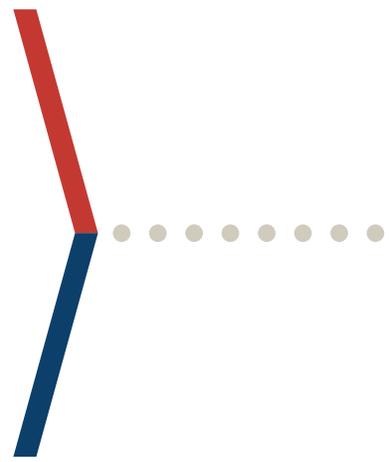




# Supervisor Training: Addressing Opioid Misuse at the Worksite

*Intervention Toolkit*





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## About this Toolkit

This toolkit is part of a comprehensive package of resources the National Association of Home Builders (NAHB) has created to help home builders understand and address the use and misuse of opioids among its workforce.

Opioid addiction is our nation's leading public health crisis, affecting people across all socioeconomic classes, races, genders, and jobs.

More than half of those who died from overdose had suffered at least one job-related injury.<sup>1</sup>

1 out of 4 people who are prescribed opioids for long-term pain become addicted to them.<sup>2</sup>

4 out of 5 people treated for opioid abuse started on pain medications.<sup>3</sup>

More than 12 million Americans used prescription painkillers nonmedically in the past year.<sup>4</sup>

### The home building industry is no exception.

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- More than 700,000 people died as a result of a drug overdose between 1999 and 2017.<sup>5</sup>
- Around 68% of the more than 70,200 drug overdose deaths in 2017 involved an opioid.<sup>6</sup>
- On average, 130 Americans die every day as a result of an opioid overdose.<sup>7</sup>
- There are close to 200 fatal and non-fatal opioid overdoses in the U.S. every day. That's eight overdoses per hour, including at least two from workers in the home building industry.<sup>8</sup>

An injury is often the first in a series of events that can lead a person down the path of opioid addiction. As the home building industry has more on-the-job injuries than most other industries, along with an employee demographic that is more prone to addiction (i.e., often young and male), we need to be especially diligent about helping to prevent misuse of opioids and offering help when workers are struggling with addiction.

<sup>1</sup> Cheng, M., Sauer, B., Johnson, E., Porucznik, C., & Hegmann, K. (2013). Comparison of opioid-related deaths by work-related injury. *American journal of industrial medicine*, 56(3), 308-316.

<sup>2</sup> Vowles, K.E., McEntee, M.L., Julnes, P.S., Frohe, T., Ney, J.P., van der Goes, D.N. (2015). Rates of opioid misuse, abuse, and addiction in chronic pain: a systematic review and data synthesis. *Pain*. 156(4):569-576. doi:10.1097/01.jpain.0000460357.01998.f1.

<sup>3</sup> Cicero, T.J., Ellis, M.S., Surratt, H.L., Kurtz, S.P. (2014). The changing face of heroin use in the United States: a retrospective analysis of the past 50 years. *JAMA Psychiatry*. 71(7):821-826.

<sup>4</sup> Han, B., Compton, W.M., Blanco, C., Crane, E., Lee, J., Jones, C.M. (2015). Prescription Opioid Use, Misuse, and Use Disorders in U.S. Adults: 2015 National Survey on Drug Use and Health. *Ann Intern Med*. doi:10.7326/M17-0865

<sup>5, 6, 7, 8</sup> Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2017. Available at <http://wonder.cdc.gov>.

## About this Toolkit

NAHB and its partners, Job-Site Safety Institute (JSI) and Advocates for Human Potential, Inc. (AHP), have taken an innovative approach to addressing opioid use and misuse, viewing the problem holistically and creating solutions addressing intervention points that include prevention, treatment, recovery, and return-to-work strategies. A proactive approach to our nation's opioid crisis with knowledge and without stigma is critical to the health of the industry and the people who work in it.

This toolkit contains resources and tools for home building supervisors to use to help workers and subcontractors who are misusing or addicted to opioids. It may be used as a companion to the many other resources related to addressing opioid misuse that can be found at [nahb.org/opioids](http://nahb.org/opioids).



# Important Terms to Know When Discussing Opioids

**Addiction is a complex disease** that can develop even when someone takes an opioid as prescribed by a doctor. Addiction is not a character flaw or a sign of weakness. Everyone’s experience is different, but often addiction follows a regular pattern progressing along a continuum—from medication tolerance, to physical dependence, to addiction, and sometimes to overdose.

**Addiction to alcohol or other substances, such as drugs, is known as substance use disorder (SUD). Addiction to opioids is referred to as an opioid use disorder (OUD).**

“I had to take an extra OxyContin last night because my usual dose wasn’t cutting it for my back pain.”

“Sometimes I crush and snort my Oxy’s to feel the effects faster.”

“I tried not to take OxyContin today, but I felt so sick and antsy without it that I had to take some.”

“How, when, and where I am going to get heroin is all I think about. I don’t spend time with family or friends anymore and I can barely work.”

