



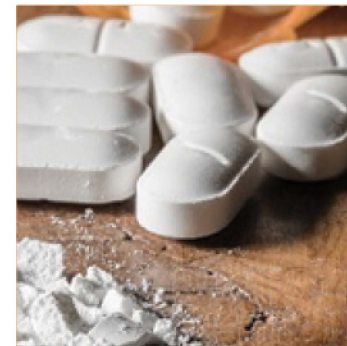
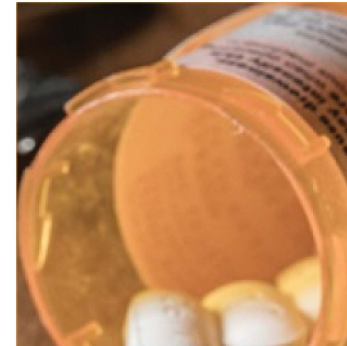
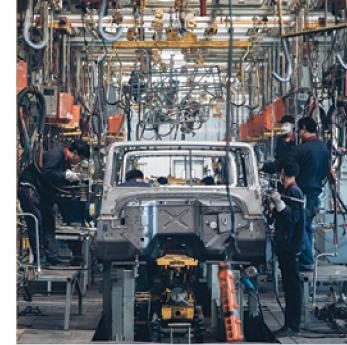
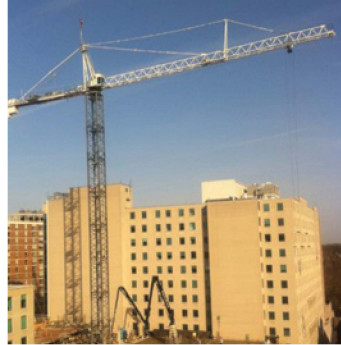
National Institute of
Environmental Health Sciences
Worker Training Program

Opioids and the Workplace: Leadership Training

MAY 2020

This publication was made possible by contract number 75N96019P00312 from the National Institute of Environmental Health Sciences (NIEHS), NIH.

The content of this publication does not necessarily reflect the views or policies of HHS.



Objectives

After attending this session, participants will be able to:

- Identify strategies to improve prevention of workplace hazards that may result in opioid use.
- Summarize ideas for improving organizational systems to help injured workers avoid use of opioids.
- Review reforms for organizational policies and systems related to treatment/recovery and return-to-work.
- Develop a list for follow-up action including training and other improvements.

What Is an Opioid?

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



Use of Opioid Pain Medication

Prior to the mid-1990s:

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



In the mid-'90s the pharmaceutical industry:

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

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

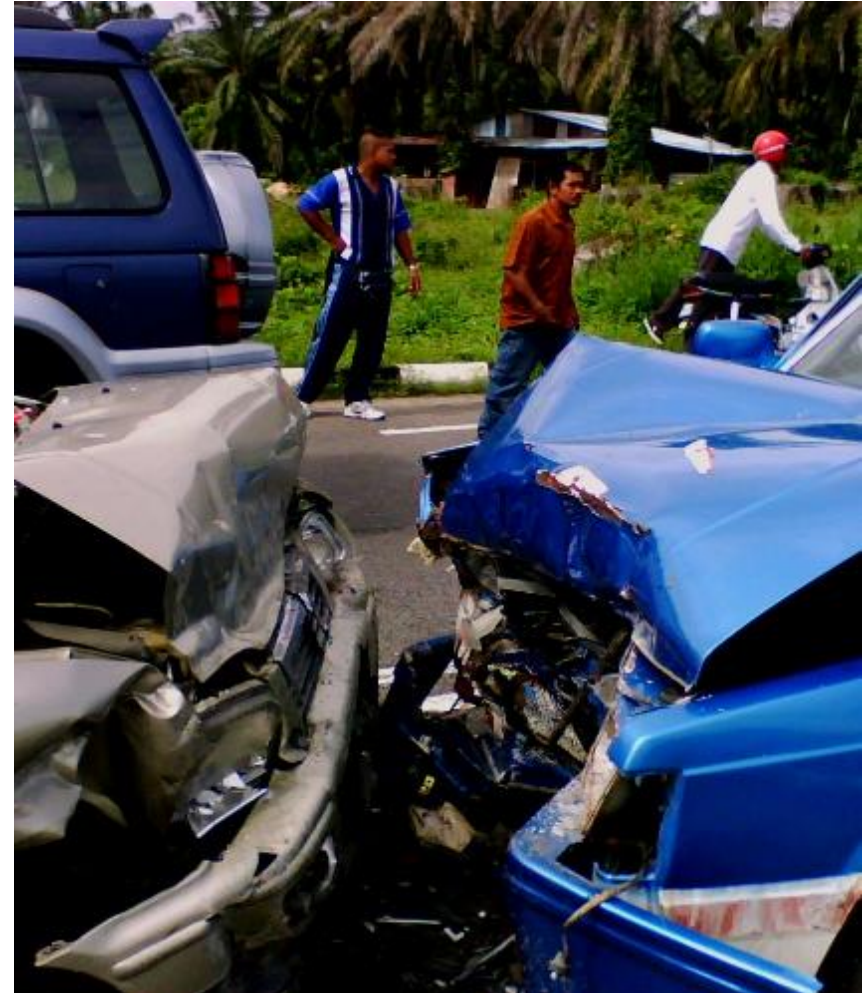


BACKGROUND ON THE EPIDEMIC



National Health Emergency Declared October 26, 2017

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





www.cdc.gov

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



www.cdc.gov

130
AMERICANS

.....
:
**die every day from
an opioid overdose**
(including prescription
and illegal opioids)



