Workplace Guidelines to Prevent Opioid and Substance Abuse for the Construction Trades

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Executive Summary

The opioids crisis has devastated the U.S. leading to a substantial number of people suffering from a chronic substance dependency called opioid use disorder. This crisis has been particularly hard on the construction industry. Construction workers perform physically demanding work that leads to high rates of musculoskeletal injuries; workers seek medical treatment for pain relief, even among the youngest workers. Many construction workers have little or no sick leave and poor job security causing these workers to more often come to work when in pain and possibly under the influence from substance use. Workers often receive prescription opioids from a physician to treat their pain.

There is growing evidence that opioid prescription use leads to the development of opioid use disorders and addiction. The medical community and providers have been encouraged to judiciously prescribe opioids for pain and to use alternative pain-relieving treatments. Employers and member organizations should support limiting opioid prescriptions and should help employees who may already have a dependence on opioids through opioid preventive and supportive workplace policies and programs. The construction industry has a unique challenge given the complex organizational structure and employment of workers through temporary, union, and or subcontracts for many construction projects. Employees of these multi-organizational situations may receive their health and safety benefits and programs from more than one organization, often creating gaps or conflicts between health services and the organization of work.

These guidelines were created to help employers, unions, and union health funds evaluate the opioid prevention supports offered within their organization, and aid the development of a comprehensive plan of opioid prevention policies, benefits, and programs for employees to reduce their risk for developing an opioid use disorder. The document addresses the unique issues presented by multi-employer arrangements and contracts, with particular attention to employee benefits provided through union organizations. The recommendations in these guidelines may be applied to other substance use situations such as illicit drug use or marajuana, but there may be additional preventive actions needed to provide comprehensive prevention for these other substance use situations.

Background

The opioid crisis has led to a substantial number of overdose deaths of U.S. workers. This substantial loss of workers from drug addiction and overdose deaths is contributing to the declining pool of workers, greater healthcare costs, and lower worker productivity. The opioid crisis was born out of the medical system's attempt to address the pain crisis by prescribing opioids, ignoring the addictive nature of opioids.

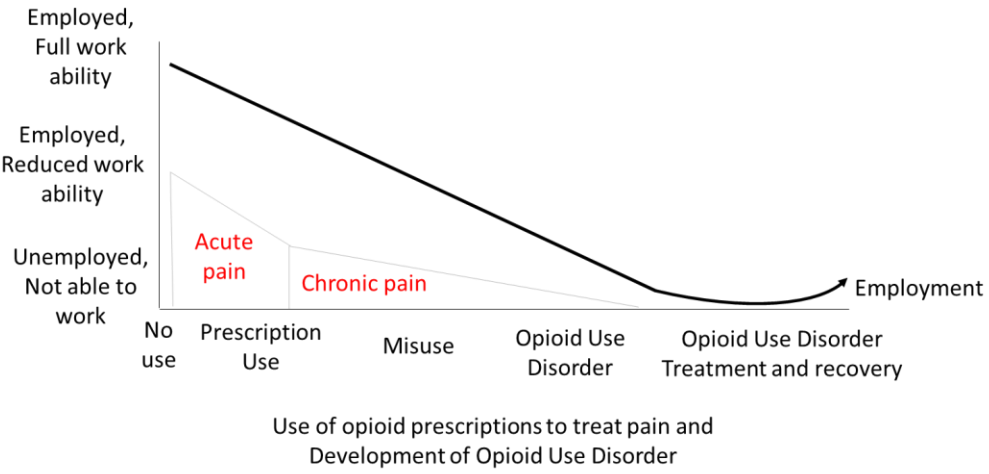
- Employees with substance use disorders miss 10 days of work per year more than their co-workers [1]
- Drug overdose deaths exceeded 100,000 in a single year in 2021 [2]
- The number of fatal workplace overdoses increased in each of the 8 years to 2020 [3]

The construction industry has one of the highest rates of prescription opioid use and overdose death rates. The construction industry has many of the factors that contribute to worker addiction: a large portion of workers with painful musculoskeletal health conditions caused by the physically demanding work, lack of sick leave to aid physical recovery, and a culture that prioritizes productivity over health concerns [4].

