National Institute of
Environmental Health Sciences
Worker Training Program

INSTRUCTOR TRAINING MANUAL

Opioids and the Workplace: Prevention and Response

October 2020









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* indicates there is an Activity on that slide

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National Institute of Environmental Health Sciences
Worker Training Program

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How to Use this Instructor Manual

It is important to read through all the material in this guide to properly prepare and deliver the NIEHS Opioids and the Workplace: Prevention and Response (OWPR) training course. This instructor manual may be used to teach the OWPR Awareness level training and/or the Train-the-Trainer course. The activities and timing of this course are intended for a maximum of 25 participants. If the group is smaller, the activities and group discussions may take less time than indicated. If the group is larger than 25, it will be very difficult to conduct the participatory activities that are at the core of the program.

Note: copies of the forms, handouts, and materials may be downloaded via the NIEHS WTP website: *https://tools.niehs.nih.gov/wetp/index.cfm?id=2587*

This 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. Trainers are encouraged to adapt and modify how they deliver the course to meet the needs of the specific program, audience, and circumstances. For example, the time available and the number of participants are two factors that would impact how the course is delivered. However, the core content of the course should not be significantly altered.

The curriculum uses interactive training techniques so that workers will fully engage in 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. Five 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 an 11-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.

d. Preventing Workplace Injury and Stress Can Help Stop the Opioid Crises

   This fact sheet focuses on primary prevention of the opioid crises - preventing work injuries from occurring.

e. Checklist for Workplace Opioid Prevention and Response Programs

   This checklist helps employers, unions, and workers assess factors that contribute to misuse of opioids in the workplace.

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.
6. Instructor tips, which provides a short form guidance for instructors on preparing, adapting, and delivering the course.

Course Goal

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

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.

Section-specific objectives are in the instructor notes on the section title slides.

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 target audiences 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, health care 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.

Preparation

You should expect to study, review, and prepare for this course for at least two hours per hour you will be teaching. There is a great deal of information in this course, including a robust set of instructor's notes embedded in the PowerPoint. Those same notes have been placed side-by-side with copies of the PPT slides in this Instructor Manual. Additional resources and links are included in the Appendix of this manual that may be accessed to further study the subject matter.

The key point is to know your audience. Part of preparation is working with the host organization(s) that is sponsoring the training to address training logistics. Preparations should consider whether the course is provided to a multi-sectoral/organizational audience or a single host organization. It is also very beneficial to have the course sponsor(s) provide the names and contact information to any local resources and referral sources that may be used by the attendees. Additionally, any organization-specific program(s) or procedures should be reviewed by a local organization representative.

The Pre-Training Checklist on page 13 provides a useful tool for instructors to ensure the needs of the target population are met, logistics are planned, and that set up of the training room is conducive for all activities.

Training room set up may include:

- Round tables or other set-up for small group activities.
- Adequate supply of sticky notes, flip charts, markers, and tape for the group discussions and activities.
- Internet connection or an 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.

- 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. To that end, the instructor should make sure to let participants know that the class is a judgement-free zone.

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.

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.

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.

Teaching the Course Virtually

The instructor manual is designed for classroom teaching. If the class must be delivered virtually the following preparations should be considered, specific to the platform that is used:

1. Include time to review the use of the virtual platform with participants including:
    - How to edit your name that is being displayed
    - How to navigate the mute and camera functions
    - Use of the shared screen function
    - How to turn on the video or audio content
    - Small group activities
    - Whiteboard and annotate functions
    - What to do when experiencing audio or visual problems
2. Consider if you need to adjust the schedule. Sitting in front of a computer for long periods of time can be tedious. Extra breaks may help or spreading the program over several days. For example, instead of a full day of classroom training conduct 2 half day training programs.
3. Limit the class to 25 or less to allow for the full range of participative activities. Larger classes may reduce opportunity for participation. Larger classes will require a greater number of small groups and lengthen the time for group discussion and report backs.
4. Decide in advance or make an adjustment during the class to determine if there is sufficient time available to conduct all the small group activities. If not, then consider conducting some of them as large group activities.

5. It is recommended that participants print out a copy of the activity worksheet in advance. A benefit is that when they go into small groups, they will have the questions at their fingertips and can write directly on the printed worksheet.
6. For the small group activities, a PPT or Word template may be used by the recorder/reporter to simplify documenting the group discussion and as a visual aid for the report back.
7. Activity 2, Substance use, mental health, and stigma. The classroom approach must be adjusted because sticky notes and flip charts are not available virtually. A couple of approaches:
    a. Use the blackboard annotate function. Instruct participants to write a word or phrase in reaction to the trigger words, "mental illness" and 'substance use". Organize the comments into negative and positive categories and discuss how people are inclined to view these topics negatively.
    b. An alternative is to use an add on program such as www.miro.com This add on allows for the use of sticky notes on the whiteboard which can then be easily organized into positive and negative comments.
8. Be sure to leave time for Activity 5, the action planning exercise. This may be done in groups, especially if the training is for people who work together or in the same industry. It may also be done individually. In either case, it is important to have a report back to communicate about ideas for future actions that are being considered by participants.

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. By drawing on participants' experience, you will engage them in learning and solving problems presented in the material.

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 life through treatment and recovery.

Two alternative teaching methods that may reduce the potential for controversy and reduce the use of PowerPoint slides 31 -43 are listed below:

- Show the National Safety Council (NSC) video, "Opioids & the Brain." It is two minutes and 36 seconds long, and features Natalie Kirilichin, MD, MPH., of the NSC Physician Speakers Bureau. Having an expert 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 by 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 smartphones or tablets and then have them share their findings in a large group discussion.

Course Agenda

The training module consists of 11 sections and five activities. Sections are in red, Activities blue, and videos in orange.

Sections	Minutes
PREFACE: Slides 1 - 4	20
Sign in, pre-test, introductions.	15
Opioids defined, course objectives, warning about interaction with benzodiazepines, course agenda.	5
SECTION I: Background on the epidemic: slides 5 - 16	35
Overdose fatality statistics, use of opioid pain medication, relevant books.	15
ACTIVITY 1: Workshop participant concerns about opioids	20
SECTION II: Fentanyl and synthetic opioids: slides 17 - 27	15
Fentanyl potency, analogues, legal and illegal forms, street names.	15
SECTION III: Understanding opioid use disorder: slides 28 - 43	50
The role of pain, definitions, pathway to addiction, impact on the brain, withdrawal, physical and behavioral warning signs, deaths of despair, medication assisted treatment, access to treatment.	45
National Safety Council video, slide 30, 2 minutes, 37 seconds, "Opioids & the Brain" (alternative teaching tool).	5
SECTION IV: Stigma: slides 44 - 51	60
ACTIVITY 2: Substance use, mental health, and stigma	20
Definition and impact of stigma, language, sympathy, empathy, compassion, workplace risk factors that impact mental health.	20
ACTIVITY 3: Identify work-related risk factors affecting mental health	20
SECTION V: Prescription opioids: slides 52 - 57	10
Scope of the problem, main reason for prescription opioid misuse.	10

SECTION VI: Related infectious diseases: slides 58 - 60	5
Increase in Hepatitis C infections, HIV outbreak in Scott County.	5
SECTION VII: Occupational exposure: slides 61 - 68	10
Worker populations with potential occupational exposure, signs and symptoms of overdose, Naloxone and post exposure treatment, related state laws, NIEHS Training Tool "Occupational Exposure to Fentanyl and other Opioids."	10
SECTION VIII: Opioids and work: slides 69 - 79	20
Review of the impact of the opioid crisis by industry and occupation and the public health approach to prevention.	20
SECTION IX: Prevention: identifying program gaps and risk factors: slides 80 - 85	35
ACTIVITY 4: Prevention of injuries, illnesses, and stressors that can lead to pain treatment and substance use	20
Identify gaps in safety and health program and standards, explain the importance of ergonomics in preventing pain, injury, and opioid use.	15
SECTION X: Employee assistance and peer assistance programs: slides 86 - 91	25
Review the role of employee and member assistance programs, highlight the value of peer assistance programs.	15
International Union of Operating Engineers video: "The Road Home: It's Time to Get Uncomfortable." Members in recovery talk about the importance of peer advocacy.	10
SECTION XI: Workplace substance use prevention programs: slides 92 - 105	60
Review gaps in employment-based substance use programs, discuss the impact of substance use on the worker and the workplace, outline elements of supportive workplace programs, and begin action planning for workplace improvement.	25
ACTIVITY 5: Action planning	15
Closing: slides 106 - 108	5
Legal rights, summary, resources, post-test, evaluation	15

PowerPoint Slides and Instructor Notes

Below each PowerPoint slide is a set of instructor notes. In this instructor training manual those same notes have been copied next to a small image of each slide. Some of these notes contain material that is intended to be directly communicated to participants. In this instructor training manual, those notes have quotation marks around them. Some of the slides have animations to enable the instructor to ask the participants a question, get their input, and then reveal the answers to supplement and reinforce the participant input. There are also several slides with animations with summary or concluding information that appears over the original slide.

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.

Slides are an appropriate visual aid for the program. However, there are many times when having no visual aid would better serve the presentation. To get the student's attention away from the slide, you can darken the screen by hitting "B" for black, on your computer keyboard. Do this when you want the class to look and listen to you. Hit B again when you want to bring back the image. "W" works the same for a white screen.

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.

Caution: some of the discussions and activities may raise issues that are covered later in the program. As an instructor, you will need to decide if you want to halt that discussion and place it in the "parking lot" (a flip chart that lists subjects that will be covered later) or you may choose to let the discussion continue and then skip over that material when you get to it later on in the program.

Small Group Activities

The PPT slides that outline the activities are marked with the icon to the right. The instructor should divide the class 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.

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.

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 and be willing

to make adjustments based on cultural considerations.

Evaluation Tools

Instructor Evaluation Checklist

Reproducible copies of the evaluation materials listed below are available beginning on pages 75–80 of the instructor manual and also may be downloaded from the Clearinghouse website: *https://tools.niehs.nih.gov/wetp/index.cfm?id=2587* There is also an optional instructor survey on pages 14–16 that allows instructors to rate the course and provide feedback to NIEHS WTP.

	Step-by-Step	Mark Complete
Pre-training	Hand out pre-test before training	
	Explain how to fill out pre-test (confidentiality, two-sided)	
	Collect pre-test	
	Conduct training	
Post-training	Hand out post-test and evaluation form	
	Explain how to fill out post-test and evaluation form (confidentiality, two-sided)	
	Collect post-test and evaluation form	
After training	Compile data into spreadsheet	
	Analyze pre-test, post-test, and evaluation form	
	Complete and submit the instructor evaluation form	

Evaluation tools are essential for evaluating training satisfaction, effectiveness, and to learn where improvements are needed in training design and delivery. Included are a pre- and post-test and an overall evaluation form. Training providers are free to modify these tools to match their program needs or substitute these tools with their own.

Pre-Test

The pre-test is used to assess the training participant's knowledge, beliefs, and practices relating to opioids and the workplace before the start of the training. The pre-test may be shortened or modified to match any site-specific tailoring of training objectives and material.

Before training begins, inform the trainees about the evaluation tools, and hand each participant a pre-test. Explain that the pre-tests are to be filled out to the best of their abilities and without the

assistance of other trainees or any outside source. Emphasize that participants should not put any identifying information on the pre-test that can link their results to their identity.

Remind the class that the pre-test form is double-sided. The pre-test takes approximately five minutes to complete. Instruct the trainees that once they have completed the pre-test, they should raise their hand, indicating they are ready for it to be collected. To maintain confidentiality, do not review pre-test responses until later.

Post-Test

The post-test is used to assess if the training has improved trainee knowledge, beliefs, and practices relating to opioids and the workplace. The post-test is identical to the pre-test. The purpose is to compare participant responses in the pre-test to their responses in the post-test to measure if the number of correct responses changed after the training. This is typically done by comparing the percentage of correct responses before and after training has been conducted. An increase in the percentage of correct responses is a positive indication. The post-test should be identical to the pre-test, if modified.

When the training has been completed, inform the trainees that the post-test will be conducted and distribute the forms. Explain that the post-tests are to be completed to the best of their abilities and without the assistance of other trainees or any outside source. Remind participants that the pre- and post-tests are confidential and emphasize that they should not put any identifying information on the form.

Remind the class that the post-test is double-sided and will take approximately five minutes to complete. Instruct the trainees that once they have completed the post-test, they should raise their hand, indicating they are ready for it to be collected. To maintain confidentiality, do not review post-test responses until later.

Training Evaluation Form

The training evaluation form is used to assess participant satisfaction with the training quality, delivery, and effectiveness. This data is useful in evaluating whether modifications are needed in how the program is delivered or in the program content . The evaluation form also provides space for written (narrative) feedback. Use of the sponsoring organization's evaluation form is also appropriate.

At the end of the training, inform the trainees that the evaluation form is being distributed to get feedback from participants and help improve future delivery of the program. The evaluation form may be distributed at the same time as the post-test. Instructors are strongly encouraged to use both the pre-test and post-test, however, if for some reason there is no post-test distributed, an evaluation form should still be used.

Remind the class that the training evaluation form is double-sided. The back side of the form contains questions on demographics. The evaluation form takes approximately five minutes to

complete. Instruct the trainees that once they have completed the evaluation form, they should raise their hand, indicating they are ready for it to be collected. To maintain confidentiality, do not review evaluation form responses until later.

Training materials for the course

Preparing the materials and set-up of the room is essential to a successful program. AV and classroom equipment
Laptop or PC for running presentations
Projector/screen
Remote slide advancer
Two to four easels and flip chart paper
Sticky notes for stigma activity
Markers (various colors for activities and discussion facilitation)
Instructor Manual
PPT presentation
Materials for each student and for group activities
NIEHS WTP Training Packet: includes the activity worksheet, three factsheets, resource list
Notepaper
Pens/pencils
Markers (various colors for activities) for one set per group

Pre-Training Checklist

Duplicate this form as needed.

Needs Assessment

Prior to the course, contact the organization(s) sponsoring the training to discuss the following:

- ☐ What led to the initiation of the opioid training?
- ☐ What population has been affected and are there any special cultural factors?
- ☐ What has the impact of the opioid crisis been on the affected population?

Population Specific Data

- ☐ What industries and occupations are participating in the training?
- ☐ Is the training mixed or a single type of employment?
- ☐ How many workers, contractors, volunteers work at the affected job sites?
- ☐ Are there any opioid specific events that have occurred at the site(s)?
- ☐ Ask the program manager (or designee) to prepare to deliver a 10 to 15-minute presentation that provides an overview of the organization's program for providing support services, if they have one, as well as a list of local resources and referrals.

Course Logistics

- ☐ Number of participants
- ☐ Length of course
- ☐ Location of training facility
- ☐ Training room size and setup
- ☐ Audiovisual support—LCD, computer, flip charts, sticky notes
- ☐ Nametags, markers, etc.
- ☐ Copies of the materials
- ☐ Decide about use of pre- and post-test and which evaluation form to use. (Note that use of all the evaluation materials is strongly encouraged.)

Other Items

- ☐ Review the training agenda and plan with the training contact.
- ☐ Discuss how the input generated through the training activities will be captured and transferred to their organization(s).

Post-Training

- ☐ Provide copies of evaluation forms, pre- and post-test results and sign-in sheets to training contact and NIEHS WTP.
- ☐ Complete the Trainer's Evaluation Form and submit to NIEHS WTP.

NIEHS Resources and Links

Note: Resources and links can be accessed electronically at the WTP Opioids & Substance Use: Workplace Prevention & Response webpage: *https://tools.niehs.nih.gov/wetp/index.cfm?id=2587*

This page has links to the following:

- Opioids and the Workplace, Prevention and Response Training Tool
- Prevention of Occupational Exposure to Fentanyl and Other Opioids Training Tool
- Other NIEHS Resources
- Related WTP Technical Workshops
- Federal Links & Documents
- State Links & Documents
- Other Links & Documents

Simply click on the active links at this site to gain instant access to these resources. The referenced webpages and PDF files are updated periodically on this website.

Opioids and the Workplace, Prevention & Response Training Evaluation Survey

Instructor Survey

In an effort to continuously improve the Opioids and the Workplace Training Program (OWTP), we are requesting that you evaluate the effectiveness of the training that you instructed. On this survey, you are asked to evaluate various aspects of the training. In addition, you are asked to provide a written response to certain questions. Please be **open** and **honest** in your responses.

To ensure **your confidentiality**, do not provide any personal identification on the rating form. Please let us know if you have any questions.

In this section, you are asked to rate the effectiveness of the OWTP training you presented. Using the rating scale below, please mark the circle that most closely reflects your answer to each statement.

①–Strongly Disagree ②–Disagree ③–Somewhat Disagree ④–Neutral
⑤–Somewhat Agree ⑥–Agree ⑦–Strongly Agree

Instructor Survey	
1. The registration and enrollment process was smooth and efficient.	① ② ③ ④ ⑤ ⑥ ⑦
2. The support staff was responsive and helpful.	① ② ③ ④ ⑤ ⑥ ⑦
3. The training was properly coordinated and arranged.	① ② ③ ④ ⑤ ⑥ ⑦
4. The training facility enhanced the learning environment.	① ② ③ ④ ⑤ ⑥ ⑦
5. As the instructor, I was well-prepared to deliver the training.	① ② ③ ④ ⑤ ⑥ ⑦
6. The supporting instructor materials, including slides, worksheets, and instructor's notes, facilitated effective delivery of the training.	① ② ③ ④ ⑤ ⑥ ⑦
7. The training objectives were clear.	① ② ③ ④ ⑤ ⑥ ⑦
8. The training content was designed according to the needs of the trainees (e.g., language, cultural, educational level).	① ② ③ ④ ⑤ ⑥ ⑦
9. The training adequately covered the course topics.	① ② ③ ④ ⑤ ⑥ ⑦
10. The training content was accurate and well-organized.	① ② ③ ④ ⑤ ⑥ ⑦
11. The time allotted for the training was sufficient.	① ② ③ ④ ⑤ ⑥ ⑦
12. The training materials and handouts were useful and facilitated learning.	① ② ③ ④ ⑤ ⑥ ⑦
13. The presentation technology used to deliver the training was effective.	① ② ③ ④ ⑤ ⑥ ⑦
14. The activities and exercises were relevant and reinforced the learning objectives.	① ② ③ ④ ⑤ ⑥ ⑦
15. The discussions were helpful in exchanging ideas.	① ② ③ ④ ⑤ ⑥ ⑦
16. The trainees were provided opportunities to practice training-related knowledge/skills.	① ② ③ ④ ⑤ ⑥ ⑦
17. The trainees were provided opportunities to observe and interact with other trainees.	① ② ③ ④ ⑤ ⑥ ⑦
18. Trainees were engaged and interactive during the training.	① ② ③ ④ ⑤ ⑥ ⑦
19. The trainees were provided feedback that was relevant to their learning.	① ② ③ ④ ⑤ ⑥ ⑦
20. The training content was effective.	① ② ③ ④ ⑤ ⑥ ⑦
21. The training format was effective.	① ② ③ ④ ⑤ ⑥ ⑦
22. The training overall was effective.	① ② ③ ④ ⑤ ⑥ ⑦

Please provide answers to the following questions.

How many hours did you spend teaching the course?

Did you teach the course as a stand-alone offering or was integrated into another course?

What suggestions for improvement to the curriculum for the OWTP training do you have?

Thank you for participating in this evaluation. Your feedback is a very important part of the continuous quality improvement process of the training program.

Please submit this form or provide feedback by emailing *wetpclear@niehs.nih.gov*

National Institute of Environmental Health Sciences
Worker Training Program

PREFACE 20 minutes

Slide 1

Note: Be sure to distribute the Pre-test. Once that is collected, distribute the agenda, worksheet, copies of the fact sheets, and either a hard copy or electronic copy of the PowerPoint slides to the participants.

Explain: "Welcome to Opioids and the Workplace: Prevention and Response (OWPR). This program is being provided to you by (name of organization). This program was developed by the National Institute of Environmental Health Sciences (NIEHS) Worker Training Program (WTP) and we acknowledge their support.

In this program, we will be working in small groups and also doing individual activities. You will be using the worksheet for the activities and you may write directly on it.

One of the handouts for today's program is a nine-page **Opioids and the Workplace – Resource List**, a comprehensive listing of useful resources and websites.

We have set up a webpage so that you can easily access the PPT and related training materials for downloading and printing at: *https://tools.niehs.nih.gov/wetp/index.cfm?id=2587*

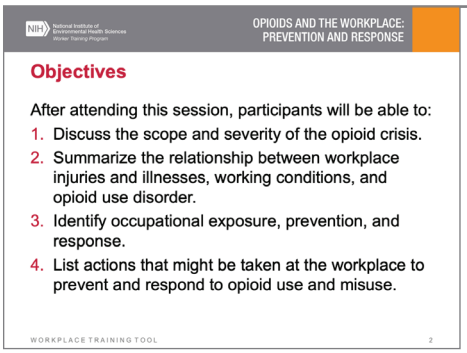
These materials were posted to this site in September 2019. Be sure to update any of the data, statistics, or new developments as needed.

We will begin by reviewing the course agenda and objectives."

Note: 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. It may be that they recount a family member's struggle or it may be they talk about their own path to recovery. Either way, this can help de-stigmatize the problem.

Note: Links (URLs) listed in the slides and instructor notes are current as of June 27, 2019. Please update as needed. PPT does not provide for active links in the instructor notes. Therefore, you will need to cut and paste them into your browser to access them.

Slide 2



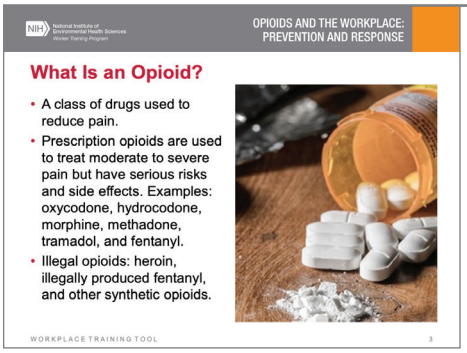
Overall objectives

The four overall objectives of the OWPR training module are listed on the slide.

Objectives can be customized to suit training needs and target populations.

Review the training objectives and agenda with participants so they will know the organization of the module and the activities.

Slide 3



Explain what an opioid is.

Prescribed opioids for pain relief:

- Hydrocodone (e.g., Vicodin®, Lortab®)
- Oxycodone (e.g., OxyContin®, Percocet®)
- Codeine
- Morphine
- Hydromorphone (e.g., Dilaudid®, Exalgo®)
- Fentanyl (e.g., Duragesic®, Fentora®)
- Methadone
- Buprenorphine (e.g., Subutex®, Suboxone®)
- Oxymorphone (e.g., Opana® ER)
- Tramadol (e.g., Ultram®, ConZip®)

Illegal opioids:

- Heroin
- Fentanyl and other synthetic opioids made or sold by unauthorized parties

Explain: "Misuse of prescribed opioids is also "illegal opioid" by definition. This includes crushing, snorting, and injecting.

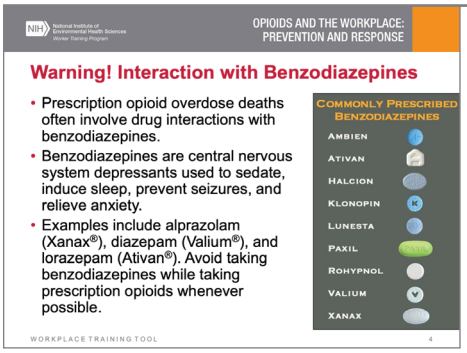
A comprehensive list of opioids is included on the back of the "Questions to Ask Your Doctor" fact sheet."

The next group of slides will review statistics on the scope of the overdose crisis.

Source: CDC (Centers for Disease Control and Prevention). Opioid Overdose: Prescription Opioids. Available: *https://www.cdc.gov/drugoverdose/opioids/prescribed.html*.

Photo: U.S. Department of Veterans Affairs

Slide 4



Review the dangers of mixing benzodiazepines with opioids. Benzodiazepines increase the respiratory depressant effects of opioids.

Drug interaction defined: when two drugs are used together, their effects can be additive (the result is what you expect when you add together the effect of each drug taken independently), synergistic (combining the drugs leads to a larger effect than expected), or antagonistic (combining the drugs leads to a smaller effect than expected).

Nearly 30% of fatal "opioid" overdoses in the U.S. also involve benzodiazepines, raising the possibility that some of the increase in opioid-related deaths might be caused by increases in concurrent benzodiazepine/opioid use over time.

Rohypnol:

What is it? Depressant and benzodiazepine with generic name Flunitrazepam. It is not approved for medical use in the United States. Used by cocaine users to relieve side effects, and also used as a "date rape" drug.

Sources:

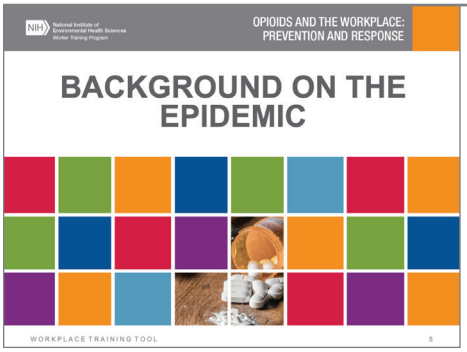
CDC (Centers for Disease Control and Prevention). Opioid Overdose: Prescription Opioids. Available: *https://www.cdc.gov/drugoverdose/opioids/prescribed.html*.

Sun EC, Dixit A, Humphreys K, Darnall BD, Baker LC, Mackey S. 2017. Association between concurrent use of prescription opioids and benzodiazepines and overdose: retrospective analysis. BMJ 356:j760; doi:10.1136/bmj.j760.

Photo: *inspiremalibu.com*

SECTION I — 35 minutes

Slide 5



Note: Instructors are advised to consider presenting local and/or state statistics on the impact of the opioid crisis. Typically, this information is available on state and county websites.

Module 1 Objectives:

- Define opioids.
- Describe the scope, impact, and roots of the national opioid crisis.

Note: An alternate teaching strategy for the background information and impact on the workers and workplace is to have participants read the factsheet "Workplace Action to Combat the Opioid Crisis: What is to be Done?" After reading the factsheet, a large group discussion could be conducted to ensure key points are covered.

Note: The video on Slide 88 may be shown here or early in the training program to put a human face on the problem and show the power of peer advocates and member assistance programs. You will need access to the internet for the video to work properly. Additional videos are listed on the resource factsheet.

Shorter training time? In programs of short duration, instructors may choose to focus on the activities and cut back on the information presented in the PPT slides. This method will allow for greater participation and engagement. You may also combine, hide, or cut some of the background slides (5–16). Slide 10 covers essential information on the usefulness of opioids for treating cancer, life-threatening illness, and end of life care as well as some of the key factors that led to overprescribing. Slide 13 on pain as the fifth vital sign is very relevant when training healthcare and EMS workers. It is less essential and can be time consuming to explain to workers in non-health related industries.

Slide 6

Explain: "For the eight-year period of 1999 to 2017, almost 400,000 Americans died from an opioid overdose, including prescription and illegal opioids.

About 55% of the deaths were due to prescription opioids."

Sources:
CDC (Centers for Disease Control and Prevention). Opioid Overdose: Understanding the Epidemic. Available: *https://www.cdc.gov/drugoverdose/epidemic/index.html*.

CDC (Centers for Disease Control and Prevention). Opioid Overdose: Opioid Data Analysis and Resources. Available: *https://www.cdc.gov/drugoverdose/data/analysis.html*.

Slide 7

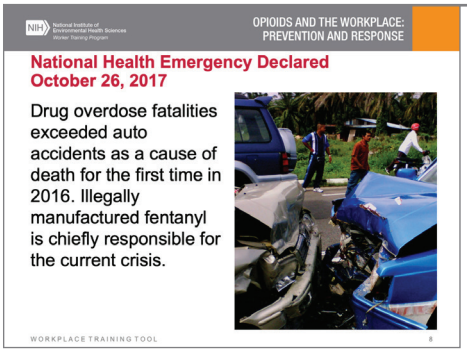
Explain: "130 people die every day from an opioid overdose!"

Sources:

CDC (Centers for Disease Control and Prevention). Opioid Overdose: Understanding the Epidemic. Available: *https://www.cdc.gov/drugoverdose/epidemic/index.html*.

CDC (Centers for Disease Control and Prevention). Opioid Overdose: Opioid Data Analysis and Resources. Available: *https://www.cdc.gov/drugoverdose/data/analysis.html*.

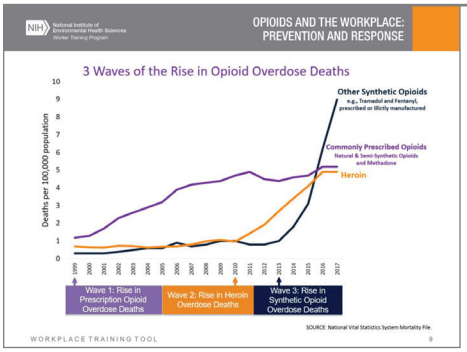
Slide 8



Explain: "President Trump declared the opioid epidemic to be a national health emergency on October 26, 2017."

Photo: Damnsoft 09 at English Wikipedia, CC BY 3.0, *https://commons.wikimedia.org/w/index.php?curid=11802152'*

Slide 9



Explain: "The chart from CDC shows that there have been three periods of the rise in opioid overdose deaths.

The first wave was from 1999 to 2005 due to prescription opioids, primarily oxycodone and OxyContin.

