

NIEHS Spring '19 – Overview of the draft curriculum

Key considerations:

- 1) Designed to address the impact of the opioid crisis on workers, the workplace, and the community.
- 2) Uses the public health model of primary, secondary, and tertiary prevention.
- 3) Concludes with action planning so that participants will begin outlining next steps.

NIEHS has previously developed an awareness level training tool entitled **Prevention of Occupational Exposure to Fentanyl and Other Opioids**, posted on the clearinghouse website.

https://tools.niehs.nih.gov/wetp/public/hasl_get_blob.cfm?ID=11206

Length & Content

- The course is designed as a 6 hour program.
- Organizations and trainers are encouraged to integrate or adapt these materials into their training programs.
- The tool is in PPT format and includes 5 activities. Participants use a worksheet to complete the activities in small groups or individually.
- The program should be tailored to meet the needs of specific worker populations. In response to organizational needs, it may be reduced in length by modifying the number of slides and activities.

Course Objectives

After attending this session participants will be able to:

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

Course outline

1. Opioids defined
2. Background on the epidemic
3. Fentanyl & synthetic opioids
4. About opioid use disorder
5. Stigma
6. Prescription opioids
7. More on synthetic opioids
8. Related infectious diseases
9. Occupational exposure
10. Opioids & work
11. Prevention: identifying program gaps and risk factors
12. Employee assistance & peer assistance programs
13. Workplace substance abuse prevention programs

What Is an Opioid?

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





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

1. Small Group Activity



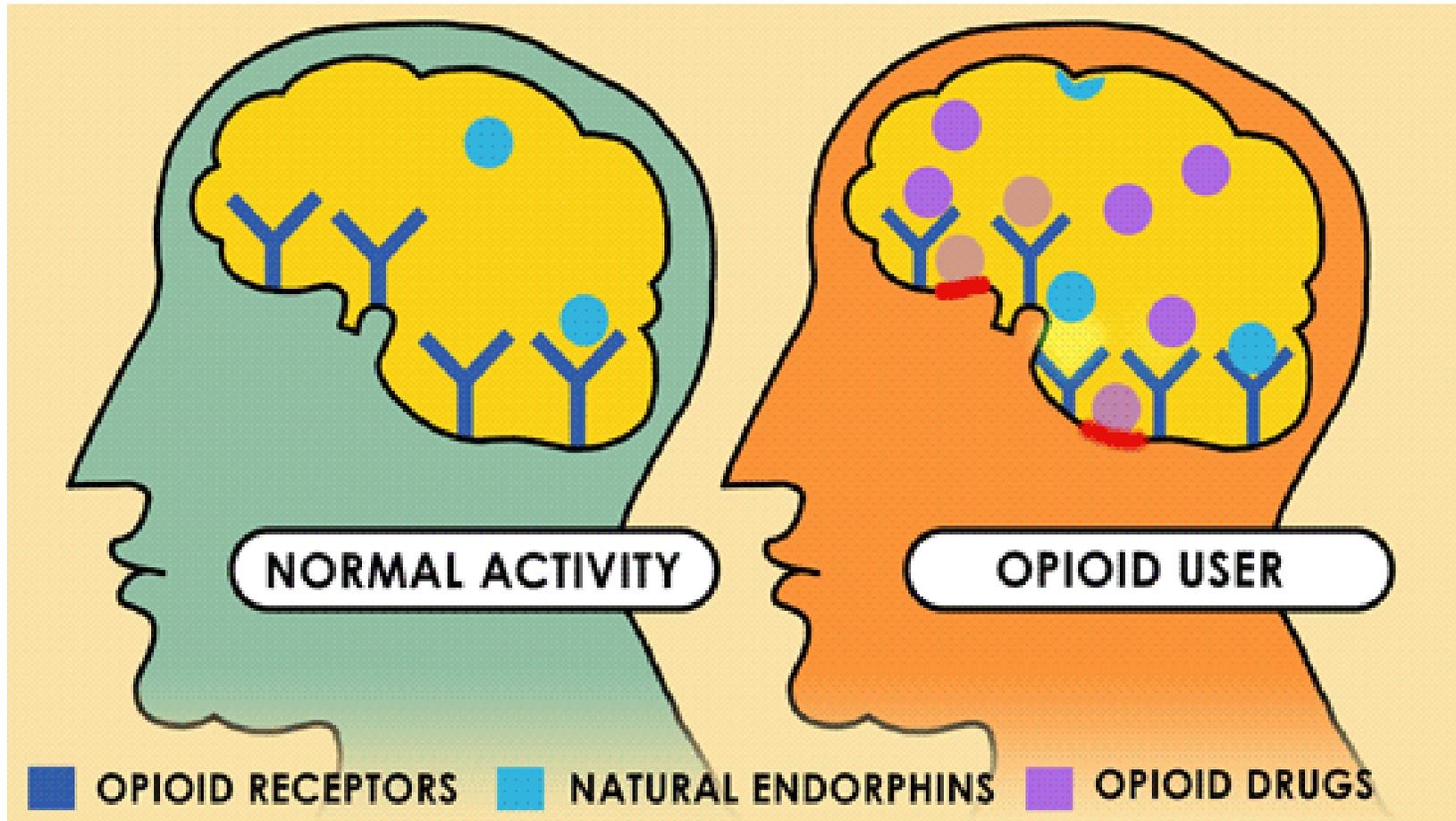
Workshop participant concerns about opioids