- Construction workers are 7 times more likely to die of opioid-related overdoses than the average worker [5]
- The construction industry has the highest rate of substance use disorder among all industries [1]
- 1 out of 3 construction workers has a musculoskeletal disorder (MSD) [6]
- Prescription opioid use is 3 times higher among construction workers with MSDs [4]
- Workers who are using opioids have a significantly increased risk of falls and unsafe behaviors, putting themselves and others at risk of injury in the workplace [7]
- Many workers use alcohol, prescription opioids, and other substances to relieve mental stress and physical pain [7]

Substance use disorders are common in the workplace, leading to high costs for healthcare and lost productivity. Figure 1 shows the loss of employment as workers transition from taking opioids, to misusing opioids, to developing opioid use disorder. Opioid use disorder is a treatable disease with good prognosis for recovery within a supportive environment. A multi-prong workplace program can improve workplace morale, productivity, and worker health.

Figure 1. Cascade of opioid use and loss of employment



- Employers spend an average of $8,817 on each employee with an untreated substance use disorder [8]
- About two-thirds of people who have an opioid use disorder are in the workforce [9]
- Workers with opioid use disorder are more likely to become unemployed and fall out of the workforce (as shown in Figure 1) [10]
- Only one in four people (28%) with opioid use disorder received treatment in 2017 [11]
- Treatment for workers with opioid use disorder decreases healthcare costs and improves workplace productivity [12]
- Opioid use disorder has an exceptionally good prognosis for recovery with more than 10% of Americans living in recovery today [13]

This guideline was developed for workplace organizations, including employers, unions, and health funds, to help improve their opioid prevention program. Unlike other guides that provide general workplace information for opioid prevention, this guide is tailored for the construction industry. It includes a simple needs assessment to review opioid specific policies and programs across eight elements of an organization, and steps to create a plan to improve the organization's opioid prevention program. The guide covers the multi-organization situation with union members working for non-union employers, which provide separate coverage of opioid-related benefits, programs, and services. The guide provides links to a large number of off the shelf trainings and resources to aid program development. For more information, please visit the website, www.opioidsandconstruction.com to get other products and updates related to this guideline.

The Opioid Misuse and Opioid Use Disorder (OUD) Continuum

This guide covers the full continuum of care for opioids from prevention, to treatment, to recovery and return to work. Optimal health is obtained and maintained through prevention, although a productive life can be achieved for those needing treatment and/or in recovery. There are three phases of the continuum of care shown in Figure 2. Each phase of prevention can be addressed within each of eight essential elements. There is strong evidence that a safety and ergonomics prevention program can reduce the risk for a workplace injury or musculoskeletal disorder, however these programs are not included in this guide as they are addressed in other resources [14-16].

Figure 2: Policy and Program Activities Across the Continuum of Care

Essential Elements	Prevention	Treatment	Recovery
Build a Culture of Care	Leadership demonstrates commitment to worker well-being via communications, policies, programs, and education.		
Employee Education	Educate on opioid risks and non-opioid pain treatment options	Know signs of impairment and benefit of seeking help for self and encourage others	Learn non-stigma language for communication and use of naloxone
Supervisor Training	Educate on opioid risks and know safety sensitive tasks	Know signs of impairment, and how to talk to employees in need	Find appropriate accommodations to aid return to work
Written Substance Use Policy	Clearly state employee expectations on substance use	Policies include treatment for those with positive tests	Written return to work policies after substance use treatment
Drug Testing Program	Testing to deter employees from misusing alcohol and drugs	Refer positive tests to get help (employee or member assistance program or counseling)	State activities and return to work contract for a second chance program
Healthcare and Pharmacy Coverage	Screen for substance use (including opioids) and mental health issues	Cover non-opioid pain treatments and opioid prescription limits	Cover recovery treatment, medication for opioid use disorder, and behavioral counseling
Employee or Member Assistance Program	Train employees and supervisors on opioids and healthy behavior	Provide counseling and referral to services	Support employees during Critical Incident Response
Legal: safety and work accommodations	Provide safe and healthy working conditions for all workers	Protect privacy of individual medical information (HIPAA)	Have reasonable accommodations for those in recover with limited ability

Brief Description of the Essential Elements of a Prevention Program

The following section provides an overview of the elements to comprehensively address opioid and substance abuse in a workplace program. These elements and recommendations were developed from a thorough review of peer-reviewed literature, previously published employer guidelines, and opinions from subject matter experts and industry stakeholders. A comprehensive program should include all elements, address all phases across the opioid continuum of care, and should consider meaningful strategies for program implementation and integration of the elements. Employers or unions with little or no current prevention program would benefit from using the needs assessment checklist in the Process Guide to help them get started.