The second wave started around 2010, when there was an increase in heroin overdose deaths. At that time, Purdue Pharma, the company that manufactured OxyContin, received FDA approval to reconstitute the drug. OxyContin is a 12-hour time release version of oxycodone, and people who were abusing it would remove the drug and snort, smoke, or inject it. After it was reconstituted, it would turn gummy when removed, thereby preventing its misuse. However, for every life saved from reconstituting OxyContin, there was a life lost to heroin, as users simply switched to heroin once OxyContin was no longer viable.

The third wave started around 2013; there has been a sharp rise in synthetic opioid overdose deaths. Synthetic opioids are laboratory manufactured and similar in chemical composition to natural opioids. They are produced by pharmaceutical companies or illegal drug labs. They tend to be much more potent than natural

opioids. Most of the synthetic opioids are coming from China and Mexico and are being mixed in with heroin, cocaine, and other street drugs."

Sources:
CDC (Centers for Disease Control and Prevention). Opioid Overdose: Understanding the Epidemic. Available: *https://www.cdc.gov/drugoverdose/epidemic/index.html*.

Evans WN, Lieber E, Power P. 2019. How the reformulation of OxyContin ignited the heroin epidemic. Rev Econ Stat 101(1:1-15.

Slide 10

Explain: "Use of opioids to treat cancer-related pain, for end-of-life care, and to treat life threatening illnesses is appropriate. For example, a soldier on the battlefield with a life-threatening injury is appropriately treated with opioids. These drugs are also appropriately used by emergency medical service workers in responding to traumatic injuries. Some ambulance crews use fentanyl for accident victims.

Pharmaceutical companies introduced oxycodone and OxyContin (time release version of the drug) in 1996. Previously, opioids were used to treat cancer-related pain, for end-of-life care, and for palliative care. However, the industry went to great lengths to ensure that opioids would be used for chronic pain treatment. At the time, there were a number of multidisciplinary pain programs that were virtually wiped out by the mass introduction of opioids to treat chronic pain."

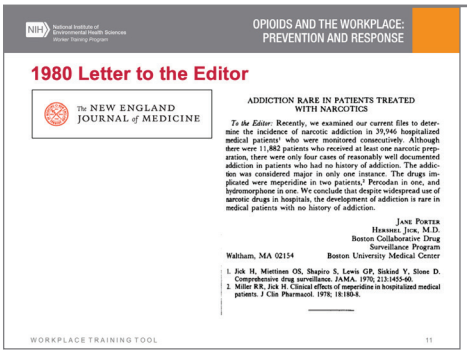
Sources:
Quote from lawsuit filed by U.S. Attorney in Virginia. United States of America v. The Purdue Frederick Company, Inc., et al. 2007. Case No. 1:07CR00029. United States District Court for the Western District of Virginia, Abingdon Division, 23 July 2007.

Denenberg R, Curtiss C. 2016. Appropriate use of opioids in managing chronic pain: a review of best practices for alleviating suffering, while avoiding risks. Am J Nurs 116(7):26-38. Available: *https://journals.lww.com/ajnonline/FullText/2016/07000/CE___Appropriate_Use_of_Opioids_in_Managing.23.aspx#pdf-link*.

Photo: U.S. Drug Enforcement Administration image gallery

The photo shows hydrocodone.

Slide 11



Explain: "This slide shows the one-paragraph article published in the esteemed New England Journal of Medicine in 1980. This letter used limited data as it was based on a sample of acute care hospitalized medical patients, not on chronic pain patients. Big Pharma claimed that there was overwhelming scientific medical evidence that oxycodone was not addictive. They campaigned for the entire health care industry to use their products to relieve patients' chronic noncancer pain.

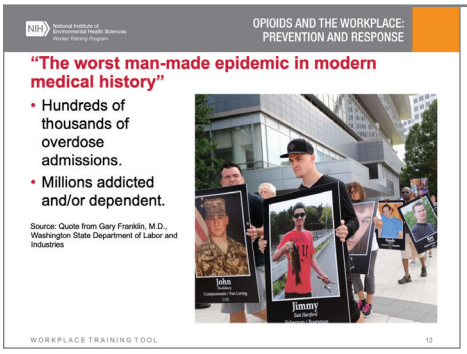
The industry made billions of dollars from oxycodone. They also engaged in a new form of marketing directly to primary doctors; they gave out 340,000 free samples; and gave gifts, trips, and educational credits to providers. The extensive sales force was paid $60 million in bonuses.

Additionally, drug companies provided more than $10 million to patient and physician advocacy groups to promote the use of opioids for chronic pain treatment."

Source: U.S. Senate Homeland Security & Governmental Affairs Committee Minority Staff Report. 2017. Fueling an Epidemic: Insys Therapeutics and the Systematic Manipulation of Prior Authorization. Available: *https://www.hsgac.senate.gov/imo/media/doc/REPORT%20-%20Fueling%20an%20Epidemic%20-%20Insys%20Therapeutics%20and%20the%20Systemic%20Manipulation%20of%20Prior%20Authorization.pdf*

See manufacturers' responses to the report: *https://malexj.files.wordpress.com/2018/02/180218-opioid-report-responses-combo.pdf*.

Slide 12



Explain: "This led to the "worst man-made epidemic in modern medical history," according to Occupational Medicine Physician Gary Franklin, from the University of Washington and the Washington State Department of Labor and Industries. This led to hundreds of thousands of overdose hospital admissions and millions became addicted or dependent."

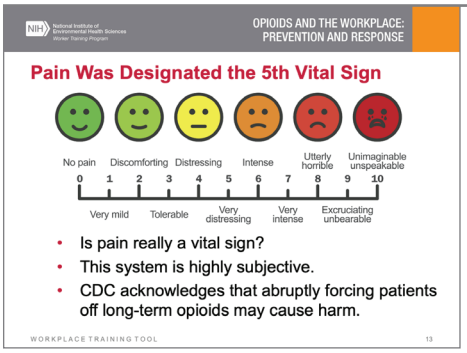
Quote from Gary Franklin, M.D., research professor in the Department of Environmental and Occupational Health Sciences and in the Department of Medicine at the University of Washington. Dr. Franklin has served as the medical director of the Washington State Department of Labor and Industries from 1988 to the present and has more than a 25-year history of developing and administering workers' compensation health care policy and conducting outcomes research.

Sources:

Franklin GM, Wickizer TM, Coe NB, Fulton-Kehoe D. 2015. Workers' compensation: poor quality health care and the growing disability problem in the United States. Am J Ind Med 58(3):245-51.

Degenhardt L, Bruno R, Lintzeris N, Hall W, Nielsen S, Larance B, Cohen M, Campbell G. 2015. Agreement between definitions of pharmaceutical opioid use disorders and dependence in people taking opioids for chronic non-cancer pain (POINT): a cohort study. Lancet Psychiatry 2(4):314-22.

Slide 13



Explain: "Pain was designated as the fifth vital sign by the Joint Commission for Accreditation of Healthcare Facilities and CMS (the Centers for Medicare and Medicaid Services). Doctors were accused of undertreating pain and this furthered the overprescription of opioids. Pain scales and those smiley faces are subject to high variability. One person's rating of 10 could be another person's 5. Also, health care worker evaluations by patients could be impacted on whether or not they provide narcotic pain medications."

Sources:

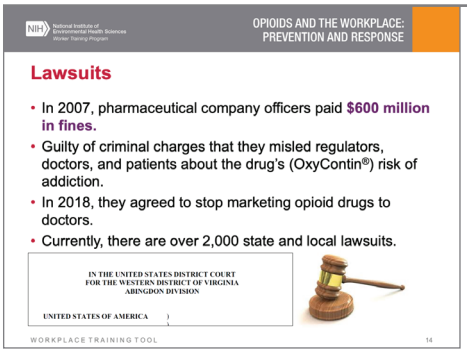
U.S. Department of Veterans Affairs. 2000. Pain as the 5th Vital Sign Toolkit. Washington, DC: U.S. Department of Veterans Affairs.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health. 2019. Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations. Available: *https://www.hhs.gov/ash/advisory-committees/pain/reports/2018-12-draft-report-on-updates-gaps-inconsistencies-recommendations/index.html*.

Explain: "Some chronic pain patients who have had long-term opioid treatment are being forced to reduce the amount of opioid medication or being taken off of them entirely. There have been a number of reports that this is causing unnecessary pain and suffering for these patients. According to the CDC, the dosing guideline does not endorse mandated or abrupt dose reduction or discontinuation, as these actions can result in patient harm."

Source: Rubin R. 2019. Limits on opioid prescribing leave patients with chronic pain vulnerable. JAMA; doi:10.1001/jama.2019.5188 [Online 29 April 2019].

Slide 14



Explain: "Purdue Pharma pleaded guilty to federal criminal charges that they misled regulators, doctors, and patients about the drug's (OxyContin) risk of addiction. The defendants paid $600 million in fines.

In 2018, Purdue agreed to stop marketing opioid drugs to doctors. Currently, there are over 1,600 state and local lawsuits in the courts.

Explain: "Breaking news: On March 26, 2019, Purdue Pharma settled with the state of Oklahoma for $270 million to fund addiction research and treatment in Oklahoma and pay legal fees."

Note: Instructors should update this and other information as it becomes available.

Slide 15

A number of informative books have been written about the crisis, including:

"Dopesick," by Beth Macy, which focuses on the Appalachian region, which has been particularly hard hit by the crisis. Former coal miners and industrial workers who are impacted by despair, hopelessness, and lack of opportunity have been hard hit by the crisis. "Dopesick" and "Dreamland" tell many case studies of the impact of the crisis on families, the afflicted, law enforcement, and communities.

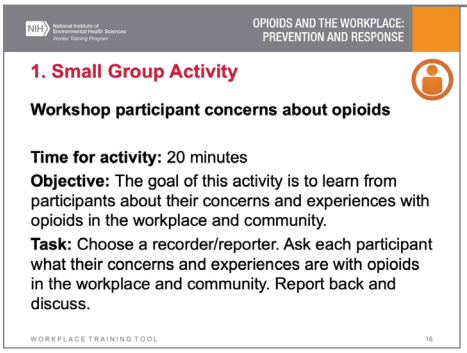
"Dreamland," by Sam Quinones, documents the culpability of the drug companies and the medical profession in propagating the use of opioids for chronic pain treatment. This book also reviews the distribution of black tar heroin, coming into the U.S. from the small town of Xalisco, Nayarit, on Mexico's west coast and independent of any drug cartel, focused on small town and mid-sized cities across the country, driven by a brilliant, almost unbeatable marketing approach.

"American Pain," by John Temple, tells the story of American Pain, a major pain mill in Florida that provided millions of pills to people with addiction from as far away as Kentucky and Ohio. It was operated by criminals and they employed women in bikinis to work the clinic. Some of the people who died from overdosing on these prescriptions were injured workers. At the time, there was no regulation of pain clinics. This changed around 2010.

"Milk of Paradise," by Lucy Inglis, tells the history of opium, which dates back to at least 1500 B.C. There are over 250 species of the opium poppy. Opium is processed from the latex sap of the opium poppy, *Papaver somniferum*.

Marcus Aurelius was a Roman emperor from 161 to 180 A.D. and was addicted to opium. Opium also played a significant role in the history of trade between Western Europe and China and the East Indies, leading to the Opium Wars. Opium and opioids have important legitimate uses for injured soldiers on the battlefield, cancer treatment, and end-of-life care.

Slide 16



SMALL GROUP ACTIVITY 1: Workshop participant concerns about opioids

Explain the small group activity and let participants know they can write directly on the activity worksheet or use a piece of flip chart paper to record the group input. First, form groups of four to eight participants and instruct them to select a recorder/reporter for the activity. Explain the objective of the activity and the task.

Activity 1

Time for activity: 20 minutes

Objective: Identify participant experiences and concerns with opioids in the workplace and community.

Task: Form a small group and briefly discuss the questions below. Select a person in your group to act as recorder/reporter. You may choose to use a piece of flip chart paper to note participant responses.

a. What are your experiences or concerns with the ongoing opioid crisis?

_____

_____

b. How is the opioid crisis impacting your workplace?

_____

_____

_____

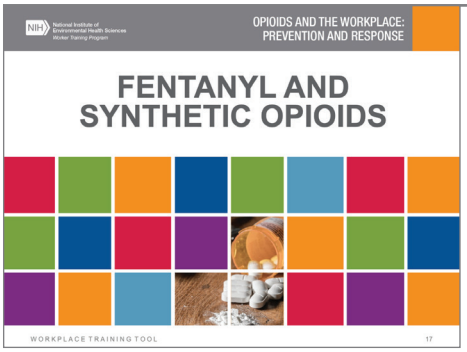
Short on time? If there is not enough time to do the small group activity, then this can be conducted as a large group activity. The information provided should help guide the instructor as to the needs and interests of the workshop participants.

NOTE: If this activity generates rich discussion about information that is covered later in the training program, instructors may choose to: 1) allow the discussion to continue and reduce the review of the material later in the program or 2) let the participants know that those topics will be covered later in the program.

National Institute of Environmental Health Sciences
Worker Training Program

SECTION II — 15 minutes

Slide 17

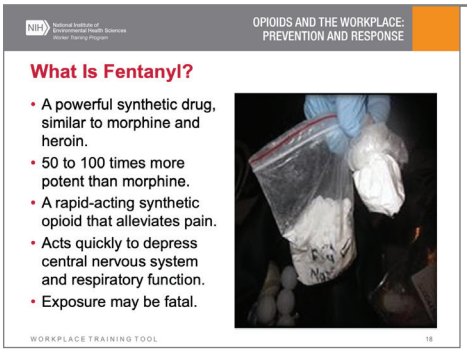


Module 2 Objective

Explain the main characteristics of synthetic opioids and analogues.

Short on time? You may combine, hide, or cut some of this section's slides (18-27).

Slide 18



What is fentanyl?

Explain: "Pharmaceutical fentanyl is a synthetic opioid pain reliever approved for treating severe pain, typically advanced cancer pain. It is 50 to 100 times more potent than morphine. It is prescribed in the form of transdermal patches or lozenges and can be diverted for misuse in the United States.

However, most recent cases of fentanyl-related harm, overdose, and death in the U.S. are linked to illegally-made fentanyl. It is sold through illegal drug markets for its heroin-like effect. It is often mixed with heroin and/or cocaine as a combination product—with or without the user's knowledge—to increase its euphoric effects.

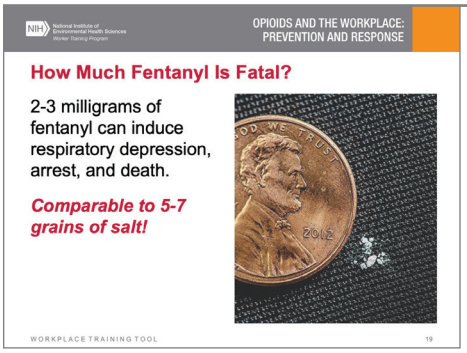
Fentanyl was first developed in 1959 and introduced in the 1960s as an intravenous anesthetic. It is legally manufactured and distributed in the United States. Legal fentanyl pharmaceutical products are diverted via theft, fraudulent prescriptions, and illicit distribution by patients, physicians, and pharmacists."

Source: CDC (Centers for Disease Control and Prevention). Opioid Overdose: Fentanyl. Available: *https://www.cdc.gov/drugoverdose/opioids/fentanyl.html*.

Photo: U.S. Drug Enforcement Administration

The photo shows seized illicit powered fentanyl.

Slide 19



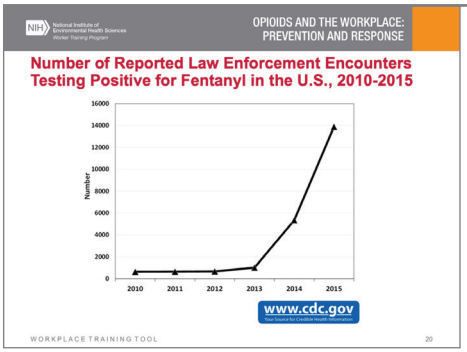
Explain: "A milligram is 1/1000 of a gram. The photo from the U.S. Drug Enforcement Administration shows that 2 to 3 milligrams is comparable to 5 to 7 grains of salt. The penny is a point of reference so participants can visualize that just a few grains of fentanyl can be fatal. Fentanyl is 50 to 100 times more potent than morphine.

As with other chemical hazards, the way that they enter the body is important in understanding the potential harmful effects. More information on occupational exposure and routes of entry for fentanyl and other opioids is in the occupational exposure section."

Source and photo: DEA (U.S. Drug Enforcement Administration). 2016. Carfentanil: A Dangerous New Factor in the U.S. Opioid Crisis. Available: *https://www.dea.gov/sites/default/files/divisions/hq/2016/hq092216_attach.pdf*.

Explain: "Opioids are central nervous system (CNS) depressants. Our CNS is responsible for controlling our breathing and also managing our heartbeat. The concept of how opiates cause respiratory depression is complex, but in theory, it's simple. When you take opiates, it slows your CNS, which in turns slows breathing. The more opiates you take, the more your breathing can slow."

Slide 20

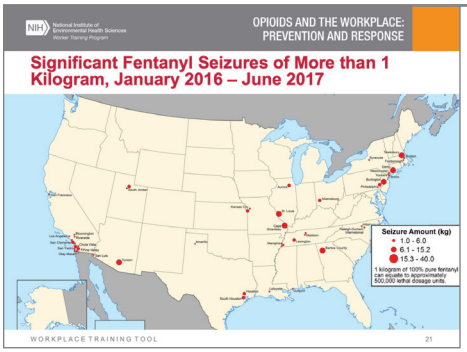


Explain: "The number of law enforcement encounters has markedly increased in the last four years. Every time a police officer or emergency medical services call is made involving an overdose, there is a potential for exposure. "

Note: This does not mean that law enforcement officers were occupationally exposed to fentanyl 14,000 times in 2015. It means they were involved in 14,000 cases where fentanyl was present.

Source: CDC (Centers for Disease Control and Prevention). Opioid Overdose: Reported Law Enforcement Encounters Testing Positive for Fentanyl Increase Across US. Available: *https://www.cdc.gov/drugoverdose/data/fentanyl-le-reports.html*.

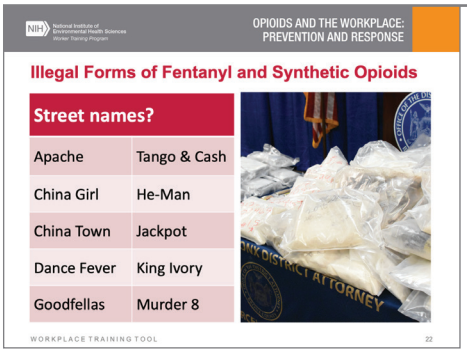
Slide 21



Explain: "This map from the U.S. Drug Enforcement Administration shows the location of significant large quantity fentanyl seizures of more than 1 kilogram from January 2016 to June 2017."

Source: DEA (U.S. Drug Enforcement Administration). Significant Fentanyl Seizures of More than 1 Kilogram, January 2016 - June 2017. Available: *https://www.cnoa.org/documents/MAP-SignificantFentanylSeizures.pdf*.

Slide 22



Explain: "This slide shows a photo of illegal fentanyl and provides street names for the drug."

Ask: "What other street names for opioids have you heard?"

Photo: U.S. Drug Enforcement Administration

Slide 23

Ask: "What do you notice in the photos?"

Illegal fentanyl can be made to look like legitimate prescription drugs.

On the left is the powder form of fentanyl. On the right are fentanyl pills and crystals.

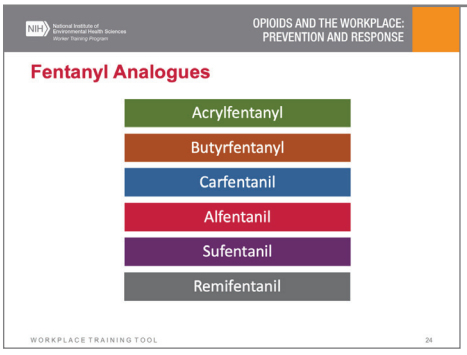
Fentanyl can be injected, snorted/sniffed, smoked, taken orally by pill or tablet, and spiked onto blotter paper. Fentanyl patches are abused by removing its gel contents and then injecting or ingesting these contents.

Patches have also been frozen, cut into pieces, and placed under the tongue or in the cheek cavity.

Illicitly-produced fentanyl is sold alone or in combination with heroin and other substances and has been identified in counterfeit pills, mimicking pharmaceutical drugs such as oxycodone.

Photos: U.S. Drug Enforcement Administration

Slide 24



Explain: "For the purposes of this awareness training, whenever we use the word fentanyl, we also are referring to related synthetic opioids.

Analogues defined: Analogues are drugs chemically similar to fentanyl and have similar effects on the human body, but chemists tweak their molecular structure, so they fall outside of the DEA's scheduling regime, thereby skirting the law." [**Source:** Lynch S. 2017. U.S. drug agency to toughen stance on illicit fentanyl analogues. Reuters Health News, 9 November. Available: *https://www.reuters.com/article/us-usa-justice-opioids/u-s-drug-agency-to-toughen-stance-on-illicit-fentanyl-analogues-idUSKBN1D92RI*.]

The DEA's Controlled Substances Act includes scheduling categories I – V. Schedule I drugs have a high potential for misuse and the potential to create severe psychological and/or physical dependence. As the drug schedule changes

– Schedule II, Schedule III, etc. – so does the misuse potential. Schedule V drugs represent the least potential for misuse. [**Source:** DEA (U.S. Drug Enforcement Administration). Drug Scheduling. Available: *https://www.dea.gov/druginfo/ds.shtml*.]

There are literally hundreds of variants of fentanyl. Seventeen are listed as controlled substances by the DEA. Fifteen of them are controlled and twenty are under consideration by the International Narcotics Control Board.

There are more than twenty analogues of fentanyl that have made it to the U.S.

In recognition of the unprecedented escalation in opioid-related overdoses, as well as the White House directive to declare the opioid crisis a national public health emergency on February 6, 2018, DEA used its authority under Section 201 of the CSA to place all non-scheduled fentanyl-like substances into Schedule I temporarily, on an emergency basis, for two years to combat this practice. As a result, anyone who possesses, imports, distributes, or manufactures any illicit, fentanyl-like substance is subject to criminal prosecution in the same manner as any other Schedule I controlled substance.

"Fentanyl and its analogues, including acrylfentanyl, are synthetic opioids that bind to and activate the opioid receptors in the brain, creating analgesic and euphoric effects. Compared to other opioid medications, most types of fentanyl are extremely powerful."

"Carfentanil or carfentanyl (Wildnil) is an analogue of the popular synthetic opioid analgesic fentanyl, and is one of the most potent opioids known (also the most potent opioid used commercially). Carfentanil has a potency approximately 10,000 times that of morphine and 100 times that of fentanyl, with activity in humans starting at about 1 microgram. It is marketed under the trade name Wildnil as a general anaesthetic agent for large animals. Carfentanil is intended for large-animal use only as its extreme potency makes it inappropriate for use in humans. Currently sufentanil, approximately 10-20 times less potent (500 to 1,000 times the efficacy of morphine per weight) than carfentanil, is the maximum strength fentanyl analog for use in humans." [**Source:** National Center for Biotechnology Information. PubChem. Carfentanil. Available: *https://pubchem.ncbi.nlm.nih.gov/compound/Carfentanil_-C-11*

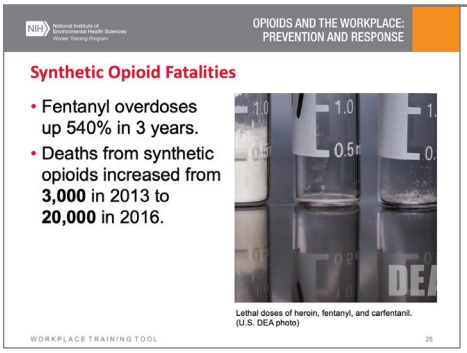
Acrylfentanyl is ***not*** a new kind of synthetic opioid. Rather, it belongs to the family of fentanyl analogues that are well-known to the medical and law enforcement communities nationwide.

Acrylfentanyl is ***not*** more powerful than other fentanyls used in the illicit market. Acrylfentanyl has a morphine equivalency of about 50-100, meaning that acrylfentanyl is 50 to 100 times more powerful than morphine. However, this is the same morphine equivalency as fentanyl itself and lower than that of other well-known fentanyl analogues.

One of the most commonly used synthetic drugs in the United States is synthetic cannabinoids also commonly known as "Spice" and "K2." These chemicals are

synthesized in clandestine laboratories to simulate the biological effects of THC, the main psychoactive ingredient in marijuana. Spice is often referred to as synthetic marijuana because it is sold as a plant material that looks similar to ground marijuana. During preparation, the herb-like material is sprayed with dangerous chemicals (toxic, harmful, or unknown), which are ultimately ingested by the user when smoking the substance. There have been cases where Spice was laced with fentanyl and other analogues, including in some of the illegal drugs imported from China.

Slide 25



Explain: "More than 70,000 Americans died from drug overdoses in 2017." [**Source:** CDC (Centers for Disease Control and Prevention). Opioid Overdose: Drug Overdose Deaths. Available: *https://www.cdc.gov/drugoverdose/data/statedeaths.html*.]

Explain: "According to the DEA, legal fentanyl is diverted via theft, fraudulent prescriptions, and illicit distribution by patients, physicians, and pharmacists. Illicitly manufactured fentanyl is chiefly responsible for the current domestic crisis. The DEA has promulgated regulations for some of the chemicals used to manufacture fentanyl and fentanyl is a Schedule II substance under the Controlled Substances Act. Substances in this schedule have a high potential for misuse which may lead to severe psychological or physical dependence.

There were also hundreds of thousands of nonfatal overdoses that required emergency department treatment.

The photo from the DEA shows a comparison of the amount of drug required for a fatal dose of heroin, fentanyl, and carfentanil. The fatal dose for heroin is ~30 milligrams. For carfentanil the fatal dose is ~20 micrograms and is 100 times more potent than fentanyl. For fentanyl the fatal dose is ~2 to 3 milligrams, more than 50 times greater than heroin."

Slide 26

Explain: "Legal fentanyl and synthetic opioids are Schedule II controlled substances under the federal Controlled Substances Act and are prescribed by a physician and dispensed at a legal pharmacy. Legal forms take the form of many medications, such as in a dissolvable "lollipop," tablets or pills, nasal spray, patches, and in injectable form.

From 2002 to 2011 there was a 1.9-fold increase in the total number of deaths from prescription opioids, but it has remained relatively stable since then."

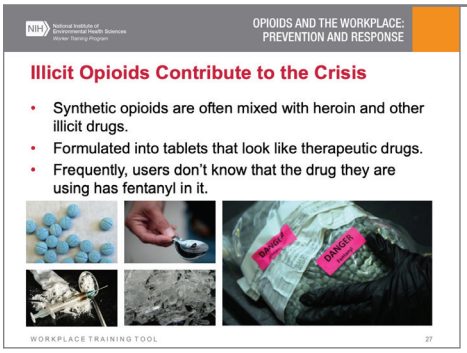
Source: National Institute on Drug Abuse. Overdose Death Rates. Available: *https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates*.

Photos: CDC and *dailymed.nlm.nih.gov*

The top photo shows a syringe used for injection of fentanyl.

The bottom photo shows a fentanyl patch.

Slide 27



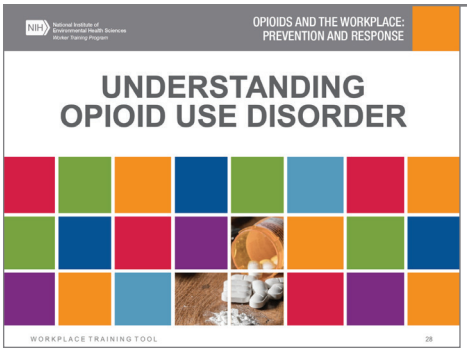
Explain: "Notice that some of the illegal fentanyl coming in from China looks like prescription drugs."

Photos: U.S. Drug Enforcement Administration

Slide design courtesy of Donna S. Heidel, CIH, FAIHA.

SECTION III — 50 minutes

Slide 28



Module 3 Objectives

- Explain how emotional and physical pain can lead to opioid use.
- Review relevant definitions.
- Identify why opioid use disorder (OUD) is classified as a disease.
- Describe the impact of withdrawal on users.

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 CDC, AMA, 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 life through treatment and recovery.

See the alternative teaching methods below.

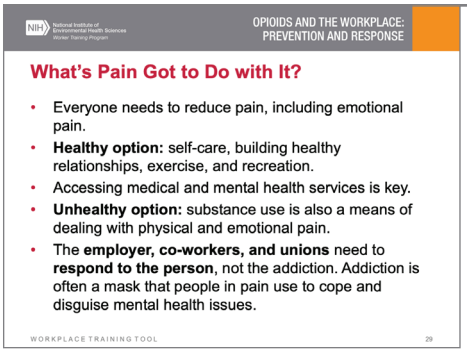
1. An alternative teaching method, that may reduce the potential for controversy and the use of PPT slides, is to show the National Safety Council (NSC) video, "Opioids & the Brain." It is two minutes and 36 seconds long, and features Natalie Kirilichin, Ph.D., of the NSC Physician Speakers Bureau. Having a doctor explain opioid use disorder and addiction

increases credibility for many participants. Furthermore, the video is concise and factual, the video 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 by uploading the video and then save the PPT as a packaged PowerPoint presentation and not a full PowerPoint file by clicking File > Save As > PowerPoint Show. Be sure to test the file to make sure it works properly.

