



**Supervisor Training:
Addressing Opioid
Misuse at the Worksite**
Recovery and Return to Work



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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.¹

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

4 out of 5 people treated for opioid abuse started on pain medications.³

More than 12 million Americans used prescription painkillers nonmedically in the past year.⁴

The home building industry is no exception.

- More than 700,000 people died as a result of a drug overdose between 1999 and 2017.⁵
- Around 68% of the more than 70,200 drug overdose deaths in 2017 involved an opioid.⁶
- On average, 130 Americans die every day as a result of an opioid overdose.⁷
- There are close to 200 fatal and non-fatal opioid overdoses in the United States every day. That's eight overdoses per hour, including at least two from workers in the home building industry.⁸

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.

¹ 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. doi: 10.1002/ajim.ww138

² 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

³ 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. doi: 10.1001/jamapsychiatry.2014.366

⁴ Han, B., Compton, W.M., Blanco, C., Crane, E., Lee, J., Jones, C. M. (2017). Prescription opioid use, misuse, and use disorders in U.S. adults: 2015 National Survey on Drug Use and Health. *Annals of Internal Medicine*. 167(5), 293-301. doi:10.7326/M17-0865

^{5, 6, 7, 8} Centers for Disease Control and Prevention. (2018). Wide-ranging online data for epidemiologic research. Retrieved from <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.



Why Recovery and Return to Work Matter

Every industry in America has been touched by the opioid epidemic, and home building is no exception. Construction workers are among the most susceptible to opioid abuse, second only to food service industry employees. More than 15% of construction workers report having used drugs for non-medical reasons in the past year.¹ And construction businesses have twice the national average number of employees with substance use disorders (SUD). (Substance use disorder is the medical term for addiction to alcohol or drugs. Opioid use disorder [OUD] refers specifically to addiction to opioids.)

Each construction worker with an untreated SUD can cost an employer an average of \$6,800 per year in excess of health care expenses, absenteeism, and turnover costs. But when a construction employee is in recovery from a SUD (e.g, no longer using drugs and benefiting from treatment and/or a “recovery lifestyle,” which often means, but does not require, participation in a 12-step program), contractors save nearly \$2,400 per year.²

Preventing and addressing opioid addiction among employees and finding ways to welcome them back into the workforce is a responsibility that can be shared by every business owner, manager, and supervisor in the home building industry. Research shows that both workplace recovery programs, such as those offered via Employee Assistance Programs (EAPs), and steady employment contribute to less incidents of opioid misuse and help people stay in recovery.³

There are many things supervisors and business owners can do to help people recover from opioid misuse and get back to work.

¹ CNA Financial Corporation. (2015). 2015 Construction risk outlook, prescription opioid abuse: Risk factors and solutions. Retrieved from <https://go.cna.com/opioidabuseCONST.html>

² National Safety Council. (n.d.) Real costs of substance use in your workforce: A substance use cost calculator for employers. Retrieved from <https://www.nsc.org/forms/substance-use-employer-calculator>