Build a Culture of Care

Building a culture of care starts with a sincere belief from leadership that a healthy and empowered workforce is more productive and committed. Leadership demonstrates this belief in the mission and vision of the organization, often as a statement of commitment to the well-being of the workers. The commitment is consistently demonstrated though all policies, practices, communications, and education in the organization.

Educate Employees on Opioid Risks

The Substance Abuse and Mental Health Services Administration (SAMHSA) suggests educating all staff on the risks of opioid use, effects of opioids on health, job performance, workplace safety, workplace expectations/policies, and prevention strategies. This information should be delivered on a regular basis to reinforce the message and to communicate the value the organization places on the health of employees and their families.

Train Supervisors on Managing Workplace Substance Misuse

SAMHSA recommends that all supervisors know the organization's opioid prevention policies, their responsibilities for initiating and carrying out policies and programs related to their job, and how to recognize employees with suspicious substance misuse behaviors.

Written Controlled Substance Use Policy

A company or union's written controlled substance use policy should be designed to meet the needs of the workforce and be appropriately delivered within the workplace. The comprehensive policy includes a statement of purpose, and details the expectations, prohibitions, program elements, consequences and appeals related to substance use. The policy may meet the minimum requirements mandated by law or may be more comprehensive to cover the overall health, safety, and well-being of the workforce.

Drug Testing Program

A drug testing program is designed to deter employees from coming to work unfit for duty, thereby keeping all employees safe and all equipment and property free from harm. The program should have clearly defined steps and should be consistently communicated to all employees. It may be part of the written substance use policy. The testing should be performed by a certified lab with oversight by a medical review officer (MRO). Industries and jobs involving safety sensitive tasks may have specific drug testing mandates.

Healthcare Insurance and Pharmacy Coverage

The healthcare plan provider (employer or union) should offer healthcare and pharmacy coverage for medical pain management (non-opioid pain management therapies), and behavioral health and recovery treatment (pharmaceutical coverage for medication assisted treatment, inpatient and outpatient recovery services). Pharmacy coverage and policies should reduce risks for over-utilization of prescription opioids.

Employer or Member Assistance Program

Employee assistance program (EAP) or member assistance program (MAP) are resources offered by the employer (EAP) or union (MAP) for services to help improve each employee's work-life balance and well-being. EAP and MAP services can help reduce negative effects of opioid and substance misuse through screenings and early identification, short-term counseling, referral to specialty treatment, and other behavioral health services. Employees with positive drug screens or other suspicious substance misuse behaviors may be required or recommended to see an EAP/MAP counselor for an assessment.

Legal Concerns

Ensure all legal requirements related to drug-free workplace policies, practices, and drug testing are met. There are several federal and state laws and regulations related to medical management, labor laws and contracts, return to work and Americans with Disabilities Act, equal opportunity and substance use that should be considered within an employer or union plan. Ensure compliance with protecting employee privacy of healthcare and adequate coverage of behavioral insurance (Mental Health Parity and Addiction Equity Act of 2008) [17].

Process Guide:

A step-by-step process guide will help you develop a plan for your opioid prevention program. This process guide includes a needs assessment to identify the strengths and weaknesses of your organization's opioid prevention program, an inventory of the available resources within your organization, and guidance on developing and implementing a plan. The needs assessment should be completed by a person who is knowledgeable about the organization's policies and programs, and who can give the most accurate reflection of the organization's current efforts for the prevention of opioid misuse.

Step 1: Needs Assessment

The following tool will assess your organization's policies and programs that support opioid prevention, treatment, and recovery. Please respond yes or no to each question. Items with a "no" response indicate areas your organization may choose to make changes. Resources and additional information can be found in this guide at the page number listed for each question.