PRESCRIPTION OPIOIDS



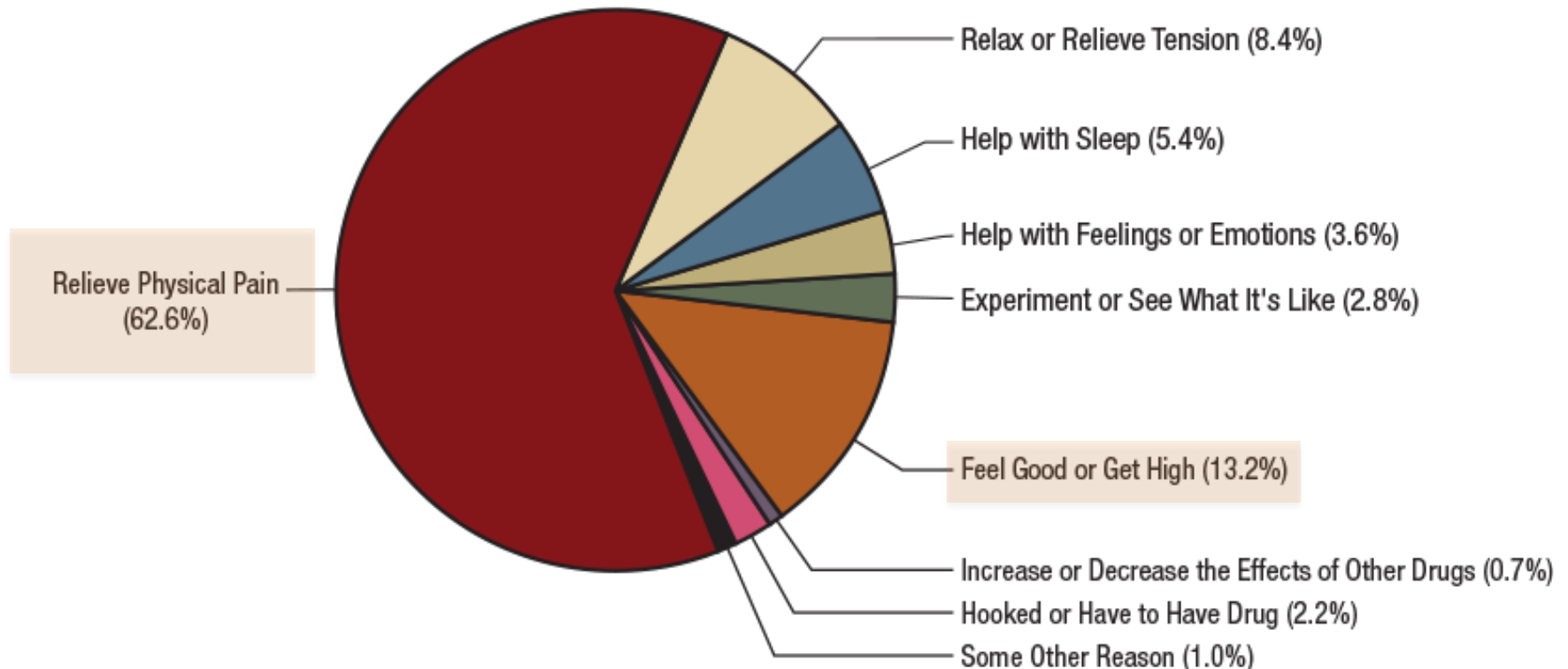
Scope of the Problem



As many as
1 in 4
PEOPLE

receiving prescription
opioids long term in a
primary care setting
struggles with
addiction.