2. Another alternative teaching method, that may reduce the potential for controversy, and reduce the use of PPT slides, would be to ask participants to look up the definition of opioid use disorder on their smartphones or tablets and then have them share their findings in a large group discussion. Instruct them to focus on primary sources such as CDC, National Institute on Drug Abuse, and other scientific websites.

Slide 29



Explain: "There are positive and negative ways to deal with physical and emotional pain. Accessing services of specialists, such as a pain specialist, physical therapist, and mental health professional, are also important positive ways of dealing with physical and emotional pain.

It is important to respond to the person, not the addiction."

Slide 30

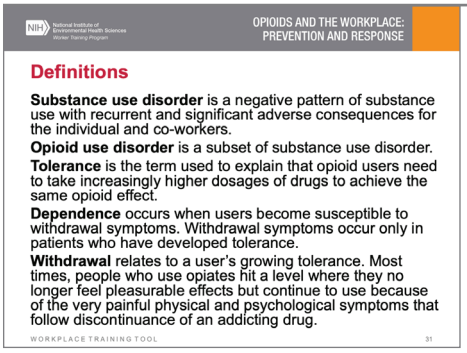
VIDEO: Alternative to PPT

The video in this slide is an alternative teaching method that may be more effective in presenting about opioid use disorder being a disease and not a moral failing. It may also reduce the potential for controversy and reduce the number of PPT slides. If you don't choose to use the video, you can hide or delete this slide. The video was developed by the National Safety Council (NSC) and is entitled, "Opioids & the Brain." It is two minutes and 36 seconds long, and features Natalie Kirilichin, Ph.D., of the NSC Physician Speakers Bureau. Having a doctor explain opioid use disorder and addiction increases credibility for many participants. Furthermore, the video is concise and factual, the video 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 by uploading the video and then save the PPT as a packaged PowerPoint presentation and not a full PowerPoint file by clicking File > Save As > PowerPoint Show. Be sure to test the file to make sure it works properly.

After showing the video ask the participants for their reaction to what they just saw and learned about opioid use disorder.

Slide 31



Source: Kosten TR, George TP. 2002. The neurobiology of opioid dependence: implications for treatment. Sci Pract Perspect 1(1):13-20. Available: *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2851054/*.

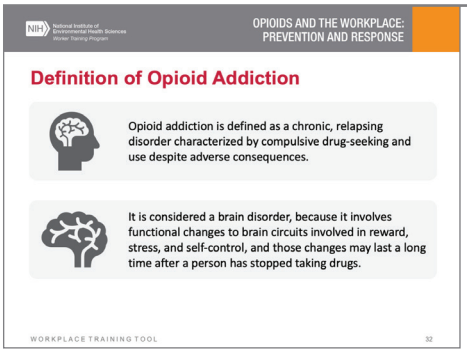
Repeated exposure to escalating dosages of opioids alters the brain so that it functions more or less normally when the drugs are present and abnormally when they are not. Two clinically important results of this alteration are opioid tolerance (the need to take higher and higher dosages of drugs to achieve the same opioid effect) and drug dependence (susceptibility to withdrawal symptoms). Withdrawal symptoms occur only in patients who have developed tolerance.

Review the definitions.

Explain: "Opioid tolerance occurs because the brain cells that have opioid receptors on them gradually become less responsive to the opioid stimulation.

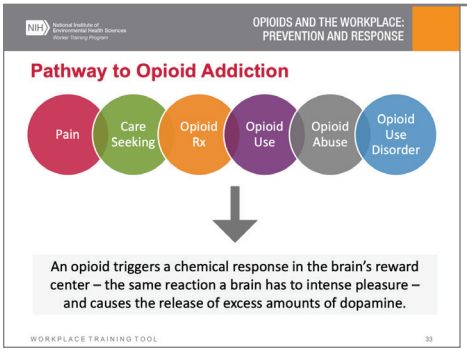
The term substance abuse is being replaced with substance use disorder because the word "abuse" has a stigmatizing and negative implication."

Slide 32



Source: National Institute on Drug Abuse. Drugs, Brains, and Behavior: The Science of Addiction. Drug Misuse and Addiction. Available: *https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction*.

Slide 33



Explain: "Pain – physical or emotional, acute or chronic – is typically the first link in the pathway to opioid treatment, misuse, and addiction, as illustrated in the graphic. 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.

Dopamine: A neurotransmitter present in brain regions that regulate movement, emotion, motivation, and the feeling of pleasure."

Adapted from a slide from Julie M. Croff, Ph.D., M.P.H.
Executive Director, Center for Wellness & Recovery
Associate Professor, Rural Health
Oklahoma State University-Center for Health Sciences

Slide 34

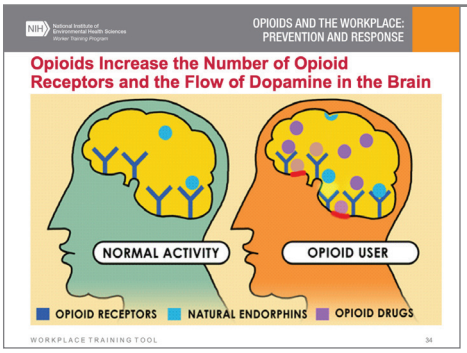


Illustration by Danny Miller/Yahoo News.

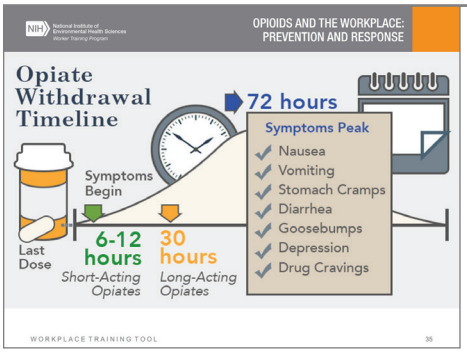
Explain: "The illustration shows that opioids increase the number of opioid receptors and the flow of dopamine and endorphins in the brain.

Dopamine: A neurotransmitter present in brain regions that regulate movement, emotion, motivation, and the feeling of pleasure.

When you exercise, your body releases chemicals called endorphins. These endorphins interact with the receptors in your brain that reduce your perception of pain. Endorphins also trigger a positive feeling in the body, similar to that of morphine.

Eating is another activity that causes natural good feelings."

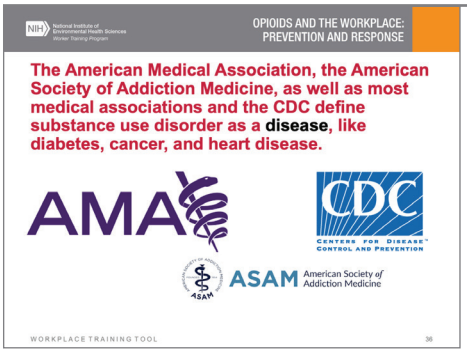
Slide 35



Explain: "This graphic illustrates the opioid withdrawal timeline, which is six to 12 hours for short-acting opioids and 30 hours for long-acting opioids. The slide also lists the symptoms of withdrawal, referred to as dope sickness. Avoiding dope sickness becomes the main motive for people who are addicted to opioids."

Source: MedMark Treatment Centers. 2018. Does Long-Term Opiate Use Change the Brain? (Guide). Available: *https://medmark.com/does-long-term-opiate-use-change-the-brain/*.

Slide 36

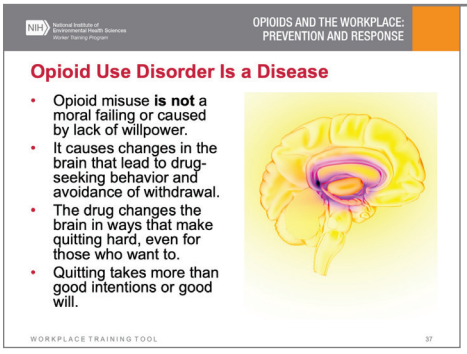


Explain: "The American Medical Association, the American Society of Addiction Medicine, as well as most medical associations and CDC define substance use disorder as a disease, like diabetes, cancer, and heart disease."

Sources:
National Institute on Drug Abuse. Drugs, Brains, and Behavior: The Science of Addiction. Preface. Available: *https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface*.

The National Center on Addiction and Substance Abuse. 2012. Addiction Medicine: Closing the Gap between Science and Practice. Available: *https://www.centeronaddiction.org/addiction-research/reports/addiction-medicine-closing-gap-between-science-and-practice*.

Slide 37



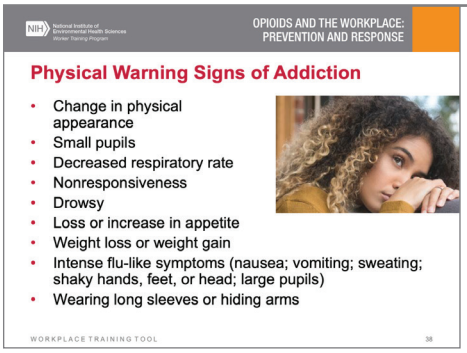
Double-click on the graphic and it will pulse.

Explain: "This slide explains the importance of understanding that opioid misuse is a disease and not a moral failure.

Ask: If a person has cancer, would the employer ask them to sign a last chance letter when they go into treatment? Would the employer develop a zero-tolerance policy for cancer or a "three strikes and you're out" if the work relapsed?"

Note: Explaining that opioid use disorder is a disease may generate controversy and the notion that for people who become addicted it was a "choice." Alternative training methods, replacing Slides 33 37 include 1) use the National Safety Council Video on Slide 30 or 2) have participants look up the definition of opioid use disorder on their smartphones or tablets on CDC or NIDA websites and then have them share their findings in a large group discussion."

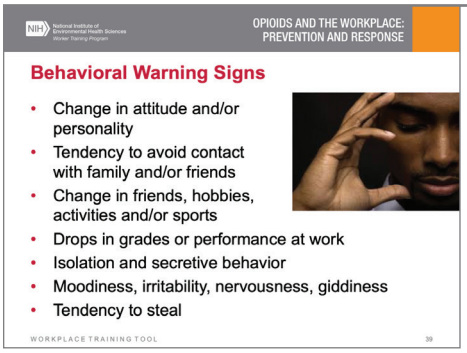
Slide 38



Ask: "What are the physical warning signs of addiction? After the group responds, reveal the bulleted list."

Source: Office of Addiction Services and Supports. Recognizing the Signs of Addiction. Available: *https://combataddiction.ny.gov/warning-signs*.

Slide 39

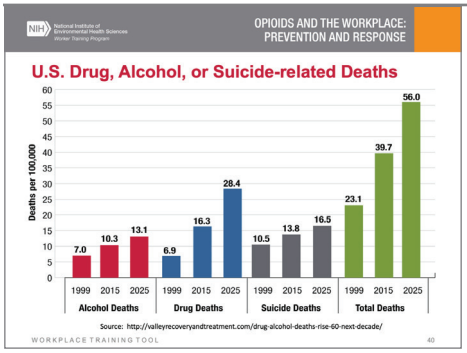


Ask: "What are the behavioral warning signs of addiction? After the group responds, reveal the bulleted list."

Source: New York State Office of Alcoholism and Substance Abuse Services. Recognizing the Signs of Addiction. Available: *https://oasas.ny.gov/opioids*.

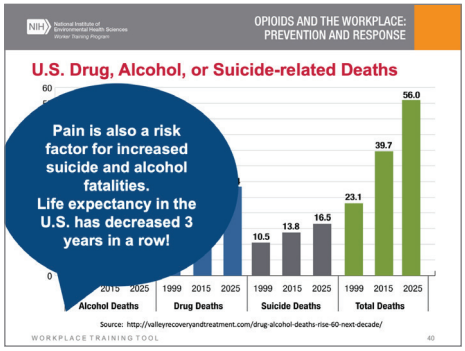
Photo: U.S. Department of Veterans Affairs

Slide 40



Explain: "In this slide, we reveal that the increase in drug deaths has been accompanied by an increase in alcohol deaths and suicide. Many of these deaths involve more than one of these three factors. Combined, these three factors have caused a loss in life expectancy in the U.S. for three years in a row! (2015, 2016, 2017)"

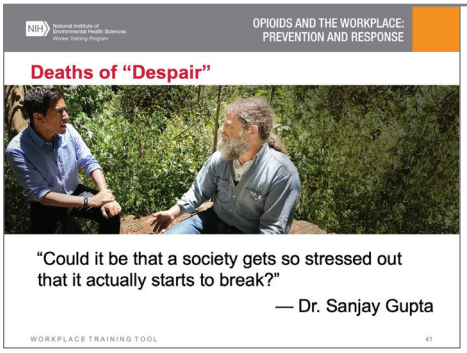
Click on the balloon to get the summary message, "Pain is also a risk factor for increased suicide and alcohol fatalities. Life expectancy if the U.S. has decreased 3 years in a row!"



Graphic: Valley Recovery Center Blog. 2018. Drug and Alcohol Deaths Could Rise 60% in the Next Decade. Available: *http://valleyrecoveryandtreatment.com/drug-alcohol-deaths-rise-60-next-decade/*.

Source: National Center for Health Statistics. 2018. Health, United States, 2017: With Special Feature on Mortality. Hyattsville, MD: National Center for Health Statistics.

Slide 41



Explain: "There is a growing concern that the loss in life expectancy is due to "deaths of despair" related to economic and social disparities that have increased during the past 30-plus years, such as loss of opportunity and hope, drops in union density, frozen wages, de-industrialization, cuts in social services, loss of defined benefit pensions, and the concomitant impact on families and social relationships.

See: "One Nation Under Stress" on HBO, starring Sanjay Gupta, Ph.D. His parents were auto workers in Michigan."

Sources:

McLean K. 2016. "There's nothing here": deindustrialization as risk environment for overdose. Int J Drug Policy 29:19-26.

CONCLUSION: While state and county efforts to ameliorate overdose mortality have focused upon creating an open market in naloxone, this study suggests the need for interventions that address the poverty and social isolation of opiate users in the post-industrial periphery.

Burris S. 2018. Where next for opioids and the law? Despair, harm reduction, lawsuits, and regulatory reform. Public Health Rep 133(1):29-33.

"…these deaths are "deaths of despair" among people who have lost out in the economic changes of the past 50 years—lost out to the globalization of industrial production and technological change but also in their experience of growing inequality. Life for the top 20% is better than ever, but public schools, colleges, parks, transportation systems, roads and bridges, and overall collective investment in planning and support have been neglected. Less affluent people in great swaths of the country have increasingly been left to their own devices as dramatic economic changes have overtaken them and, slowly but surely, the effects of lost hope and reduced social cohesion and opportunity have manifested in the mortality tables."

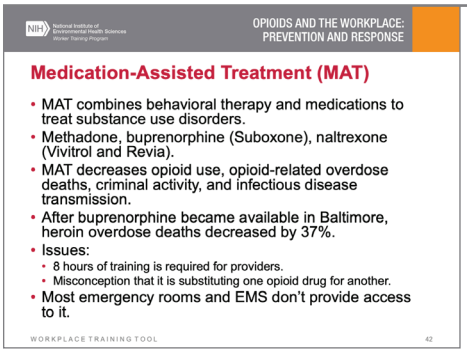
Case A, Deaton A. 2015. Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. Proc Natl Acad Sci U S A 112(49):15078-83.

"Rising midlife mortality rates of white non-Hispanics were paralleled by increases in midlife morbidity. Self-reported declines in health, mental health, and ability to conduct activities of daily living, and increases in chronic pain and inability to work, as well as clinically measured deteriorations in liver function, all point to growing distress in this population. We comment on potential economic causes and consequences of this deterioration."

Rossen L, Bastian B, Warner M, Khan D, Chong Y. Drug Poisoning Mortality: United States, 2002–2014. National Center for Health Statistics, Centers for Disease Control and Prevention.

Death rates from overdoses in rural areas now outpace the rate in large metropolitan areas, which historically had higher rates.

Slide 42



Explain: "A common misconception associated with MAT is that it substitutes one drug for another. Instead, these medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MAT programs provide a safe and controlled level of medication to overcome the use of an abused opioid. And research has shown that when provided at the proper dose, medications used in MAT have no adverse effects on a person's intelligence, mental capability, physical functioning, or employability."

[**Source:** Substance Abuse and Mental Health Services Administration. Medication and Counseling Treatment. Available: *https://www.samhsa.gov/medication-assisted-treatment/treatment*

Source: National Institute on Drug Abuse. Effective Treatments for Opioid Addiction. Available: *https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction*.

Medications such as methadone, LAAM, buprenorphine, and naltrexone act on the same brain structures and processes as addictive opioids, but with protective or normalizing effects. Despite the effectiveness of medications, they must be used in conjunction with appropriate psychosocial treatments. [**Source:** Kosten T, George TP. 2002. The neurobiology of opioid dependence: implications for treatment. Sci Pract Perspect 1(1):13-20.]

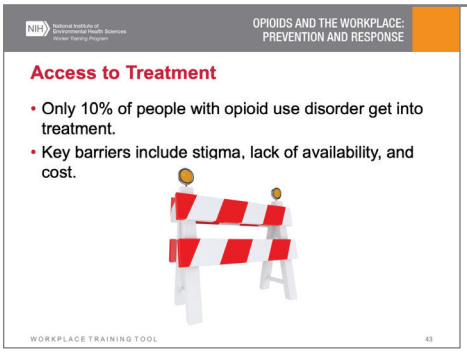
Providers have to take an eight-hour course and then are authorized to treat a limited number of patients: 30, 100, or 250. [**Source:** National Academies of Sciences, Engineering, and Medicine. 2019. Medications for Opioid Use Disorder Save Lives. Washington, DC: The National Academies Press. Available: *https://doi.org/10.17226/25310*.]

Access to MAT and substance use counseling and referrals is very important for helping people with opioid use disorder.

Source: NIOSH (National Institute for Occupational Safety and Health). 2019. Medication-Assisted Treatment for Opioid Use Disorder. Available: *https://www.cdc.gov/niosh/docs/wp-solutions/2019-133/pdfs/2019-133.pdf?id=10.26616/NIOSHPUB2019133*. This fact sheet also addresses worker rights and employer responsibilities related to treatment and recovery programs.

A 2015 study (JAMA) found that twice as many patients were in OUD treatment at 30 days (~80%) with Emergency Department initiated buprenorphine and a brief negotiation interview (BNI) compared with referral only or a BNI and facilitated referral and used less illicit opioids in the last seven days. [**Source:** National Institute on Drug Abuse. 2018. Initiating Buprenorphine Treatment in the Emergency Department. Available: *https://www.drugabuse.gov/nidamed-medical-health-professionals/discipline-specific-resources/initiating-buprenorphine-treatment-in-emergency-department*

Slide 43



Explain: "Only 10% of people with opioid use disorder get into treatment. The barriers include stigma, lack of availability of substance use disorder treatment programs, and cost. Overcoming these barriers is key to helping people with substance use disorders."

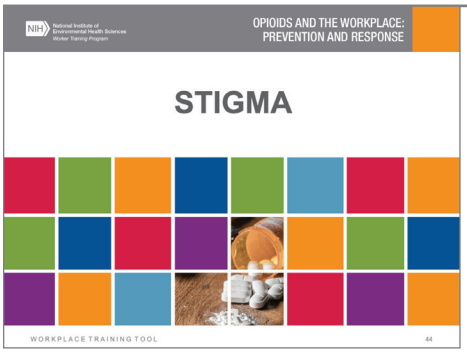
Sources:

Bondurant S, Lindo JM, Swensen ID. 2018. Access to substance abuse treatment, drug overdose deaths, and crime. Econofact, 16 March. Available: *https://econofact.org/access-to-substance-abuse-treatment-drug-overdose-deaths-and-crime*.

The President's Commission On Combating Drug Addiction And The Opioid Crisis Final Report. 2017. Available: *https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-15-2017.pdf*.

SECTION IV — 60 minutes

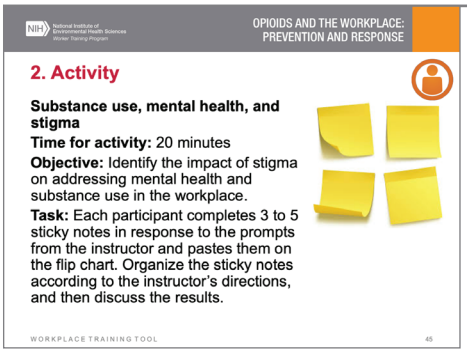
Slide 44



Module 4 Objectives

- Relate how stigma affects workers who need support for mental health and substance use issues.
- Address occupational risk factors that impact mental health/substance use.

Slide 45



ACTIVITY 2: Substance use, mental health, and stigma

Adapted from United Steelworkers (USW), "Healthy Minds for a Strong Union," Ashley Fitch, 2019.

Explain that this is an individual activity to be followed by group discussion. Explain the objective of the activity and the task.

Activity 2

Time for activity: 20 minutes

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

Task: Each participant individually writes a word or phrase on three to five sticky notes in response to the prompts from the instructor (one word or phrase per note). Organize the sticky notes according to the instructor's directions, and then discuss the results.

NOTE: Only one word or phrase per sticky note.

Prompts: Ask the group to write three to five responses – one response per sticky note – of what comes to mind when they hear the words "mental health" and "substance abuse." After the notes have been written, have the participants organize them on a flip chart with positive responses on the left side and negative responses on the right. If time allows, have participants get up and look at the flip charts. Ask the class why there was a large amount of negative associations with these terms?

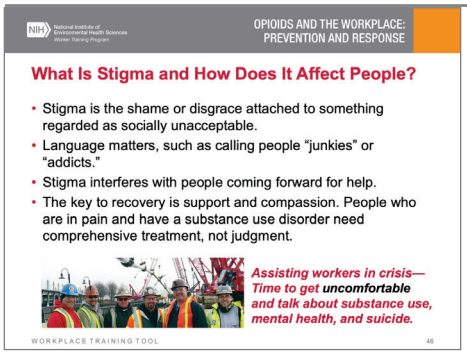
Let people in the class answer.

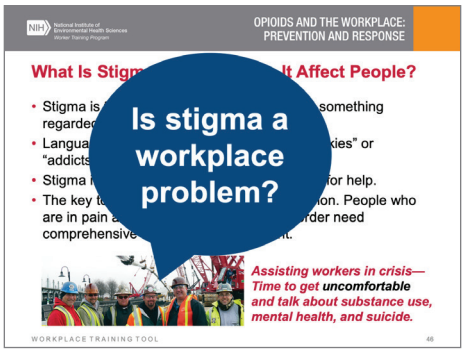
Say:

- Mental health, even though it is a positive thing, draws out negative associations.
- This is because there is a certain word for attaching negative associations to discussions of mental health, mental disability, and mental illness.
- That word is "stigma."

Note: It is important to prepare for the class by having an ample supply of sticky notes and flip charts to be able to do the activity.

Slide 46





Ask: "What is stigma and how does it affect people? Is stigma a workplace problem?"

Allow participants to provide responses.

Review the importance of creating an environment in the workplace where people can come forward to discuss mental health, substance use, and suicide.

Explain: "The International Union of Operating Engineers Local 478 calls this "time to get uncomfortable"!"

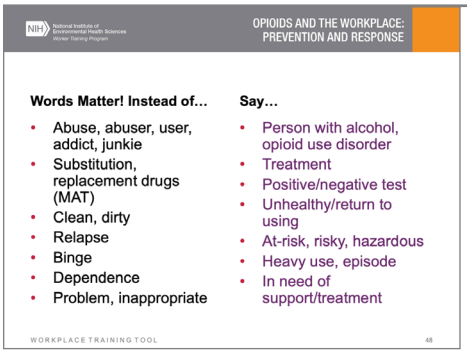
Note: When you click on the slide the balloon will appear asking "Is stigma a workplace problem?"

Photo: IUOE International

Slide 47

This message emphasizes the importance of creating a workplace environment where people can talk openly about mental health and substance use issues.

Slide 48



Information adapted from a presentation developed by Kitty H. Gelberg, New York State Department of Health. **Source:** Drug Policy Alliance. 2017. Talking about Drug Use: A Glossary for Elected Officials. New York, NY: Drug Policy Alliance.

Explain: "When it comes to stigma, words matter."

Ask: After reading the word(s) on the left, ask for an alternative and then reveal the answer.

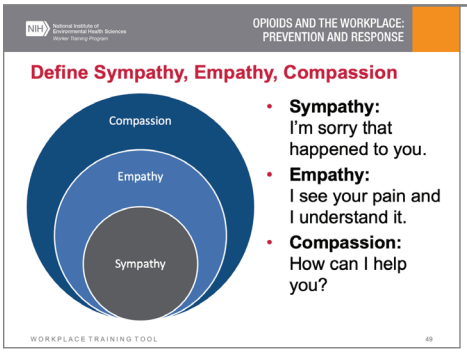
A common misconception associated with MAT is that it substitutes one drug for another. Instead, these medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MAT programs

provide a safe and controlled level of medication to overcome the use of an abused opioid. And research has shown that when provided at the proper dose, medications used in MAT have no adverse effects on a person's intelligence, mental capability, physical functioning, or employability. [**Source:** Substance Abuse and Mental Health Services Administration. Medication and Counseling Treatment. Available: *https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat*.]

Caution: Although this information about alternative language is important, some participants may feel that it is "sugar coating" or "political correctness". An alternative, if time permits, would be to have a couple of participants do a role-play demonstrating the impact of language. Keep in mind, that although this information about language may not be well-received, it is important to be aware of the impact of hostile and stigmatizing language on people who need assistance.

Role-plays could be used as an alternative method for 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 pre-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.

Slide 49



Ask participants to define sympathy, empathy, and compassion, and then display the examples on the right-hand side of the slide. Discuss why the skills of compassion are relevant to addressing opioids in the workplace. Some of the keys: being motivated to help others, active listening, tolerance, being nonjudgmental.

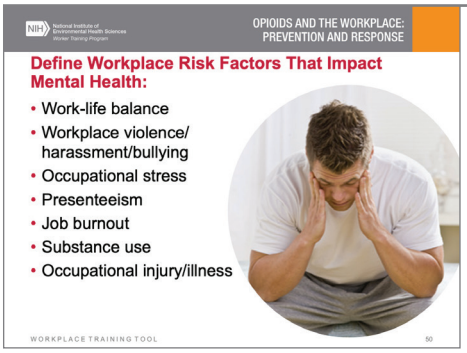
Webster's definitions:

Sympathy: the act or capacity of entering into or sharing the feelings or interests of another.

Empathy: the action of understanding, being aware of, being sensitive to the feelings, thoughts, and experience of another person.

Compassion refers to both an understanding of another's pain and the desire to somehow mitigate that pain.

Slide 50



Adapted from USW, Healthy Minds for a Strong Union, Ashley Fitch, 2019.

Ask participants to define the workplace risk factors listed on the slide and detailed below. **Note:** Most participants will not be familiar with "presenteeism", defined below.

Work-life balance
A state of well-being that a person can reach or set as a goal to allow them to effectively manage multiple responsibilities at work, at home, and in their community. It allows for physical, emotional, family, and community health. Statistics have consistently shown that in a traditional family structure (i.e., female/mother with male/father), responsibilities for most household chores, child-rearing, childcare, and eldercare are provided by women.

Harassment (including verbal sexual harassment), bullying, and violence (including physical sexual and domestic violence)

Harassment: engaging in a course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome.

Bullying: repeated, unreasonable, or inappropriate behaviour that creates a risk to health and safety.

Violence: an exercise of physical force, an attempt to exercise physical force, or language that could be interpreted as a threat of physical force. Statistics have consistently shown that women are the largest group affected by verbal sexual harassment and physical sexual and domestic violence.

Stress: Negative physical or mental tensions experienced by a person. A stressor is any event or situation that an individual perceives as a threat, resulting in a stress response.

Presenteeism: Coming in to work despite having a justifiable reason to be absent such as caring for a sick child or being physically ill or mentally distracted. At work but performing duties inefficiently or ineffectively.

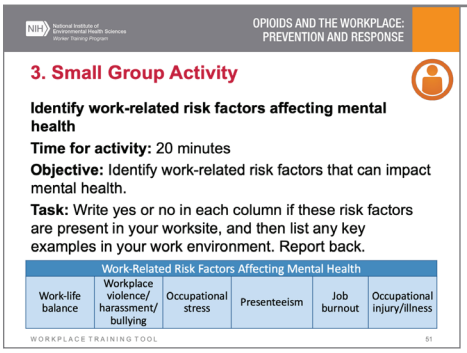
Job burnout: A state of physical, emotional, and mental exhaustion caused by long-term exposure to demanding work situations. Burnout is the cumulative result of stress. There are three main characteristics: i) exhaustion, ii) cynicism, and iii) negative performance.

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

Everyone has a need to reduce pain, including emotional pain and difficulties in life. Positive ways to do this include building healthy relationships, sports and hobbies, and recreation. However, substance use is also a means of dealing with emotional pain.

Occupational injury/illness: Occupational injury and illness may cause physical and emotional pain, including fear of losing employment, becoming disabled, losing pay and status, etc.

Slide 51



SMALL GROUP ACTIVITY 3: Identify work-related risk factors affecting mental health

Adapted from USW, "Healthy Minds for a Strong Union," Ashley Fitch, 2019.

Explain the small group activity and let participants know they can write directly on the activity worksheet or use a piece of flip chart paper to record the group input.

Activity 3

Time for activity: 20 minutes

Objective: Identify work-related risk factors that can impact mental health. This activity can be done individually or in a small group.