Element	Question	Yes/No	Resource	pg #
Culture of Care	Has your organization's leadership made a commitment to help reduce the negative effects of opioid misuse for your employees?	Y/N	APA: Leadership Support	16
	Has your organization's leadership demonstrated its commitment to help reduce the negative effects of opioid misuse for employees in written forms and actions (e.g., newsletter, in person presentations, policies and practices about employee mental well-being)?	Y/N	CSDZ Building a Caring Culture	16

	Does your organization tell employees to avoid using discriminating language and actions that make people living with opioid and substance misuse or disorders feel they don't matter?	Y/N	NIH: Words Matter	16
Employee Education	Does your organization provide employees training about opioid risks and how to get help if they are struggling while using opioids?	Y/N	The Hartford: Shatter Proof Addiction video modules	19
Supervisor Training	Does your organization provide training to supervisors on recognizing suspicious behaviors and signs of intoxication, and how to manage situations involving suspicious behavior?	Y/N	NSC: Impairment Recognition and Response Training for Supervisors	20
Written Controlled Substance Use Policy	Does your organization have a written drug free workplace policy?	Y/N	SAMHSA's Guide on Developing a Policy for a Drug Free Workplace	22
Drug Testing	Does your organization require routine drug tests to ensure a drug free work force?	Y/N	NSC: Drug Testing and Opioids	25
Medical, Health Benefits	Does your organization provide medical insurance that covers non-prescription opioid pain management treatments (i.e. chiropractic, acupuncture, physical therapy)?	Y/N	Structuring Health Benefits for Drug Misuse Issues	28
Behavioral, Health Benefits	Does your organization's behavioral health insurance provide coverage (with reasonable copay) for inpatient and outpatient recovery services for those with opioid use disorder?	Y/N	Structuring Health Benefits for Drug Misuse Issues	28
Pharmacy, Health Benefits	Does your organization's pharmacy benefit set limits for coverage of prescription opioids (i.e. number of day's supply, maximum dose, type of opioids allowable)?	Y/N	CDC Guideline for Prescribing Opioids for Chronic Pain	28
	Does your organization's pharmacy benefit manager include an opioid prescription monitoring program?	Y/N	Structuring Health Benefits for Drug Misuse Issues	28
	Does your organization's pharmacy benefit cover medication for opioid addiction treatment (i.e. buprenorphine) as a long-term treatment?	Y/N	MAT for Opiate Dependence	28
EAP or MAP	Does your contracted or hired EAP/MAP participate in your organization's programs (i.e. deliver customized training, help with return to work management after treatment)?	Y/N	EASNA: EAP Purchaser Guide	32
Legal Concerns	Does your organization's return to work policy cover employees with substance use disorder?	Y/N	JAN-Drug Addiction	34

Step 2: Inventory Resources

Reflect on and answer the following questions related to the resources and support available to start and maintain elements of a workplace opioid prevention program within your organization. Be as specific as possible in your answers.

a) Has leadership made a verbal or written commitment to having an opioid prevention program with a specific focus on opioids (and/or other substance use disorders)?
b) Does the organization have staff designated to develop an opioid prevention program?
c) Will staff have protected (designated) time to manage the responsibilities of the program?
d) Does your organization have financial resources designated for an opioid prevention program?
e) Do you have access to individuals or organizations internal and external to your organization who are knowledgeable about opioid and substance use disorder and its management in the workplace? List the persons and their affiliation.
f) Do you have any current health and safety trainings, policies, or programs that could be used to pattern efforts for an opioid prevention program (i.e. safety training that could add opioid awareness and prevention training)?
g) How knowledgeable are you about signs and behaviors of opioid misuse and opioid use disorder? Do you feel comfortable describing the issues about opioid use in the workplace with other employees and managers in the organization?

Step 3: Develop and Implement a Plan

Based on the "no's" from your needs assessment in step 1, consider what your organization may be ready to change and develop a plan to make the change. Organizations with little to no opioid prevention activities may create a simple plan with short-term goals. Organizations with some programs in place may choose to develop a more comprehensive plan that includes an evaluation of the company culture related to opioid prevention. The following are steps to help you create a simple plan. Organizations in need of a more comprehensive plan may find additional assistance in the plan from the National Safety Council.

a. From your needs assessment, choose one element that may be added or expanded to begin to build your prevention plan. This may be a topic your organization has considered changing or that may be most easily addressed to start your plan. List the element on the line below.

   Element: _____

b. Write out your ideas for your plan below. Be as specific as possible to describe the steps you will take to build opioid prevention in the element. Refer to the Program Content Guide for additional information and strategies to address each element (pages 16-35). Program resources and trainings may be found on pages 14 and 41.

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c. From your inventory of resources from step 2, list resources that you have or will need to help you achieve the ideas for your plan. Include information on person responsible, 3rd party vendors involved, costs, action items, and timelines. Describe how the steps will be completed and who is responsible for each action item.