- **Tolerance** is when a person no longer physically responds to a drug in the way they did when they started. As a result, it takes a higher dose of medication to get the same result (pain relief) that they had before at a lower dose. Tolerance to opioids is part of a biological process that happens at the cellular level. Tolerance to opioids can happen very quickly.
- **Misuse** is the use of a drug other than as prescribed. This can mean taking more than prescribed or taking a medication in a way that is not indicated.
- **Dependence** happens when a person’s body and brain adapt to receiving a drug so that they can no longer function normally without it. There are sometimes severe physical symptoms when the drug is removed, known as withdrawal. Not all people with physical dependence go on to develop addiction.
- **Addiction** is the inability to stop drug use, despite harmful consequences that interfere with one or more parts of people’s lives. Some people get addicted to prescription drugs and illegal drugs. Often with opioids, a person will develop an addiction to their prescribed medication but when the prescription runs out, they may start buying opioids illegally or use heroin or other street drugs. It is almost impossible to beat an addiction on sheer willpower alone. Scientific studies show that the brains of people addicted to drugs work differently, and it can be physically dangerous to quit drugs without medical support.

## Important Terms

to Know When  
Discussing Opioids

“Joe overdosed yesterday; good thing the EMTs had naloxone or he’d have died.”

- **Overdose** happens when someone takes a toxic amount of a drug, causing harm and sometimes death. Because opioids slow down a person’s breathing and heart rate, opioid overdoses can be particularly deadly. Naloxone is an opioid reversal medication delivered by injection or intranasal spray that can save a person’s life during an opioid overdose.
- **Legal use** of an opioid means taking it as prescribed by a physician. There are federal laws (for example, the Americans with Disabilities Act or ADA) that protect a person’s right to keep their job while taking a medication as prescribed and protects their privacy in doing so. However, an employer may be able to ask a worker about prescription medication if it can affect a safety-specific job function, such as operating heavy equipment. This should be discussed with your lawyer and clearly stated in your policies.
- **Illegal use** of an opioid is not protected under the ADA. Talk to your lawyer and make sure your policies cover this issue.

### Types of Opioids and How They Are Misused

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- Prescription opioids include hydrocodone (Vicodin®), oxycodone (OxyContin®), oxymorphone (Opana®), morphine, codeine, and fentanyl. These are usually prescribed in pill form for pain. Fentanyl is rarely prescribed to people outside of the hospital. People can misuse these medications by taking them orally or in a way not indicated by their doctors, and also by crushing, snorting, smoking, or injecting them.
- Illicit/illegal opioids include heroin and illegally produced fentanyl. (The fentanyl people misuse is usually not the same fentanyl made for medical use; it is illegally produced in labs mostly outside of the United States.) These drugs can be snorted, smoked, and injected.

Source: [National Institute on Drug Abuse \(NIDA\)](#)



# Why Intervention and Referral to Treatment Matters

Opioids—prescription painkillers like oxycodone (OxyContin) and hydrocodone (Vicodin) and street drugs like heroin and fentanyl—are responsible for more than 64,000 overdose deaths each year.<sup>1</sup> Despite best efforts nationwide to reduce opioid use and prevent misuse, many people struggle with dependency and addiction to their prescribed medications or other drugs. Opioids are highly addictive, and even when taken as prescribed, some people can find themselves unable to stop taking them after as few as five days.

This is especially true in the home building industry, where it is the norm to work through pain and get back to work as quickly as possible after an injury. Also supervisors are not trained in how to talk about drug misuse or addiction with their employees and subcontractors. So even when there is a concern, many builders don't know what to do.

This toolkit provides supervisors with strategies for identifying problems with opioids and how to help employees and others identify and connect with quality treatment providers. The success of these tools depends on having open and judgement-free conversations about drug use and policies and procedures supporting a supervisor's ability to intervene.

## Strategies for intervention in problem opioid use include:

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- Understanding the difference between dependency, addiction, misuse, and abuse
- Spotting signs that someone may have a problem
- Conducting for-cause drug testing of employees