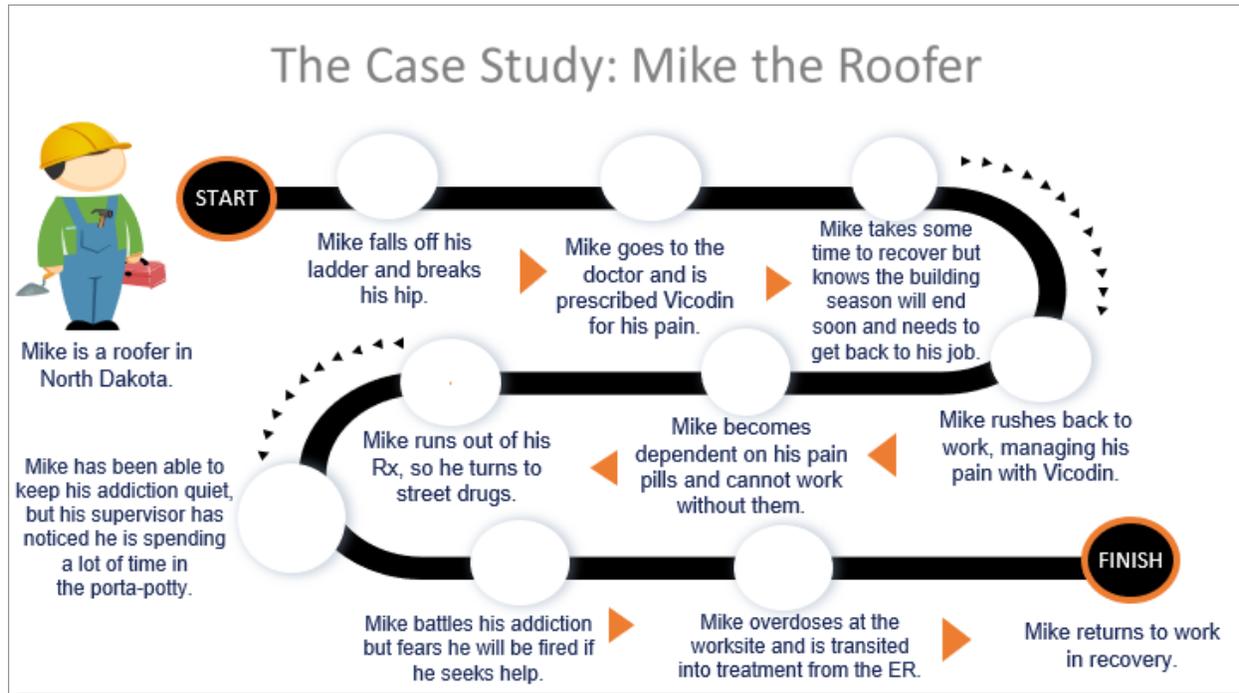
³ Walton, M. & Hall, MT. (2016). The effects of employment interventions on addiction treatment outcomes: A review of the literature. *Journal of Social Work Practice in the Addictions*.16(4), 358-384.

Some strategies for supporting recovery and returning to work include:

- Developing policies and choosing benefits that support people in recovery, such as
 - Flexible leave of absence policies and supportive workers' compensation (comp) coverage
 - Light duty/light work options
 - Health benefits that cover comprehensive substance use treatment
 - EAPs
 - Compassionate criminal background policies for employees who have experienced drug or alcohol-related arrests or have drug-related criminal records
 - Policies and accommodations for people returning to work during active or extended addiction treatment
- Creating a culture that encourages a healthy and safe environment and eliminates barriers to working while in recovery
- Reducing stigma and encouraging judgement-free, open, and honest communication about opioid use among workers

Case Study: Mike the Roofer

The following is a hypothetical illustration of a worker, Mike, who has an injury, is prescribed pain medication, and progresses to opioid misuse. It presents an example of how this process typically happens and where a supervisor or contractor might be able to step in or take action to prevent opioid addiction and help Mike get better.



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 Mike?

The table below describes some touch points where a supervisor could have taken an action to prevent Mike’s addiction or to help him recover and safely resume his job responsibilities. Each of these activities is outlined in a section of this toolkit. There are many additional tools and strategies in this toolkit, as well.

ACTION	RECOVER AND RETURN TO WORK ACTIVITY	WHERE IN THIS TOOLKIT TO LEARN MORE
Mike rushes back to work, managing his pain with Vicodin.	Provide flexible paid time off and implement return to work policies and procedures enforcing strict evidence-based standards and practices, such as light or reduced duty.	How Post-Accident/Post-Injury Light Duty Work Can Prevent Opioid Misuse How Your Worker’s Compensation Benefit Can Help People Recover from Opioid Addiction
Mike battles his addiction but fears he will be fired if he seeks help.	Promote the workplace as a space for safe recovery and eliminate culture of stigma.	Employee Assistance Programs As a Support for People with Opioid Use Disorder Choosing a Health Plan that Benefits People in Recovery Creating a Culture of Recovery Among Your Workers and Subcontractors
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.	Setting Up a Worksite Overdose Response (Naloxone) Initiative
Mike returns to work in recovery.	Allow time for recovery maintenance and provide him with supportive return to work options.	How You Can Reduce Stigma to Support People in Recovery from Opioid Addiction



SECTION I:

Policies and Benefits Supporting Recovery

How Your Worker's Compensation Benefit Can Help People Recover from Opioid Addiction

As federal, state, and local governments, as well as organizations, work to address the nation's opioid crisis, many workers' comp carriers are examining their role in overprescribing and the misuse of opioids. While at one time they may have encouraged opioid use to get people back to work sooner, they now know that misuse of opioids increases disability and makes people less able to work in the long term.