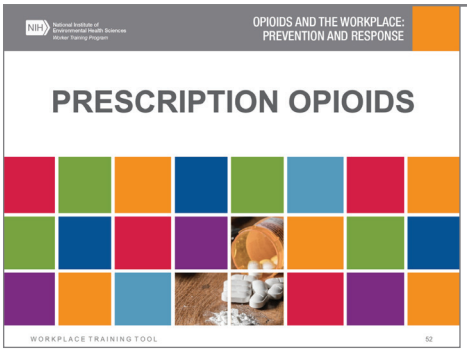
Task: Write yes or no in the first column if these risk factors are present in your worksite, and then list any key examples in your work environment. Report back.

	Yes or No	Key Examples
Work-Life Balance		
Workplace Violence/ Harassment/Bullying		
Occupational Stress		
Presenteeism		
Job Burnout		
Occupational Injury/Illness		

NOTE: If there is not enough time to do the small group activity, then this can be conducted as a large group activity. The information provided should help guide the instructor as to the needs and interests of the workshop participants. Also, if time is short, this activity can be combined with Activity 4 on Slide 81 where participants list ideas for documenting, evaluating, and fixing the risk factors they have identified.

SECTION V — 10 minutes

Slide 52



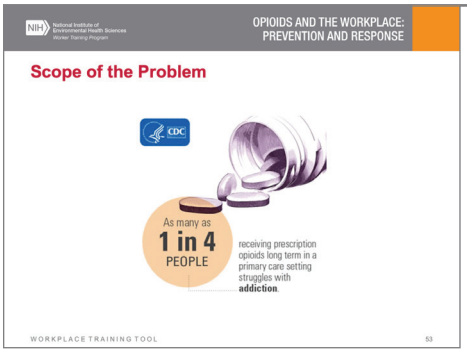
Module 5 Objective

Describe the benefit and dangers of prescription opioids.

Explain: "We are now going to address prescription opioids in more detail as they are often prescribed as a result of workplace injury, illness, and stress."

Note: Slides 53 – 57 can be combined, omitted/hidden in programs of shorter duration. Instructors may also choose to integrate information on prescription opioids into the background section.

Slide 53

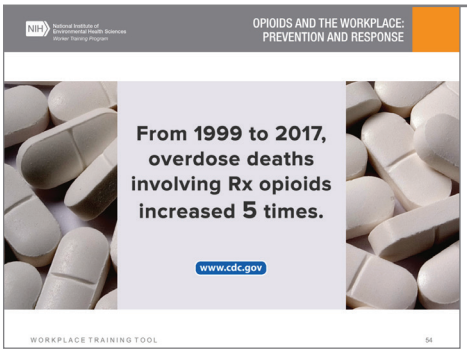


Explain: "One in four people, 25%, receiving prescription opioids long term struggles with addiction."

Sources:
CDC (Centers for Disease Control and Prevention). Opioid Overdose: Understanding the Epidemic. Available: *https://www.cdc.gov/drugoverdose/epidemic/index.html*

CDC (Centers for Disease Control and Prevention). Opioid Overdose: Prescription Opioids. Available: *https://www.cdc.gov/drugoverdose/opioids/prescribed.html*

Slide 54



Explain: "In the eighteen-year period of 1999 to 2017, overdose deaths involving prescription opioids increased five times."

Rx = prescription

Sources:
CDC (Centers for Disease Control and Prevention). Opioid Overdose: Understanding the Epidemic. Available: *https://www.cdc.gov/drugoverdose/epidemic/index.html*

CDC (Centers for Disease Control and Prevention). Opioid Overdose: Prescription Opioids. Available: *https://www.cdc.gov/drugoverdose/opioids/prescribed.html*.

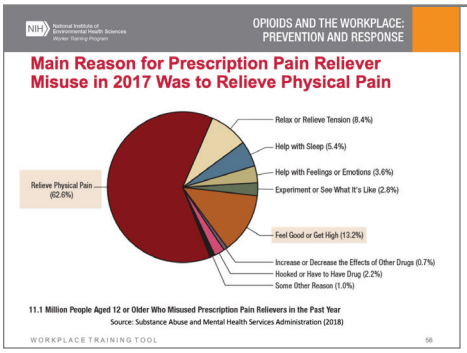
Slide 55

Explain: "Almost 36% of all opioid overdose deaths involve a prescription opioid."

Sources:
CDC (Centers for Disease Control and Prevention). Opioid Overdose: Understanding the Epidemic. Available: *https://www.cdc.gov/drugoverdose/epidemic/index.html*

CDC (Centers for Disease Control and Prevention). Opioid Overdose: Prescription Opioids. Available: *https://www.cdc.gov/drugoverdose/opioids/prescribed.html*

Slide 56



Explain: "This slide from the Substance Abuse and Mental Health Services Administration shows the main reason for prescription pain relievers was overwhelmingly to relieve physical pain, based on the 2017 National Survey on Drug Use and Health. We don't know how much of the physical pain resulted from a work-related injury or illness."

Source: Substance Abuse and Mental Health Services Administration. 2018. Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from *https://store.samhsa.gov/product/Key-Substance-Use-and-Mental-Health-Indicators-in-the-United-States-Results-from-the-2017-National-Survey-on-Drug-Use-and-Health/SMA18-5068*.

Slide 57

Explain: "The most common drugs involved in prescription opioid overdose deaths include:

- Methadone
- Oxycodone (such as OxyContin®)
- Hydrocodone (such as Vicodin®)

According to the American Society of Addiction Medicine, four out of five people who try heroin started with prescription painkillers.

Since 1999, more than 300,000 Americans have died from overdoses related to OxyContin® and other prescription opioids."

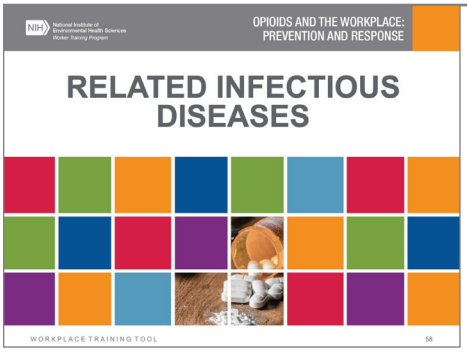
Sources:
CDC (Centers for Disease Control and Prevention). Opioid Overdose: Prescription Opioids. Available: *https://www.cdc.gov/drugoverdose/opioids/prescribed.html*.

FDA (U.S. Food and Drug Administration). 2018. FDA Analysis of Long-Term Trends in Prescription Opioid Analgesic Products: Quantity, Sales, and Price Trends. Available: *https://www.fda.gov/media/111695/download*.

Photo: CDC

SECTION VI — 5 minutes

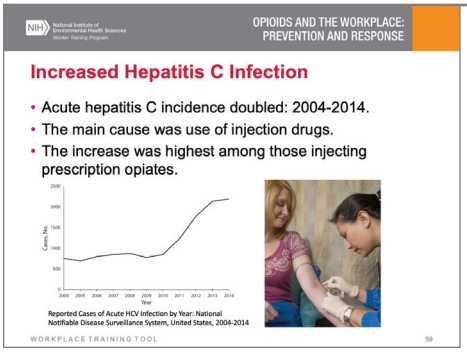
Slide 58



Module 6 Objective

Describe how opioids can contribute to the spread of infectious diseases.

Slide 59



Explain: "This chart shows the significant increase in hepatitis C infection due mainly to sharing of needles for injecting drugs. Sharing of needles exposes people to transmission of bloodborne diseases and hepatitis C is a bloodborne infectious agent."

"Acute hepatitis C infection doesn't always lead to chronic hepatitis C infection. But because a large majority of people with the acute infection go on to chronic infection, acute hepatitis C is serious.

Fortunately, acute hepatitis C can be treated, greatly reducing the risk of chronic infection. Unfortunately, acute hepatitis C usually causes no symptoms, so diagnosis and treatment rarely occur.

Acute hepatitis C develops two weeks to six months after the hepatitis C virus enters your bloodstream. In the small proportion of people who get sick during the acute infection, signs and symptoms include:

- Jaundice
- Dark urine
- White-colored stool
- Nausea
- Pain in the upper right part of the abdomen

These signs and symptoms last for two to 12 weeks.

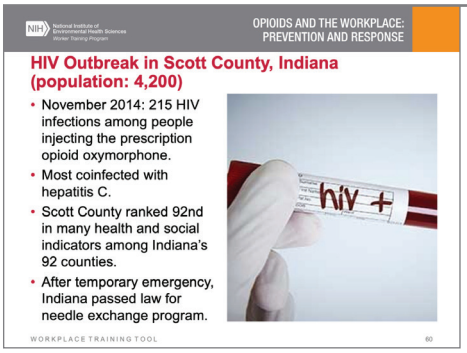
Most acute hepatitis C infections today occur in people who share needles to inject drugs. Health care workers who have needle-stick injuries also are at risk."

Source: Steckelberg JM. 2017. Is acute hepatitis C infection serious? *Mayoclinic.org* Expert Answers. Available: *https://www.mayoclinic.org/diseases-conditions/hepatitis-c/expert-answers/acute-hepatitis-c-infection/faq-20097138*.

"The results of this study strongly suggest that the national increase in acute hepatitis C virus (HCV) infection is associated with the nation's opioid epidemic. Substantial increases in the number of persons with opioid use disorders who inject drugs have the potential to thwart the nation's efforts to control morbidity and mortality associated with HCV infection, consequently undermining the National Academies of Sciences, Engineering, and Medicine's national strategy for the elimination of hepatitis B and C."
[**Source:** Zibbell JE, Asher AK, Patel RC, Kupronis B, Iqbal K, Ward JW, Holtzman D. 2017. Increases in acute hepatitis C virus infection related to a growing opioid epidemic and associated injection drug use, United States, 2004 to 2014. Am J Public Health 108(2):175-181.]

Photo: CDC/Amanda Mills

Slide 60



Explain: "Opana (oxymorphone) comes in pill form, so injectors crush the pills and dissolve the powder in water. Opana has a shorter half-life in the body than other abusable opioids, meaning that it clears the system faster and the user must take it more frequently to maintain the high or alleviate withdrawal. Those who misuse the drug may be injecting themselves between four and 15 times daily, and this means increased needle use—and thus, greater opportunity for needle sharing. Injection drug users in the community interviewed by Indiana State Department of Health investigators reported sharing needles with as many as five other people during a single session.

This epidemic should not have happened. We have known for many years that providing free needles to injection drug users is a strategy that can prevent the spread of HIV in a community. A temporary emergency needle exchange program went into effect in Scott County in early April, but this was far too late to prevent the outbreak. Injection drug users receive enough clean needles for a week's use in exchange for their used ones; however, they are asked to provide identifying information to the outreach center coordinating the program, which may deter some potential users."

Source: National Institute on Drug Abuse. 2015. The Major HIV Outbreak in Indiana Was Preventable.

Available: *https://www.drugabuse.gov/about-nida/noras-blog/2015/05/major-hiv-outbreak-in-indiana-was-preventable*.

Hepatitis C is a liver infection caused by the HCV, which is spread mainly through

contact with the blood of a person who has HCV. Most people become infected with HCV by sharing needles or other equipment to inject drugs. Infection with both HIV and HCV is called HIV/HCV coinfection.

Source: U.S. Department of Health and Human Services AIDSinfo Website. HIV and Hepatitis C. Available: *https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/26/88/hiv-and-hepatitis-c*.

Photo: National Institute on Drug Abuse for Teens, *https://teens.drugabuse.gov/blog/post/drug-use-leads-hiv-epidemic-one-community*

SECTION VII — 10 minutes

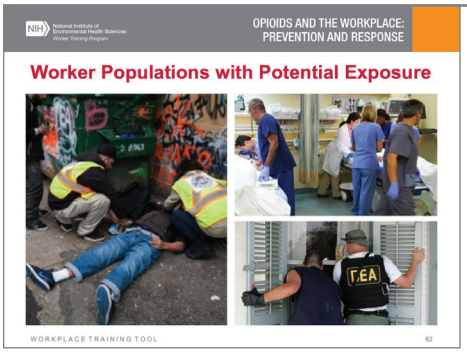
Slide 61

Module 7 Objectives

- List workers with potential occupational exposure to fentanyl and other opioids.
- Discuss use of naloxone.
- Locate the NIEHS Worker Training Program training module on the topic.

Note: Instructors that have time constraints may omit, hide, cut, or combine Slides 62 – 68 on occupational exposure. However, 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 62



Ask participants what occupations with potential exposure they see in the photos. Ask participants if they see any potential exposure problems.

Note: Exposure problems include exposed skin, lack of respiratory protection, DEA agent without any hand protection. If there are fentanyl or other synthetic opioid powders or liquids present, the lack of personal protective equipment and respirators could pose an exposure potential.

Safe work practices should always be used and include:

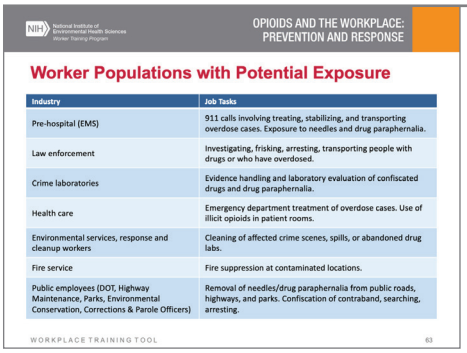
- Do not eat, drink, or smoke.
- Do not touch your face.
- Do not use alcohol-based hand sanitizer, as it increases skin absorption by 30%.

Photos explained: Upper right photo shows workers responding on an urban street to a drug overdose. Bottom left shows health care workers in an emergency

room who care for drug overdose emergencies. Bottom right shows drug enforcement agents conducting a raid. Notice the lack of skin and respiratory protection in these photos.

Photos: Donna S. Heidel, CIH, FAIHA

Slide 63



Explain: "This slide displays information on some of the key affected industries and job tasks with potential exposure. For workplaces that need to do occupational exposure risk assessments, it is important to evaluate the specific job tasks associated with potential exposures and use National Institute for Occupational Safety and Health (NIOSH) and other guidelines to select appropriate personal protective equipment and respirators, and develop appropriate work procedures, policies, and related training."

Note: There have been many reports of needles and other drug debris dumped by the side of highways, parks, and in communities. There have been reported cases of pets that overdosed who came upon dumped materials.

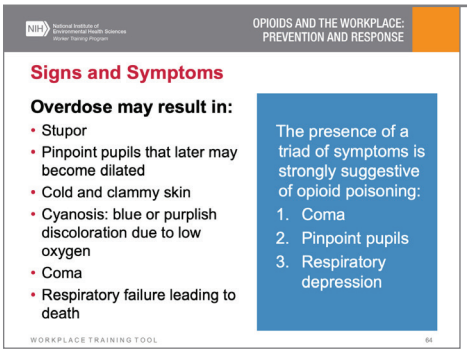
Sources:

NIOSH (National Institute for Occupational Safety and Health). Fentanyl: Preventing Occupational Exposure to Emergency Responders. Available: *https://www.cdc.gov/niosh/topics/fentanyl/risk.html*.

Blankstein A, Connor T. 2016. K-9 dogs overdose on fentanyl, drug that killed Prince. *nbcnews.com*, 25 November. Available: *https://www.nbcnews.com/news/us-news/k-9-dogs-overdose-fentanyl-drug-killed-prince-n687611*.

Cima G. 2018. Synthetic opioids put police dogs at risk. JAVMAnews, 18 January. Available: *https://www.avma.org/javma-news/2018-02-01/synthetic-opioids-put-police-dogs-risk*.

Slide 64



Review the signs and symptoms of opioid overdose.

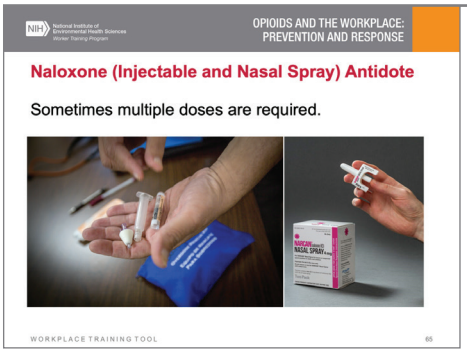
Cyanosis is defined as the bluish or purplish discoloration of the skin or mucous membranes due to the tissues near the skin surface having low oxygen saturation.

Fentanyl works by binding to the body's opioid receptors, which are found in areas of the brain that control pain and emotions. Its effects include euphoria, drowsiness, nausea, confusion, constipation, sedation, tolerance, addiction, respiratory depression and arrest, unconsciousness, coma, and death.

The high potency of fentanyl greatly increases risk of overdose, especially if a person who uses drugs is unaware that a powder or pill contains fentanyl.

Source: National Institute on Drug Abuse. Fentanyl. Available: *https://www.drugabuse.gov/publications/drugfacts/fentanyl*.

Slide 65



Explain: "Naloxone is an opioid antagonist. It is very effective in reviving people who have overdosed. Naloxone displaces the opioid from the receptors in the brain and can therefore rapidly reverse respiratory depression in a patient with an opioid-associated emergency. There are no known harms or major clinical effects associated with the administration of naloxone. However, the amount of time it remains effective in the human body (half-life) is sometimes shorter than the opioid it is countering. In some cases, multiple doses of naloxone are required.

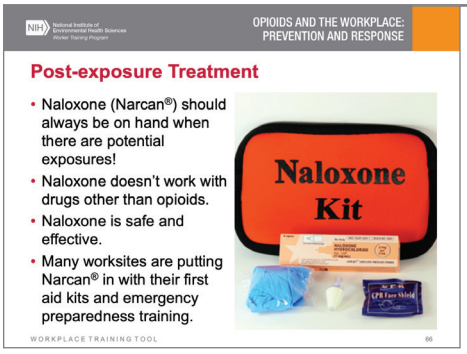
Nasal spray is used to deliver a mist of medication nasally and is absorbed directly into the blood stream, brain, and cerebrospinal fluid via the nose to brain pathway. This medication administration achieves medication levels comparable to injections. The nasal spray is easier to use and more convenient in many situations compared to using injectables.

Occupational groups that are equipped with naloxone MUST be trained how to properly use it.

Note: Both Narcan® Nasal Spray and Evzio® are packaged in a carton containing two doses to allow for repeat dosing if needed. They are relatively easy to use and suitable for home use in emergency situations."

Source: National Institute on Drug Abuse. Opioid Overdose Reversal with Naloxone (Narcan, Evzio). Available: *https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio*.

Slide 66



Explain: "Naloxone will only work if a person has opioids in their system. It will not work with other drugs. A person cannot get "high" from using naloxone, and it is safe for practically anyone to use.

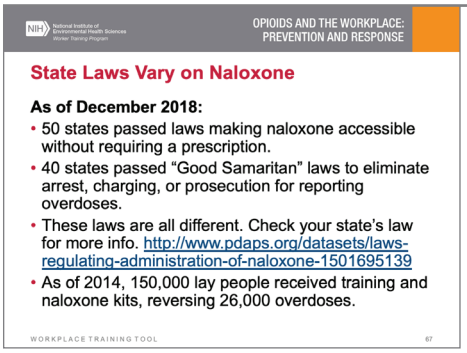
Naloxone acts in two to five minutes. If the person does not wake up in five minutes, a second dose should be administered.

An additional concern is that once a person who has overdosed is administered Narcan®, an opioid antagonist, they will immediately experience acute withdrawal symptoms (dope sickness) and this will often provoke a violent reaction."

Refer to NIOSH fact sheet "Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers," available at *https://www.cdc.gov/niosh/docs/2019-101/pdfs/2019-101.pdf?id=10.26616/NIOSHPUB2019101*

Photo: Donna S. Heidel, CIH, FAIHA

Slide 67



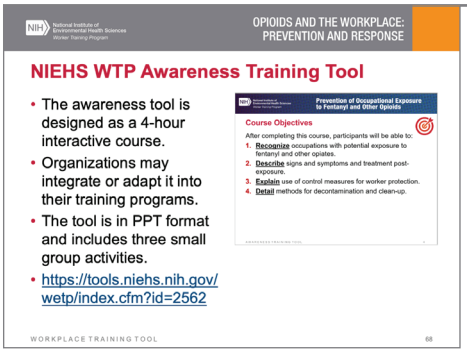
Explain: "State laws vary in addressing the availability and use of naloxone. Consult your own state law to find out how it impacts your worker protection needs.

Naloxone (Narcan®) is not a controlled substance and has no misuse potential. It is regularly used effectively with little or no training, but it is often not available when needed. Opioid users, their friends, and family members have not had access to it due to legal requirements prohibiting provision of prescription drugs to people other than those they will be administered to. Furthermore, people who witness an overdose may be afraid to call for help for fear of being prosecuted for possession of illegal drugs, drug paraphernalia, or other crimes. The purpose of the legal changes described in this slide are to make access to naloxone more available and also encourage witnesses to call for help without fear of prosecution."

Source: The Network for Public Health. Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws. Last updated December 2018.

Access at: *https://www.networkforphl.org/resources/legal-interventions-to-reduce-overdose-mortality-naloxone-access-and-good-samaritan-laws/*.

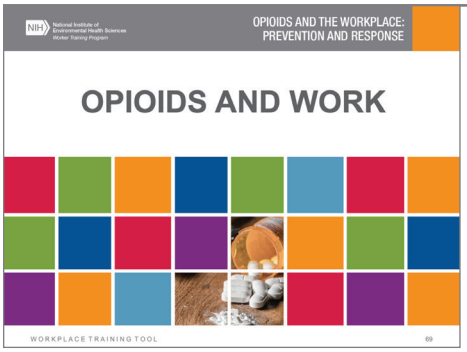
Slide 68



Explain: "While we don't have time to go in depth on the issues of prevention of occupational exposure to fentanyl and other opioids, it is clearly a concern in many workplaces. Even some libraries have begun providing naloxone and training to employees because of overdoses occurring in library restrooms. Guidelines have been established by NIOSH, the Interagency Board, the U.S. Drug Enforcement Administration, and others. Visit the NIEHS Clearinghouse website to download the awareness training tool referenced on this slide."

SECTION VIII — 20 minutes

Slide 69



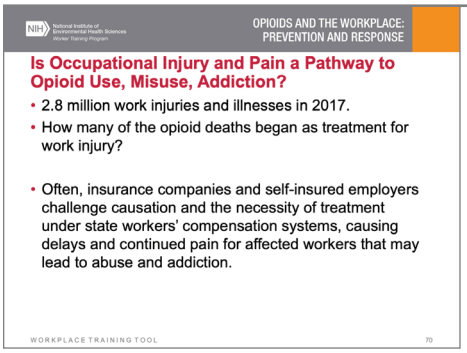
Module 8 Objectives

Name industries and occupations hardest hit by the opioid crisis.

Review the public health approach to prevention.

NOTE: In training programs of short duration, Slides 70-79 may be combined, hidden, or cut according to training needs.

Slide 70



Source: U.S. Department of Labor, Bureau of Labor Statistics. 2018. Employer-Reported Workplace Injuries and Illnesses – 2017. News Release. USDOL 18-1788. Available: *https://www.bls.gov/news.release/pdf/osh.pdf*.

Slide 71

Source: Franklin GM, Mai J, Wickizer T, Turner JA, Fulton-Kehoe D, Grant L. 2005. Opioid dosing trends and mortality in Washington state workers' compensation, 1996-2002. Am J Ind Med 48(2):91-99.

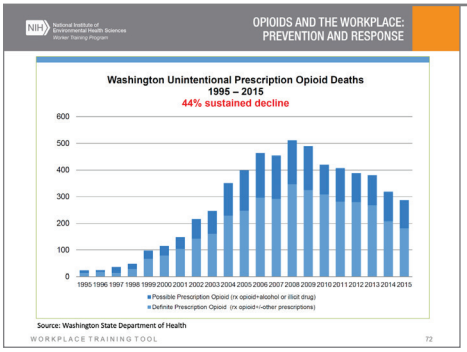
Explain: "This slide reviews the study of Dr. Gary Franklin and colleagues that revealed 260 opioid deaths in the Washington state workers' compensation system between 1996 and 2002.

150,000 opioid prescriptions were made in 2002, including workers treated for carpal tunnel syndrome and lower back pain. Washington state reduced the death toll through regulation, education of providers, and establishment of dosing guidelines."

Note: Washington state is one of only four states that are "dedicated state fund" states, meaning that private insurance companies do NOT provide workers' compensation insurance. Only the state fund and self-insured provide workers' compensation insurance in these states. Federal workers are covered by federal workers' compensation systems.

Dr. Franklin is a research professor in the Department of Environmental and Occupational Health Sciences and in the Department of Medicine (Neurology), as well as adjunct research professor in the Department of Health Services at the University of Washington. Dr. Franklin has served as the medical director of the Washington State Department of Labor and Industries from 1988 to the present, and has more than a 25-year history of developing and administering workers' compensation health care policy and conducting outcomes research.

Slide 72



Explain: "This slide shows graphically the 44% decline in Washington state opioid deaths beginning in 2009 due to the actions that were taken. Review the full study to see the criteria used to determine possible versus definite prescription."

Source: Gary Franklin, PowerPoint presentation, "Reinventing Pain Care: The Antidote to the Worst Man-Made Epidemic in Modern Medical History." Available: *https://chw.princeton.edu/sites/chw/files/media/franklin.pdf*

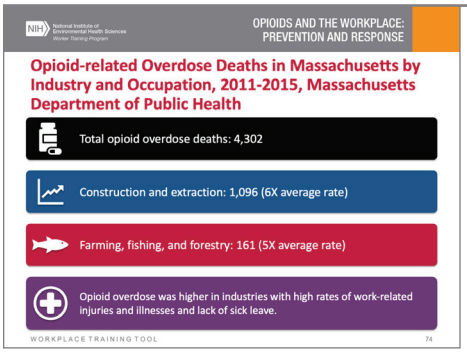
The actual data reports are available on the Washington State Department of Health website.

Slide 73

Source: Franklin GM, Stover BD, Turner JA, Fulton-Kehoe D, Wickizer TM; Disability Risk Identification Study Cohort. 2008. Early opioid prescription and subsequent disability among workers with back injuries: the Disability Risk Identification Study Cohort. Spine (Phila Pa 1976) 33(2):199-204.

Explain: "In this study, Dr. Franklin and his colleagues evaluated 1,843 low back injury workers' compensation cases that had at least four days of lost work time. They discovered 14% were still out of work after one year. Higher doses of opioids and at least two prescriptions double the risk of being out of work for one year or more. The overall conclusion of this and similar studies is that opioids were NOT effective for treating pain, and were NOT effective for helping injured workers return to work."

Slide 74

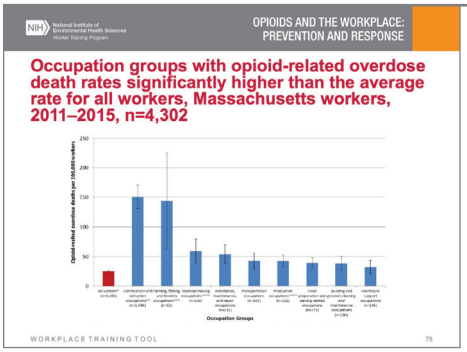


Explain: "A study by the Massachusetts Department of Public Health revealed 4,302 deaths due to opioids between 2011 and 2015. Construction and extraction had six times the average rate of opioid overdose deaths and farming, fishing, and forestry had five times the average rate. The rate of opioid overdose fatalities was higher in industries with high rates of work-related injuries and illnesses and also those that lacked paid sick leave policies."

More detail:
There were a total of 5,580 opioid-related overdose deaths in Massachusetts from 2011 through 2015. Because this report was focused on opioid-related overdose deaths among Massachusetts residents, 191 deaths of out-of-state residents were excluded from the analysis. Additionally, because this report was focused on the employed population, an additional 888 deaths were excluded because the death certificates for these individuals indicated that they were not in the workforce either because they were homemakers (319), were unemployed or had never been employed (208), were unable to work due to disability or another reason (199), were students (160), or were a child (2). A further 199 individuals were excluded because their death certificates contained no information or not enough information to code either industry or occupation. If only industry or only occupation was coded, they were left in the analysis. This left 4,302 deaths with usable industry and/or occupation information for inclusion in the analysis. Those excluded due to missing industry and occupation information were similar to those in the final study group with respect to gender, and age, but were less likely to be white, non-Hispanic. This missing information may have resulted in underestimates of rates for racial/ethnic groups other than white, non-Hispanic.

Source: Massachusetts Department of Public Health, Occupational Health Surveillance Program. 2018. Opioid-related Overdose Deaths in Massachusetts by Industry and Occupation, 2011-2015. Boston, MA: Massachusetts Department of Public Health. Available: *https://www.mass.gov/files/documents/2018/08/15/opioid-industry-occupation.pdf*.

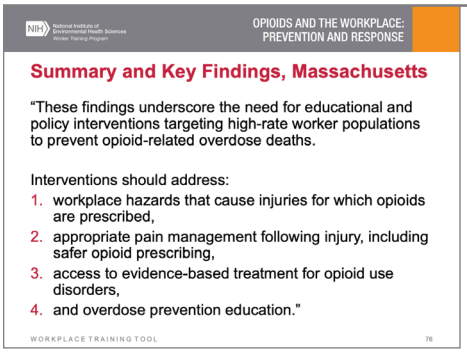
Slide 75



Explain: "The chart shows the Massachusetts data graphically."