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



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

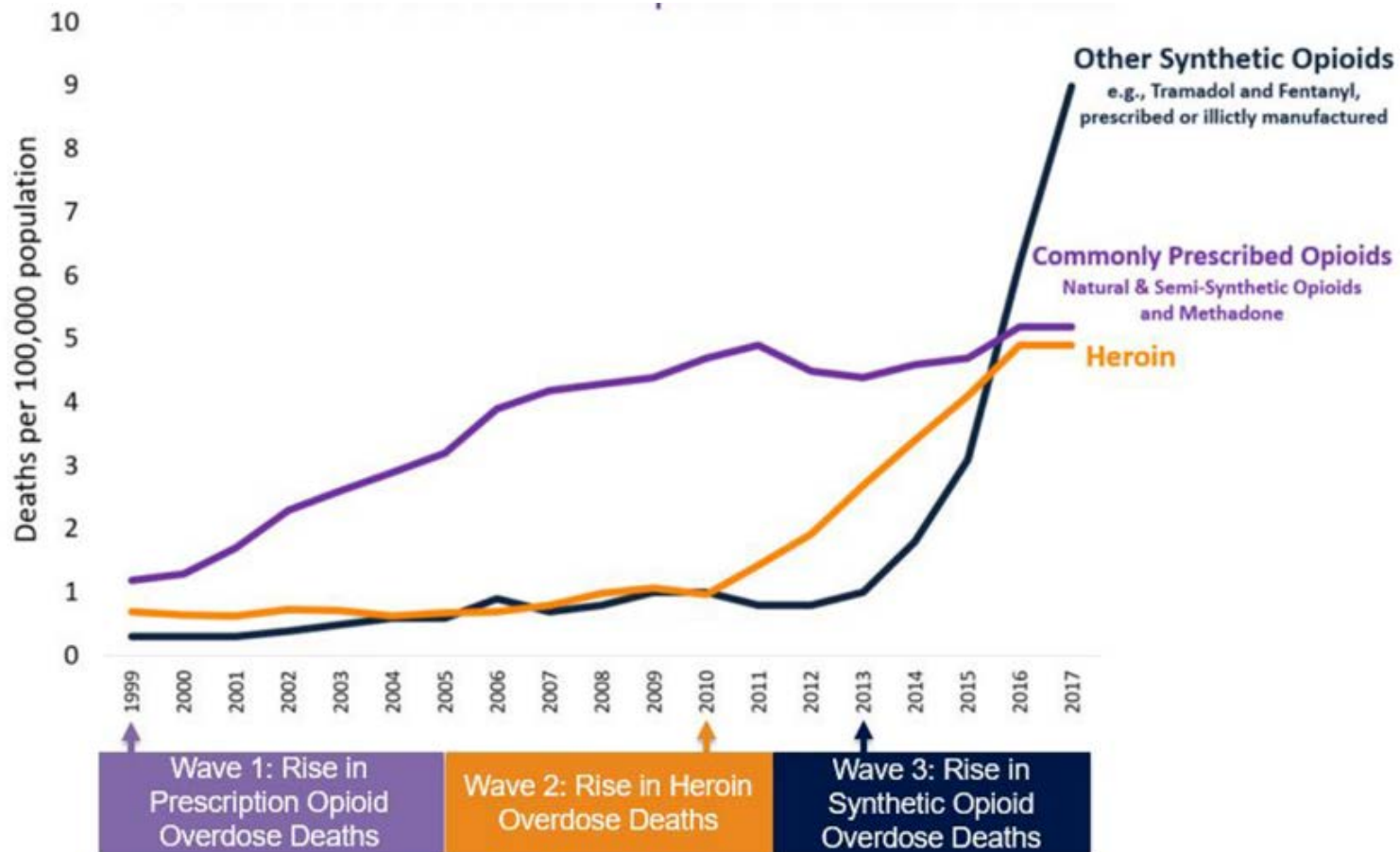
Source: Substance Abuse and Mental Health Services Administration (2018)

Prescription Pain Killers in 2016

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



3 Waves of the Rise in Opioid Overdose Death



SOURCE: National Vital Statistics System Mortality File.

“The Worst Man-made Epidemic in Modern Medical History”

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

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





OPIOIDS AND WORK





1. Small Group Activity

What is the impact of the opioid crisis on employment?

Time for activity: 20 minutes

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

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

75% of People with Substance Use Disorder Are Working

What is the impact on the workplace?

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

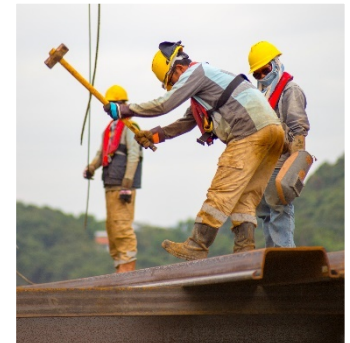


What Does Work Have to Do With It?



Exposure on the Job: first responders, law enforcement, others

Job-related injuries leading to use, dependence, addiction



Stress and mental health leading to self-medication, dependence, addiction

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

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



Preventing Opioid Use, Misuse, and Overdose Among High Risk Worker Groups: Opportunities for Prevention

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

Framework for Addressing Opioids in the Workplace

1. Improve health and safety programs.

2. Protect responders from occupational exposure to Fentanyl and other opioids.

3. Develop or update written drug and substance use policies; improve employee access to treatment and recovery programs.

4. Establish or improve peer advocacy programs addressing mental health & substance use in the workplace.

Organizational Change: What Is Your Experience?



Positive

- Management commitment
- Employee/Union involvement
- Accountability
- Reliable process: routine meetings, communication, clear action steps
- Well researched