Home building supervisors can consider reaching out to their workers' comp providers to partner in developing policies and other strategies to help prevent opioid misuse. This can include partnering on intervention, return-to-work strategies, and recovery-focused case management.

Questions to Ask Your Workers' Comp Carrier/Insurer

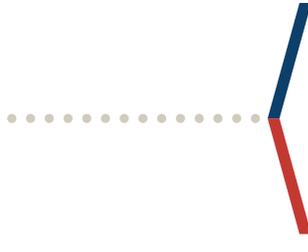
1. Do you use improved utilization of statewide databases that track opioid prescriptions (prescription drug management programs [PDMP])?
2. Are you searching out overprescribing doctors? (In California, just 3% of the state's doctors prescribe 55% of the opioids, according to findings from the California Workers' Compensation Institute.)
3. How are you dealing with the high number of pain management clinics?
4. Do you conduct a retrospective drug utilization review?
5. Do you provide injured worker narcotics education?
6. Do you provide physician dispensing education?
7. Do you engage nurse case management early and regularly to deter chances of addiction?
8. Do you refer to alternatives in pain management?
9. Do you confer with the treating physician often?
10. Can I, as the employer, discuss progress with treatment with you (case manager nurse), the doctor, and my employee?

How Your Worker's Compensation Benefit Can Help

People Recover from Opioid Addiction

11. Do you use treatment guidelines?
12. How do you address the mental health needs of someone who might be injured and on a pain management regime?
13. Is there a pathway to SUD treatment for people experiencing addiction and wanting treatment and recovery?
14. How do you address the psycho-social factors an employee may be dealing with?
15. Does the treating physician have access to peer-to-peer review or psychological consultation for difficult cases?
16. Can and do you flag cases that may reflect high risk?
17. How do you and your PDMP monitor and mitigate against the risk of prescribing an opioid painkiller (Vicodin, Percocet, Oxycontin) with other sedatives like benzodiazepines (Ativan), which can be a dangerous combination?

Sources: [*Prescription Pain Medications: A Fatal Cure for Injured Workers*](#), National Safety Council;
[*How prescription opioids may be affecting your workers compensation program*](#), National Safety Council;
https://www.ncci.com/Articles/Pages/II_OnOpioids-Doctors.aspx



Employee Assistance Programs

As a Support for People with Opioid Use Disorder

An 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.⁴

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

How it Works

- 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.⁵
- If you have an EAP, encourage employees to use it! The national average for utilization of EAPs is only 3 percent.⁶
- Employees can contact their EAP (usually via a phone number or website) at any time for no cost — often 24 hours a day/365 days per year.
- Employees can self-refer, and anything discussed is considered confidential and protected by medical privacy laws.

⁴ U.S. Office of Personnel Management. (n.d.) *What is an employee assistance program?* Retrieved from <https://bit.ly/1NV8Fe6>

⁵ National Safety Council. (2014). How employee assistance programs can address opioid painkiller abuse and addiction. [Fact sheet]. Retrieved from <https://bit.ly/2Vqsiog>

⁶ Beyer, C. (2018, August 30). Educate workers about employee assistance programs to address behavioral health. Construction Executive. Retrieved from <https://bit.ly/30fFuQh>

Employee Assistance Programs

As a Support for People with Opioid Use Disorder

- A union representative, supervisor, or other manager can also initiate a referral to an EAP, out of concern regarding opioid misuse, for example.
- An EAP can be a critical tool in a drug-free workplace program and a 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 and support for stress, grief, family problems, and psychological disorders, and
 - Issues involving workplace violence, trauma, and other emergency response situations.



Choosing a Health Plan that Benefits People in Recovery

This **Benefits Coverage Questionnaire** is reproduced with permission from Grayken Center for Addiction Medicine at Boston Medical Center.

This document is a guide for you as an employer to use to ensure your employees and their family members are receiving comprehensive and affordable health insurance coverage for the treatment of substance use disorders (SUD).