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Consider some strategies to help you get started.

- Motivate and create interest through story telling.
- Look for "champions" through local presentations, providers, and people with expertise that you can learn from and bring into your workplace for educational purposes or consultation.
- Convene Employee Resource Groups (voluntary employee-led groups) whose purpose is to support the special needs and interests of various subgroups within the organization (i.e. Veteran's support group, Woman's network, Hispanic group, Working parent's group).
- Get worker input through listening sessions.

Multi-Organization Situations involving Employer and Union/Health Fund

Employer versus Union Health Plans

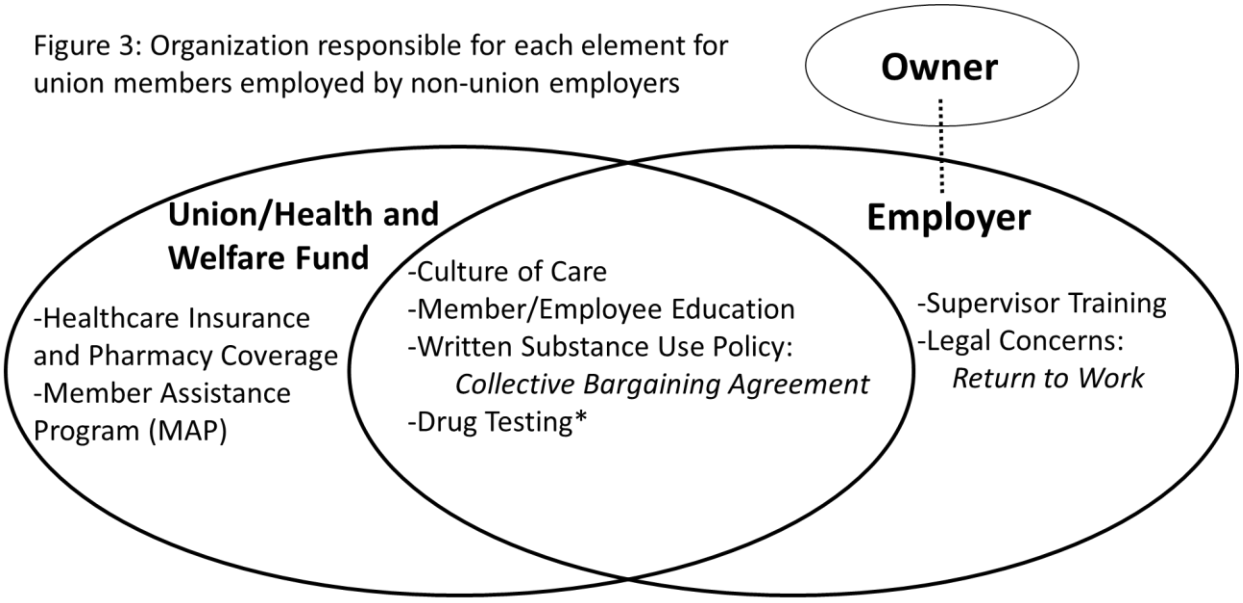
Most employers offer health benefits and wellness programs to their regular employees. Members of a union generally perform work for many different employers, so they receive their health plans through a "Taft-Hartley" agreement. The health benefits and wellness programs of Taft-Hartley agreements are from the collective bargaining process between union and employer representatives, and are overseen by a joint labor-management board of trustees. The benefits and services offered through single employers and union health plans are similar, and may include health care benefits, pension, unemployment benefits, training and education, vacation/holiday/severance benefits, and disability insurance. Taft-Hartley union health plans generally cover a large number of individuals so these organizations may be able to negotiate lower costs per member for health and disability insurance and pharmacy benefit plans. Some unions ensure broad access for members while others limit resources to only regional networks so unions should check with their national office to see what resources and best practices have been created. One challenge for unions whose members work at many different locations is ensuring members have access to services close to their work location.

A challenge for workers on multi-employer projects is the benefits may differ for those on employer-sponsored versus union-sponsored plans. Employers who oversee multi-employer projects may find contracted employees have limited coverage for some services (i.e. behavioral health or EAP/MAP). Some general contractors or project owners have offered EAP services for all employees on the jobsite. This is important to consider if there is a critical incident on the worksite and employees need behavioral health services to manage mental stress after the event. Employers should contact the union and/or health fund to bring in mental health services for their union members; or may opt to provide these services if the union does not offer them for their members.