Negative

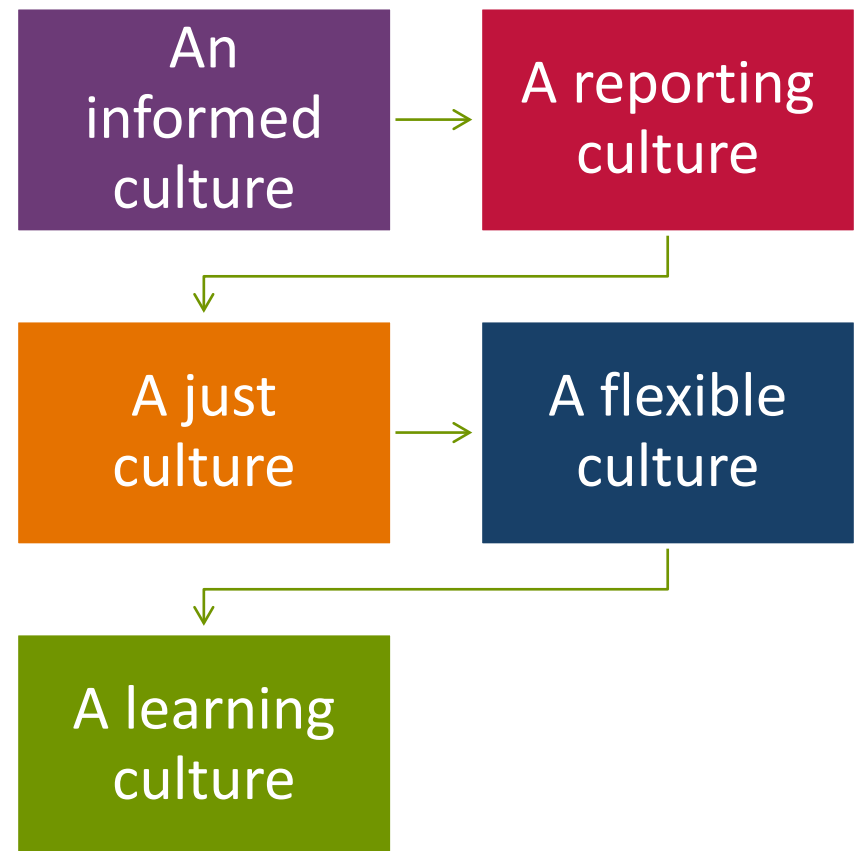
- No decision makers present
- Lack of employee/union participation
- No timeline, accountability, communication, etc.
- No research

What Is Safety Culture?

Deeply held, but often unspoken, safety-related beliefs, attitudes, and values that establish norms about how things are done.

See: CPWR's:
<https://www.cpwr.com/safety-culture>

Key elements:



Types of Safety Cultures



Credit: Prof Patrick Hudson

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

- 2.8 million work injuries and illnesses in 2017.
- How many of the opioid deaths began as treatment for work injury?
- Often, insurance companies and self-insured employers challenge causation and the necessity of treatment under state workers' compensation systems, causing delays and continued pain for affected workers that may lead to abuse and addiction.

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

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



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

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

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



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

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



Total opioid overdose deaths: 4,302



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



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



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

Summary and Key Findings, Massachusetts

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

Interventions should address:

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



Framework, Opioids in the Workplace:

IDENTIFY
Workplace
Conditions



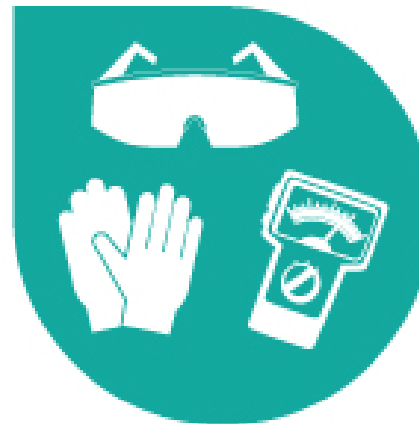
DETERMINE
Risk Factors



PROTECT
Workers and
Responders



DEVELOP
Methods for
Detection and
Decontamination





Framework for Opioids in the Workplace:

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

Occupational Patterns in Unintentional and Undetermined Drug-Involved and Opioid-Involved Overdose Deaths — United States, 2007-2012

MMWR/Aug. 24, 2018



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



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



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

Importance of Ergonomics

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

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

Examples of Musculoskeletal Disorders

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

Musculoskeletal Disorders in 2017

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





FENTANYL AND SYNTHETIC OPIOIDS



What Is Fentanyl?

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



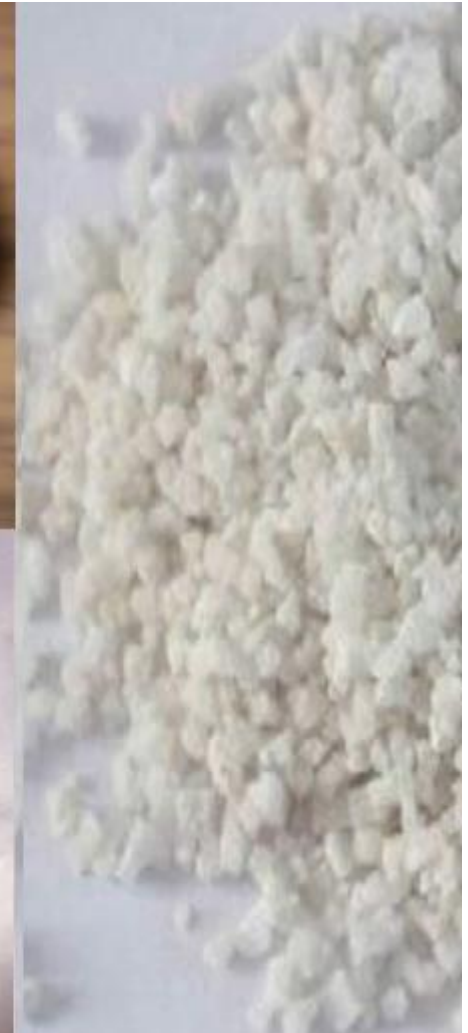
How Much Fentanyl Is Fatal?

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

Comparable to 5-7 grains of salt!