This document discusses the following list of benefits coverage and criteria. It can be used to frame discussions with your insurance carrier to ensure your plan is providing appropriate levels of coverage.

- 1) Mental Health Parity
- 2) Medication Coverage
- 3) Ease of Access
- 4) Reporting

Mental Health Parity

The Mental Health Parity Act (MHPA) is legislation that was signed into United States law on September 26, 1996 that requires annual or lifetime dollar limits on mental health benefits to be no lower than any such dollar limits for medical and surgical benefits offered by a group health plan or health insurance issuer offering coverage in connection with a group health plan.

To ensure your plan(s) comply with this Act, we suggest you ask your insurance provider:

- Is there parity in the plan between coverage for mental health/SUDs and the medical/surgery benefits? If not, what is the difference?

Medication Coverage

There are various Food and Drug Administration (FDA) approved medications used in treating substance use disorders, which have been shown to be more effective for sustaining long term addiction recovery than treatment without medication.

To evaluate the Medication for Treatment (MAT) of SUD coverage under your plan, we suggest you ask your insurance provider:

- Is cost sharing (copayments/coinsurance/deductibles/etc.) waived for any prescriptions treating SUD? (both injectable and oral)
- Is there member cost sharing for an office visit for the purpose of medication distribution?
- Do you waive prior authorization requirements for MAT?
- In addition to covering nurse practitioners and doctors, do you cover services provided by registered nurses for MAT distribution?
- Please differentiate what drugs/services are covered under the medical plan versus the prescription benefit.
- Please provide the member cost share for both a 30- and 90-day supply of SUD medications (i.e.: buprenorphine, methadone, disulfiram, acamprosate, naltrexone)

Ease of Access

Ensuring your plan members can easily access the necessary treatment is essential in working towards recovery.

Examples of questions to ask your insurance provider include

- Do you cover services (such as assessments, medication distribution) and office visits provided by Certified Addiction Nurse Care Managers (CANCM)?
- Do you provide guidance and assistance around quality, reputation, and appropriateness for patients who may seek to live in a “sober house”?
- Do you cover visiting addiction nurse care managers for home visits post discharge? If so, what are the condition/limits?
- What disease/care management programs do you have in place for the various SUDs? (tobacco, alcohol, opioids, marijuana)
- Denied Services for SUD:
 - What are the main/typical reasons services for the treatment for SUD are denied?

Choosing a Health Plan

that Benefits People
in Recovery

- Can you describe the member appeal process?
- Does the plan have a contact person who can assist a member through the appeal process? If so, what is their contact information?

Reporting

In order to monitor the care of your employees and their dependents, it is important that your health insurance carrier can provide comprehensive reporting services.

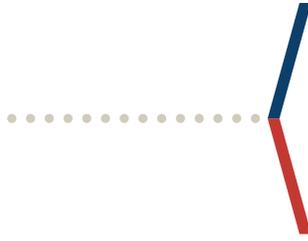
We recommend inquiring about the following reports:

- The number of employees and dependents diagnosed with SUD, by substance (i.e. tobacco, alcohol, opioids, marijuana, etc.)
 - Data by substance categorized by: overall number of members with condition (broken out by subscribers versus dependents) and total annual cost and count (broken out by pharmacy, office visit, inpatient hospitalization, group counseling, individual counseling, emergency room visit). For example:

SUD by Substance	Total	# of Subscribers	# of Dependents	Pharmacy Cost	Office Visit	Inpatient Hospitalization	Group Counseling	Individual Counseling	Emergency Room Visit	TOTAL
Opioids	#	#	#	\$	\$	\$	\$	\$	\$	\$
Tobacco	#	#	#	\$	\$	\$	\$	\$	\$	\$

- Claims by site of care (i.e. hospital, primary care physician (PCP), specialist, telemedicine)
- Identified “gaps in care” of members with SUD? (Standards of care by condition and Rx).
- What types of standard reports do you provide to help your plan sponsors monitor our members with SUD?
- Are customized reports available if a standard report does not provide this information?

If you would like a more detailed Request for Information (RFI) template to provide to your insurance provider, please email the Grayken Center for Addiction at Grayken.Center@bmc.org



Policies and Laws Supporting People in Addiction Treatment and Recovery

Many people don't seek treatment for opioid addiction, because they are afraid they will lose their job.⁷ But there are a number of policies and programs you can put into place (some of which are required by law) that can help support people who need to leave work for treatment and when they return to the workforce.