Time for activity: 10 minutes

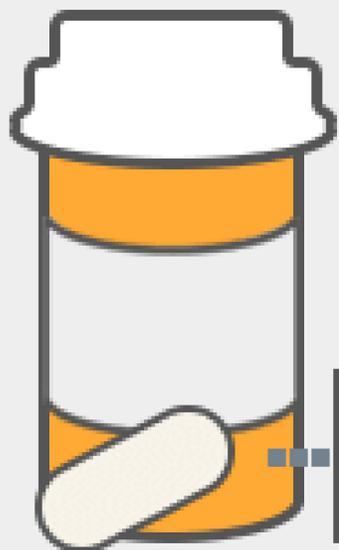
Objective: The goal of this activity is to learn from participants about their concerns and experiences with opioids in the workplace and community.

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

Opioids increase the number of opioid receptors and the flow of dopamine in the brain



Opiate Withdrawal Timeline



Last Dose

6-12 hours

Short-Acting Opiates

Symptoms Begin

30 hours

Long-Acting Opiates

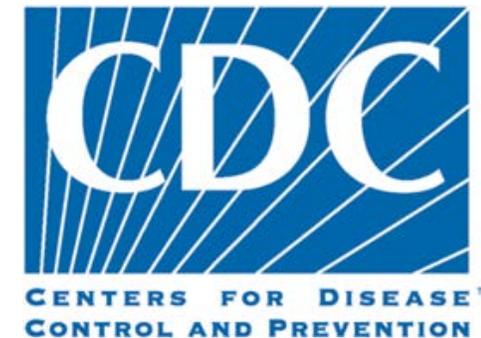


72 hours

Symptoms Peak

- ✓ Nausea
- ✓ Vomiting
- ✓ Stomach Cramps
- ✓ Diarrhea
- ✓ Goosebumps
- ✓ Depression
- ✓ Drug Cravings

