained crisis response team member.

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## Shorter training times?

The course is designed as a six-hour program. However, the material may be shortened by selecting activities and slides that will conform to shorter time frames. The list below provides a few ideas for shortening the program.

- The instructor notes on the following slides list those slides that may be combined, modified, hidden, or removed.
  - Slide 5: Background.
  - Slide 17: Fentanyl and Synthetic Opioids.
  - Slide 52: Prescription Opioids (some instructors may choose to place this information earlier in the program).
  - Slide 61: Occupational Exposure. It is very important to raise the issue of whether there is need for Naloxone to be available at the workplace along with appropriate training of personnel to provide it when needed.
  - Slide 69: Opioids and Work.
  - Slide 92: Workplace Substance Use Prevention Programs
- Some of the small group activities may be done as large group activities to save time.
- Activities 3 and 4 can be combined.

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## Alternative Training Techniques

A method that can reduce the number of PowerPoint slides used in the program is to give participants a fact sheet and have them discuss their findings in small or large group discussions. The background material can be covered this way using the [Workplace Action to Combat the Opioid Crisis: What Can Be Done?](#) fact sheet.

Role plays could be used in the Stigma section. For example, one student could play the role of a member assistance advocate and another could play the role of a member who is struggling with addiction. The goal would be to demonstrate the importance of listening, being compassionate, and the role that language has in such an interaction. The role play could be a positive or negative example. This would require development of either a planned script or giving the people doing the role play time to write their own. Group discussion would follow the acting out of the brief scenario.

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## Adult Education Techniques

This course is based on **proven adult education techniques**, including: group discussions with flip charts; small group activities with worksheets and report backs; and individual activities.

The **participatory approach** encourages students to play an active role in learning. Participatory training techniques are much more effective than lecturing. Most students zone out after six minutes of lecturing. By drawing on participants' experience, you will engage them in learning and solving problems presented in the material.

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## Be Prepared for Controversy

Presenting the evidence that opioid use disorder is a relapsing disease may be controversial and not accepted by all training participants. Understand that stigma and disbelief about addiction is powerful. Therefore, it is very important that instructors are familiar with the evidence and avoid arguing or debating with participants, and rather point them to reliable sources such as the Centers for Disease Control, the American Medical Association, etc. Although controversy in a training program may be uncomfortable, teaching that opioid use disorder is a disease and addressing stigma are key parts of the program. Bottom line: whether the addiction started due to a workplace injury and subsequent prescription of opioids or because the person was using drugs recreationally, the addicted worker in both cases needs and deserves support to regain their lives through treatment and recovery.

Two alternative teaching methods that may reduce the potential for controversy and reduce the use of PowerPoint slides are listed below:

- Show the National Safety Council (NSC) Video, Opioids & the Brain. It is 2 minutes and 36 seconds long, and features Dr. Natalie Kirilichin of the NSC Physician Speakers Bureau. Having a doctor explain opioid use disorder and addiction increases credibility for many participants.

The video is concise and factual, the graphics and summary are effective, and using multi-media works well in training. The video is embedded in slide 30. Note: you will need an internet connection and sound source to show the video. The Youtube URL for the video is: <https://youtu.be/baCPgy6YLS4>. If you know that you will not have internet access you can make your PPT presentation self-contained uploading the video and then save the PPT as a packaged PPT presentation and not a full PPT file by clicking File > Save As > PowerPoint Show. Be sure to test the file to make sure it works properly.

- Ask participants to look up the definition of opioid use disorder on their smart phones or tablets and then have them share their findings in a large group discussion.