A key to successful implementation of these policies is to communicate with staff that your organization supports their efforts to seek treatment and their jobs are safe while they do so.

Here are some examples and links to where you can find more information. *The resources below should not be considered legal advice. Consult your lawyer in developing your particular policies to ensure compliance with applicable local, state, and federal laws.*

Leaves of Absence

Family and Medical Leave Act (FMLA)

.....

This federal law entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. This includes 12 work weeks in a 12-month period for “a serious health condition that makes the employee unable to perform the essential functions of his or her job,” among other reasons. Addiction is a serious health condition. FMLA can be taken in a single block, in multiple smaller blocks, or on a “part-time basis.”⁸

⁷ Park-Lee, E., Lipari, R.N., Hedden, S. L, Kroutil, L. A., & Porter J. D. (2017, September). Receipt of services for substance use and mental health issues among adults: Results from the 2016 National Survey on Drug Use and Health. NSDUH Data Review. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR2-2016/NSDUH-DR-FFR2-2016.htm>

⁸ U.S. Department of Labor, Wage and Hour Division. Family Medical Leave Act. Retrieved from <https://www.dol.gov/whd/fmla/>

Policies and Laws

Supporting People in
Addiction Treatment
and Recovery



LEARN MORE

[U.S. Department of Labor Family and Medical Leave Act Employer Guide](#)

[U.S. Department of Labor Family and Medical Leave Act Employee Guide
\(to share with your workers\)](#)

[How FMLA treats addiction as a serious health condition](#)

Americans with Disabilities Act (ADA)

This federal law prohibits discrimination against individuals with disabilities at work and other places. Title I of the ADA is focused on affording people with disabilities the same employment opportunities as people without them. This includes making “reasonable accommodations” for people with disabilities in the workplace. People with diagnosed substance use disorders, such as opioid use disorder, may be protected under the ADA. Addiction treatment may be considered a reasonable accommodation. Providing reasonable accommodations to people with addictions can be complicated; there are a number of resources listed below. Talk to your lawyer about specific cases.



LEARN MORE

ADA National Network: Information, Guidance, and Training on the Americans with Disabilities Act: <https://adata.org/learn-about-ada>

The ADA, Addiction and Recovery (ADA National Network subpage):
<https://adata.org/factsheet/ada-addiction-and-recovery>

U.S. Commission on Civil Rights. *Sharing the Dream: Is the ADA Accommodating All?*
Chapter 4: Substance Abuse under the ADA: <https://www.usccr.gov/pubs/ada/ch4.htm>

Other considerations

Think about how your paid time off, short-term disability, flexible hours, or part-time arrangements may be used to help workers who are returning to work.

Drug and Alcohol Use Policies

You can formalize your support for employees who are recovering from an opioid and other addictions directly in your policies. You may consider including the availability of your EAP, if you offer one as a benefit, within your written policy, along with distributing information indicating your organization’s support and leave-of-absence coverage for addiction and recovery support services. A policy allowing workers to self-report without punishment may be considered.



RESOURCES FOR MORE INFORMATION

Grayken Center for Addiction at Boston Medical Center, [Drug and Alcohol Policy](#)

Substance Abuse and Mental Health Services Administration, [Drug-Free Workplace Programs](#)

Return to Work Policies

The goal of return to work policies should be to create a system of support and accountability that allows a person to maintain their recovery while resuming their previous responsibilities.

Considerations include

- Explicitly communicating the expectations for the returning employee and the conditions of their return, such as mandatory participation in their EAP or random drug testing;
- Requiring a *fitness for duty* certificate from a doctor or addiction treatment professional;
- Providing light duty or modified responsibilities;
- Offering “*last chance*” contracts for people with repeat substance misuse-related performance issues (see the JAN resource below);
- Amending your policies regarding criminal records and other involvement with the criminal justice system for those with drug-related arrest records.

Remember to maintain the focus on work performance. Talk to your lawyer about relevant laws and protections in writing this policy.