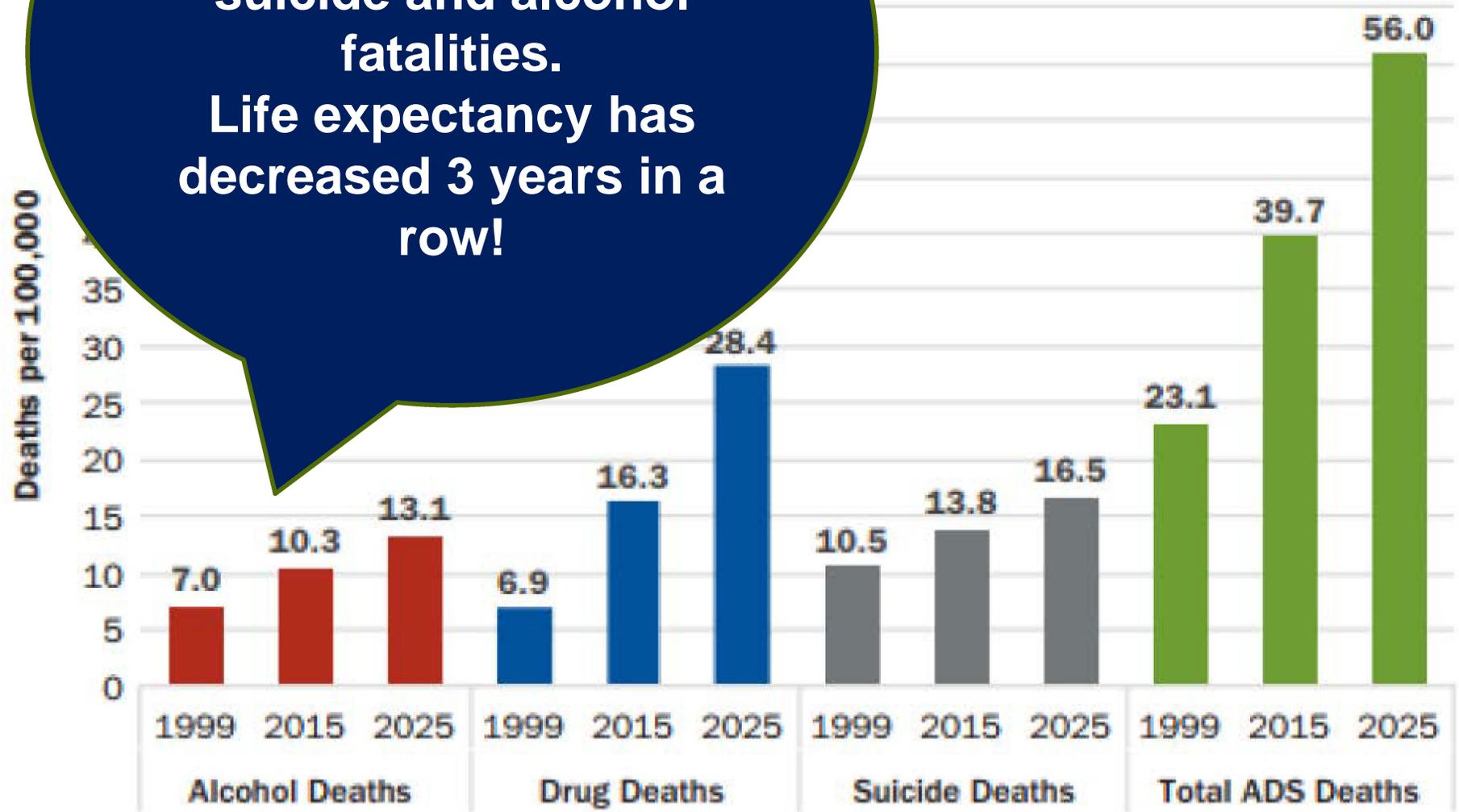
The American Medical Association, the American Society of Addiction Medicine, as well as most medical associations, and the CDC define substance abuse disorder as a disease, like diabetes, cancer, and heart disease.



ASAM American Society of
Addiction Medicine

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

Workplace-related Deaths



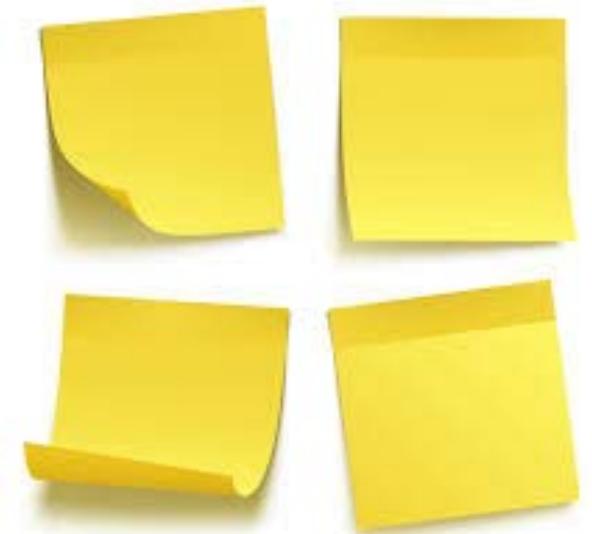
2. Small Group Activity

Substance abuse, mental health, and stigma

Time for activity: 20 minutes

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

Task: Small group activity. Choose a recorder/reporter. Have each group member complete 3 to 5 sticky notes in response to the prompts from the instructor and paste them on the flip chart. Organize the stickies according to the instructor's directions. Then discuss the results.





Define workplace risk factors that impact mental health:

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

3. Small Group Activity



Identify work related risk factors affecting mental health

Time for activity: 20 minutes

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

Task: Write yes or no in each column and list any key examples of risk factors present in your work environment. Report back.

Work-Related Risk Factors Affecting Mental Health

Work/life balance	Workplace violence/harassment bullying	Occupational stress	Presenteeism	Job burnout	Occupational Injury/Illness

4. Small Group Activity



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

Time for activity: 20 minutes

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

Task: Choose a workplace hazard or stressor identified in exercise 2. and brainstorm ideas on how the problem could be evaluated, documented, and prevented using the worksheet.

Importance of ergonomics

Ergonomics is the science of fitting the job to the worker. Designing work stations and tools 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 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

MSDs in 2017

344,970 MSD cases, US BLS

34% of the lost work time cases in manufacturing alone

77% in construction

Associated with widespread use of prescription pain medication.