## Understanding types of treatment for opioid use disorder

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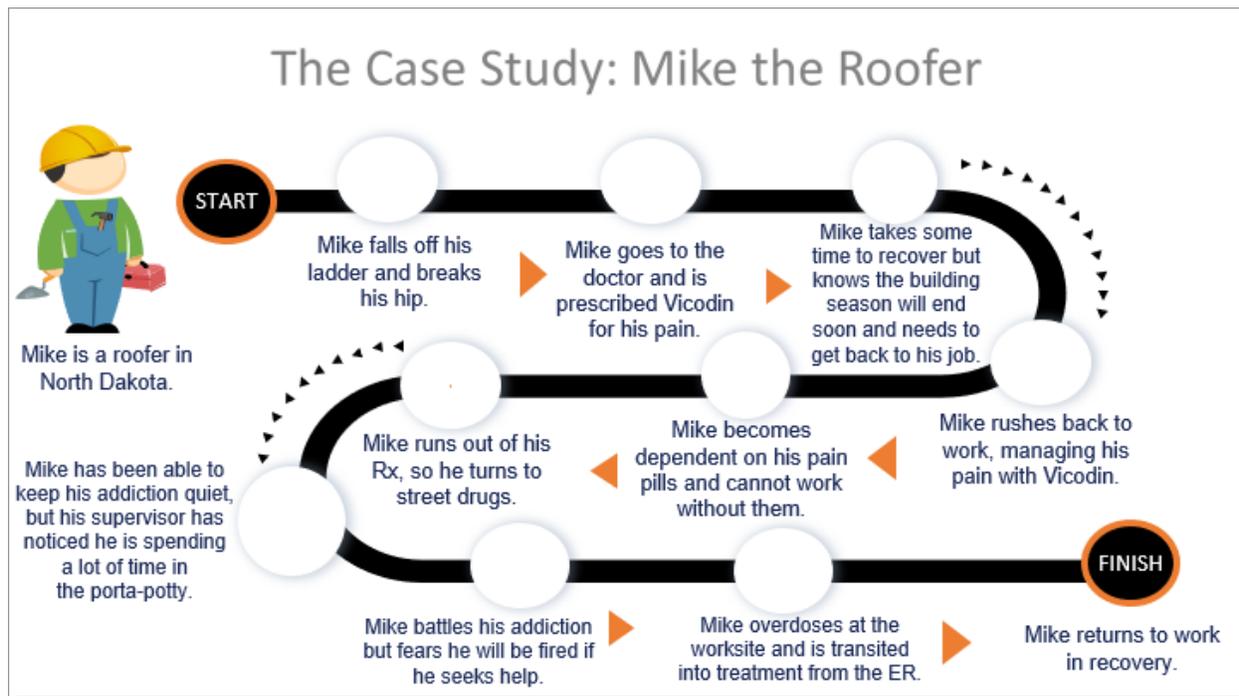
- Knowing how to intervene when someone needs help
- Finding treatment resources (referral to treatment)

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<sup>1</sup> Drug Policy Alliance. Drug Overdose. Retrieved from <http://www.drugpolicy.org/issues/drug-overdose>

## Case Study: Mike the Roofer

The following is a hypothetical illustration of a worker who has an injury, is prescribed medication, and progresses to opioid misuse. It presents an example of how opioid dependency typically progresses and where a supervisor or contractor might be able to step in to offer help when a worker develops an addiction.



## Case Study: Mike the Roofer

some touch points where a supervisor could have taken an action that might have helped Mike.



### How might Mike’s supervisor have intervened to help him as he became dependent and addicted to opioids?

The table below describes some touch points where a supervisor could have taken an action that might have helped Mike. Each of these intervention activities is outlined in a section of this toolkit.

ACTION	INTERVENTION ACTIVITY	WHERE IN THIS TOOLKIT TO LEARN MORE
Mike has been able to keep his addiction quiet, but his supervisor has noticed he is spending a lot of time in the porta-potty.	Delicately discuss performance-related concerns with Mike, reserving judgement. Offer help and resources available to him through your EAP, insurance, or the government.	<a href="#">Red and Yellow Flags: Signs Your Worker May be Misusing Opioids</a> <a href="#">Dos and Don'ts for Talking to Employees About Drug-Related Performance Issues</a> <a href="#">How Employee Assistance Programs Help to Address Opioid Misuse</a>
Mike battles his addiction but fears he will be fired if he seeks help.	Promote the workplace as a place for safe and supported recovery and eliminate culture of stigma and fear.	<a href="#">How to Help Your Workers Find Treatment Resources</a>
Mike overdoses at the worksite and is transitioned into addiction treatment from the emergency room (ER).	Have overdose reversal drugs like naloxone (Narcan) at the worksite and provide training on how to inject or administer.	<a href="#">Setting Up a Worksite Overdose Response (Naloxone) Program</a>
Mike returns to work in recovery.	Allow time for recovery maintenance (attending Alcoholics Anonymous [AA] and Narcotics Anonymous [NA] meetings, for example) and provide him “light duty” options.	<a href="#">Treatment Options for Opioid Misuse</a>



# Red & Yellow Flags: Signs Your Worker May Be Misusing Opioids

People who are misusing drugs often are able to hide their drug use, and many can continue to perform their job functions for a while as they develop an addiction. Being open and straightforward, and approaching a worker with concerns as soon as you have them, can help make the difference in someone's development of a full-blown addiction. Below are some warning signs.

## Physical Signs of Drug Misuse

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### Yellow flags/warning signs

- Bloodshot eyes, pupils smaller than usual
- Changes in appetite
- Deterioration of physical appearance and personal grooming habits
- Runny nose or sniffing
- Sudden weight loss
- Unusual odors on breath, body, or clothing

### Red flags—If you haven't already, time to intervene!

- Sudden drowsiness
- Tremors, slurred speech, or impaired coordination
- Unusual wounds and bruises on skin or possible needle marks
- Twitching or sweating

## Behavioral Changes Pointing to Drug Misuse

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### Yellow flags/warning signs

- Mention of the need to use more opioid medication to experience the same effects used to achieve with smaller amounts
- Mention or evidence of using drugs to avoid or relieve withdrawal symptoms (nausea, restlessness, insomnia, depression, sweating, shaking, anxiety)
- Appearing fearful, anxious, or paranoid, with no reason
- Lack of motivation; appearing tired or “spaced out”
- Unusual increased energy, agitation, nervousness, or instability
- Sudden mood swings, increased irritability, or angry outbursts
- Change in personality or attitude