Illegal Fentanyl



Fentanyl Analogues

Acrylfentanyl

Butyrfentanyl

Carfentanil

Alfentanil

Sufentanil

Remifentanil

Synthetic Opioid Fatalities

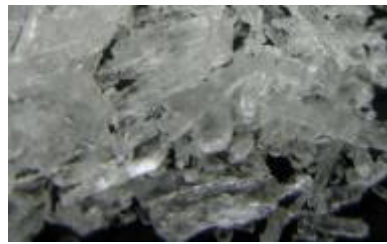
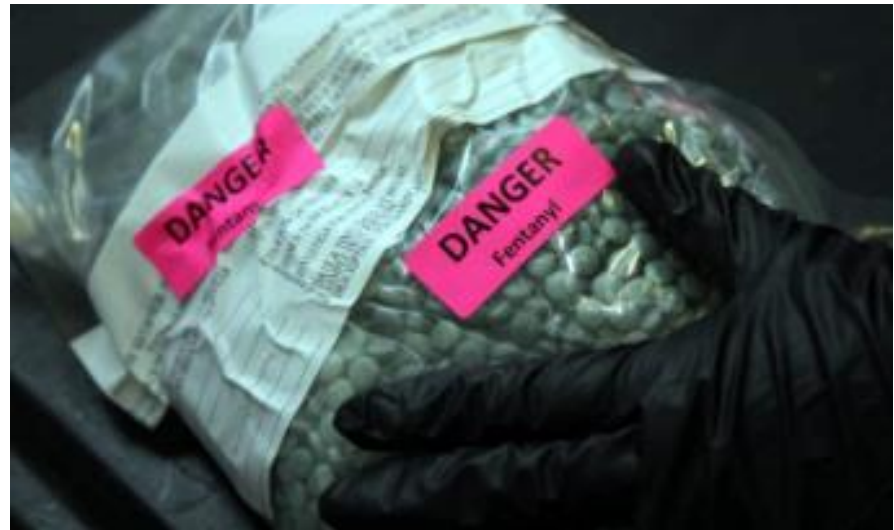
- Fentanyl overdoses up 540% in 3 years.
- Deaths from synthetic opioids increased from 3,000 in 2013 to 20,000 in 2016.



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

Illicit Opioids Contribute to the Crisis

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





UNDERSTANDING OPIOID USE DISORDER



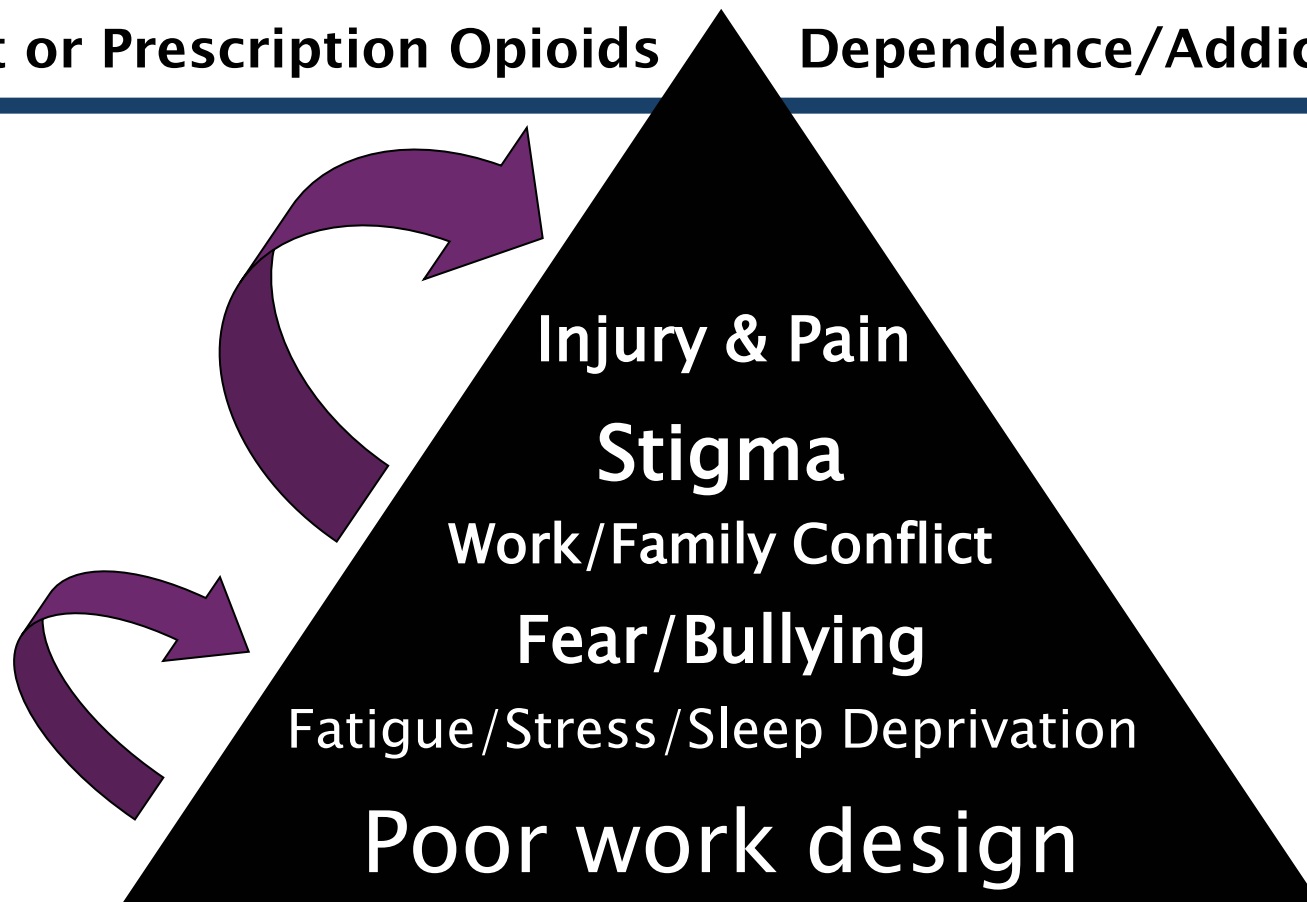
What's Pain Got to Do with It?