Source: Massachusetts Department of Public Health, Occupational Health Surveillance Program. 2018. Opioid-related Overdose Deaths in Massachusetts by Industry and Occupation, 2011-2015. Boston, MA: Massachusetts Department of Public Health. Available: *https://www.mass.gov/files/documents/2020/03/19/opioid-industry-occupation.pdf*.

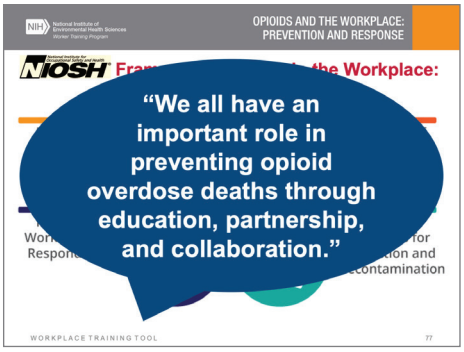
Slide 76



Explain: "This slide lists the summary and key findings of the Massachusetts report."

Source: Massachusetts Department of Public Health, Occupational Health Surveillance Program. 2018. Opioid-related Overdose Deaths in Massachusetts by Industry and Occupation, 2011-2015. Boston, MA: Massachusetts Department of Public Health. Available: *https://www.mass.gov/files/documents/2020/03/19/opioid-industry-occupation.pdf*.

Slide 77



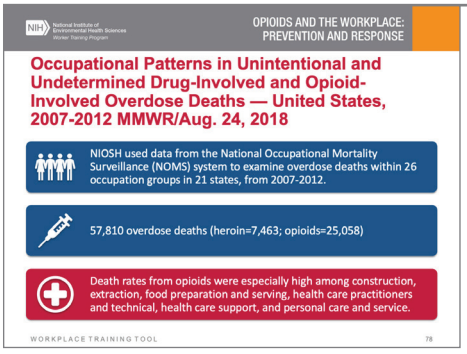
Explain: "The National Institute for Occupational Safety and Health (NIOSH) is part of the federal CDC and is considered the research arm of the Occupational Safety and Health Administration (OSHA). They have created a framework for addressing opioids in the workplace, detailed on this slide."

"…details the approach of examining workplace conditions that can be risk factors for medically prescribed opioid use becoming opioid misuse."

Click on the balloon to reveal the overarching NIOSH guidance, "We all have an important role in preventing opioid overdose deaths through education, partnership, and collaboration."

More details on the NIOSH framework are available at *https://www.cdc.gov/niosh/topics/opioids/framework.html*.

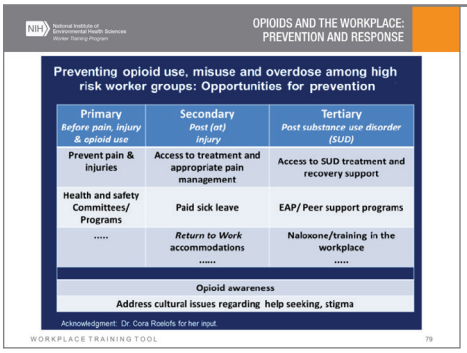
Slide 78



Explain: "NIOSH published a study on occupational patterns of opioid deaths by industry and occupation between 2007 and 2012 that reviewed data from 21 states and 26 occupational groups. There were 57,810 overdose deaths, including 32,521 involving opioids (heroin and others opioids). 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."

Source: Harduar Morano L, Steege AL, Luckhaupt SE. 2018. Occupational Patterns in Unintentional and Undetermined Drug-Involved and Opioid-Involved Overdose Deaths — United States, 2007-2012. MMWR Morb Mortal Wkly Rep 67(33):925-930. Available: *https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a3.htm?s_cid=mm6733a3_w*.

Slide 79



Source: Letitia Davis, Massachusetts Department of Public Health, PowerPoint presentation presented at the NIEHS Worker Training Program Fall 2018 Technical Workshop, 24 October 2018.

Explain: "Researchers Cora Roelofs from the University of Massachusetts-Lowell and Letitia Davis from the Massachusetts Department of Public Health have developed a prevention model, displayed on this slide, using the public health principles of primary, secondary, and tertiary prevention. Primary prevention efforts focus on workplace injury and illness prevention. Working through workplace health and safety programs, committees, or other forums, the goal is to identify and control job hazards to prevent injury and subsequently expose workers to opioids in the course of treatment for pain.

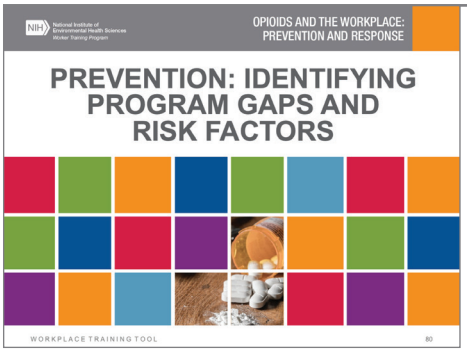
Secondary prevention is at the time of injury or after an injury has occurred. It involves access to alternative pain treatment, assistance with workers' compensation, paid sick leave, and return to work accommodations. Some state workers' compensation systems have already developed pilot programs to expand access to physical therapy and other alternative pain treatments.

Tertiary prevention is after a worker has already developed a substance use disorder (SUD). This relates to nonpunitive workplace substance use programs that provide access to SUD treatment and recovery. It may be provided through employee assistance, member assistance, or peer support programs. Additionally, naloxone availability and training for providing to medical departments or emergency response teams is a key action.

Training and education are key across all three parts of this prevention model."

SECTION IX — 35 minutes

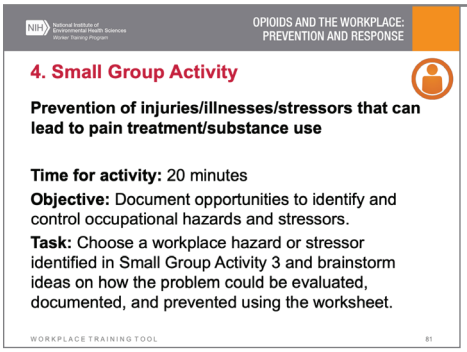
Slide 80



Module 9 Objectives

- Identify gaps in safety and health programs and standards.
- Explain the importance of ergonomics in preventing pain, injury, and opioid use.

Slide 81



SMALL GROUP ACTIVITY 4: Prevention of injuries, illnesses, and stressors that can lead to pain treatment and substance use

Form groups and select a recorder/reporter and let participants know they can write directly on the activity worksheet or use a piece of flip chart paper to record the group input.

Activity 4

Time for activity: 20 minutes

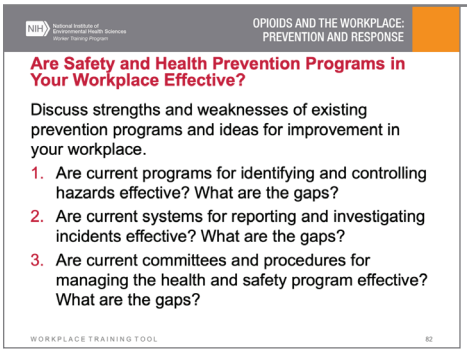
Objective: Document opportunities to identify and control occupational hazards and stressors.

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

What is the hazard or stressor?_____

How to evaluate?	How to document?	How to fix/prevent?

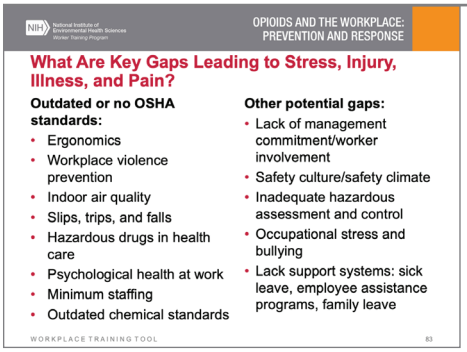
Slide 82



Large group discussion.

Review the questions and work to identify gaps in safety and health prevention systems. Discuss ideas for improvement.

Slide 83



Ask the participants what are key gaps in safety and health programs leading to stress, injury, and pain in two categories:

- No OSHA standards on?
- Other organizational gaps?

After charting participant responses, review the bulleted lists.

Explain: "It is worth spending extra time on "ergonomics." OSHA's ergonomics program standard was issued Nov. 14, 2000 and took effect Jan. 16, 2001. Congress acted under authority of the Congressional Review Act of 1996. As a result, the standard is no longer in effect, and employers and workers are not bound by its requirements. However, in many of the most highly impacted industries strains and sprains result from repetitive lifting, pushing, pulling, and poorly designed workplaces, tools, and processes. These injuries result in pain that often includes treatment with opioids and present a pathway to opioid misuse and addiction."

Discuss with the participants how they can advocate for improved ergonomic assessments and implementation of ergonomic changes to prevent pain and potential opioid misuse.

According to the Bureau of Labor Statistics, musculoskeletal disorders (MSDs) accounted for 33% of all workplace injuries in 2013.

Key elements of an ergonomics program:

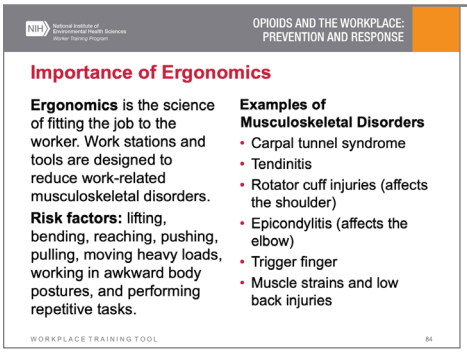
- **Provide Management Support:** A strong commitment by management is critical to the overall success of an ergonomic process.
- **Involve Workers:** A participatory ergonomic approach, where workers are directly involved in worksite assessments, solution development, and implementation, is the essence of a successful ergonomic process.
- **Provide Training:** Training is an important element in the ergonomic process. It ensures that workers are aware of ergonomics and its benefits,

become informed about ergonomics related concerns in the workplace, and understand the importance of reporting early symptoms of MSDs.

- **Identify Problems:** An important step in the ergonomic process is to identify and assess ergonomic problems in the workplace before they result in MSDs.
- **Encourage Early Reporting of MSD Symptoms:** Early reporting can accelerate the job assessment and improvement process, helping to prevent or reduce the progression of symptoms, the development of serious injuries, and subsequent lost-time claims.
- **Implement Solutions to Control Hazards:** There are many possible solutions that can be implemented to reduce, control or eliminate workplace musculoskeletal disorders.
- **Evaluate Progress:** Established evaluation and corrective action procedures are required to periodically assess the effectiveness of the ergonomic process and to ensure its continuous improvement and long-term success.

Source: OSHA (Occupational Safety and Health Administration). Ergonomics. Available: *https://www.osha.gov/SLTC/ergonomics/.*

Slide 84



Define ergonomics, ergonomic risk factors, and review examples of musculoskeletal disorders.

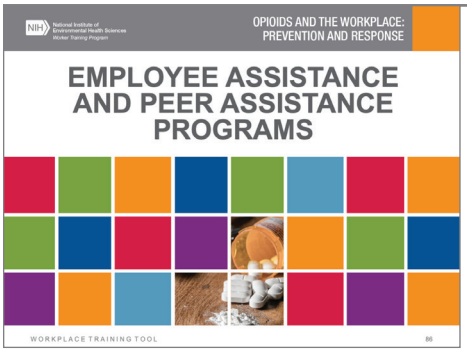
Slide 85

Review the Bureau of Labor Statistics data on the number of musculoskeletal disorder cases in 2017 and explain how these types of injuries frequently lead to use of prescription pain medication.

Photos and source: NIOSH (The National Institute for Occupational Safety and Health). Ergonomics and Musculoskeletal Disorders. Available: *https://www.cdc.gov/niosh/topics/ergonomics/default.html*.

SECTION X — 25 minutes

Slide 86

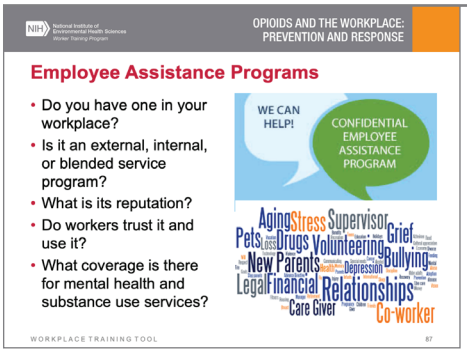


Module 10 Objectives

Explain: "This section reviews the key role of peer assistance. Because the nature of stigma may vary depending on a person's ethnic or religious background, it is important that EAP and member assistance resources are culturally aware and can refer to culturally competent providers..."

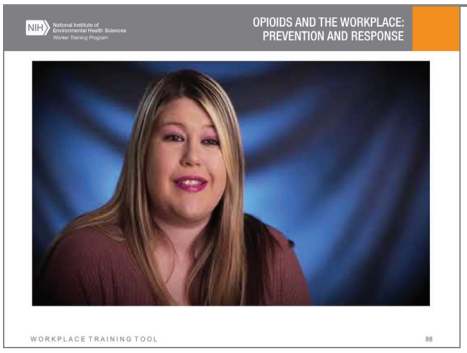
- Review the role of employee and member assistance programs.
- Highlight the value of peer assistance programs.

Slide 87



Explain: "Reviewing utilization data can provide a good picture of how the EAP is being used, how frequently, and for what type of services. This data can be provided in aggregate form without any identifiers. One constraint of EAPs is that workers must ask for help. EAP personnel are not allowed to reach out to people. In contrast, member assistance program and peer advocates can use the strength of their peer relationships to try to influence co-workers to seek help, including accessing EAP resources."

Slide 88



IUOE Video

Explain: "This is a 10-minute video produced by the International Union of Operating Engineers (IUOE) titled "The Road Home: It's Time to Get Uncomfortable." It includes the testimony of a number of members who are in recovery and acting as peer advocates in their member assistance program. Their stories are very compelling and moving.

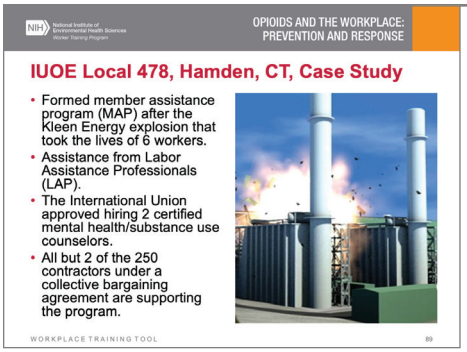
The video displays the power of peer support networks and the member assistance program approach. In the recovery community peers are defined as another person in recovery. However, in this video the Operating Engineers definition of peer is being expanded to be a person in recovery from the same union, employment, or organization. This is intended to help create a work environment where people who need assistance will be more likely to talk about their issues. Increasing peer power and influence by having trained peer advocates also helps create a network where co-workers in recovery have a group they can rely on for support and an alternative social circle that is substance-free."

IUOE Video, 2019
The Road Home, It's Time to Get Uncomfortable
Runs for 10 minutes

Note: Allow participants to comment on the video.

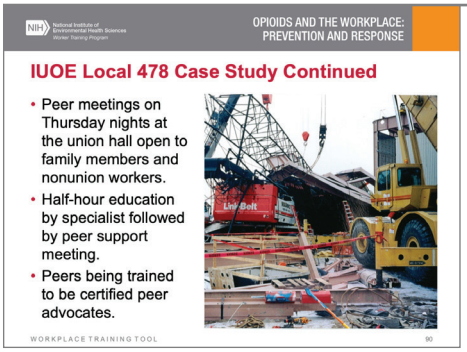
Note: Some instructors may prefer to show this video earlier in the training program to put a human face on the problem of opioid use and show the power of peer assistance/member assistance programs. Also, please refer to the resource factsheet for additional videos that are available online.

Slide 89



Explain: "The MAP program established by IUOE Local 478 is a model program that others can learn from. It is recommended that the development of peer and member assistance programs be tailored to the needs and conditions specific to the industry and worksite."

Slide 90



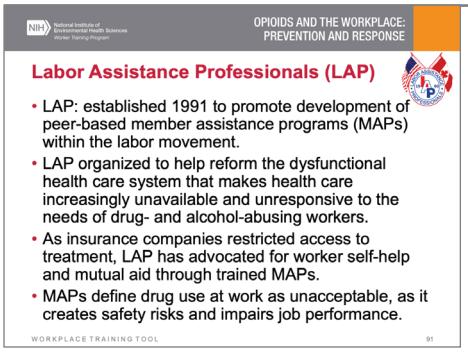
Explain: "The IUOE program has given a new meaning to the word peer. Not only are peers people in recovery, but also they are from the same union and work setting. The peers from IUOE Local 478 all have each other's phone numbers and are able to help each other and act as peer advocates within the workforce. Plans are underway to provide a peer advocate certification training to the peers. This program is also working to integrate training on mental health, suicide prevention, and substance use into OSHA training and apprenticeship training.

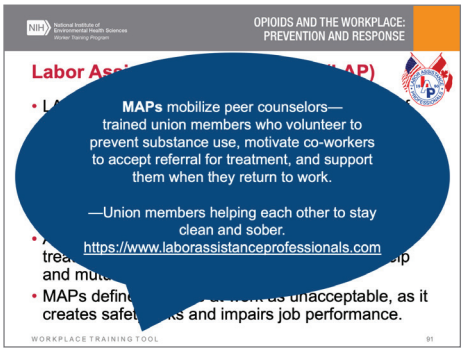
Leaders from the MAP have vetted the effectiveness and availability of treatment programs. The result is that they have been able to get members quickly into treatment programs that are age and gender appropriate."

Photo: IUOE Local 478 Safety & Health Newsletter

The photo shows a typical worksite employing operating engineers.

Slide 91



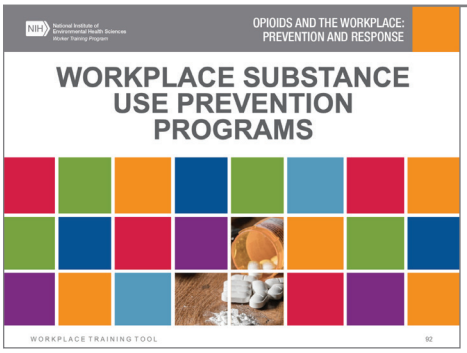


Explain: "This slide provides a quick overview of Labor Assistance Professionals (LAP). LAP can help unions and employers set up member assistance programs. The green callout describes the essence of MAPs and has the website for LAP."

Note that the balloon with summary information comes in upon clicking the slide.

SECTION XI — 60 minutes

Slide 92



Module 11 Objectives

In this section we will discuss workplace substance use prevention programs: the good, the bad, and the ugly.

- Review gaps in employment-based substance use programs.
- Discuss the impact of substance use on the worker and the workplace.
- Outline elements of supportive workplace programs.
- Begin action planning for workplace improvement.

Note: In programs of shorter duration, Slides 93- 104 may be omitted, hidden, cut, or combined.

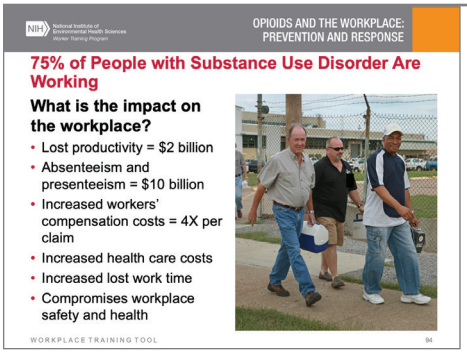
Slide 93

Explain: "This slide shows data from the National Safety Council that documents that many employers have significant gaps in their substance use prevention programs."

Ask: Are these gaps an issue in your workplace?

Source: Hersman D. 2017. How the Prescription Drug Crisis is Impacting American Employers. National Safety Council.

Slide 94



Ask: What is the impact of substance use on the workplace? Allow participants to respond, and then review the bulleted list.

Sources:

Substance Abuse and Mental Health Services Administration. 2014. Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration.

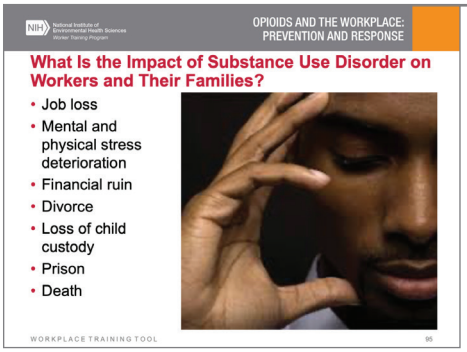
Substance Abuse and Mental Health Services Administration. 2013. Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Fudin J. 2015. The economics of opioids: abuse, REMs and treatment benefits. Am J Manag Care 21:S188-S194. Available: *https://www.ajmc.com/journals/supplement/2015/ace0029_aug15_painrems/ace0029_aug15_painrems_fudin*.

Hansen RN, Oster G, Edelsberg J, Woody GE, Sullivan SD. 2011. Economic costs of nonmedical use of prescription opioids. Clin J Pain 27(3):194-202.

Photo: Earl Dotter

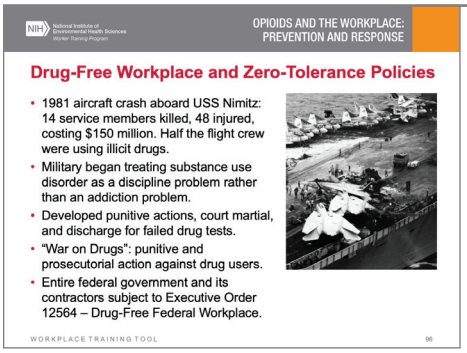
Slide 95



Ask: What is the impact of substance use disorder on workers and their families? Allow participants to respond, and then review the bulleted list.

Photo: U.S. Department of Veterans Affairs

Slide 96



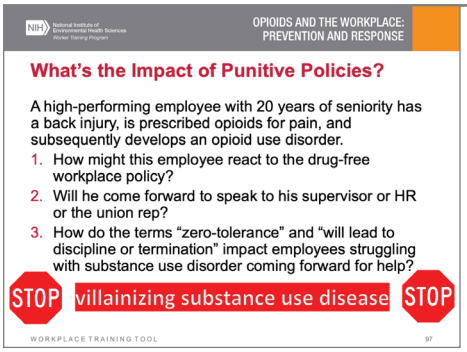
Explain: "This slide reviews the history of punitive workplace drug policies."

Source: United States Department of Defense. Military Drug Program Historical Timeline. Available: *http://prhome.defense.gov/Portals/52/Documents/RFM/Readiness/DDRP/docs/72208/DoD%20Drug%20Policy%20History.pdf*.

Explain: "Executive Order 12564 was signed by Ronald Reagan in 1986 and requires all federal agencies to have comprehensive drug-free workplace programs for illegal substances and requires drug testing and related personnel actions. [**Source:** Reagan R. 1986. Executive Order 12564. Drug-free federal workplace."

Fed Reg 51:32889." Available: *https://www.archives.gov/federal-register/codification/executive-order/12564.html*.

Slide 97

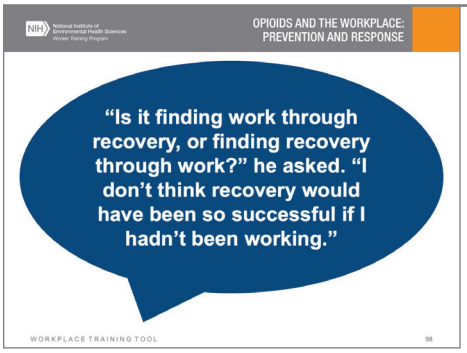


Scenario

Have a participant read the scenario (first sentence), and then have the participants discuss the three questions.

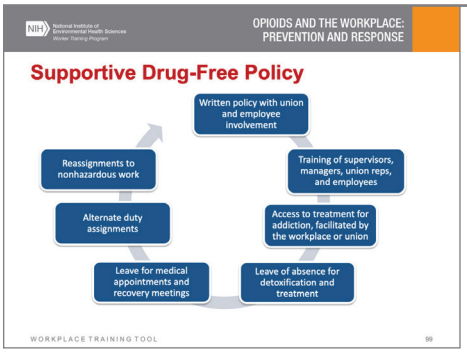
Click on the stop sign with the concluding message, "Stop villainizing substance use disease."

Slide 98



Explain that this slide begins the discussion about why work is important to health and recovery.

Slide 99

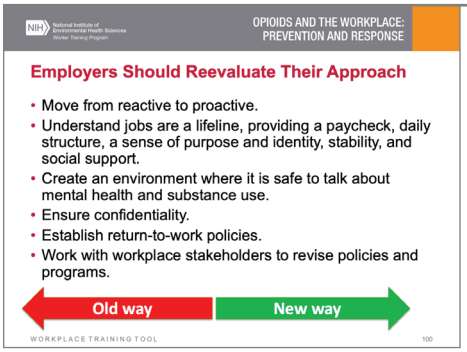


Explain: "This graphic shows key elements of a nonpunitive drug-free policy. Review the elements in sequence and discuss how they relate to the participant's experience in their workplace."

Source: Connecticut Department of Public Health. 2018. The Opioid Crisis and Connecticut's Workforce: Updating Your Approach to Employees Suffering from Addiction Can Preserve Your Greatest Resource. Available: *https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/environmental_health/occupationalhealth/Opioid-conference-writeup_FINAL-FINAL_11_28_18-(2).pdf?la=en*.

Note: In a worksite that is not represented by a labor union, the same principles apply. However, it may be more difficult to select employee representatives to participate in program development and implementation.

Slide 100

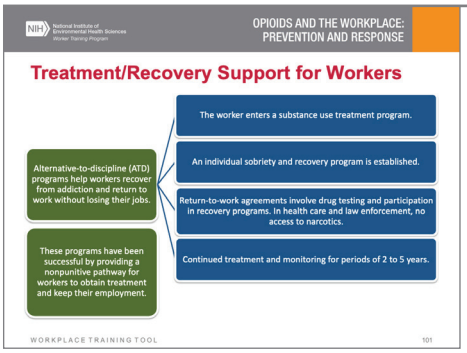


Explain: "Employers should reevaluate their approach to drugs and the workplace so that people who need help will be more comfortable asking for it."

In regions with sparse resources for treatment and recovery, it is important for organizations to plan how they will provide access to workers who need mental health and/or substance use services. Working with local government and recovery groups is key.

Source: Connecticut Department of Public Health. 2018. The Opioid Crisis and Connecticut's Workforce: Updating Your Approach to Employees Suffering from Addiction Can Preserve Your Greatest Resource. Available: *https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/environmental_health/occupationalhealth/Opioid-conference-writeup_FINAL-FINAL_11_28_18-(2).pdf?la=en.*

Slide 101



Explain: "Alternative-to-discipline (ATD) programs can help to create a work environment where it is more likely that workers who need help will come forward about substance use or mental health problems. Eliminating the fear of being stigmatized or losing employment is critical.

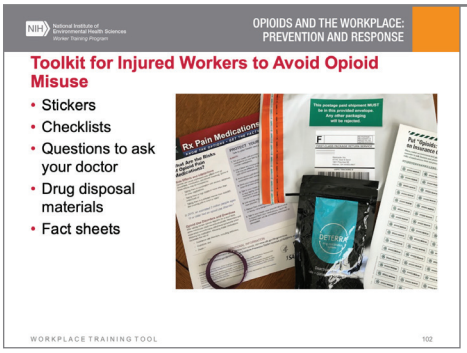
Training and education are key to successful ATD programs so that workers know how to access the program.

One of the benefits of ATD programs is they enhance safety and health by providing a fair method for addicted workers to come forward and get treatment without the risk of losing their license and jobs. This potentially eliminates safety and health by providing a pathway for impaired workers to seek help."

Sources:
Monroe TB, Kenaga H, Dietrich MS, Carter MA, Cowan RL. 2013. The prevalence of employed nurses identified or enrolled in substance use monitoring programs. Nurs Res 62(1):10-15; doi:10.1097/NNR.0b013e31826ba3ca.

NYSNA Statewide Peer Assistance for Nurses. 2017. Substance use among nurses and nursing students. "SPAN"ing New York State 14(2).

Slide 102



Explain: "Development of tools and training to help injured workers avoid opioid misuse may include:

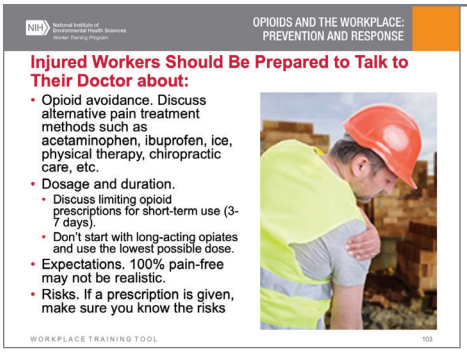
- Warn Me label card and stickers that can be placed on insurance card – *http://safety.nsc.org/stop-everyday-killers-supplies*
- Stericycle Seal&Send Envelope – *http://safety.nsc.org/stop-everyday-killers-supplies*
- National Safety Council Video: Stop Everyday Killers – *https://stopeverydaykillers.nsc.org/*
- The physician letter is useful in preparing injured workers for discussing pain management with their providers and avoiding misuse of opioids."

Photo: Jonathan Rosen, CIH

The photo shows a fact sheet, disposal envelope, stickers, etc.

Instructors are encouraged to have a show-and-tell of these materials. Also, use the accompanying "Questions to Ask Your Doctor" fact sheet that also includes a comprehensive list of opioids. Encourage the development of toolkits with these resources, to be made available to injured workers through the employer, union, or community organization.

Slide 103



Explain: "This slide covers key points injured workers should discuss with their health care providers to avoid misuse of opioids."

Note: There is an accompanying one-page fact sheet with questions injured workers can raise with their providers. This slide could be omitted if the material is covered with use of the factsheet.