### Red flags—If you haven’t already, time to intervene!

- Sudden drowsiness
- Tremors, slurred speech, or impaired coordination

## Lifestyle Changes Associated with Drug Misuse

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### Yellow flags/warning signs

- Sudden money problems
- Showing up late or leaving early
- Poor work performance
- Abandoning hobbies, sports, socializing, and other interests
- Secretive behavior, private phone calls, or visits from unknown friends
- More time spent in the porta-potty or truck

### Red flags—If you haven’t already, time to intervene!

- Stealing
- Accidents and dangerous or reckless behavior on the worksite

## Red & Yellow Flags: Signs Your Worker May Be Misusing Opioids

- Clear evidence that life revolves around drug use (always thinking of using, figuring how to get more, or recovering from use)
- Continuing to use regardless of negative consequences (blackouts, infections, mood swings, depression, paranoia)

### Signs of Overdose

**An overdose is a life-threatening emergency. Call 911 immediately.** Call the person's name; if there is no response, administer naloxone if you have it onsite. Sometimes it is hard to tell if what you are seeing is an overdose.

### When in doubt, treat it like an overdose.

- Unresponsiveness or loss of consciousness
- Limp body
- Falling asleep or extreme drowsiness
- Slow, shallow, irregular, or no breathing
- Pale, blue, cold, and/or clammy skin
- Choking, snoring, or gurgling sounds
- Faint or no heartbeat or pulse
- Very small or "pinpoint" pupils



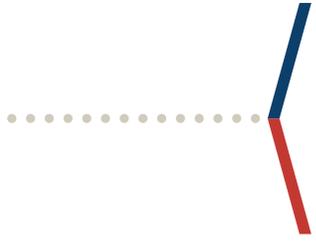
#### RESOURCES FOR MORE INFORMATION

[\*Sample scenarios and manager tip sheet.\*](#)  
Grayken Center for Addiction, Boston Medical Center.

[\*Prescription drug abuse: What employers can do.\*](#) National Safety Council.

[\*What to do if you suspect someone may be addicted to prescription painkillers.\*](#)  
National Safety Council.

Sources: [\*U.S. Department of Health and Human Services, Indian Health Services, New Mexico Department of Health; and the National Institute for Occupational Safety and Health.\*](#)



# For-Cause Drug Testing of Employees

If you have workers showing any of the signs of drug misuse, or they have been involved in an accident or have other performance issues, you may decide to do a “for cause” or “reasonable suspicion” drug test. *The following information should not be considered legal advice; consult your lawyer for all matters involving policies and relevant laws.*

## The Basics

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You may want to test employees who show discernible signs of being unfit for their jobs, who have a *documented* pattern of unsafe work behavior (written warnings, formal actions, etc.), or who have been involved in an accident caused by unsafe actions or behavior. Drug tests can help to protect the safety and wellbeing of the employee and other workers. You also may want to test an employee who has returned to work after completing a drug treatment program.

## Policies and Legal Protections

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Your policies regarding for-cause drug testing should be clearly laid out in your Drug-Free Workplace policies. Overall, policies should reflect drug testing as a next step in the case of an objective, performance-related issue (“reasonable suspicion”), such as an accident, altercation, injury, recklessness, or a safety issue. Your policies should clearly state what issues would constitute reasonable suspicion.

## You Get a Positive Result: Now What?

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You have several options for how to approach a drug test result showing misuse of prescription opioids. The best approaches focus on helping your employee get better safely and without judgement, while maintaining the safety of your worksite and other workers. Depending upon your particular Human Resources practices and the counsel of your attorney, you may (1) refer an employee who tests positive to your employee assistance program

## For-Cause Drug Testing of Employees

(EAP), which may involve referral into treatment; or (2) you may be forced to terminate employment. Some employers allow terminated employees to re-apply after a period of 90 days (for example) assuming they pass a pre-employment drug screen. If you have any questions, consult with your HR staff, your company’s attorney, or your state employment laws.

It is critical that your Drug-Free Workplace or other policies clearly outline next steps in the case of a positive drug test. This shouldn’t be a subjective decision—next steps should be clearly planned and consistently followed.



### RESOURCES FOR DEVELOPING DRUG-FREE WORKPLACE POLICIES

[U.S. Department of Labor Drug-free Workplace Advisor](#)

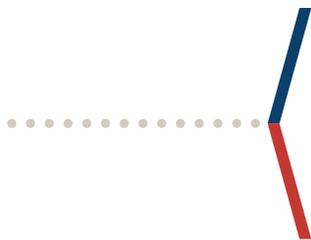
[National Safety Council, Drugs at Work](#)

National Safety Council, [Drug-Free Workplace Program](#)

*A Builder’s Guide Book: Marijuana in the Workplace.* Available from NAHB

[SAMHSA, Drug-Free Workplace Programs](#)

Sources: [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#), [National Safety Council](#), [The proactive role employers can take: OPIOIDS IN THE WORKPLACE SAVING JOBS, SAVING LIVES AND REDUCING HUMAN COSTS](#)



# Performance Checklist

An employee showing these warning signs may have a personal or medical problem, especially if the performance problem can't be attributed to skill deficiency, lack of communication, or environmental obstacles. All of us have “bad days” and exhibit some of these from time to time. If a pattern of continued deterioration in performance and/or changes in behavior begin to appear with an employee who was formerly very competent and reliable, then you should be concerned and begin to document specifics. Examples are provided in the checklists below.