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

Pathway to Opioid Use Disorder Look Beyond the Tip of the Iceberg!

Illicit or Prescription Opioids

Dependence/Addiction



Definitions

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

Opioid use disorder is a subset of substance use disorder.

Tolerance when users need to take increasingly higher dosages to achieve the same opioid effect.

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

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

Definition of Opioid Addiction



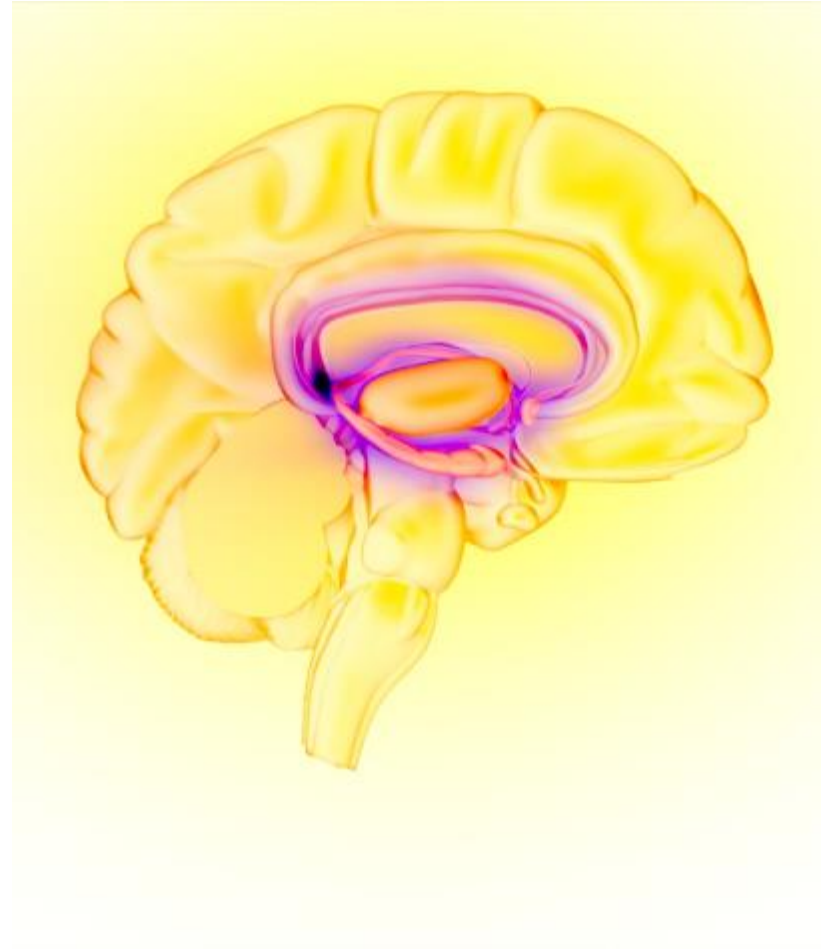
Opioid addiction is defined as a chronic, relapsing disorder characterized by compulsive drug-seeking and use despite adverse consequences.



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

Opioid Use Disorder Is a Disease

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



NSC's Video: Opioids and the Brain



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



ASAM American Society of
Addiction Medicine

What Are Physical Warning Signs of Addiction?

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



What Are Behavioral Warning Signs?

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



Medication-Assisted Treatment (MAT)

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

Access to Treatment

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





STIGMA



Large Group Activity



Substance use, mental health, and stigma

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

Task: Close your eyes and think about mental illness and opioids. What words come to mind?

What Is Stigma and How Does It Affect People?

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



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

What Is Stigma and How Does It Affect People?

- Stigma is a negative attitude toward someone or something regarded as different or inferior.
- Language such as “junkies” or “addicts” can contribute to stigma.
- Stigma may prevent people from seeking help.
- The key to reducing stigma is education. People who are in pain and need help should be treated with compassion and understanding. Comprehensive, evidence-based approaches are needed to address the opioid crisis.

Is stigma a workplace problem?



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



**Openness is the
first step to
recovery.**

Define Workplace Risk Factors That Impact Mental Health:

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





PRIMARY PREVENTION ACTIVITIES





2. Small Group Activity

Primary Prevention (before injury occurs)

Time for activity: 20 minutes

Objective: Identify opportunities to prevent occupational injury and pain that may result in treatment with opioids.

Task: Discuss prevention of occupational injury and pain. Where possible, participants should bring current reports on injury and illness and/or workers' compensation trends in their places of employment. If that is not possible, use the sample OSHA logs to generate discussion of the questions on the worksheet.