Framework for Multi-Organization Situations involving Employer and Union/Health Fund

A common challenge in the construction industry is the interconnectedness of employers, unions, and health funds. Some of the benefits, policies, and programs are under the direction of the employer while others fall under the union and/or health fund based on the collective bargaining agreement and interest of the leaders of each organization. Although these agreements are created at the local level, national unions often offer substantial support and programs for regional and local unions. Figure 3 is a graphic that depicts which organization may control or be responsible or have shared responsibility for each of the essential elements of a workplace opioid prevention program. Coordination between organizations is necessary to optimize outcomes for employees.

Figure 3: Organization responsible for each element for union members employed by non-union employers



*Drug testing requirements and responsibilities depend on collective bargaining agreement and State and Federal laws; certain industries and jobs involving safety sensitive tasks have specific drug testing mandates.

In the table below, list which organization is currently responsible for each program element. Some elements may require involvement from more than one organization.

Program Element (Refer to brief descriptions listed in the background)	**Organization Responsible** **List the organization responsible for each element: Employer, Union, or Health & Welfare Fund**
Culture of Care	
Member/Employee Education	
Supervisor Training	
Written Controlled Substance Use Policy	
Drug Testing	
Healthcare Insurance and Pharmacy Coverage	
Member or Employee Assistance Program	
Legal Concerns for ADA	

Program Resources and Trainings

Employee Education

- ***A Dose of Reality for Employees 25-30 minutes:*** Educates Employees on a 3 point prevention strategy to prevention opioid misuse https://www.odjfs.state.oh.us/tutorials/OWD/WorkforeProf/Dose-of-Reality/story_html5.html
- ***The Hartford: Shatter Proof Addiction video modules:*** A series of videos on Stigma, Addiction, Risks, Support, Recovery https://www.thehartfordisshatterproof.org/open-access/
- ***Nevada DHHS: 45 minute Lunch and Learn Outline to educate employees* (pg.16):** Lunch and Learn Outline on risk of opioids, addiction, treatment, and recovery friendly workplace https://www.nevadaworksitewellness.org/wp-content/uploads/2019/04/Nevada-Recovery-Friendly-Workplace-Toolkit.pdf
- ***NSC: Opioids at Work Employer Toolkit "Employee Education" section***: Education tools on videos such as 5 minute safety talks and videos https://www.nsc.org/pages/prescription-drug-employer-kit
- ***CPWR: Opioid Awareness Training Program***

  https://www.cpwr.com/research/research-to-practice-r2p/r2p-library/other-resources-for-stakeholders/mental-health-addiction/opioid-resources/opioid-awareness-training-program/
- ***CDC: Opioids in the Construction Industry***
  3 part educational videos series released by CDC to raise awareness on the issue of opioids in the construction industry
  Part 1: https://www.youtube.com/watch?v=XqOlAyEuqpQ
  Part 2: https://www.youtube.com/watch?v=inQu1WqAPII
  Part 3: https://www.youtube.com/watch?v=gsgbUQ2nKsE&t=1s

Supervisor Training

- ***NSC: Impairment Recognition and Response Training for Supervisor***
  https://www.nsc.org/impairmenttraining
- ***Kentucky Comeback: Reasonable Observation Checklist***
  https://kentuckycomeback.com/wp-content/uploads/2020/08/Kentucky-Comeback-Reasonable-Observation-Checklist-1.pdf
- ***NAHB Supervisor Training: Addressing Opioid Misuse at the Worksite (pg.14):*** trains supervisors on signs workers may be misusing opioids, Talking to Employees about performance issues due to drugs, and using a performance checklist
  https://www.nahb.org/-/media/NAHB/advocacy/docs/industry-issues/safety/opioid-resource-page/supervisor-training-opioid-misuse-intervention.pdf

Human Resources/Employers

- ***Kentucky Comeback: Employer Inventory Form:*** This inventory exercise will help an employer recognize programs that need to be developed to support prevention, treatment, and recovery for their employees. https://kentuckycomeback.com/wp-content/uploads/2020/08/Kentucky-Comeback-Employer-Inventory-Form-1.pdf
- ***Kentucky Comeback: Policy and Procedures Samples:*** Samples documents for different policies and procedures when employers are developing written policy for their workplace substance use and opioid programs https://kentuckycomeback.com/policies-procedures/
- ***Minnesota Department of Health- Opioid Epidemic Response: Employer Toolkit*** offers pre made social media posts and communication tools https://www.health.state.mn.us/communities/opioids/communities/employertoolkit.html#Example1