Policies and Laws

Supporting People in
Addiction Treatment
and Recovery



LEARN MORE

U.S. Department of Labor, Office of Disability Employment Policy, Return to Work Toolkit: <https://www.dol.gov/odep/return-to-work/employer-background.htm>

Job Accommodation Network (JAN), Last Chance Agreements for Employees with Drug and Alcohol Addictions: <https://askjan.org/publications/consultants-corner/Last-Chance-Agreements-for-Employees-with-Drug-and-Alcohol-Addictions.cfm>



RESOURCES FOR MORE INFORMATION

Grayken Center for Addiction at Boston Medical Center, [Employer Resource Library](#)

National Safety Council, Drugs at Work, <https://www.nsc.org/work-safety/safety-topics/drugs-at-work>

Job Accommodation Network (JAN), Publications and Articles Regarding Drug Addiction: <https://askjan.org/disabilities/Drug-Addiction.cfm#publications>

How Post-Accident/Post-Injury Light Duty Work Can Prevent Opioid Misuse

One of the main contributors to the increased dependence on opioids in the home building field is workers' urgent desire to get back to work as soon as possible. One strategy for reducing this stress on workers and employers is to provide limited or light duty work as they recover from an accident or injury.

While traditionally light duty work is considered a way for companies to save on workers' comp costs, it is also a useful approach to help workers maintain some of their pay and gain the security of knowing they still have a job and an employer who supports them. Light duty return to work could be combined with as-generous-as-possible paid or unpaid time off for the immediate recovery period after an injury, along with family medical leave (FMLA) if applicable.

You can use a [tool from the Job Accommodation Network](#) to develop your own light duty policy.

Below is a list of construction/home building specific tasks you could assign to a worker on light duty:

LIGHT DUTY WORK
Assisting with administrative work (Human Resources or administrative support, data entry, checking invoices, Accountants Payable, Accounts Receivable , managing paperwork)
Attending work-related classes or seminars
Calculating estimates
Calling in orders
Caulking/installing beads
Compiling and updating safety manuals and Material Safety Data (MDS) sheets
Conducting site, building, vehicle, or other safety inspections/surveys
Counting inventory/ordering
Providing customer service (scheduling jobs, making service calls, etc.)
Driving parts and supplies

LIGHT DUTY WORK (continued)
Feeding veneer casing wrapper
Filing
Handling mail/stuffing envelopes
Inspecting sites
Managing dispatch
Measuring
Mixing mud for drywall
Organizing tools and supplies
Packing
Performing safety checks
Executing reception/phone/desk tasks
Restocking
Running parts to sites or shop
Sanding
Helping with site clean up
Supervising
Taping, texturing, wiping down walls (drywall tasks)
Providing traffic control (holding traffic signs; setting up and taking down cones)
Using a nail gun
Wrapping windows

MODERATE DUTY WORK
Acting as runner/messenger at job sites
Applying wood finishes
Assembling scaffolding
Assisting with masonry
Breaking open shingle packs/ counting shingles

MODERATE DUTY WORK (continued)

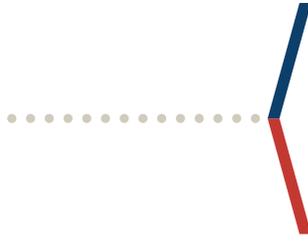
Changing light bulbs
Checking and repairing safety equipment (fire extinguishers, smoke detectors and first-aid kits)
Sanding molding
Cleaning and inspecting tools
Cleaning break rooms
Cleaning house or site
Driving a forklift
Filling a glue spreader machine
Gluing
Hammering
Installing insulation
Laying lines
Maintaining equipment
Organizing shelves
Painting
Patching
Making cut outs for electrical outlets
Performing end feed on trim saw
Picking up wood chips
Purchasing
Repairing tools
Restocking supplies
Running cement mixer
Sanding molding
Tarring paper for roofing
Washing windows
Washing trucks and equipment

Resource: SFM, *The Work Comp Experts*® [Transitional Work Ideas – Construction Industry](#)



SECTION II:

Creating a Culture Supporting Recovery and Eliminating Stigma



Creating a Culture of Recovery Among Your Workers and Subcontractors

You can formalize your commitment to helping your workers in recovery from opioid use disorders through the adoption or creation of a recovery friendly/recovery supportive workplace program.