Slide 104

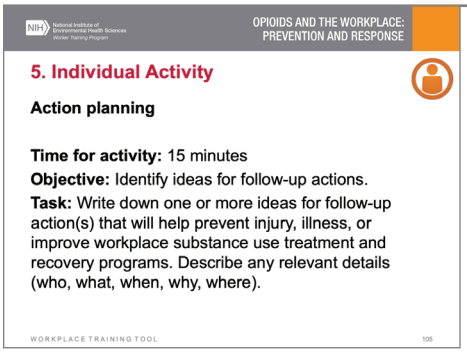
Review the slide.

Source: Substance Abuse and Mental Health Services Administration. 2018. Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Available: *https://store.samhsa.gov/product/Key-Substance-Use-and-Mental-Health-Indicators-in-the-United-States-Results-from-the-2017-National-Survey-on-Drug-Use-and-Health/SMA18-5068*.

Emphasize the importance of properly storing and disposing of medications. Lock them up! Never share prescriptions!

Encourage participants to identify local resources for disposing of unused medications, such as local health departments, courthouses, some health care facilities, and pharmacies. Additionally, as mentioned previously, the National Safety Council will send free Stericycle disposal mailers (*http://safety.nsc.org/stop-everyday-killers-supplies*). Some police departments also have drug disposal facilities available.

Slide 105



ACTIVITY 5: Action planning

Explain that this is an individual activity and that the consent at the top of the action form is a "request-permission" to make a copy of the action plan and call the participant in three to six months to get a follow-up report. It is up to each participant to choose whether they want to consent for follow-up or not.

NOTE: The activity is divided into two sections. The first section is individual actions that can be taken such as increased reporting of job hazards and reaching out to co-workers to see how they are doing. The second section addresses organizational system issues such as improving safety and health prevention programs and reforming punitive drug policies.

Ask participants to describe any relevant details (who, what, when, why, where). Use the worksheet. Indicate if you agree to follow up by answering yes or no to the consent question on the worksheet.

Activity 5

Time for activity: 15 minutes

Objective: Identify ideas for follow-up actions over the next three to six months.

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).

Note: With your consent, this sheet will be copied for follow-up in six months.

Consent: ○ Yes ○ No

What actions can be taken over the next 3 – 6 months? ***List ideas and details below the examples.***	
Name: Organization:	Email: Phone number:

Activity 5 *continued*

Individual Actions	Workplace Level Actions
Examples: 1. Increase reporting of job hazards. 2. Reach out to co-workers to see how they are doing. 3. Share factsheets and information from today's training with co-workers. 4. Re-focus on self-care: exercise or movement, sleep, healthy eating, social interaction, and relaxation. 5. Participate in organizational programs geared to improve safety and health and avoid opioid use.	Examples: 1. Improve the Safety & Health Program/ Committee. 2. Evaluate OSHA logs/workers compensation data to identify high-risk jobs. 3. Conduct worker interviews/surveys to identify high-risk jobs. 4. Conduct ergonomic evaluations of high-risk jobs. 5. Plan and conduct training and education. 6. Evaluate use of employee assistance programs. 7. Start a member assistance or peer advocacy program. 8. Review/amend punitive workplace substance use programs. 9. Start a naloxone program at the workplace. 10. Reach out and work in coalition with recovery groups, treatment facilities, and government officials.
Ideas for action:	
Key people to consult/ involve:	Timeline:
Opportunities/barriers:	Resources:
Notes:	

Individual examples:

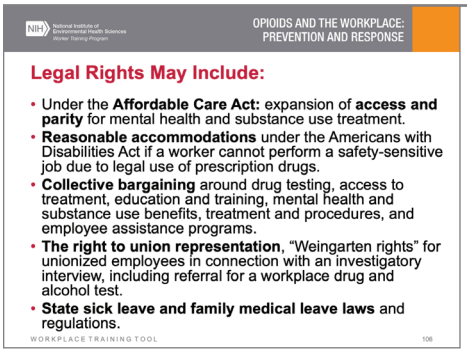
- Increase reporting of job hazards.
- Reach out to co-workers to see how they are doing.
- Share factsheets and information from today's training with co-workers.
- Re-focus on self-care: exercise, sleep, healthy eating, socializing, and relaxing.
- Participate in organizational programs geared to improve safety and health and avoid opioid use.

Organizational examples:

- Improve the Safety & Health Committee.
- Evaluate OSHA logs or workers' compensation data to identify high-risk jobs.
- Conduct worker interviews or surveys to identify high-risk jobs.
- Conduct ergonomic evaluations of high-risk jobs.
- Evaluate utilization of the employee assistance program.
- Initiate a member assistance program or peer advocacy program.
- Review/amend punitive workplace substance use policies.
- Plan and conduct training and education.
- Initiate a naloxone program at the workplace.
- Reach out and work in coalition with recovery groups, treatment facilities, and government officials.
- Other.

CLOSING — 15 minutes

Slide 106



Explain: "This slide provides a review of some of the key legal rights of workers that relate to mental health and substance use disorder. Additional details are in the "Legal Rights" fact sheet."

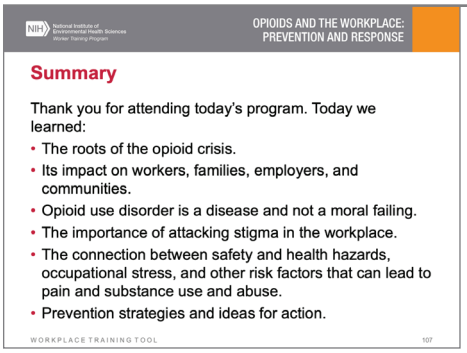
Understand the law for prescription drug use at work. Managers need to know that the Americans with Disabilities Act may protect an employee's use of over-the counter or prescription drugs to treat a disability. Such use should not be prohibited by a drug testing policy. If an employee notifies a manager that his or her medication may impair job performance, managers should be coached on how to engage and offer reasonable accommodations, up to or including modifying job responsibilities. **Source:** National Safety Council. The Proactive Role Employers Can Take: Opioids in the Workplace.

The National Labor Relations Board ("Board"), in its July 31, 2014 decision in Ralph's Grocery Co., 361 NLRB No. 9 (2014), ruled that so-called "Weingarten rights"—the general right of a unionized employee to request union representation in connection with an investigatory interview that could lead to discipline—apply when employees request representation after an employer refers them for a workplace drug and alcohol test. Based on this ruling, the Board overturned an employee's suspension and discharge, finding the actions were inextricably linked to the employee's request for representation after referral for a drug test, and ordered a make-whole remedy.

Source: Deitchler D. 2014. Right to union representation applies to employer referrals for drug and alcohol tests, NLRB rules. ASAP® (Littler Mendelson, P.C) 3 September.

For information on paid sick leave laws, see: National Conference of State Legislatures. 2018. Paid Sick Leave. Available: *http://www.ncsl.org/research/labor-and-employment/paid-sick-leave.aspx*.

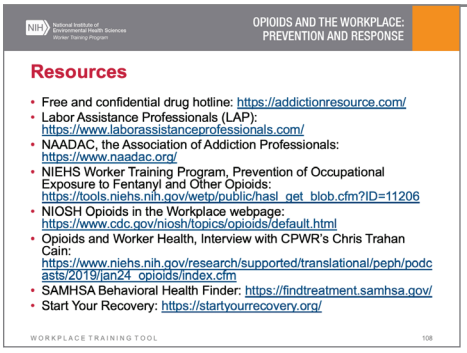
Slide 107



Summarize the key learning and action items covered in today's program. Encourage participants to follow through on their action plans from Activity 5 on the worksheet.

Distribute evaluation forms.

Slide 108



Note: All links were accessed in February 2020.

Note that there is a more comprehensive resource list, available as a handout, that accompanies this training program. Go to the NIEHS Clearinghouse website at *https://tools.niehs.nih.gov/wetp/index.cfm?id=2587*

NOTES

EVALUATION TOOLS

Pre-test

Your assistance in evaluating this training program will help make it better.

Please write your number at the top so that we can compare answers before and after the training.

Please mark the answer that best matches your response to the following statements.

1. Morphine is 50-100 times more potent than Fentanyl.	No	Yes	Unsure
2. A higher risk of work-related injury is not a factor in opioid use	No	Yes	Unsure
3. Opioid use or misuse is caused by lack of willpower.	No	Yes	Unsure
4. Opioid use disorder is a disease.	No	Yes	Unsure
5. Naloxone (Narcan) should be available at the workplace in locations where overdoses have occurred	No	Yes	Unsure
6. Naloxone (Narcan) is dangerous to administer to someone overdosing.	No	Yes	Unsure
7. I understand how workplace ergonomics can reduce risk of pain,injuries and potential opioid use and misuse.	No	Yes	Unsure
8. Programs where co-workers are trained to be peer advocates and supporters can contribute to reducing opioid misuse.	No	Yes	Unsure
9. I am comfortable accessing treatment for opioid misuse or addiction through my workplace, if needed.	No	Yes	Unsure
10. I know how to speak to my healthcare provider about: • How to avoid using opioids if I am injured at work. • Alternative pain treatments.	 No No	 Yes Yes	 Unsure Unsure
11. I know what questions to ask to understand the quality of my health insurance coverage for substance use treatment. (Leave blank if you do not have health insurance.)	No	Yes	Unsure
12. “Zero tolerance” policies are the most effective way to prevent drug use in the workplace.	No	Yes	Unsure
13. I know what makes up a supportive workplace “drug free” policy	No	Yes	Unsure
14. I can identify presenteeism in the workplace.	No	Yes	Unsure

14. Please indicate which of the following are signs of opioid addiction:			
• Drowsy	No	Yes	Unsure
• Vomiting	No	Yes	Unsure
• Slow breathing	No	Yes	Unsure
15. Please mark which of the following are opioids:			
• OxyContin	No	Yes	Unsure
• Buprenorphine	No	Yes	Unsure
• Vicodin	No	Yes	Unsure
• Naltrexone	No	Yes	Unsure
• Morphine	No	Yes	Unsure
• Fentanyl	No	Yes	Unsure
• Methadone	No	Yes	Unsure

16. I am likely to report hazards at my workplace.	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
17. I am likely to report injuries at my workplace.	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
18. Workplace stress may lead to self-medication with drugs or alcohol.	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
19. I am likely to talk about substance abuse at work:					
• With coworkers	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
• With trusted person	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree

Thank you for your responses. The pre-test questions are now complete.

Post-test

Your assistance in evaluating this training program will help make it better.

Please write your number at the top so that we can compare answers before and after the training.

Please mark the answer that best matches your response to the following statements.

1. Morphine is 50-100 times more potent than Fentanyl.	No	Yes	Unsure
2. A higher risk of work-related injury is not a factor in opioid use	No	Yes	Unsure
3. Opioid use or misuse is caused by lack of willpower.	No	Yes	Unsure
4. Opioid use disorder is a disease.	No	Yes	Unsure
5. Naloxone (Narcan) should be available at the workplace in locations where overdoses have occurred	No	Yes	Unsure
6. Naloxone (Narcan) is dangerous to administer to someone overdosing.	No	Yes	Unsure
7. I understand how workplace ergonomics can reduce risk of pain,injuries and potential opioid use and misuse.	No	Yes	Unsure
8. Programs where co-workers are trained to be peer advocates and supporters can contribute to reducing opioid misuse.	No	Yes	Unsure
9. I am comfortable accessing treatment for opioid misuse or addiction through my workplace, if needed.	No	Yes	Unsure
10. I know how to speak to my healthcare provider about: • How to avoid using opioids if I am injured at work. • Alternative pain treatments.	 No No	 Yes Yes	 Unsure Unsure
11. I know what questions to ask to understand the quality of my health insurance coverage for substance use treatment. (Leave blank if you do not have health insurance.)	No	Yes	Unsure
12. “Zero tolerance” policies are the most effective way to prevent drug use in the workplace.	No	Yes	Unsure
13. I know what makes up a supportive workplace “drug free” policy	No	Yes	Unsure
14. I can identify presenteeism in the workplace.	No	Yes	Unsure

14. Please indicate which of the following are signs of opioid addiction:			
• Drowsy	No	Yes	Unsure
• Vomiting	No	Yes	Unsure
• Slow breathing	No	Yes	Unsure
15. Please mark which of the following are opioids:			
• OxyContin	No	Yes	Unsure
• Buprenorphine	No	Yes	Unsure
• Vicodin	No	Yes	Unsure
• Naltrexone	No	Yes	Unsure
• Morphine	No	Yes	Unsure
• Fentanyl	No	Yes	Unsure
• Methadone	No	Yes	Unsure

16. I am likely to report hazards at my workplace.	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
17. I am likely to report injuries at my workplace.	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
18. Workplace stress may lead to self-medication withdrugs or alcohol.	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
19. I am likely to talk about substance abuse at work:					
• With coworkers	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
• With trusted person	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree

Thank you for taking the time to participate.

Your responses are very important and meaningful as we work to improve our training and to raise awareness on Opioids in the Workplace.

Evaluation Form

How much do you agree with the follow statements? Please mark the circle that best fits your answer.

1. The training adequately covered the learning objectives.	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
2. The training was presented effectively according to needs of the trainees (for example, language, cultural, educational level).	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
3. The small group activities were relevant and allowed members in the group to share important experiences and information.	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
4. I feel that the training has prepared me well to handle opioids in the workplace.	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
5. I intend to use the content and skills learned in this course in my current job.	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
6. The training content was effective.	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
7. The training format was effective.	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
8. The instructor(s) were effective.	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree
9. The training overall was effective.	Strongly Agree	Slightly Agree	Unsure	Slightly Disagree	Strongly Disagree

Please provide responses to the following questions in a few sentences or keywords.

10. What content or skills did you learn that were most valuable to you?

_____

_____

11. What content or skills did you learn that were least valuable to you?

_____

_____

12. What suggestions for improvement (i.e. content, format, teaching/learning methods, and facility, instructor, and support staff) to the training do you have?

_____

_____

13. What actions do you plan to take as a result of this course?

_____

_____

Please fill out the following information for our records. If you do not wish to answer any these questions, you do not have to:

Occupation:

Please specify your gender:	Male	Female

Please indicate your age in years:	18-24	25-35	36-50	51-64	65 or over

Please indicate your highest level of education:	Less than high school	High School Diploma	Some College	4 year college degree	Graduate school

Are you:	White	Black or African American	Hispanic or Latino/a	Asian	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	Other

Thank you for taking the time to participate. Your responses are very important and meaningful as we work to improve our training and to raise awareness on Opioids in the Workplace.

APPENDIX A: AGENDA

Learning objectives

Upon completion of this course, 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.

Pre-training activities

- Pre-test to evaluate participant knowledge.
- Review fact sheets, resource list, use of worksheet.

Course modules

1. What Is an Opioid? Background. Activity 1.
2. Fentanyl and Synthetic Opioids.
3. Understanding Opioid Use Disorder.
4. Stigma. Activities 2 and 3.
5. Prescription Opioids.
6. Related Infectious Diseases.
7. Occupational Exposure.
8. Opioids and Work.
9. Prevention: Identifying Program Gaps and Risk Factors. Activity 4.
10. Employee Assistance and Peer Assistance Programs.
11. Workplace Substance Use Prevention Programs. Activity 5.

Post-training activities

- Evaluation and post-test.

APPENDIX B: ACTIVITIES WORKSHEET – OPIOIDS

ACTIVITY 1: Workshop participant concerns about opioids

Objective: Identify participant experiences and concerns with opioids in the workplace and community.

Task: Form a small group and briefly discuss the questions below. Select a person in your group to act as recorder/reporter. You may choose to use a piece of flip chart paper to note participant responses.

a. What are your experiences or concerns with the ongoing opioid crisis?

_____

_____

_____

b. How is the opioid crisis impacting your workplace?

_____

_____

_____

ACTIVITY 2: Substance use, mental health, and stigma

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

Task: Each participant individually writes a word or phrase on three to five sticky notes in response to the prompts from the instructor (one word or phrase per note). Organize the sticky notes according to the instructor's directions, and then discuss the results.

ACTIVITY 3: Identify work-related risk factors affecting mental health

Objective: Identify work-related risk factors that can impact mental health. This activity can be done individually or in a small group.

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

	Yes or No	Key Examples
Work-Life Balance		
Workplace Violence/ Harassment/Bullying		
Occupational Stress		
Presenteeism		
Job Burnout		
Occupational Injury/Illness		

ACTIVITY 4: Prevention of injuries, illnesses, and stressors that can lead to pain treatment and substance use

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

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

What is the hazard or stressor? _____

How to evaluate?	How to document?	How to fix/prevent?

ACTIVITY 5: Action planning

Objective: Identify ideas for follow-up actions over the next three to six months.

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).

Note: With your consent, this sheet will be copied for follow-up in six months.

Consent: OYes ONo

What actions can be taken over the next 3 – 6 months? ***List ideas and details below the examples.***	
Name: Organization:	Email: Phone number:
Individual Actions	**Workplace Level Actions**
Examples: 1. Increase reporting of job hazards. 2. Reach out to co-workers to see how they are doing. 3. Share factsheets and information from today's training with co-workers. 4. Re-focus on self-care: exercise or movement, sleep, healthy eating, social interaction, and relaxation. 5. Participate in organizational programs geared to improve safety and health and avoid opioid use.	Examples: 1. Improve the Safety & Health Program/ Committee. 2. Evaluate OSHA logs/workers compensation data to identify high-risk jobs. 3. Conduct worker interviews/surveys to identify high-risk jobs. 4. Conduct ergonomic evaluations of high-risk jobs. 5. Plan and conduct training and education. 6. Evaluate use of employee assistance programs. 7. Start a member assistance or peer advocacy program. 8. Review/amend punitive workplace substance use programs. 9. Start a naloxone program at the workplace. 10. Reach out and work in coalition with recovery groups, treatment facilities, and government officials.
Ideas for action:	
Key people to consult/involve:	Timeline:
Opportunities/barriers:	Resources:
Notes:	

APPENDIX C: WORKPLACE ACTION TO COMBAT THE OPIOID CRISIS: WHAT CAN BE DONE?

According to the Centers for Disease Control and Prevention, from 1997 to 2017, almost 400,000 people died from opioid overdoses.[1] More than 191 million opioid prescriptions were dispensed to American patients in 2017 and 130 people die every day from opioids.

Pain from work-related injury, illness, stress can lead to use of prescription or illegal opioids, misuse, and addiction. Studies from the Massachusetts Department of Public Health and the National Institute for Occupational Safety and Health (NIOSH) reveal the impact of the crisis by industry and occupation.[2,3]

In Massachusetts, there were 4,302 opioid overdose deaths between 2011 and 2015. In the 21 states in the NIOSH study, there were 57,810 deaths between 2007 and 2012. Deaths were especially high in more hazardous industries like construction, extraction, and health care.

Effects of addiction on workers and their families include job loss, physical and mental deterioration, financial ruin, divorce, loss of child custody, and prison. Prevention of workplace injury, illness, and stress are key to solving the opioid crisis. Negative impacts of opioid misuse in the workplace include:[4,5,6,7,8,9]

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

EXAMPLES OF MUSCULOSKELETAL DISORDERS (MSDs)

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

Focusing on ergonomics is an important part of the solution. Ergonomics is the science of fitting the job to the worker, where workstations and tools are designed to reduce work-related musculoskeletal disorders. Risk factors include lifting, bending, reaching, pushing, pulling, moving heavy loads, working in awkward body postures, and performing repetitive tasks. There were 344,970 cases of musculoskeletal disorders in 2017 alone according to the U.S. Bureau of Labor Statistics. This type of injury accounted for 34% of the lost work time cases in manufacturing alone and 77% of the lost work time cases in construction. These injuries are associated with widespread use of prescription pain medication. Despite the importance of ergonomics in prevention, there is no Occupational Safety and Health Administration (OSHA) ergonomics standard. See the example on the next page:[10]

Problem: Stooping to use screw gun

Solution: Autofeed stand-up screw gun

The U.S. Surgeon General estimates that 70–75% of people misusing opioids are working full or part time. However, many workplaces lack effective substance use and mental health support programs. Where these programs do exist, they often take a punitive approach such as zero-tolerance policies or last chance agreements.[11] Punitive approaches deter workers who need assistance from coming forward for help and fail to recognize that opioid use disorder is recognized by the medical community as a relapsing disease.[12,13] Additionally, stigma in the workplace, such as shaming or discrimination against workers who have substance use disorders, further discourages them from seeking help. Rather than terminating workers with substance use disorders, employers should consider alternative approaches that encourage access to treatment and recovery and keep the employment relationship intact. Work is healthy, as it provides people with structure, purpose, self-worth, and financial support.

The list below includes individual and workplace level actions that can help respond to the opioid crisis.

Individual Actions

1) Increase reporting of job hazards.
2) Reach out to co-workers to see how they are doing.
3) Share fact sheets and information from today's training with co-workers.
4) Re-focus on self-care: exercise or movement, sleep, healthy eating, social interaction, and relaxation.
5) Participate in organizational programs geared to improve safety and health and avoid opioid use.

Workplace Level Actions

1) Place opioids in the workplace on health and safety or workers' compensation committee agendas.
2) Evaluate opioid use and its connection to workplace safety and health using data sources such as OSHA logs, workers' compensation records, worker surveys, focus groups, death certificates, and health care prescription drug utilization data.
3) Leverage the issue to increase action to prevent work-related injuries, illnesses, and occupational stress.
4) Educate managers and workers about the connection between work injury and opioid abuse and opioid use disorder.
5) Provide worker training and connect it with safety and health program activities such as OSHA training.
6) Educate workers about alternative pain treatment, such as wellness programs, physical therapy, massage therapy, acupuncture, mindful meditation, yoga, nonprescription or alternative prescription pain medications, chiropractic care, psychology, etc.
7) Provide information and tools to injured workers, such as a fact sheet or checklist to use with health care providers, and information on how to dispose of unused medication.
8) Expand and improve access to mental health and substance use treatment and recovery programs. Consider health benefits coverage, employee assistance, member assistance, and peer assistance programs.
9) Revisit workplace substance use policies and remove barriers that deter workers with opioid use disorder from coming forward for help. Consider alternative-to-discipline programs so that workers stay connected to the workplace during treatment and recovery.
10) Reform workers' compensation to expand access to alternative pain treatment, reduce the overuse of opioids, and reduce and eliminate delays in treatment for work injuries.

Peer advocates are people in recovery who provide support, encouragement, and information to people in need about entering treatment and recovery programs. Developing peer advocate programs in the workplace expands the definition of peer to include a person in recovery from the *same workplace or union*. Trained peers can have a significant impact on getting people in need to talk about their mental health and substance use problems and encourage them to access services.

Endnotes

1 CDC (Centers for Disease Control and Prevention). Opioid Overdose: Understanding the Epidemic. Available: https://www.cdc.gov/drugoverdose/epidemic/index.html.

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11 Connecticut Department of Public Health. 2018. The Opioid Crisis and Connecticut's Workforce: Updating Your Approach to Employees Suffering from Addiction Can Preserve Your Greatest Resource. (See: Drug-free Workplace and "Zero-tolerance" Policies: Holly Hinds, Esq.; Managing Partner, Challenges and Barriers in the Opioid Age). Available: https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/environmental_health/%20occupationalhealth/Opioid-conference-writeup_FINAL-FINAL_11_28_18-(2).pdf?la=en.

12 National Institute on Drug Abuse. Drugs, Brains, and Behavior: The Science of Addiction. Preface. Available: https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface.

13 The National Center on Addiction and Substance Abuse. 2012. Addiction Medicine: Closing the Gap between Science and Practice. Available: https://www.centeronaddiction.org/addiction-research/reports/addiction-medicine-closing-gap-between-science-and-practice.

APPENDIX D: INJURED ON THE JOB OR AT HOME? ASK YOUR HEALTHCARE PROVIDER THESE QUESTIONS BEFORE ACCEPTING OPIOIDS

It is estimated that as many as 25% of people who are prescribed opioids become addicted. Therefore, be sure to talk to your provider about the following:

Take a picture of these 2 pages with your phone, so you'll have it handy when you go to the doctor.

- Are there nonopioid alternatives that could help with pain relief?
- Why do I need this medication? Is it right for me?
- How long should I take this medication?
- Could this treatment interact with my other medicine I am taking?
- How should I store my opioid medication to prevent other people from taking it?
- How can I reduce the risk of potential side effects from this medication?
- What if I have a history of addiction with tobacco, alcohol, or drugs?
- What if there is a history of addiction in my family?
- What should I do with unused opioid medicine?
- Can I have a prescription for Naloxone (overdose antidote)?

Discuss possible alternative pain treatments such as physical or vocational therapy; nonprescription medications such as naproxen sodium, ibuprofen, and acetaminophen; psychology; and others.

Adapted from International Union of Painters & Allied Trades, "11 Questions to Ask Your Doctor Before Taking Opioids" (2019), and CPWR, "Pain Management for Construction Workers" (2019).

Opioids	
Generic name	**Brand names**
Buprenorphine	Belbuca, Probuphine, Butrans, Buprenex, Subutex, Suboxone (contains Naloxone)
Codeine	Tylenol-Codeine No.3, Tylenol-Codeine No.4, Vopac
Diphenoxylate	Lomotil
Dsuvia	Sufenta
Fentanyl	Duragesic, Abstral, Subsys, Ionsys
Hydrocodone	Vicodin, Norco, Hycet, Zamicet, Lortab Elixir, Xodol 7.5/300, Vicodin HP, Xodol 10/300, Vicodin ES, Lorcet HD, and more
Hydromorphone	Dilaudid, Exalgo ER
Meperidine	Demerol
Methadone	Methadose, Diskets, Methadone Intensol, Dolophine
Morphine	Duramorph, MorphaBond ER, Infumorph P/F, Arymo ER, MS Contin, Astramorph-P
Naltrexone	Revia, Vivitrol
Oxycodone	OxyContin, Xtampza ER, Roxicodone, Oxaydo
Oxymorphone	Opana
Tramadol	ConZip, Ultram

- Never share medications with another person and be sure to store opioids in a secure location, preferably a locked cabinet.
- If your injury or illness is a workers' compensation claim, there may be specific guidelines for prescribing opioid pain medication that treating providers must follow. Consult your state workers' compensation board for details.

Adapted from International Union of Painters & Allied Trades, "11 Questions to Ask Your Doctor Before Taking Opioids" (2019), and CPWR, "Pain Management for Construction Workers" (2019).

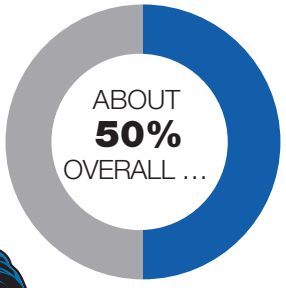
APPENDIX E: KNOW YOUR WORKPLACE LEGAL RIGHTS RELATED TO THE OPIOID CRISIS

This fact sheet provides an overview of some of the key legal rights of workers regarding access to mental health and/or opioid use disorder treatment, recovery, and related workplace issues.

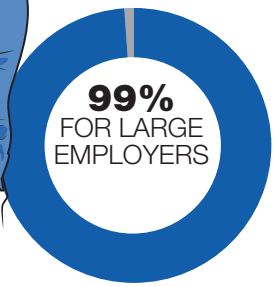
1 Do health care insurance plans cover the costs of addiction treatment and recovery?

Under the Affordable Care Act (ACA)

Expanded coverage for more people.



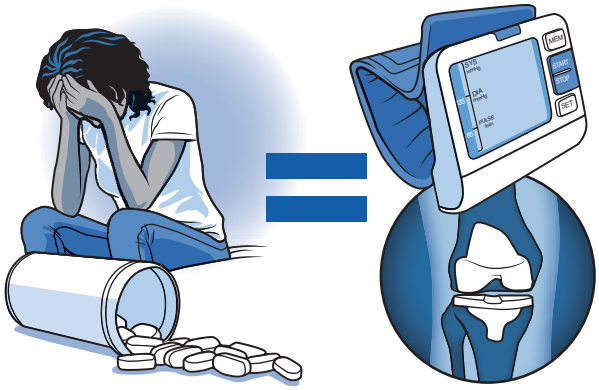
…of workers continue to **have health insurance through work**.[1]

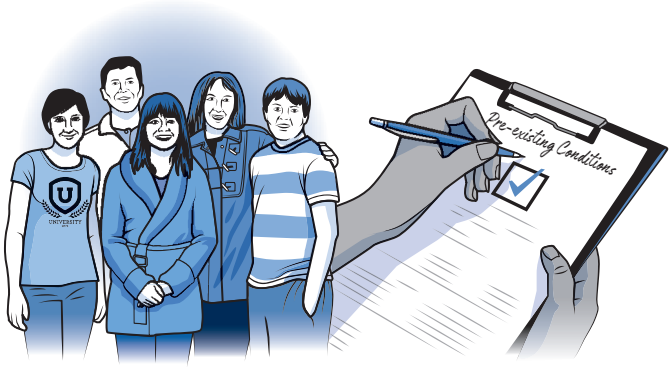


Expanded guarantee of coverage for mental health and addiction services for all health insurance, including insurance obtained through work.

Does not eliminate **out-of-pocket expenses**.

The ACA extends the 2008 Mental Health Parity and Addiction Equity Act, **requiring insurers cover substance use disorder treatment equally to medical and surgical services**.





The ACA also **extends coverage to adult children up to the age of 26** and **bans insurers from refusing to sell insurance due to preexisting conditions**. People with a prior treatment admission for opioid use disorder cannot be denied insurance.