Employee Engagement Surveys

- ***The Boston Medical Center: Employer Survey on Employee Support for Substance Use and Mental Health Disorders*** https://www.bmc.org/sites/default/files/addiction/1-employer-survey_v2.pdf
- ***The Boston Medical Center: Focus Group Discussion Questions:*** Questions for Focus Group on mental health and substance use https://www.bmc.org/sites/default/files/addiction/1-focus-group-discussion-questions.pdf
- ***NSC: Sample Employee Engagement Survey:*** A survey to understand employees knowledge and attitudes on Opioids in the workplace. https://www.nsc.org/getmedia/c2d74fc8-1027-4c29-afab-5cedfc07c3a1/sample-employee-engagement-survey.pdf.aspx

Naloxone Training

- ***NSC Opioids at Work: Naloxone in the Workplace:*** Guides employers on how to develop a Naloxone workplace program https://www.nsc.org/getmedia/2b1616a1-c8a6-4c8c-b56b-1aa32f395bd5/naloxone-in-the-workplace.pdf.aspx
- ***Reverse Overdose Oregon: Naloxone Training:*** Documents and training videos that train individuals on how to use Narcan "Naloxone" and what to do in the situation of an overdose https://www.reverseoverdose.org/training-video

NOTE: State Specific Employer Resources may be found on page 41.

Program Content Guide:

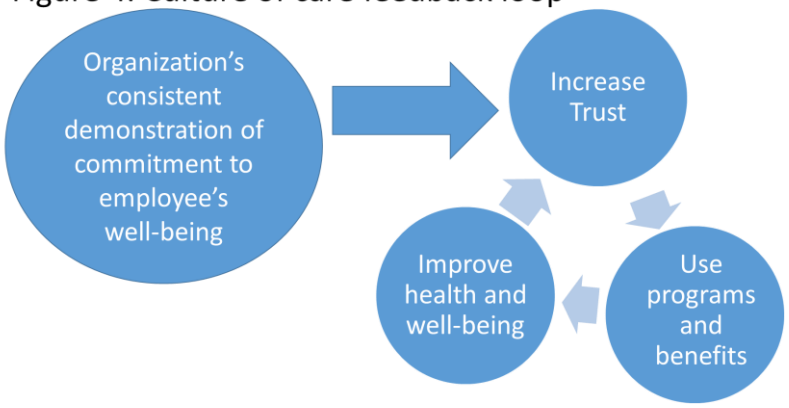
Essential Elements for a Workplace Opioid Prevention Program

1. Build a Culture of Care

Building a culture of care starts with a company or union organization clearly stating in their core values a commitment to the well-being of their employees. This commitment is woven into the mission, and must be consistently demonstrated though policies, practices, communications, and education. Companies and organizations that display and implement empathetic policies and practices are able to build trust with their employees. Trust leads to better employee engagement and utilization of employer- or union-sponsored benefits, which enhances well-being and prevents the development of poor health. Figure 4 shows a positive feedback loop created by consistent communication from organizational leaders to employees. The feedback loop shows higher levels of employee engagement, improvements in productivity, reduction in absences, reduced burnout, and higher innovation [18].

An organization with a culture of care is capable of supporting employees with varying degrees of mental health conditions. Most workers will struggle with mental health issues at some time during their work, but they will cope better and remain more productive if they work in an environment that is empathetic to their health condition. Employees who are in recovery from addiction or opioid use disorder may have challenges maintaining sobriety yet they will have greater success if they work in a caring environment [19].

Figure 4. Culture of care feedback loop



Here is a short list of tangible action items an organization can do to move towards a culture of care [20].

- Coach leaders to model caring values with consistent follow-up and reinforcement
- Share stories that highlight acts of caring within the organization
- Provide job descriptions, especially for those involved in risk management or safety, that explicitly include protecting the well-being of employees

Culture of Care and Stigma

Social stigma is the negative attitude and behaviors of employees toward people with a specific characteristic that sets them apart from others. Even though opioid use disorder is recognized as a treatable brain disease, employees with opioid use disorder are often intentionally or

unintentionally mistreated by coworkers and managers. Mistreatment from social stigma can increase an employee's risk of having a relapse or of isolating themselves from their coworkers. Educating all employees and supervisors to use destigmatized language and behaviors, and educating them about opioid dependence can help change attitudes, reduce stigma, and foster a caring culture [21].