This involves making it clear to your community, customers, and workers that your company supports people in recovery from opioid addiction and sees this commitment to wellness and recovery as a strength. In addition, recovery-friendly workplaces encourage a healthy and safe lifestyle and reduce barriers to help for those struggling with addiction.

Consider some of these steps your company can take to become more friendly to people in recovery from opioid addiction and other addictions.

- Create a physically and mentally safe workplace – this means not only the highest quality of health and safety on job sites, but a culture encouraging people to care for their bodies and their minds in all areas of their lives.
- Provide resources to your employees to help prevent opioid addiction, such as educational tools, on-site training, connections to community providers, and policies allowing people to return to work after treatment.
- Offer on-demand counseling and recovery support through your EAP, health care benefit, or a partnership with a community provider.
- Present a non-punitive and compassionate approach to positive drug tests or self-reports of opioid addiction. Work with your lawyer to create policies that maintain the safety of your workers, customers, and community, while not always resorting to termination for drug-related workplace issues.
- Make your commitment to people in recovery known to your community, workers, and customers.
- Actively recruit and hire qualified people in recovery from opioid abuse who may have had spotty work histories or drug-related criminal records.

Creating a Culture of Recovery

Among Your Workers and Subcontractors

- Endorse flexible working hours allowing workers and subcontractors to attend support groups, court, or treatment programs during traditional working hours.
- Don't host work-related activities that are organized around alcohol, such as happy hour celebrations. Instead, focus on healthy activities such as a work-based sports teams or wellness activities.
- Talk to your workers in recovery and include their preferences and needs in your decision making. Ask: "What do you need to stay well at work?" You may consider on-site support groups, Uber rides to court dates, and drug testing on the worksite rather than at an off-site location.

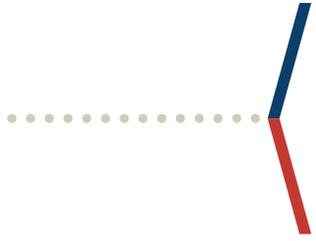


RESOURCES FOR MORE INFORMATION

State of New Hampshire Recovery Friendly Workplace Initiative:
<https://www.recoveryfriendlyworkplace.com/initiative>

Grayken Center for Addiction at Boston Medical Center, [Employer Resource Library](#)

Harvard Health Blog, [Creating Recovery-friendly Workplaces](#)



How You Can Reduce Stigma to Support People in Recovery from Opioid Addiction

Despite that more than 1.7 million Americans have a SUD, there is still a culture of shame and secrecy around acknowledging and seeking treatment for addiction. One of the main reasons people don't get help is because of stigma. They are afraid of judgement from their coworkers, family, and community if they admit to their illness, and many people fear they will lose their jobs if they seek addiction treatment.⁹

As a supervisor, you can help educate your workers and community, as well as communicate your support to people who may be dealing with an opioid use OUD.

Myths and Facts About an Opioid Use Disorder

MYTH	FACT
People choose to become addicted to drugs.	80% of people who are addicted to opioids started out with a legitimate prescription and took their medication as prescribed. Because people can very quickly develop tolerance and dependence to opioids, they end up taking more and more to get the same effects, leading to addiction.
Drug addiction is a character or personality flaw.	Addiction is a disease. Use of opioids can change a person's brain and, in turn, ability to function normally. All different kinds of people can develop an addiction.
All it takes is willpower to stop using opioids.	Opioids change the way a person's brain responds to stimuli and how it perceives pain and pleasure.

⁹ Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

How You Can Reduce Stigma

to Support People in Recovery from Opioid Addiction

People who relapse are weak.	Addiction is considered a chronic, “relapsing” disease – that is, it requires long-term ongoing treatment and recovery supports. A relapse doesn’t mean treatment doesn’t work, it simply means the person may need different or additional treatment.
People who are addicted to opioids will never really get better.	Many people recover from opioid addiction and resume their regular lives. Opioid addiction is a chronic disease like diabetes that with proper care will not interfere with a happy and fulfilling life.
People have to hit “rock bottom” before they can get better.	People can seek treatment for opioid misuse whenever they are ready. That may be after an extended period of addiction or it can be when they first notice they are misusing opioids.
Taking medication like methadone during recovery is just replacing one addiction for another.	Certain medications for addiction treatment, such as methadone, are some of the most effective ways to get off and stay off of opioids. These medications do not make people “high,” and they do not affect people’s abilities to work and live fulfilling lives.