## Absenteeism

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- Multiple instances of improper reporting-off or unauthorized leave
- Excessive sick leave
- Repeated absences following a pattern
- Excessive lateness in the morning, especially on Mondays
- Peculiar and improbable excuses for absences
- More absenteeism than others for colds, flu, gastritis, etc.
- Frequent unscheduled short-term absences (with or without medical explanation)
- Frequent use of unscheduled vacation time
- Frequent Monday or Friday absences or days just before/after holidays or pay days
- Leaving work early

## On-the-Job Absenteeism

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- Continued unnecessary absences from work station
- Frequent or long trips to water cooler or restroom
- Long coffee breaks or lunches

### Accidents

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- Physical complaints on the job
- Accidents on the job, especially peculiar ones
- Accidents off the job, especially peculiar ones
- Near accidents on the job

### Difficulty in Concentration

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- Greater effort to get work done than previously taken
- Longer time to complete tasks
- Difficulty in recalling instructions, details, etc.
- Difficulty in handling complex tasks
- Difficulty in remembering own mistakes
- Lack of concentration, forgetfulness, or disinterested in work

### Work Patterns & Job Efficiency

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- Alternate periods of high and low productivity
- Coming to work in an obviously abnormal condition
- Missed deadlines
- Mistakes due to poor judgment or inattention
- Outside complaints about the employee's work/service; customer complaints
- Improbable excuses for these performance problems
- Faulty decision making

### Relationships on the Job

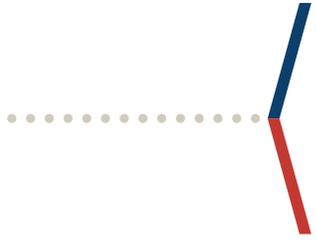
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- Overreaction to real or imagined criticism; extreme sensitivity
- Wide swings in morale or mood
- Borrowing money from coworkers
- Unreasonable resentments against coworkers
- Repeated criticism of the company
- Persistent requests for job transfer
- Unrealistic expectations for promotion
- Abrasiveness with others (managers and/or coworkers)
- Unusual or improper behavior at company meetings

### Behavior and Mood

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- Physically assaultive, violent, or threatening
- Unduly talkative
- Exaggerated self-importance
- Rigidity—inability to change plans with reasonable ease
- Making incoherent or irrelevant statements on the job
- Over-reliance on any routine (making it a ritual)
- Frequent argumentativeness or irritability
- Frequent outbursts of crying
- Excessive amount of personal telephone time
- Withdrawn or isolated
- Regularly blaming fatigue when others doing similar or identical work are fine
- Preoccupation with illness or death
- Deteriorating physical appearance



# Dos and Don'ts for Talking to Employees About Drug-Related Performance Issues

Here are some tips for preparing and talking with employees when you think their performance issues are related to drug misuse. Make sure you are following your policies and procedures and obeying all state and federal laws.

## Key Points

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- Be alert, through continuing observation, to changes in the work and behavioral patterns of employees under your supervision.
- Document all unacceptable behavior, attendance, and job performance that fails to meet established standards.
- Discuss deteriorating work performance, conduct, or attendance with the employee. Focus on the behavior and the performance, not the person. Make it clear that performance improvement is expected and will be monitored and unless performance improves, the employee's job is in jeopardy. Choose your words wisely from an HR perspective.
- Do not pry. It's not about "Why?" It is all about "What we are going to do about it now?"
- Remain objective and honest; maintain your poise so your emotions don't get the better of you.
- Allow employees to explain themselves and listen respectfully.
- Intervene if work continues to deteriorate. Above all, consistently follow your company's policies and procedures as it relates to deteriorating performance and escalate things as necessary and as indicated.

## Do

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### Prepare—It saves time and energy

- Control the tone of the meeting.
- Remember, you have the advantage of documentation.

## Dos and Don'ts

for Talking to Employees  
About Drug-Related  
Performance Issues

- Present your concerns clearly and concisely.
- Remember, your goal is to offer support and solve problems, not discipline or terminate.

### Remain self-aware

- Reluctance to do what is necessary is often due to your own feelings and the emotional involvement with the employee.
- Feeling helpless, sad, hurt, fearful, guilty, angry, or superior is not uncommon or inappropriate.
- However, such feelings are blocks to effective communication and need to be dealt with before meeting with the employee. You also need to be ready to cope with the employee's resistance, defensiveness, and even hostility.

### Deliver the message directly and respectfully

- The keys to a successful approach of the troubled employee are clarity, brevity, and your resolve to do the right thing.
- Stick to the facts—a balanced, firm and factual presentation.
- Be specific and direct, using examples of the incidents you've observed. But do so without blaming or speculating about cause. Explain precisely why the behavior is alarming or why the level of performance is unsatisfactory.

### Avoid traps

- Remember that they may be desperate—fighting for self-image, job security, and income and willing to go to great lengths to stay off the hook.
- People might lie and blame others.
- People might appeal to your sympathies and pity with emotional ploys (expressions of sadness).
- People might want to negotiate with you. Don't allow it.
- People might become angry and blame you. Don't get swept up by these emotions; take control of the discussion.