An estimated 1.6 million Americans with substance use disorder have gained insurance coverage in Medicaid expansion states.

How can I evaluate coverage under my health benefits plan?

Workers who seek substance use treatment may use the questions listed below to evaluate barriers and options for treatment under their health insurance plan.

1. Are referrals or approval required before you enter treatment?
2. Which treatment centers are in-network and which are out-of-network?
3. Which specific treatment options are available under your policy? Will your policy cover the assessment? Detox? Inpatient or outpatient facilities?
4. What percentage of treatment will be covered?
5. What are your copayments and deductibles for each type of treatment?
6. How many days of inpatient or outpatient treatment are covered?
7. What is the out-of-pocket maximum on substance use disorder treatment?
8. What is deemed medically necessary by your insurance company and how is that determined?
9. Do I have different health insurance coverage for co-occurring conditions such as bipolar disorder, depression, post-traumatic stress disorder (PTSD)?

Consult with your state department of health or agency to determine support services that are available to challenge insurance company decisions denying or delaying teatment.

What is medication-assisted treatment (MAT) and how can I evaluate if it is covered under my health insurance plan?

U.S. Food and Drug Administration (FDA)-approved medications for treating opioid use disorders have been shown to be more effective for sustaining long-term addiction recovery than treatment without medication. [6,7]

The questions below can help determine whether a health plan will cover MAT for substance use disorders (SUDs). Each state's workers' compensation system may also have their own rules for providing MAT for SUDs.

1. How is medical necessity for MAT determined?
2. Are all MAT medications covered and, if not, which ones are covered?
3. Is a copayment required ?

2 Does an employer have to accommodate the needs of people in treatment and recovery under the Americans with Disabilities Act (ADA)?

The ADA establishes requirements for equal opportunities in employment, state and local government services, public accommodations, commercial facilities, transportation, and telecommunications for citizens with disabilities — including people with mental illnesses and addictions.[10] It is illegal for employers to discriminate against people with qualifying disabilities, including mental illness and addictions. However, the ADA does not provide protection for employees or job applicants who are currently using illegal drugs.

Is drug addiction a qualified disability under the ADA? [11]

An employee who illegally uses drugs — whether the employee is a casual user or addicted — is not protected by the ADA if the employer acts based on the illegal drug use. As a result, an employer does not violate the ADA by uniformly enforcing its rules prohibiting employees from illegally using drugs.

A person with substance use disorder may be protected under the ADA because the addiction may be considered a substantially limiting impairment. However, according to the EEOC Technical Assistance Manual on the ADA, a former casual drug user is not protected.

People who have been successfully rehabilitated and who are no longer engaged in the illegal use of drugs or are currently participating in a rehabiliation program and are no longer engaging in the illegal use of drugs,[12] may be protected. Possible qualifying limitations include:

Attentiveness and concentration

Decreased stamina or fatigue

Executive functioning deficits

Noncompliant behavior

Stress intolerance

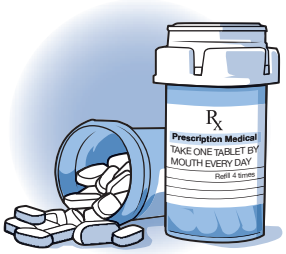
If someone is a qualified disabled person but needs accomodation to do the essential functions of the job, then the employer is required to try to work with the worker to find a reasonable accommodation.

Note that under the ADA, employers are allowed to exclude employees from the workplace if the **employee may constitute a direct threat to the health and safety of other workers or him or herself**, and this issue is raised frequently by employers when they are dealing with workers with substance use problems. If the employer can successfully argue that an individual poses a direct threat that cannot be corrected through reasonable accommodation, the employer may screen out an individual, even if that individual has shown he or she has a qualifying disability.

When is the employer required to provide reasonable accommodations to an employee with a qualifying disability?

If an individual qualifies under the standard for qualifying disabilities, the employer is required to provide reasonable accommodation in order to make it possible for the person to do the job — as long as, with the accommodation, he or she can do the essential functions of the job. Reasonable accommodation can include any change to a job, the work environment, or the way things are usually done that allows a worker with a disability to apply for a job, perform job functions, or enjoy equal access to benefits available to other individuals in the workplace. This should be **an interactive process between the employer and the worker**.

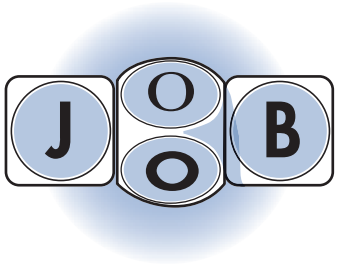
Under federal and some state laws, reasonable accomodations related to a worker with opioid use disorder might include:[13]



Allowing an employee to take **MAT drugs**.

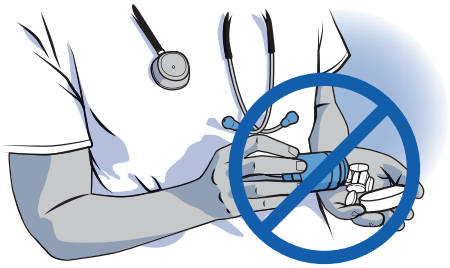
Allowing an employee to attend **support group meetings**.

Allowing an employee to take a **time-limited leave of absence** to attend treatment.



Modifying a job to eliminate job components, as long as the individual can still do the essential functions of the job.

Examples:



A nurse with substance use disorder went into treatment and upon returning to work was **restricted from dispensing narcotic medications**.

A call center employee in recovery was experiencing stress due to her **supervisor's aggressive approach** to discussing job performance issues. The employee was assigned to a different supervisor.

A production worker in recovery from substance use needed to attend counseling that was only available in the evenings. His **employer excused him from overtime** on the days he attended counseling.

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West Virginia University
P.O. Box 6080
Morgantown, WV 26506-6080
Toll Free: (800) 526-7234
TTY: (304) 293-7186
Fax: (304) 293-5407
jan@askjan.org
http://AskJAN.org

3 What are my rights to time off from work?

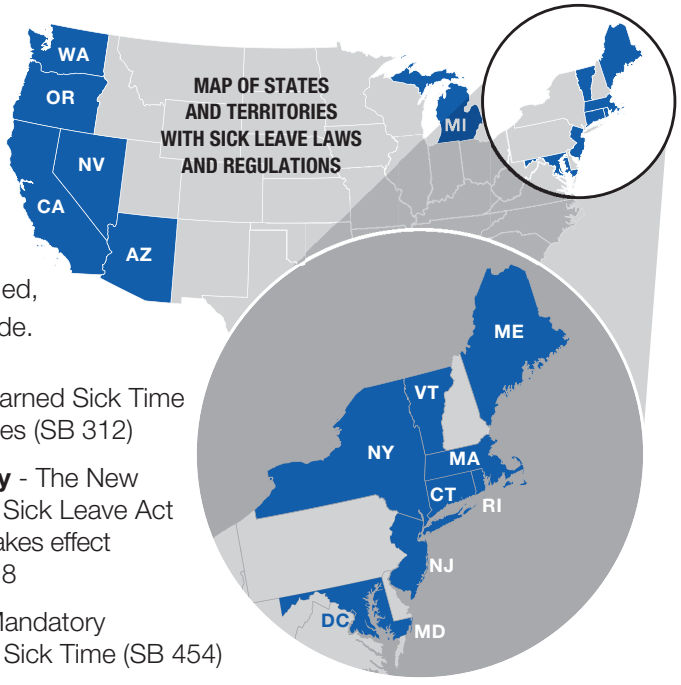
There may be limited rights to time off from work as part of the reasonable accommodation provided under the ADA. In addition, there are several rights that individual employees may have in order to take time off for addiction treatment and recovery:

- The Family and Medical Leave Act is a federal guarantee of **unpaid leave and right to return for a serious health condition or to care for a family member with serious health condition**. Employer size and employee tenure requirements need to be met. **A worker's claim must be supported by documentation from their medical provider**.

- State and local sick leave and paid sick leave guarantees.
- Sick leave and leaves of absence under collective bargaining agreements.

Thirteen states, Washington, D.C., and Puerto Rico have sick leave laws and regulations.[14]

Access to sick time is key when a worker is experiencing family or personal problems such as mental illness or substance use. There are no federal laws that require employers to provide paid sick leave for their employees. However, as of September 2020, 13 states,the District of Columbia and Puerto Rico have enacted sick leave laws and regulations, as listed below. The provisions in these laws are varied, so it is important to review the specifics in the state in which you reside.



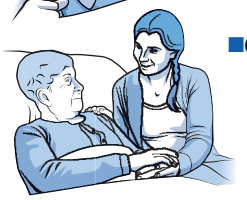
1. **Arizona** - Earned Paid Sick Time (2016 approved ballot measure)
2. **California** - Healthy Workplaces, Healthy Families Act of 2014 (AB 1522)
3. **Connecticut** - Paid Sick Leave Act
4. **Maine** - LD 396 (enacted 2019, takes effect Jan. 1, 2021)
5. **Maryland** - Maryland Healthy Working Families Act (HB 1)
6. **Massachusetts** - Earned Sick Time for Employees (2014 approved ballot measure)
7. **Michigan** - Earned Sick Time for Employees (Public Act 338 of 2018 as amended by Public Act 369 of 2018)
8. **Nevada** - Earned Sick Time for Employees (SB 312)
9. **New Jersey** - The New Jersey Paid Sick Leave Act (AB 1827) takes effect Oct. 29, 2018
10. **Oregon** - Mandatory Provision of Sick Time (SB 454)
11. **Puerto Rico** - (Act 180 §250d)
12. **Rhode Island** - Healthy and Safe Families and Workplaces Act
13. **Vermont** - Act 69 (H 187)
14. **Washington** - Paid Sick Leave (2016 approved ballot measure)
15. **Washington, D.C.** - Employee Sick Leave

Paid family leave laws [15]

As of August 2020, eight states and the District of Columbia have enacted family leave laws, including California, Conneticut, Massachusetts, New Jersey, New York, Oregon, Rhode Island, and Washington. This may be important for one's own self-care or the care of a family member. These laws augment the federal Family and Medical Leave Act.

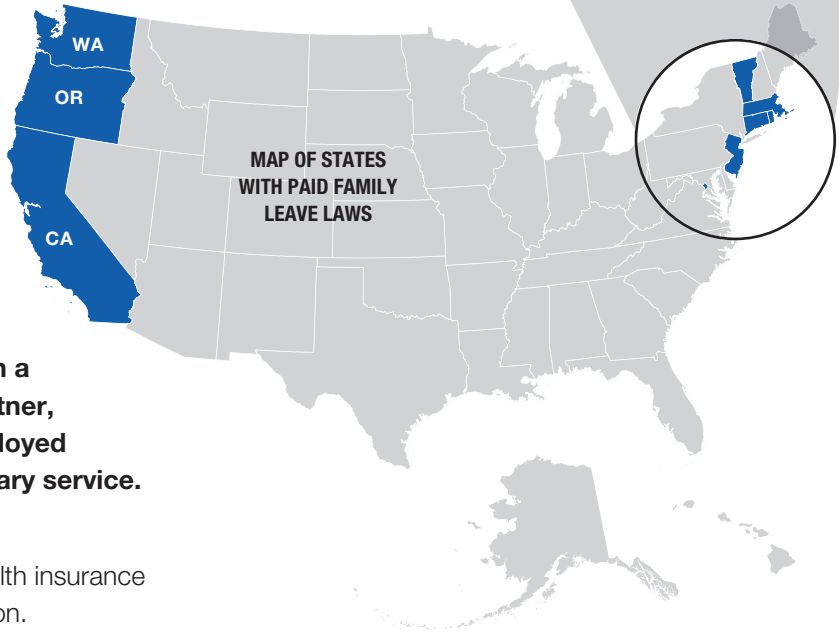
Paid family leave provides job protection and paid time off to:

- **Bond with a newly born, adopted, or fostered child.**



- **Care for a family member with a serious health condition.**

- **Assist loved ones when a spouse, domestic partner, child, or parent is deployed abroad on active military service.**



Paid family leave also provides continued health insurance and protection from discrimination or retaliation.

4 When can the employer conduct drug testing?

Almost all drug testing is lawful, and **workers can be terminated for positive tests showing illegal drug use**.

Tests may be performed:

- Before employment.
- Based on reasonable suspicion of impairment.
- On a random basis.
- When an employee returns after a positive test.
- On a follow-up basis after the return to duty.
- Post-injury or incident.

In unionized workplaces, unions should ensure that proper procedures are followed and that the employer can prove that there is just cause for any disciplinary action. There is no federal statute that generally regulates employer drug testing. However, some states have drug testing laws.

In addition, there is mandated drug testing for federal employees under Executive Order 12564 and Public Law 100-71. The Federal Drug-Free Workplace Program is a comprehensive program required of all federal agencies. Key elements:

Addresses illegal drug use by federal employees.

Certifies executive agency drug-free workplace plans.

Identifies safety-sensitive positions subject to random drug testing.

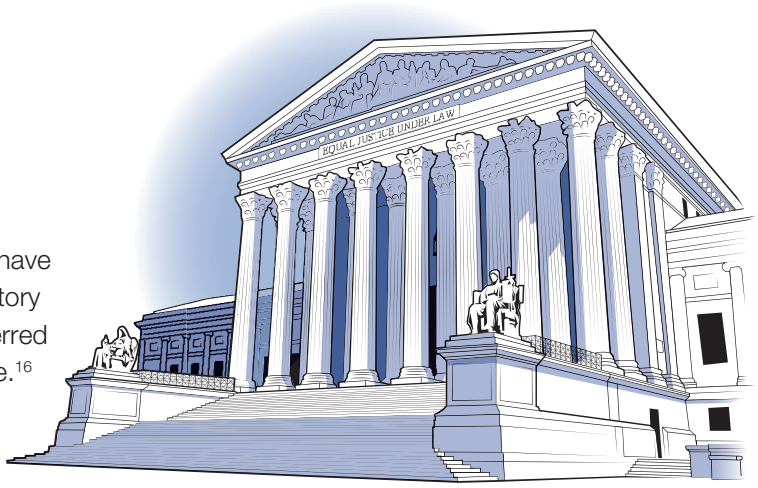
Additionally, there are regulations covering government contractors and subcontractors, such as 10 CFR Part 707, which establishes workplace substance abuse programs at **U.S. Department of Energy** sites.

Managers need to know that the ADA may protect an employee's use of over-the-counter or prescription drugs to treat a disability. Such use should not be prohibited by a drug testing policy.

5 Can unions help?

Do I have a right to union representation during investigatory interviews?

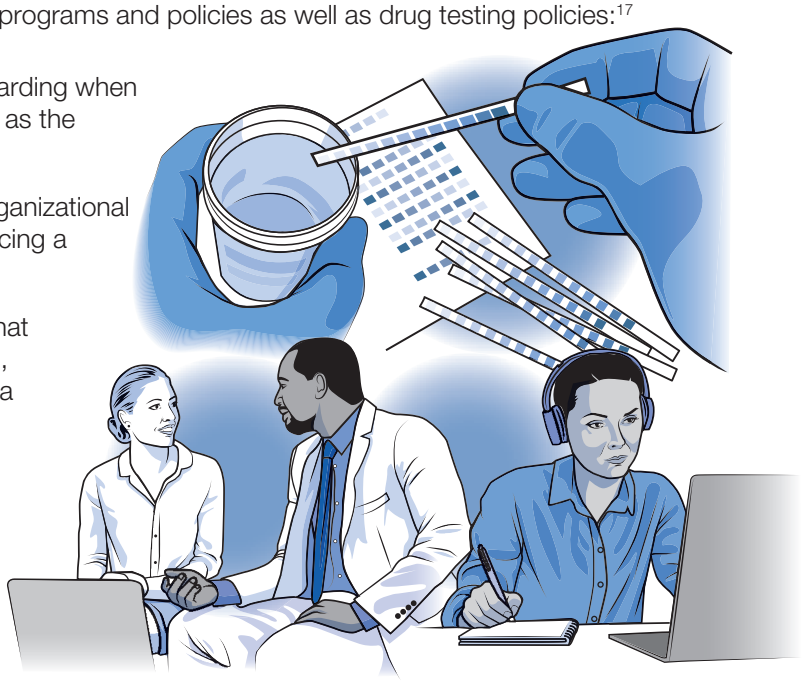
The U.S. Supreme Court ruled that unionized workers have the right to request union representation during investigatory interviews that may result in discipline. This is usually referred to as "Weingarten rights," based on the name of the case.[16] Federal employees are entitled to equivalent rights.



The National Labor Relations Board, in its July 31, 2014, decision in Ralph's Grocery Co., 361 NLRB No. 9 (2014), ruled that "Weingarten rights" apply when employees request representation after an employer refers them for a workplace drug and alcohol test. Based on this ruling, the Board overturned an employee's suspension and discharge, finding the actions were inextricably linked to the employee's request for representation after referral for a drug test, and ordered a make-whole remedy.

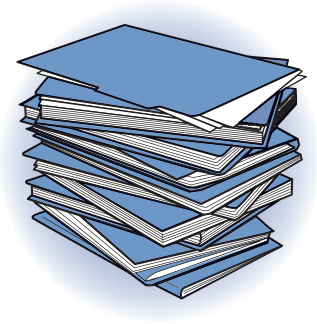
How can collective bargaining help?

Collective bargaining agreements (CBAs) may address drug testing, access to treatment, education and training, mental health and substance use benefits, and EAPs. Below are essential questions for unions and management in evaluating their mental health and substance use programs and policies as well as drug testing policies:[17]



1. Does the CBA provide adequate protection regarding when and how drug testing can be performed as well as the consequences of positive drug tests?
2. Are there adequate awareness, training, and organizational systems to help a worker who may be experiencing a mental health and/or substance use issue?
3. Do we effectively support a workplace culture that allows for open communication among workers, management, and union, and is free from stigma and discrimination?
4. Is there collective bargaining language that supports access to worker mental health and substance use treatment?
5. Do representatives know how to handle a disclosure of mental illness or substance use from a worker?
6. Does the CBA address reasonable accommodation?
    a) Do our union and employer representatives participate in the development of reasonable accommodation plans for workers that address mental health and substance use challenges?
    b) Do management and union representatives understand their role in helping to participate in and assist with the duty to accommodate?
    c) Is there a Joint Accommodation Committee that collaborates on reasonable accommodations?
    d) Is there a process in place to respond to a request to provide more evidence of the need for reasonable accommodation?
7. Does the CBA address individuals' needs to take time off from work (including to care for a family member with a substance use problem)?

6 Worker advocacy



Keep copies of all documentation and take note of the times, dates, addresses, and names and titles of people involved, for all activities related to legal cases. Also note if the interaction was a meeting, phone conference, letter, text, or email. This information can be critical to a union grievance and arbitration or a legal complaint with an enforcement agency.

You have a right to ask when **communications and interactions are confidential** and when they are not confidential. Also ask what the potential repercussions are when a communication is not confidential.

If you are represented by a labor union, you should ask for representation by a qualified union representative in matters relative to the CBA. In matters before public agencies, you should **seek the advice of a qualified attorney** with expertise and experience in this area of law. Check with your union representative to learn about the union's policy in supporting members' complaints with enforcement agencies. These policies are union specific.

Keep in mind that the **legal landscape is evolving**, and worker rights related to substance use issues are subject to change.

Endnotes

1 Joszt L. 2018. Percent of employers offering health coverage increases for first time since 2008. AJMC In Focus Blog, 31 August. Available: ***https://www.ajmc.com/view/percent-of-employers-offering-health-coverage-increases-for-first-time-since-2008***.

2 National Safety Council. The Proactive Role Employers Can Take: Opioids in the Workplace.

3 Abraham AJ, Andrews CM, Grogan CM, D'Aunno T, Humphreys KN, Pollack HA, Friedmann PD. 2017. The Affordable Care Act transformation of substance use disorder treatment. Am J Public Health 107(1):31-32.

4 The federal workers' compensation programs are described in: McLaren CF, Baldwin ML, Boden LI. 2018. Workers' Compensation: Benefits, Costs, and Coverage. Appendix B. Washington, DC: National Academy of Social Insurance. The report can be downloaded from ***www.nasi.org***.

5 In most states, the worker is not entitled to workers' compensation benefits if the employer can prove intoxication was a substantial or contributing cause of the injury. In a few states, such as New Jersey, the employee is entitled to benefits unless the employer can prove that intoxication was the sole cause of the worker's injury. In some states, the statutes include the use of illicit drugs as a basis for denying benefits. Larson indicates that in most states without explicit mention of illicit drugs, the courts have interpreted "intoxication" to include intoxication by drugs other than alcohol (Larson LK, Larson's Workers Compensation, Desk Edition § 36.03(9).

6 Substance Abuse and Mental Health Services Administration. Medication and Counseling Treatment. Available: ***https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat***.

7 National Institute on Drug Abuse. Effective Treatments for Opioid Addiction. Available: ***https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction***.

8 Substance Abuse and Mental Health Services Administration. Insurance and Payments. Available: ***https://store.samhsa.gov/product/Medicaid-Coverage-and-Financing-of-Medications-to-Treat-Alcohol-and-Opioid-Use-Disorders/sma14-4854***.

9 American Society of Addiction Medicine. 2005. Public Policy Statement on Repeal of the Uniform Accident and Sickness Policy Provision Law (UPPL). Available: ***https://www.asam.org/advocacy/find-a-policy-statement/archived-public-policy-statements/public-policy-statements/2011/12/15/repeal-of-the-uniform-accident-and-sickness-policy-provision-law-(uppl)***.

10 Equal Employment Opportunity Commission. Depression, PTSD, & Other Mental Health Conditions in the Workplace: Your Legal Rights. Available: ***https://www.eeoc.gov/eeoc/publications/mental_health.cfm***.

11 See: Job Accommodation Network. Accommodation and Compliance Series: Employees with Drug Addiction. Available: ***https://askjan.org/publications/Disability-Downloads.cfm?pubid=1280055***.

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13 Job Accommodation Network. Accommodation and Compliance: Drug Addiction. Available: ***https://askjan.org/disabilities/Drug-Addiction.cfm***.

14 National Conference of State Legislatures. 2020. Paid Sick Leave. Available: ***http://www.ncsl.org/research/labor-and-employment/paid-sick-leave.aspx***.

15 National Partnership for Women & Families. 2019. State Paid Family and Medical Leave Insurance Laws. Available: ***http://www.nationalpartnership.org/our-work/resources/workplace/paid-leave/state-paid-family-leave-laws.pdf***.

16 Deitchler D. 2014. Right to union representation applies to employer referrals for drug and alcohol tests, NLRB rules. ASAP® (Littler Mendelson, P.C), 3 September.

17 Workplace Strategies for Mental Health. Union-Management Cooperation. Available: ***https://www.workplacestrategiesformentalhealth.com/free-training-and-tools/union-management-cooperation***.

APPENDIX F: PREVENTING WORKPLACE INJURY AND STRESS CAN HELP STOP THE OPIOID CRISIS

Pain from work-related injury, illness, and stress can lead to misuse and addiction to prescription or illegal opioids. Employers, workers, and unions should amplify efforts to prevent work injuries, especially those that require pain treatment. Pain can be physical or emotional, and so prevention of work stressors is also key to prevent opioid misuse and addiction. This approach to the opioid crisis is called primary prevention.

Step 1

Identify a dedicated process for evaluating the connection between work injury, stress, and opioid use.

1) Ensure key organizational decision makers are part of the process.
2) Devote adequate time and resources to identify and address problems and solutions.
3) Involve key organizational stakeholders such as safety and health professionals, operations managers and supervisors, union representatives, frontline workers, engineers, and workers' compensation and benefits administrators.
4) Set priorities, timelines, and accountability for action items.

Step 2

Evaluate injury and illness trends, especially those that are likely to lead to prescription opioid treatment.

1) Explore sources of information to assess injury and illness trends such as Occupational Safety and Health Administration (OSHA) logs, workers' compensation records, and incident reports. Note that one limitation of evaluating historical data is that it may not reflect current operational conditions.

2) Perform routine workplace inspections to document hazardous conditions. Photographic evidence is very useful. An effective system for following up on the findings of inspections is essential.

The Problem-Solving Process

3) Conduct interviews with workers who have reported injury, pain, or discomfort about causative factors. This can help identify problematic jobs, tasks, or environmental conditions.

4) Conduct focus groups with workers in departments or on job assignments associated with frequent injury and pain. This can be useful in obtaining input from the front line.

5) Distribute surveys to gather information from frontline workers. Before conducting the survey, it is important to have a clear objective and plan for evaluating data that is collected. Another tip is to avoid large numbers of open-ended questions.

6) Explore other methods of evaluating hazardous jobs such as problem solving, job hazard analysis, ergonomic job evaluation, and root cause analysis during incident investigation. More details on these methods are available at the sites below:

- OSHA Root Cause Analysis *https://www.osha.gov/Publications/OSHA3895.pdf*
- OSHA Job Hazard Analysis *https://www.osha.gov/Publications/osha3071.pdf*
- NIOSH Elements of an Ergonomic Program (checklists included) *https://www.cdc.gov/niosh/topics/ergonomics/ergoprimer/step1.html*
- OSHA Prevention of Musculoskeletal Injuries in the Workplace *https://www.osha.gov/SLTC/ergonomics/*

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

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

Examples of MSDs: Carpal tunnel syndrome, tendinitis, rotator cuff injuries (affects the shoulder), epicondylitis (affects the elbow), trigger finger, muscle strains and low back injuries

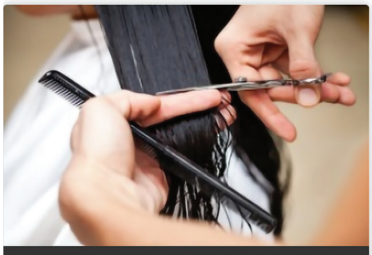
The U.S. Bureau of Labor Statistics received reports of 272,780 MSDs in 2018 from private employers, averaging 11 lost workdays per case. These injuries are associated with high rates of prescription drug use. Industries with highest rates of MSDs included transportation and warehousing, healthcare and social assistance, construction, manufacturing, and agriculture, forestry, fishing, and hunting.

Examples of jobs with work-related MSDs. *Source: National Institute for Occupational Safety and Health (NIOSH)*

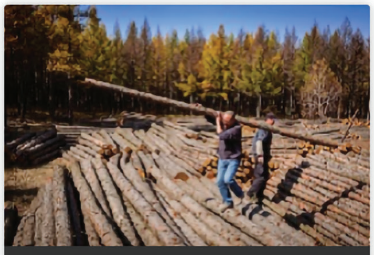
Awkward Postures

Overhead Work

Twisting and Carrying Loads

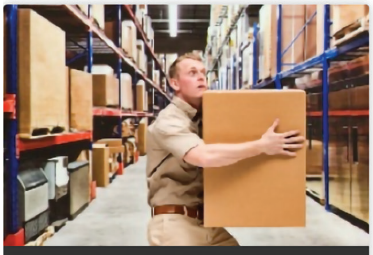


Wrist Deviations



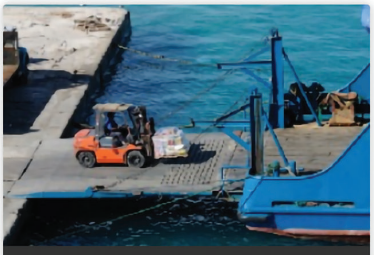
Contact Stress

Poor Shoulder/Wrist Posture



Lifting Bulky Loads

Hand-Arm Vibration



Whole Body Vibration

Evaluation of OSHA 300 Logs

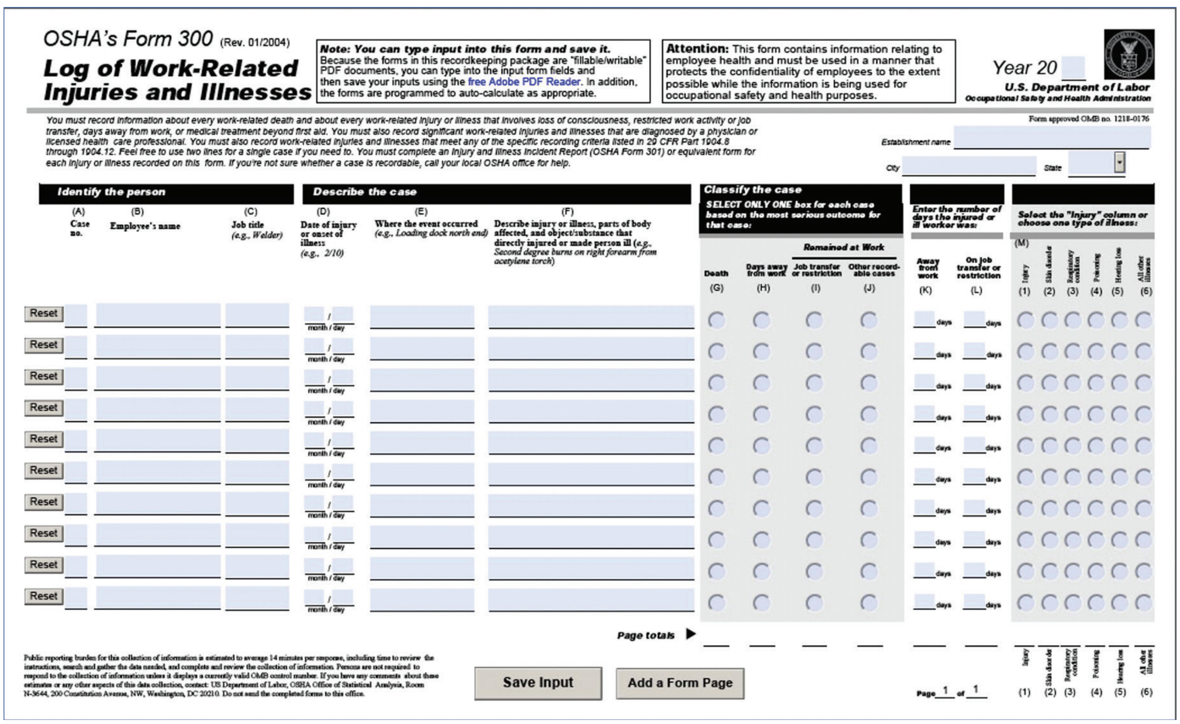
OSHA's Occupational Injury & Illness Recordkeeping regulation requires covered employers to maintain OSHA 300 Logs that contain the names (except for privacy cases[1]), date of injury, department, job title, injury type, amount of lost work time, and amount of restricted work time. This information can be put into a spreadsheet to analyze which departments and job titles are experiencing lost time injuries. Interviewing injured workers to learn about the cause of their injuries and ideas for prevention can be extremely helpful. It is important to let injured workers know that their participation is voluntary and will only be used for safety and health improvements,

1 Privacy concern cases are: 1) An injury or illness to an intimate body part or the reproductive system; 2) An injury or illness resulting from a sexual assault; 3) Mental illnesses; 4) HIV infection, hepatitis, or tuberculosis; 5) Needlestick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material; and 6) Other illnesses, if the employee voluntarily requests that his or her name not be entered on the log.

not disciplinary action. For more information, visit OSHA's website on Occupational Injury and Illness Recordkeeping: *https://www.osha.gov/recordkeeping*/

Employees, former employees, personal representatives, or authorized employee representatives have a right to copies of the OSHA 300 Logs by the next business day after they are requested. Employers may not remove names of injured workers, except in privacy concern cases. OSHA 300 Logs **are not** covered by the Health Insurance Portability and Accountability Act (HIPPA) as they are intended to be used by labor and management to evaluate injury and illness trends for prevention. An electronic OSHA log is available in Microsoft Excel: *https://www.osha.gov/recordkeeping/new-osha300form6-30-16.xls*

It is important to use the exact same terms (codes) to describe job titles, departments, injury type, etc. That way you can use Excel's mathematical features to do counts and averages. For example, if job title is sometimes written as "RN" and other times as "registered nurse," there will not be a match for counting purposes.


OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name
City State

Identify the person			Describe the case			Classify the case: SELECT ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Select the "Injury" column or choose one type of illness: (M)					
								Remained at Work									
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
			month / day							days	days						
			month / day							days	days						
			month / day							days	days						
			month / day							days	days						
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			month / day							days	days						
			month / day							days	days						
					Page totals ▶							Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)

Reset (each row)

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Save Input | Add a Form Page

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When a pattern of injury is revealed, the next step is determining causes and solutions using inspections and the other evaluation methods detailed above.

Addressing Workplace Stress

Mental health problems and substance use are associated with high levels of workplace stress. Stressful working conditions can cause work/life conflicts and "presenteeism," where workers come into work when they are sick, injured, distraught, or otherwise should not be present at work. "Self-medication" describes a situation when workers are overwhelmed by stressful working

conditions and engage in increased drug and alcohol use. Job burnout occurs when stressful working conditions lead to chronic stress and hopelessness. Identifying job stressors and developing solutions can help prevent these negative effects. Stressful working conditions include:

- Inadequate staffing
- Inadequate resources to do the job
- Excessive use of overtime and long hours of work causing fatigue
- Workplace harassment, bullying, or violence
- Negative/top down management and supervision
- Unusual work arrangements such as split shifts
- Low wages and lack of access to medical, mental health, and substance use benefits
- Lack of access to sick leave benefits

How do you get started evaluating and solving workplace stress?

As with workplace safety and health, an effective and inclusive process is key. Participants should be able to talk about these issues without fear of retaliation. Evidence gathering and data collection should be tailored to the specific workplace stressor.

Example 1: *The workplace has been working 12-hour shifts, 7 days a week for 6 months. The evaluation may include looking at absenteeism, injury and illness, health benefits, workers' compensation, grievances, and other available records to see if the excessive use of overtime is negatively impacting these key indicators. A comparison of these factors during a period of high overtime use to a time period without high use of overtime would help reveal some of the hidden human and financial impacts. Do the hidden costs justify the cost of hiring additional workers or modifying work schedules?*

A worker satisfaction survey may provide additional useful information. Researching alternatives to overtime used in the industry such as hiring more full time or part time workers, spreading production over peak and non-peak time periods, and other solutions should be considered.

Example 2: *Human resources and union representatives have received a number of complaints about negative acts by supervisors and co-workers in a specific department. This department has been reported to be a toxic work environment marked by incivility and hostile interaction from supervisors to subordinates and between workers. The evaluation should try to identify underlying factors related to work demands, access to resources, time pressures, having a voice in decision making, and their impact on interpersonal relations. Solutions might include supervisory and worker training on problem solving, active listening, workplace norms of behavior, a campaign for civility and respect in the workplace, and addressing resource and work task time frame problems.*

Step 3

Maintain a continuous approach to identifying and addressing workplace hazards and stressors.

The prevention of opioid use related to workplace pain requires that workers, unions, and employers maintain communication, share information, and work together to address work-related safety, health, and stress. Workplace safety culture has been described as, "Deeply held, but often unspoken safety-related beliefs, attitudes, and values that establish norms about how things are done."[2] Key elements of a healthy workplace safety culture include:

Summary

Devoting the necessary time and resources to reducing work-related hazards and stressors associated with opioid use could significantly impact the health and safety of workers. Applying the key elements of safety culture to prevention of opioid use can help organizations develop the necessary framework for primary prevention programs. The key is for managers, supervisors, and employees to talk openly about prevention of injury, stress, related physical and emotional pain, and their connection to mental health and substance use in the workplace. Let's get it started!

2 See: CPWR's: *https://www.cpwr.com/safety-culture*

APPENDIX G: CHECKLIST FOR WORKPLACE OPIOID PREVENTION AND RESPONSE PROGRAMS

National Institute of Environmental Health Sciences
Worker Training Program

CONTENTS

CHECKLIST FOR WORKPLACE OPIOID PREVENTION AND RESPONSE PROGRAMS

Employer/ Agency Name	
Employer/ Agency Location(s)	
Industry Type (e.g., retail, manufacturing, office)	
Name and Job Title (for person(s) completing this checklist)	
Date of Completion	

Introduction

This checklist helps employers, unions, and workers assess factors that contribute to misuse of opioids in the workplace. The checklist may be completed collaborative by employer and worker representatives or individually by each party. The tool may be modified to make it site- and industry-specific.

Key factors for a prevention and response program include:

1) Prevention of occupational injury and stress that could lead to use of prescription or illicit opioid pain medications;
2) Guidance for injured workers on how to interact with healthcare providers to access alternative pain treatment and avoid opioid misuse; and
3) Treatment and recovery resources related to workplace drug prevention policies.

Checklist Instructions

1) Review each item/question and answer using Yes, In progress, or No. If a question is not applicable, use N/A.
2) Use the "Note" box to provide additional details.

After completing the checklist, be sure to:

1) Review each item.
2) Develop an action plan that lists each item. The action plan should include who is responsible for completing each item, what needs to be done, by when (date), and resources needed.
3) Develop a communication plan to inform employees of actions taken by the organization to protect workers from opioid misuse.

National Institute of Environmental Health Sciences
Worker Training Program

I. Opioids in the Workplace Prevention Plan / Process

Ensure key workplace stakeholders participate in identifying and addressing improvements that reduce the need for opioid pain treatment. Provide support to workers who need access to treatment and recovery resources.

	Yes	In Progress	No	N/A
1. Has the employer developed a safety and health committee or other forum that includes key stakeholders and frontline workers, to participate in the development of the opioids in the workplace prevention plan?	○	○	○	○
2. Has the employer developed a written opioid in the workplace action improvement plan?	○	○	○	○
3. Are employees encouraged to speak up, without fear of retaliation, about safety and health concerns or if they observe violations of employer policies and procedures?	○	○	○	○
4. Is there an established process for employees to file complaints and/or offer suggestions?	○	○	○	○
5. Has the employer provided communications and/or training on the following?				
a. Safety and health protocols and control measures?	○	○	○	○
b. The workplace drug prevention program?	○	○	○	○
c. Information on opioid misuse avoidance?	○	○	○	○
6. Other? _____	○	○	○	○

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II. Primary Prevention: Avoiding Opioid Pain Treatment Associated with Workplace Injury, Illness, and Stress

High risk jobs are associated with greater opioid use. Primary prevention reduces job hazards and related injuries, thereby avoiding the need for pain treatments.

	Yes	In Progress	No	N/A
1. Has the employer conducted an evaluation such as a job hazard analysis[1], ergonomic evaluation, or root cause analysis to determine[2]:				
a. Departments and job classifications injury and exposure experience including the frequency and severity of incidents?	○	○	○	○
b. Job tasks associated with slips, trips, and falls?	○	○	○	○
c. Job tasks associated with sprains and strains and musculoskeletal disorders due to repetitive motions, pushing, pulling, bending, twisting, or lifting heavy or awkward loads?	○	○	○	○
d. Departments and job tasks at risk for workplace violence?	○	○	○	○
e. Departments and job tasks with other pain-related work hazards?	○	○	○	○
f. Effectiveness of prevention and control measures for jobs or tasks with high rates of injuries and illnesses?	○	○	○	○
2. Use the matrix below to address the opioid misuse related job hazard or ergonomic risk factors listed above.				

Department	Occupation	Job Task	Hazard Description	Notes

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3) The review of documents includes evaluating injury and exposure trends by analyzing OSHA logs, incident reports, workers' compensation records, hazard analyses, and employee interviews, surveys, or focus group reports. List documents reviewed and key findings.

_____

_____

_____

_____

_____

_____

4. Based on the information gathered in steps 1 – 3 above, summarize priorities for developing improved hazard control:

_____

_____

_____

_____

_____

_____

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5. In the matrix below, review potential occupational stress factors affecting mental health. In the first column, write Yes or No to answer if these risk factors are present in your worksite. In the middle column, describe work environment conditions. In the far-right column, prioritize your answers with 1 (high), 2 (medium), and 3 (low priority). Definitions of the risk factors are listed below:

Definitions

- **Work-life balance:** A state of well-being that a person can reach or set as a goal to allow them to effectively manage multiple responsibilities at work, at home, and in their community. It allows for physical, emotional, family, and community health.
- **Harassment:** Including verbal or sexual harassment, bullying, and violence (physical, sexual, and domestic violence). Harassment is engaging in a course of negative verbal, non-verbal, or physical conduct that is unwelcome.
- **Bullying:** Repeated, unreasonable, or inappropriate behavior that creates a risk to health and safety.
- **Violence:** An exercise of physical force, an attempt to exercise physical force, or language that could be interpreted as a threat of physical force.
- **Stress:** Negative physical or mental tensions experienced by a person. A stressor is any event or situation that an individual perceives as a threat, resulting in a stress response.
- **Presenteeism:** Coming in to work despite having a justifiable reason to be absent, such as caring for a sick child or being physically ill or mentally distracted. At work but performing duties inefficiently or ineffectively.
- **Job burnout:** A state of physical, emotional, and mental exhaustion caused by long-term exposure to demanding work situations. Burnout is the cumulative result of stress. There are three main characteristics: exhaustion, cynicism, and negative performance.

	Yes or No	Describe Work Environment Conditions	Priority
Work-Life Balance, Fatigue, Long Hours			○ ○ ○
Workplace Violence/ Harassment/Bullying			○ ○ ○
Job Burnout			○ ○ ○
Presenteeism			○ ○ ○
Other Occupational Stress Factors			○ ○ ○

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III. Secondary Prevention: Providing Information and Support to Injured Workers

The time of injury is a key moment to provide injured workers with support and information to avoid opioid misuse.

	Yes	In Progress	No	N/A
1. Does the employer provide injured workers with information about avoiding misuse of opioids at the time of injury?	○	○	○	○
2. Does the employer provide information to injured workers on speaking to their medical providers about alternative pain treatment?	○	○	○	○
3. Does the employer provide a list to injured workers so that they can identify the names of drugs that are opioids?	○	○	○	○
4. Does the employer provide information, assistance, and/or support with workers' compensation claims?	○	○	○	○
5. Does the employer have an alternative duty program that returns injured workers to work within their physical limitations when they are released to do so by their medical providers?	○	○	○	○

IV. Measures to Protect Employee Mental Health and Physical Well-Being

Mental health is critical to maintaining a safe and healthy workforce.

	Yes	In Progress	No	N/A
1. Has the employer developed a program to address the psychological well-being of employees?	○	○	○	○
2. Does the employer provide access to an employee assistance program?	○	○	○	○
3. Does the employer provide comprehensive mental health benefits?	○	○	○	○
4. Does the employer have a process where employees can confidentially report when they are experiencing job and life stress without fear of retaliation?	○	○	○	○
5. Are there work factors that contribute to employee stress and/or fatigue that should be addressed?	○	○	○	○
6. Does the organization help employees maintain their mental and physical health?	○	○	○	○
7. Other?_____	○	○	○	○

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V. Tertiary Prevention: Measures to Address Stigma and Improve Access to Treatment and Recovery Resources

Organizations that include systems for assisting workers who have mental health and/or substance use problems improve worker health and wellbeing. Stigma and punitive policies are barriers to workers coming forward for help.

	Yes	In Progress	No	N/A
1. Does the employer have a written workplace substance use policy?[3,4] If no, discuss how to assemble a team to develop a supportive policy and program. If yes, does the written workplace substance use policy:	○	○	○	○
a. Does the employer recognize substance use as a disease of the brain?	○	○	○	○
b. Does the employer eliminate excessively punitive provisions such as "zero tolerance" or "last chance agreements"?	○	○	○	○
c. Does the employer encourage employees to talk about mental health and substance use without fear of discrimination or job loss?	○	○	○	○
d. Does the employer address systems for accommodating workers who are in recovery such as attending peer meetings, modified work schedules, and for healthcare workers limiting access to narcotics?	○	○	○	○
e. Does the employer develop or expand alternatives to discipline programs? Note: These allow the affected worker to recover from addiction and return to work without losing their jobs. Workers enter into treatment, and an individualized sobriety and recovery program is established. Return-to-work agreements include drug testing, participation in recovery programs, and may include temporary reassignment to non-safety sensitive jobs. In healthcare and law enforcement, no access to narcotics.	○	○	○	○
2. Does the organization's healthcare insurance provide comprehensive mental health and substance use care?	○	○	○	○
3. Does the organization's healthcare coverage include access to medically assisted treatment?	○	○	○	○
4. Is the employee assistance program:				
a. Trusted by employees who have mental health and/or substance use issues?	○	○	○	○
b. Utilized by employees who have mental health and/or substance use issues?	○	○	○	○
5. Has the organization developed a member or peer assistance program?	○	○	○	○

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National Institute of Environmental Health Sciences
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VI. Training and Information[5]

	Yes	In Progress	No	N/A
1. Has the employer provided training on opioids and the workplace, prevention, and response to all employees?	○	○	○	○
2. Has the employer trained supervisors and managers to recognize and respond to employees who may be struggling with mental health or substance use problems?	○	○	○	○
3. Has the organization provided training to leadership?	○	○	○	○
4. Has the organization developed information, posters, or other materials to promote and implement its opioids and the workplace policies and programs?	○	○	○	○

VII. Summary Action Plan

Develop a beginning action plan based on the findings reported in Sections I – VI above.

Name:			Organization:	
Email:			Phone #:	
What is the action?		By what date?	Who is responsible?	Additional notes
1.	Participants, Forum:			
2.				

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What is the action?		By what date?	Who is responsible?	Additional notes
3.				
4.				
5.				
6.				
7.				

Resources

1 OSHA Job Hazard Analysis, 3071, (Revised 2002) https://www.osha.gov/Publications/osha3071.pdf
2 The Importance of Root Cause Analysis During Incident Investigation, OSHA EPA Factsheet, https://www.osha.gov/Publications/OSHA3895.pdf
3 SAMHSA Drug Free Workplace Toolkit https://www.samhsa.gov/workplace/toolkit
4 National Safety Council Opioids At Work Employer Toolkit https://safety.nsc.org/rxemployerkit
5 NIEHS Worker Training Program Opioids and the Workplace Training Materials https://tools.niehs.nih.gov/wetp/index.cfm?id=2587

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APPENDIX H: RESOURCE LIST

Agency, Industry, Labor Union Information

Federal Agency

- National Institute of Environmental Health Sciences (NIEHS), National Clearinghouse for Worker Safety and Health Training. Illicit Drug Exposure. This page has links to the NIEHS "Prevention of Occupational Exposure to Fentanyl and Other Opioids" awareness-level training tool. *https://tools.niehs.nih.gov/wetp/index.cfm?id=2562*
- NIEHS, National Clearinghouse for Worker Safety and Health Training. Responder and Community Resilience. This page has links to resilience materials for disaster workers, their supervisor, and care providers, including curricula and fact sheets. *https://tools.niehs.nih.gov/wetp/index.cfm?id=2528*
- National Institute for Occupational Safety and Health (NIOSH). Opioids in the Workplace. This page has links to NIOSH field studies, guidelines, research, and data. *https://www.cdc.gov/niosh/topics/opioids/default.html*
- National Institutes of Health (NIH), U.S. National Library of Medicine (NLM). Opioid Addiction and Treatment Health Information Resources. This page contains comprehensive and organized links to government information. *https://envirotoxinfo.nlm.nih.gov/opiate-addiction-and-human-health.html#a2*

Industry

- 3M. Beyond Responding to Drug Overdoses: Keeping You Safe from Fentanyl. *https://multimedia.3m.com/mws/media/1383737O/fentanyl-3m-whitepaper.pdf*
- Construction Industry Alliance for Suicide Prevention. *http://www.cfma.org/news/content.cfm?ItemNumber=4570*
- Dupont. Fentanyl and Other Opioids. *http://www.dupont.com/products-and-services/personal-protective-equipment/chemical-protective-garments/articles/protection-against-fentanyl-opiods.html*
- Harris P. 2017. The opioid crisis and workplace safety. Cremation Association of North America Blog, 14 September. *http://www.cremationassociation.org/blogpost/776820/284743/The-Opioid-Crisis-and-Workplace-Safety*

Labor Union

- Association of Union Contractors. Confronting the Opioid Crisis, What Contractors Can Do Today (spring 2018 issue of The Construction User devoted to this topic). https://www.tauc.org/ihdp/tcu_spring_2018/EDE2F9809912E53AD5D01D0707F8396A/TCU_SPRING_2018.pdf
- CPWR. Opioid Resources. This site is specific to construction workers but also has highly organized links to many resources. https://www.cpwr.com/research/opioid-resources
- Deitchler D. 2014. Right to union representation applies to employer referrals for drug and alcohol tests, NLRB rules. ASAP® (Littler Mendelson, P.C), 3 September. https://www.littler.com/right-union-representation-applies-employer-referrals-drug-and-alcohol-tests-nlrb-rules
- International Association of Fire Fighters. Responding to the Opioid Crisis Toolkit. http://client.prod.iaff.org/#page=OpioidCrisis
- International Union of Operating Engineers. Substance Abuse Resource Center. Resources include four testimonial videos. https://www.iuoe.org/members/substance-abuse-resource-center
- International Union of Painters and Allied Trades. Helping Hand. This website includes information on suicide prevention, substance abuse, and more. http://www.lmcionline.org/iupathelpinghand/
- Laborers' Health & Safety Fund of North America. What to Ask if You Are Prescribed an Opioid. https://www.lhsfna.org/index.cfm/lifelines/february-2017/what-to-ask-if-you-are-prescribed-an-opioid/

State Agency

- Connecticut Department of Public Health. The Opioid Crisis and Connecticut's Workforce: Updating Your Approach to Employees Suffering from Addiction Can Preserve Your Greatest Resource. https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/environmental_health/occupationalhealth/Opioid-conference-writeup_FINAL-FINAL_11_28_18-(2).pdf?la=en
- New Hampshire Recovery Friendly Workplace Initiative. https://www.recoveryfriendlyworkplace.com/

Books

- Macy B. 2018. Dopesick: Dealers, Doctors, and the Drug Company that Addicted America. Little, Brown and Company. This book focuses on the Appalachian region, which includes former coal miners and industrial workers who are impacted by despair, hopelessness, and lack of opportunity and have been hard hit by the crisis. Dopesick and Dreamland tell many case studies of the impact of the crisis on families, the afflicted, law enforcement, and communities. *https://www.littlebrown.com/titles/beth-macy/dopesick/9780316551281/*
- Quinones S. 2016. Dreamland: The True Tale of America's Opiate Epidemic. Bloomsbury Press. "There are not enough stars in the rating system to accurately explain how important this book is. … Every word is important and every story heartbreaking. Every fact astonishing but true. I thank Sam for keeping this conversation going and for bringing research and heart to the table." *http://www.samquinones.com/books/dreamland/*
- Temple J. 2015. American Pain: How a Young Felon and His Ring of Doctors Unleashed America's Deadliest Drug Epidemic. Lyons Press. *https://johntemplebooks.com/books/american-pain/*

Chemical/Physical Information

- Chmsrc. Chemical Information – 3-methylfentanyl. *https://www.chemsrc.com/en/cas/42045-86-3_248001.html*
- Chmsrc. Chemical Information – Carfentanyl. *http://www.chemsrc.com/en/cas/59708-52-0_833019.html*
- Chmsrc. Chemical Information – Fentanyl. *http://www.chemsrc.com/en/cas/437-38-7_946469.html*
- National Institute for Occupational Safety and Health (NIOSH). Response Card for Fentanyl. *https://www.cdc.gov/niosh/ershdb/emergencyresponsecard_29750022.html*
- Scientific Working Group for the Analysis of Seized Drugs. Fentanyl. *http://www.swgdrug.org/Monographs/FENTANYL.pdf*
- U.S. Drug Enforcement Administration (DEA). Fentanyl Fact Sheet. *https://www.deadiversion.usdoj.gov/drug_chem_info/fentanyl.pdf*

Naloxone

- ADAPT Pharma, Inc. Narcan® Nasal Spray. *https://www.narcan.com/*
- Drugs.com. Naloxone Injection. *https://www.drugs.com/naloxone.html*
- Naloxoneinfo.org. Naloxone: Frequently Asked Questions. *http://naloxoneinfo.org/sites/default/files/Frequently%20Asked%20Questions-Naloxone_EN.pdf*
- National Institute for Occupational Safety and Health (NIOSH). Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers. *https://www.cdc.gov/niosh/docs/2019-101/pdfs/2019-101-508.pdf?id=10.26616/NIOSHPUB2019101*
- National Institute on Drug Abuse (NIDA). Opioid Overdose Reversal with Naloxone (Narcan, Evzio). *https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio*

- National Safety Council. Free Warn Me Labels and Drug Disposal Envelopes Reduce Your Opioid Risk. http://safety.nsc.org/stop-everyday-killers-supplies
- The Network for Public Health Laws. Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws. https://www.networkforphl.org/_asset/qz5pvn/legal-interventions-to-reduce-overdose.pdf
- Office of National Drug Control Policy. Acrylfentanyl And Naloxone Effectiveness. https://ndews.umd.edu/sites/ndews.umd.edu/files/pubs/ondcp-press-release-nalxone-effectiveness-july2017.pdf
- Substance Abuse and Mental Health Services Administration (SAMHSA). Naloxone. https://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone
- Toward the Heart.com. Training Manual: Overdose Prevention, Recognition, and Response. http://towardtheheart.com/assets/uploads/1498514967PSAevW07SnLq5ijdOkb7Rr3YNBTMxd4jhysYRl1.pdf

News and Magazine Articles

- McCarthy J. 2017. 52 Addicts: this heartbreaking photo series shows who opioid addicts in West Virginia really are. Global Citizen, 21 June. https://www.globalcitizen.org/en/content/this-heartbreaking-photo-series-shows-who-opioid-a/
- Radden Keefe P. 2017. The family that built an empire of pain: the Sackler dynasty's ruthless marketing of painkillers has generated billions of dollars—and millions of addicts. The New Yorker, 30 October. https://www.newyorker.com/magazine/2017/10/30/the-family-that-built-an-empire-of-pain

Opioid Response Guidelines

- American College of Medical Toxicology. Preventing Occupational Fentanyl and Fentanyl Analog Exposure to Emergency Responders. https://www.acmt.net/_Library/Positions/Fentanyl_PPE_Emergency_Responders_.pdf
- Interagency Board. Recommended Best Practices to Minimize Emergency Responder Exposures to Synthetic Opioids, Including Fentanyl and Fentanyl Analogs. https://www.interagencyboard.org/sites/default/files/publications/IAB%20First%20Responder%20PPE%20and%20Decontamination%20Recommendations%20for%20Fentanyl.pdf
- National Institute for Occupational Safety and Health (NIOSH). Fentanyl: Preventing Occupational Exposure to Emergency Responders Guide and Video. https://www.cdc.gov/niosh/topics/fentanyl/risk.html
- National Institute for Occupational Safety and Health (NIOSH). Fentanyl: Preventing Occupational Exposure to Healthcare Personnel in Hospital and Clinic Settings. https://www.cdc.gov/niosh/topics/fentanyl/healthcareprevention.html

- Office of National Drug Control Policy. Fentanyl Safety Recommendations for First Responders (printable pdf). *https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final%20STANDARD%20size%20of%20Fentanyl%20Safety%20Recommendations%20for%20First%20Respond....pdf*
- U.S. Drug Enforcement Administration (DEA). A Briefing Guide for First Responders. *https://www.nvfc.org/wp-content/uploads/2018/03/Fentanyl-Briefing-Guide-for-First-Responders.pdf*
- U.S. Drug Enforcement Administration (DEA). Officer Safety Alert. Carfentanil: A Dangerous New Factor in the U.S. Opioid Crisis. *https://www.dea.gov/sites/default/files/divisions/hq/2016/hq092216_attach.pdf*
- Vancouver Fire Rescue Services. Responder Emergency Decontamination of Illicit Substances. *https://www.fentanylsafety.com/wp-content/uploads/Responder-Emergency-Decontamination-of-Illicit-Substances-QRG.pdf*

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- McLean K. 2016. "There's nothing here": deindustrialization as risk environment for overdose. Int J Drug Policy 29:19-26. *https://daneshyari.com/article/preview/1075027.pdf*
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Occupational Exposure

- Van Nimmen NF, Poels KL, Veulemans HA. 2006. Identification of exposure pathways for opioid narcotic analgesics in pharmaceutical production workers. Ann Occup Hyg 50(7):665-677. https://academic.oup.com/annweh/article/50/7/665/318008

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- Harduar Morano L, Steege AL, Luckhaupt SE. 2018. Occupational Patterns in Unintentional and Undetermined Drug-Involved and Opioid-Involved Overdose Deaths — United States, 2007-2012. MMWR Morb Mortal Wkly Rep 67(33):925-930. http://dx.doi.org/10.15585/mmwr.mm6733a3
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- Zibbell JE, Asher AK, Patel RC, Kupronis B, Iqbal K, Ward JW, Holtzman D. 2018. Increases in acute hepatitis C virus infection related to a growing opioid epidemic and associated injection drug use, United States, 2004 to 2014. Am J Public Health 108(2):175-181. *http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2017.304132*

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Treatment and Recovery

- Addiction Resource. Free & Confidential Drug Hotline. *https://addictionresource.com*/
- Centers for Disease Control and Prevention (CDC). Nonopioid Treatments for Chronic Pain. *https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf*
- Labor Assistance Professionals. *https://www.laborassistanceprofessionals.com*/
- NAADAC, the Association for Addiction Professionals. *https://www.naadac.org*/
- National Institute for Occupational Safety and Health (NIOSH). Medication-Assisted Treatment for Opioid Use Disorder. Publication No. 2019-133. *https://doi.org/10.26616/NIOSHPUB2019133*
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- Canadian Broadcasting Corporation News. ER Struggles with Fentanyl. *https://www.youtube.com/watch?v=a5aDKr-ilsQ*
- CBS This Morning. Officer Shares His Near-Deadly Encounter with Street Fentanyl. *https://youtu.be/Q5jNKFZtplg*
- International Union of Operating Engineers. The Road Home 2019. *https://youtu.be/AvTcg1X_faE*
- International Union of Painters and Allied Trades. IUPAT Helping Hand 2019. *https://youtu.be/4S5-cA796E4*

- National Institute for Occupational Safety and Health (NIOSH). Illicit Drugs, Including Fentanyl: Preventing Occupational Exposure to Emergency Responders. https://www.youtube.com/watch?v=T2mhmLsd79E&feature=youtu.be
- National Institute on Drug Abuse (NIDA). NIDA's Dr. Phil Skolnick Discusses Intranasal Naloxone. https://www.youtube.com/watch?v=Qa2KuxU0JIk&feature=youtu.be
- PoliceOne.com. The Fentanyl Dangers First Responders Face. https://www.policeone.com/drug-interdiction-narcotics/videos/370323519-The-fentanyl-dangers-first-responders-face/
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- Job Accommodation Network. Employees with Drug Addiction. https://askjan.org/disabilities/Drug-Addiction.cfm and https://askjan.org/publications/Disability-Downloads.cfm?pubid=1280055
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