3. Small Group Activity

Identify work-related risk factors affecting mental health

Time for activity: 20 minutes

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

Task: Using the worksheet, write yes or no in the first column if these risk factors are present in your worksite, and then describe work environment conditions. Then prioritize them with 1 high, 2 medium, and 3 low priority. Then answer a. – c. on one or more of the high priority risk factors. Report back.



OCCUPATIONAL EXPOSURE



Worker Populations with Potential Exposure



Worker Populations with Potential Exposure

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

Signs and Symptoms

Overdose may result in:

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

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

1. Coma
2. Pinpoint pupils
3. Respiratory depression

Naloxone (Injectable and Nasal Spray) Antidote

Sometimes multiple doses are required.



Post-exposure Treatment

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



State Laws Vary on Naloxone

As of July 2017:

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

NIEHS WTP Awareness Training Tool

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

NIH National Institute of Environmental Health Sciences Worker Training Program

Prevention of Occupational Exposure to Fentanyl and Other Opioids

Course Objectives

After completing this course, participants will be able to:

1. **Recognize** occupations with potential exposure to fentanyl and other opiates.
2. **Describe** signs and symptoms and treatment post-exposure.
3. **Explain** use of control measures for worker protection.
4. **Detail** methods for decontamination and clean-up.

AWARENESSTRAININGTOOL 4



EMPLOYEE ASSISTANCE AND PEER ASSISTANCE PROGRAMS



Employee Assistance Programs

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





IUOE Local 478, Hamden, CT, Case Study

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



IUOE Local 478 Case Study Continued

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



Labor Assistance Professionals (LAP)



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

Labor Assistance Professionals (LAPs)



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

—Union members helping each other to stay
clean and sober.

at <https://www.laborassistanceprofessionals.com>

Toolkit for Injured Workers to Avoid Opioid Misuse

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



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

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



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

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

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





4. Small Group Activity

Secondary Prevention (at the time of injury)

Time for activity: 20 minutes

Objective: Identify ideas for improving organizational systems to provide information and assistance to injured workers about avoidance of opioid use and alternative pain treatment.

Task: Discuss the current organizational procedures for assisting injured workers and develop a list of ideas for improvement.



WORKPLACE SUBSTANCE USE PREVENTION PROGRAMS



National Safety Council Survey of Employers' Substance Use Programs

76% do not offer training

81% lack a workplace policy

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

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

Drug-Free Workplace and Zero-Tolerance Policies

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



What's the Impact of Punitive Policies?