### Do not

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- Delay or avoid the meeting.
- Give advance notice of the meeting.
- Minimize the problem.
- Lose your cool.

## Dos and Don'ts

for Talking to Employees  
About Drug-Related  
Performance Issues

- Moralize, judge, or criticize.
- Let friendship interfere with performance and safety.
- Talk about what are otherwise protected, confidential matters with others in the company.
- Cover for one person's poor performance and threats to safety by assigning their work to others.
- Diagnose or counsel people.
- "Jump the gun" by breaking with your own policies or the law and violating people's rights.



### FOR ADDITIONAL RESOURCES, SEE:

[Drug-Free Workplace Programs Supervisor Training](#). Substance Abuse and Mental Health Services Administration (SAMHSA)

[Empowering and Educating Managers Checklist](#). Grayken Center for Addiction, Boston Medical Center.

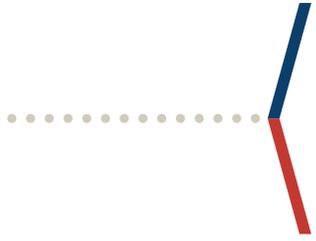
[Supporting and Encouraging Employees Checklist](#). Grayken Center for Addiction, Boston Medical Center.

[Prescription Drug Employers Toolkit](#). National Safety Council.

[Your Employee Assistance Program: A Valuable Company Benefit and Resource](#) (employee education handout). National Safety Council.

[Do you know your workplace policy for prescription drug use?](#) (employee education handout) National Safety Council.

[Prescription Drug Abuse: What Employers Can Do](#). National Safety Council.



# How Employee Assistance Programs Help to Address Opioid Misuse

An Employee Assistance Program (EAP) is an employer-provided benefit offering free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems. EAPs address many issues affecting mental and emotional well-being, such as alcohol and other substance abuse, stress, grief, family problems, and psychological disorders. Many EAPs are active in helping organizations prevent and cope with workplace violence, trauma, and other emergency response situations.<sup>1</sup>

EAPs can be a great resource for employees seeking low-barrier help to deal with personal issues, such as concerns about their drug use. EAPs can offer counseling, conduct evaluations, and provide referrals to treatment providers.

## How it Works

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- If you don't already have an EAP, consider offering one as part of your benefits package. If you offer health insurance, often an EAP is a low-cost add-on. Research shows that EAPs can return up to three times their cost in savings related to attendance, productivity, life satisfaction, life/work balance, and overall performance.<sup>2</sup>
- If you have an EAP, encourage employees to use it! The national average for utilization of EAPs is only 3 percent.<sup>3</sup>

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<sup>1</sup> U.S. Office of Personnel Management. Frequently Asked Questions: Work Life. Retrieved from <https://bit.ly/1NV8Fe6>

<sup>2</sup> Beyer, C. (2018, August 30). *Educate Workers About Employee Assistance Programs to Address Behavioral Health*. Retrieved from <https://bit.ly/30fFuQh>

<sup>3</sup> National Safety Council. (2014). *How employee assistance programs can address opioid painkiller abuse and addiction*. [Fact sheet]. Retrieved from <https://bit.ly/2Vqsiog>

## How

### Employee Assistance Programs Help to Address Opioid Misuse

- Employees can contact their EAP (usually via phone number or website) at any time for no cost—often 24 hours a day/365 days a year.
- Employees can self-refer, and anything discussed is considered confidential and protected by medical privacy laws.
- A union rep, supervisor, or other manager also can initiate a referral to an EAP, out of concern over drug use, for example.
- An EAP can be a critical tool in a drug-free workplace program and can be part of a response plan for a positive drug test.
- Sometimes, an EAP can provide training to supervisors on engaging and intervening when an employee is in crisis.
- Among the services offered through an EAP are:
  - Short-term counseling,
  - Referrals, and
  - Follow-up services to employees who have personal and/or work-related problems.
- EAPs address a broad and complex body of issues affecting:
  - Mental and emotional well-being services;
  - Support for alcohol and other substance abuse;
  - Counseling for stress, grief, family problems, and psychological disorders; and
  - Assistance to address workplace violence, trauma, and other emergency response situations.



# Treatment Options for Opioid Misuse

There are many treatment options for people with problem opioid use. These range from inpatient medical detox to self-help groups. As a supervisor, you can support your employees who receive drug treatment through flexible work arrangements and light duty, as indicated by your policies.

## Medication-Assisted Treatment

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Medication-Assisted Treatment (MAT) is considered the gold standard of treatment for opioid use disorder (OUD)—the clinical diagnosis for opioid addiction. MAT is the use of Food and Drug Administration (FDA)-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-person” approach to the treatment of substance use disorders. The best-known MAT involves methadone, but there are several other more contemporary options too.

There is a misconception that MAT “just substitutes one addiction for another.” This is not true. MAT is a proven way to relieve physical and psychological withdrawal and help people get back to a productive and meaningful life. MAT does not affect people’s ability to work, think, or function.