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## Course Agenda

The training module consists of **11 sections** and **five activities**:

- Opioids defined
- Course objective
- Section I: Background on the epidemic
- Section II: Fentanyl and synthetic opioids
- Section III: About opioid use disorder
- Section IV: Stigma
- Section V: Prescription opioids
- Section VI: Related infectious diseases
- Section VII: Occupational exposure
- Section VIII: Opioids and work
- Section IX: Prevention: identifying program gaps and risk factors
- Section X: Employee assistance and peer assistance programs
- Section XI: Workplace substance abuse prevention programs
- Activity 1: Workshop participant concerns about opioids
- Activity 2: Substance use, mental health, and stigma
- Activity 3: Identify work-related risk factors affecting mental health
- Activity 4: Prevention of injuries, illnesses, and stressors that can lead to pain treatment and substance use
- Activity 5: Action planning

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## PowerPoint Slides and Instructor Notes

Below each PowerPoint slide is a set of instructor notes. Some of these notes contain material that is intended to be directly communicated to participants. It is recommended that instructors prepare by reviewing the instructor notes. The delivery of the material will be stronger when instructors use their own words and examples. Instructors should also keep in mind that the activities are the core of this training program; the slides are intended to provide information on topics that are not covered in the activities, or to supplement those discussions. Therefore, instructors can skip or skim over slides that address information that has already been covered.

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## Group Discussions

Keep in mind that some of the questions provided are open-ended and may generate more than one correct response.

It is important to allow participants to present their ideas and solutions. As the instructor, you want to draw out the knowledge and expertise of the participants and help them to clarify potential problems and solutions.

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## Small Group Activities

The instructor will need to help the class divide into an appropriate number of groups. For example, if there are 20 people in the class, you could divide into four groups of five. You will also have to decide if the groups should be organized based on certain characteristics, such as a) all from the same workplace, b) all in the same occupation, or c) a mix of experienced and novice workers.

Make sure the groups know which activity on the worksheet to work on and how much time they have for the task. It is also important to emphasize that they need to select one person to be the recorder or reporter for the report back. Ask if there are any questions before they begin. It is a good idea to walk around the room and observe the groups and make yourself available if they have questions. Make sure everyone is engaged and participating in the activity.

Take extra time to thoroughly explain the final activity, Action Planning. It has been divided into two sections, one for individual action and one for workplace level action. Also, there is a consent question at the top of the activity. If participants provide their voluntary consent, they may be contacted in three to six months to provide feedback on the training's impact.

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## Be a Facilitator

We encourage you to be an instructor who facilitates the course. Use the worksheet, activities, and questions included in the presentation to draw out participants' experiences and help them fill in the missing pieces. Your role is to serve as a discussion leader, not just as an expert. This approach is more rewarding for participants and less of a burden on trainers.

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## Cultural Awareness

### ***Definition:***

- Awareness of your own culture as a set of values, behaviors, attitudes, and practices, and the understanding that other cultures may be different from your own.
- Respect for the beliefs, languages, and behaviors of others.
- A quality that develops over time, usually involving increasing sensitivity and long-term commitment.

Instructors should strive to understand and respect the cultures within the audience that they are training and be willing to make adjustments based on cultural considerations.

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## Evaluation Tools

NIEHS has developed a pre- and post-test to evaluate the impact of the training on participants' knowledge of the subject matter. The questions are based on the objectives and course content. It takes about five minutes for participants to complete each test. If you use the pre- and post-test, be sure to explain that they are evaluation tools to help instructors learn if the training is effective. There are no personal identifiers. The tests are anonymous. Tell participants, "Do not write your name on the pre- or post-test." Instructors should compare the total responses for the pre- and post-tests to see if there are changes in the correct answers. This can be measured as a percentage.

A model course evaluation form is also a part of the suite of materials accompanying the curriculum. Feel free to use or adapt this form or employ your own.

At the top of Activity 5 is a consent question. Please explain to participants that if they volunteer to provide consent, a copy of their action plans from Activity 5 will be used to learn if they were able to implement those plans, what type of obstacles and opportunities they encountered, and if any new actions are being planned for the future. Volunteers will be contacted in three to six months. Instructors will need to collect, copy, or scan the Activity 5 sheets that are part of this follow-up work. It has not yet been determined if NIEHS will employ an evaluator to do the follow-up or if that would be done by the instructor's organization or a mix of the two approaches.