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

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

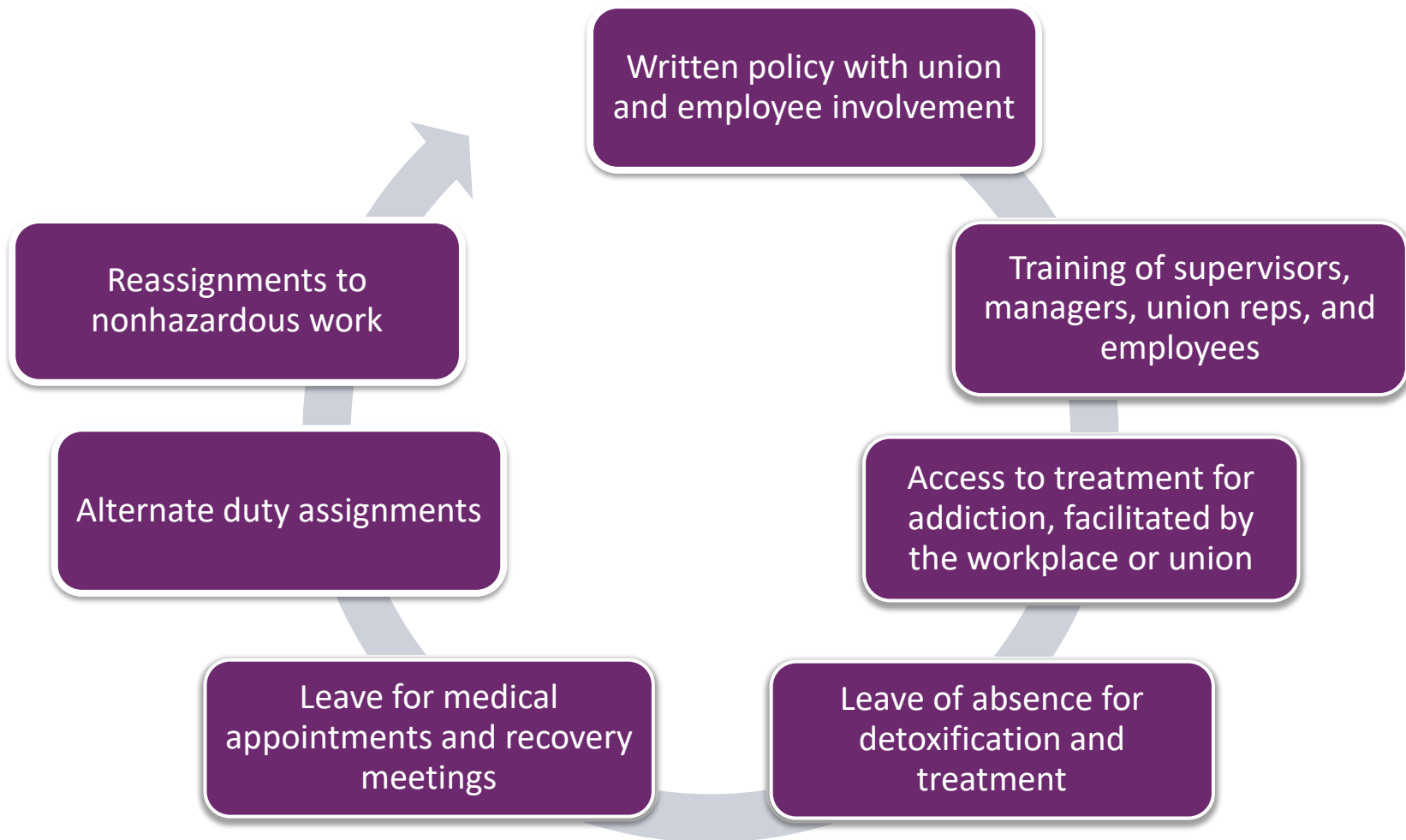


villainizing substance use disease



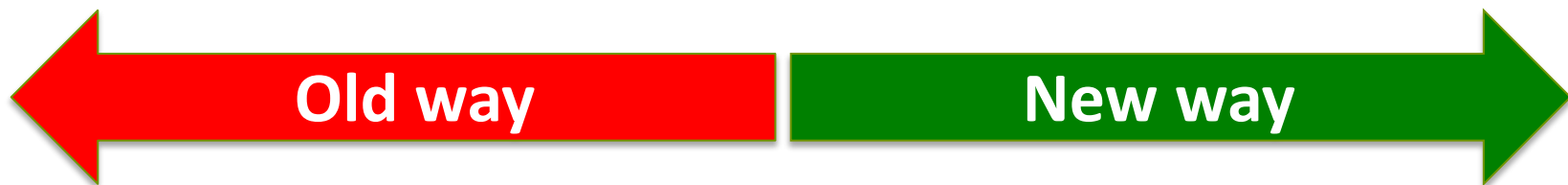
“Is it finding work through recovery, or finding recovery through work?” he asked. “I don’t think recovery would have been so successful if I hadn’t been working.”

Supportive Drug-Free Policy



Employers Should Reevaluate Their Approach

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



Treatment/Recovery Support for Workers

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

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

The worker enters a substance use treatment program.

An individual sobriety and recovery program is established.

Return-to-work agreements involve drug testing and participation in recovery programs. In health care and law enforcement, no access to narcotics.

Continued treatment and monitoring for periods of 2 to 5 years.

Best Practices:

Leidos, a defense, aviation and health tech firm Belden, wire and cable manufacturer

- John Hindman: son, Sean, died of an overdose. He appealed to the company's CEO, Roger Krone.
<https://wjla.com/news/addicted-in-america/leidos-ceo-roger-krone-pledges-to-address-the-opioid-epidemic?jwsourc=cl>
- Leidos initiated:
 - A company wide opioid awareness program.
 - A nationwide employer-based movement with 60 signers so far.
- Belden in 2016 the company was facing a labor shortage
 - 1 in 10 applicants failed their drug test.
 - Pathways to Employment: began offering drug treatment to those who failed drug screening with a promise of a job upon completion of treatment.
 - The program has grown to 30 at one location alone.

Leidos: CEO Pledge: <https://www.leidos.com/ceo-pledge>

The opioid epidemic is my problem to help solve.

- I pledge to help create a workplace where it is safe to have uncomfortable, and often difficult, conversations about addiction.
- I pledge to help educate my employees about the dangers of prescription opioids, to dispel the myths and stigma surrounding the disease of addiction, and to support employees and family members' access to quality treatment and recovery services.
- I pledge to support nonprofit organizations dedicated to building drug-free communities and preventing addiction, improving access to quality treatment and supporting recovery.

Key Elements: Recovery Friendly Workplace (RFW)

1. Commit to establishing a RFW.
2. Collaborate with employees, unions, and communities.
3. Develop a culture that reduces stigma.
4. Improve safety and support injured workers.
5. Identify and address work stress and mental health issues proactively.
6. Offer health benefits that provide comprehensive coverage for SUDs, including MAT, aftercare, and counseling.
7. Acknowledge recovery from SUD and OUD as a strength.



National Safety Council's Employer Toolkit

- <https://safety.nsc.org/rxemployerkit>
- Contains factsheets, videos, sample policies directed to HR, S&H Professionals, Supervisors, Managers, Unions, and employees
- Order “Warn Me Labels”:
<https://safety.nsc.org/stop-everyday-killers-supplies>





5. Small Group Activity

Tertiary Prevention, when workers need mental health and substance use support

Time for activity: 20 minutes

Objective: Identify priorities for improving organizational systems to support for workers who are struggling with mental health and/or substance use problems.

Task: Discuss the current organizational procedures for assisting workers who have mental health and/or substance use problems. Identify barriers to workers coming forward. Then prioritize them with 1 high, 2 medium, and 3 low priority. If time permits, list next steps to begin developing improvements on the high priority items. Report back.



6. Small Group Activity

Follow-up Action planning

Time for activity: 20 minutes

Objective: Identify a beginning action plan for the next six months using information you put together in the workshop.

Task: Building on the previous activities, 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, where). Start by identifying key participants and the preferred forum (S&H Committee, Task Force, etc.)

Legal Rights May Include:

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

Summary

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

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

Resources

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