### MAT medications include:

- **Buprenorphine** (when combined with naloxone, it comes as the brand names Bunavail,<sup>®</sup> Suboxone,<sup>®</sup> Zubsolv<sup>®</sup>)
  - Available in pill or dissolving film
  - Can be prescribed to take at home; no need to visit clinic regularly
  - Prescribed as treatment in three phases—initiation, stabilization, and maintenance
  - Helps people get off of opioids by reducing the physical effects of dependency, such as withdrawal symptoms and cravings

## Treatment

### Options for Opioid Misuse

- **Naltrexone** (brand names ReVia,<sup>®</sup> Depade,<sup>®</sup> Vivitrol<sup>®</sup>)
  - Comes as pill or extended-release injection
  - Doesn't require a special license like methadone—any healthcare provider can prescribe
  - Blocks the euphoric and sedative effects of drugs such as heroin, morphine, and codeine.
  - If relapse occurs, prevents the feeling of getting high
- **Methadone**
  - Available in specially licensed clinics
  - Offered in pill, liquid, and wafer forms and is taken once a day
  - Lessens painful symptoms of drug withdrawal and blocks euphoric effects of opioids
  - Length of treatment varies but usually at least one year

### Inpatient and Residential Treatment (Detox and Rehab)

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Depending on the extent of the addiction, a person may need medically supervised inpatient or residential treatment. These include:

- Medically **managed or monitored inpatient (hospital) treatment**, sometimes called “**detox**,” takes place in the hospital or another setting to deal with acute drug withdrawal, which can be medically complicated, dangerous, and uncomfortable. It often involves using medication and other treatments to help someone safely detox from opioids.
- **Residential treatment**, sometimes called “rehab” provides 24-hour, live-in care in a residential setting that often includes medical and mental health care along with addiction services.

### Outpatient or Day Treatment

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- Outpatient or day treatment can vary from all-day treatment services (20+ hours of treatment per week) to just an hour or two per day. It usually includes therapy and psychosocial supports for people with an OUD.

## Treatment

### Options for Opioid Misuse

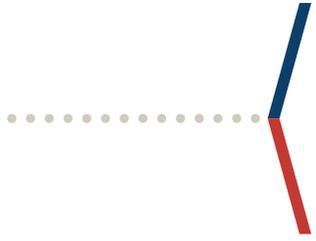
#### Mutual Support Groups (Alcoholics Anonymous, Narcotics Anonymous, etc.)

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Mutual support groups can help people who are medically stable to become fully recovered from their cravings and compulsions (there is no cure) and maintain a productive life in recovery. These include:

- 12-step programs like Narcotics Anonymous (NA)
- Self-help programs like SMART Recovery

Sources: [\*Substance Abuse and Mental Health Services Administration, American Society of Addiction Medicine\*](#)



# How to Help Your Workers Find Treatment Resources

There are thousands of treatment facilities and programs nationwide for people with substance use disorders. Some of these are private-pay and privately run, while others are covered by private health insurance, Medicaid, and other government funding.

While most treatment centers are well-run and focused on the patient, there are places offer sub-standard care and employ questionable practices. For example, some disreputable organizations use “patient brokers” to serve as middlemen between them and patients, sometimes offering incentives and rewards like free travel to the treatment site. These arrangements are often illegal under federal and state laws.

## **The best and most reputable treatment providers have the following traits in common:**

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- Are accredited by an organization such as the [Joint Commission](#) or [Commission on Accreditation of Rehabilitation Facilities \(CARE\)](#)
- Are licensed and/or registered in your state and employ experienced and certified alcohol and drug counselors
- Have a medical director on staff, preferably a doctor certified by the American Society of Addiction Medicine (ASAM)
- Provide MAT alongside individual and group counseling.
- Use evidence-based practices, such as motivational interviewing, and address mental health and physical issues along with addiction
- Communicate directly with the person seeking treatment or their family

## How to Help

### Your Workers Find Treatment Resources

Anyone seeking treatment for themselves or others is urged to engage only with providers who meet these criteria.

Use the Substance Abuse and Mental Health Services Administration's (SAMHSA's) [Opioid Treatment Program Directory](#) to find a state-by-state list of reputable providers that accept Medicaid.



#### FOR MORE INFORMATION SEE

[How major medical insurance can optimize your drug free workplace?](#) National Safety Council.

Sources: [National Council for Behavioral Health](#), [SAMHSA](#)



# Setting Up a Worksite Overdose Response (Naloxone) Program

An opioid overdose can be reversed if the antidote, naloxone, is administered in time. This medication works for an overdose involving any opioid, including prescription drugs and heroin. Injected naloxone, or the intranasal form, NARCAN,<sup>®</sup> is widely available in most states. Naloxone can temporarily stop many of the life-threatening effects of overdoses from opioids. Naloxone can help restore breathing and reverse the sedation and unconsciousness that are common during an opioid overdose.

There has been a dramatic increase over the years in on-the-job overdoses, especially in industries like construction where there are more workplace injuries leading to opioid prescriptions. Police officers and other emergency responders carry naloxone. The Surgeon General of the United States has also urged others who may encounter people at risk for opioid overdose to have naloxone available and to learn how to use it to save lives [[USSG 2018](#)].

Here are some basic questions to ask and points to consider if you would like to set up a naloxone program at your worksite.

## 1. Decide if a Naloxone Program is Right for Your Situation

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These questions can help you think through if a naloxone program is right for you.