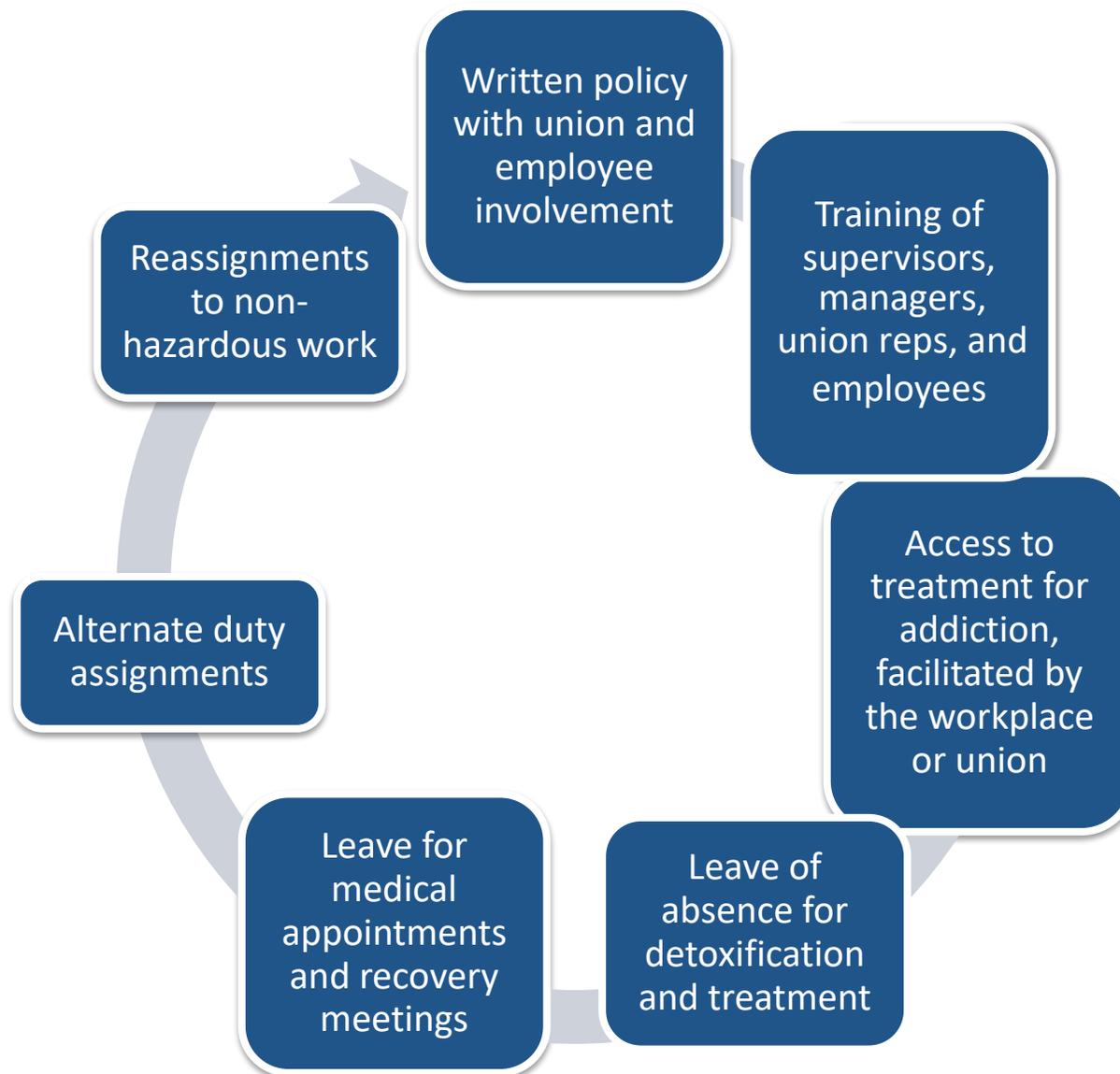


Employee Assistance Programs

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



Non-punitive 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 abuse.
- Ensure confidentiality.
- Establish return to work policies.
- Work with workplace stakeholders and unions to revise policies and programs.



5. Small Group Activity – Action Planning



Action planning

Time for activity: 15 minutes

Objective: Identify ideas for follow-up actions.

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

Legal rights may include:

- Under the **Affordable Care Act (ACA)**: expansion of **access and parity** for mental health and substance abuse treatment
- **Reasonable accommodations** under the American's 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 abuse 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.
- **States sick leave and family medical leave laws** and regulations.