Written with information from [National Institute on Drug Abuse \(NIDA\)](#) and the [U.S. Department of Health and Human Services](#)

Changing the Way You Talk About Addiction

The words you choose and the way you talk about addiction can have a big impact on reducing stigma and creating an environment where you and your workers can talk openly about opioid use and feel comfortable and empowered to seek help and return to work safely.

Consider the following:

- Avoid terms like druggie, junkie, addict, user, and drug abuser.
- Instead, use terms like person with an opioid use disorder or person getting treatment for addiction.
- Avoid terms to describe someone who was once not using drugs and now using again as someone who has “failed” or has a “dirty” drug test. These are people with a disease who are experiencing the symptoms of their disease.

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- *Don't use language that relates opioid misuse to personal failing, such as calling a person with opioid addiction a bad parent, child, friend or worker; or suggesting becoming addicted to opioids is a sign of weakness or an immoral character.*
- *Instead, talk about opioid addiction like you would any chronic disease, such as diabetes or heart disease, and not as a problem of character or personality.*
- *Avoid using language blaming a person for their addiction to opioids, such as drug habit, drug abuse, or drug abuser.*
- *Use language that acknowledges the medical nature of addiction, such as opioid use disorder, opioid addiction, or non-medical use of opioids.*



LEARN MORE

Grayken Center for Addiction Medicine at Boston Medical Center, [Reducing Stigma: Why Words About Addiction Matter](#)

Written with information from [The National Alliance of Advocates for Buprenorphine Treatment & the Recovery Research Institute](#)



Setting Up a Worksite Overdose Response (Naloxone) Initiative

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,[®] is widely available in most states. Naloxone can temporarily stop many of the life-threatening effects of overdoses from opioids. It 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 initiative at your worksite.

1. Decide if a Naloxone Initiative is Right for Your Situation

These questions can help you think through if a naloxone initiative 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 administer naloxone?

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- 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, for example, 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 Policies and Procedures

If you decide a naloxone initiative 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 initiative.

- 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 initiative.

Records management. Include formal procedures for documenting incidents and managing these 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 ensure safety for all 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.

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- 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

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 and your staff get the training required by your particular state. Free online courses and trainings include:

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

4. Get and Safely Store Naloxone

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

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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:

- 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>



Things Employers Can Do Now to Reduce Opioid Misuse, Promote Effective Treatment, and Support Recovery Locally

Join local *opioid safety coalitions* working to reduce and eliminate opioid misuse and overdose.

- Participate in local opioid safety coalitions to support community prescribing guidelines and integration of addiction treatment into health care settings.
- Support local efforts to work with emergency departments (EDs) to treat addiction with buprenorphine and vivitrol (medication-assisted treatment or MAT), and to dispense naloxone to high-risk patients.
- Work with local opioid safety coalitions to build new MAT access points in your community.

Engage your health insurer in the design of a benefit plan that supports prevention and effective treatment.

- Confirm with your health insurance benefits broker and/or insurer that your health plan's network adequately provides for specialty addiction treatment (medical detox, medically-supervised residential treatment/rehabilitation, outpatient).
- Adjust health insurance benefits to minimize copays for addiction treatment (including prescriber visits for MAT).
- Remove authorization requirements and copays for naloxone and MAT from health insurance benefit plan design.
- Provide employees with education on opioid risks and nonopioid pain management strategies.
- Provide employees with education on naloxone.
- Add chiropractic and acupuncture services as a benefit to health insurance plan.

Things Employers Can Do Now

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Confirm with your workers compensation insurer that practices are in place to reduce opioid misuse.

- Ask the workers compensation insurer whether their case managers have been trained on common issues in chronic pain and addiction, as well as have standards, policies, and practices in place to reduce the risk of opioid misuse.



LEARN MORE

Grayken Center for Addiction at Boston Medical Center, [Employer Resource Library](#)

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

Adapted from: Curbing the Opioid Epidemic Checklist for Health Plans and Purchasers, Smart Care California, 2019. Smart Care California is a public-private partnership working to promote safe, affordable care in California, including a focus on opioid safety and lowering opioid overdose deaths