- Does the state where you work allow the administration of naloxone by non-licensed providers in the event of an overdose? You can find out here: <https://prevent-protect.org/individual-resources/where-to-get-naloxone>.
- Does your state's Good Samaritan law cover emergency naloxone administration? You can find out here: <http://www.ncsl.org/research/civil-and-criminal-justice/drug-overdose-immunity-good-samaritan-laws.aspx>.
- Do you have staff or subcontractors willing to be trained and willing to provide naloxone?

## Setting Up

### a Worksite Overdose Response (Naloxone) Program

- Has there been an opioid overdose at one of your worksites or has there been evidence of opioid drug use on a worksite (such as finding drugs, needles, or other paraphernalia)?
- How quickly can professional emergency response personnel access your worksite(s) to provide assistance? (This may vary greatly depending on how many sites and over what geographic area your workers are located.)
- Do you offer other first aid or emergency response interventions (first aid kits, automated external defibrillators [AEDs], trained first aid providers)? How are these currently handled, e.g., are they in a work trailer, located in a supervisor's or other's truck, or carried from site to site in a tool bag? Can naloxone be added?

## 2. Set Up Your Program Policies and Procedures

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**If you decide a naloxone program is right for your worksite(s), you will need to set up some policies and procedures, training, and plan to purchase, store, and, if needed, administer, naloxone.**

**Risk assessment.** Conduct a risk assessment before implementing the naloxone program.

- Decide whether workers, subcontractors, or other visitors to your worksite(s) are at risk of overdose.
- Assess availability of staff and subs willing to take training and provide naloxone.
- Consult with professional emergency responders and professionals who treat opioid use disorders in your area.

**Liability.** Consider liability and other legal issues related to a naloxone program.

**Records management.** Include formal procedures for documenting incidents and managing those records, to include safeguarding the privacy of affected individuals. Maintain records related to staff roles and training.

**Staff roles.** Define clear roles and responsibilities for everyone who will be designated to respond to a suspected overdose. Include these roles and responsibilities in existing first aid or emergency response policies and procedures (first aid kits, AEDs, training, etc.).

**Training.** Develop a plan to train staff to lower their risks when providing naloxone. Staff must be able to

- Recognize the symptoms of possible opioid overdose.
- Call 911 to seek immediate professional emergency medical assistance.
- Know the dangers of exposure to drug powders or residue.

## Setting Up

### a Worksite Overdose Response (Naloxone) Program

- Assess the incident scene for safety concerns before entering.
- Know when NOT to enter a scene where drug powders or residues are visible and exposure to staff could occur.
- Know to wait for professional emergency responders when drug powders, residues, or other unsafe conditions are seen.
- Use personal protective equipment (nitrile gloves) during all responses to protect against chemical or biological exposures, including opioid residues, blood, or other body fluids.
- Administer naloxone and recognize when additional doses are needed.
- Address any symptoms that may arise during the response, including agitation or combativeness from the person recovering from an overdose.
- Use additional first aid, cardiopulmonary resuscitation (CPR), and basic life support measures. Opioid overdose can cause respiratory and cardiac arrest.
- Prepare for possible exposure to blood. Needles or other sharps are often present at the scene of an overdose.
- Provide bloodborne pathogen training to responding staff members and consider additional protection, such as hepatitis B vaccinations.

### 3. Provide Training

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There are a number of free online trainings for naloxone administration. In addition, many large cities' Departments of Public Health offer training courses. Make sure you get the training required by your particular state.

#### Free online courses and trainings include:

- [Take Home Naloxone](#)
- [Prevent and Protect](#)
- [Harm Reduction Coalition](#)

## Setting Up

a Worksite Overdose  
Response (Naloxone)  
Program

### 4. Get and Safely Store Naloxone

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Naloxone is widely available in pharmacies. Most states allow purchase without a prescription. You can choose a nasal spray (NARCAN) or injectable forms that can be delivered with an auto-injector, a pre-filled syringe, or a standard syringe/needle. Research shows that people trained on NARCAN reported higher confidence both before and after training compared with people trained on injectable forms.

Depending on your situation, you may store the naloxone in a work trailer, a supervisor's or other's truck, or wherever else you keep first aid and emergency supplies. You can learn more about industry requirements for first aid kits and how you may incorporate naloxone into this from [OSHA's construction first aid requirements](#) and the American National Standards Institute (ANSI) and International Safety Equipment Association (ISEA) American National Standard—Minimum Requirements for Workplace First Aid Kits and Supplies ([ANSI/ISEA Z308.1 standard](#)).

#### Remember to

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- Stock a minimum of two doses of naloxone. (In some cases, one dose of naloxone is inadequate to reverse an overdose.)
- Follow manufacturer instructions for storing naloxone. Keep in the box or storage container until ready for use. Note the expiration date for timely replacement.
- Store personal protective equipment, such as disposable nitrile gloves, and other first aid equipment, such as a responder rescue mask, face shield, or bag valve mask (for use in rescue breathing or CPR) close to the naloxone for quick response. Include needle/syringe disposal containers if injectable naloxone is used.

Adapted from Centers for Disease Control and Prevention National Institute for Occupational Safety and Health, *Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers*. Available at <https://bit.ly/2QhwYyL>.