Cause and effects of stigma

Workplace stigma is prevalent in many companies and organizations, primarily caused by "unsupported assumptions, preconceptions, and generalizations" of employees [22]. Stigma implies social disapproval and can lead unfairly to discrimination against and exclusion of the individual [23].

Stigma presents itself in three ways: self, social, and structural. Self-stigma is an individual's negative feeling towards them self, based on a negative social reaction from a characteristic or health condition. Social stigma is other people's negative attitudes and behaviors exhibited towards a stigmatized group or person that reinforces the stereotype. Structural stigma is caused by institutional policies and practices that restrict the rights and opportunities for individuals of a stigmatized group [24]. Stigmatized conditions are usually associated with high-perceived levels of control and fault of the individual (e.g. "It is their fault they chose to take drugs and if they really wanted to, they would stop"). People living with stigma lose hope, don't believe in themselves, and subsequently become less productive and less engaged [25, 26].

Allowing stigmatized attitudes and behaviors in the workplace causes employees to suffer from feelings of shame and social alienation, reinforces isolation, and discourages the stigmatized employee from getting help when needed [27, 28]. Stigma can be reduced by changing the way people talk about addiction, using positive and supportive terms rather than negative labels, and educating employees about opioid dependency, effective treatment for chronic pain, and mental health conditions and resiliency [29-32].

Strategies: Culture of Care [33]

1. Ensure organizational policies and programs are in place to prevent and treat opioid misuse, and support those in recovery from opioid use disorder (OUD).
2. Communicate with care. The words you choose are important as well as how the messages are conveyed. Provide consistent destigmatized messaging about mental health and substance use disorders and resources available into company and union organization communications [34].
3. Provide education to all employees in the workplace on the cause of opioid use disorder and how it can be effectively treated.
    a. Successful strategies to reduce OUD stigma include: [27]
        i. Sharing success stories
        ii. Educational programs including participation from individuals in recovery

b. Off-the-shelf Resource: Shatter Proof Just Five Training Modules

4. Offer information and help to find professional resources. Participate in mental health and substance use prevention campaigns with materials developed by trusted organizations like SAMHSA and American Psychological Association (APA).

Connecting peer-based recovery supports to employees in need

Employees in recovery and those who desire help for opioid or substance misuse often struggle with trusting others to seek help. For employees in recovery, this struggle may lead to relapse following return to work. Relapse does not mean that the person or treatment has failed – rather, it means that the treatment regimen in place is not the correct treatment for the person [35]. Peer-based recovery supports can help to improve trust among employees, increase feelings of inclusion, and increase help seeking for individuals at risk.

Union or Employer Peer program (internal to organization): A formal peer program may be created by a union or employer and include individuals in recovery from substance use or others interested in providing support to employees with substance use issues. These peers should be formally trained. Their primary role is to guide or help navigate co-workers in need toward accessing services from trained professionals. These peers do not provide counseling or other treatment themselves. Often organizations integrate their peer program with their EAP/MAP who also provide oversight for the trained peers to insure encounters with employees in need are handled appropriately. Trained peers may assist with onsite trainings on related topics and be identified through posters or by wearing a special hard hat sticker to indicate they are trained and willing to help others [36].

Peer Based Recovery Supports in the community: There are several ways that community-based peer recovery services can provide assistance and support to a local company or union. These local programs can help connect employees with established peer support groups (e.g. Alcoholics Anonymous (AA), Narcotics Anonymous (NA)). Some community programs employ peer-support coaches who can provide one-on-one peer coaching to others, and these services may be recommended to employees in need (Listen to NAHB's Podcast, A Constructive Response to The Opioid Epidemic, Opioid Intervention in the Workplace to learn how GE Johnson integrated third party peer-support coaches within their organization).

Example Programs

- The Road Home Video, International Union of Operating Engineers Peer Program https://www.youtube.com/watch?v=P-PxdTlXpDs
- Laborer's Health and Safety Fund of North America, LEAN Program https://www.lhsfna.org/tackling-opioid-addiction-one-liuna-member-at-a-time/

National Peer Support Trainings
https://www.mhanational.org/how-become-peer-support-specialist
https://www.naadac.org/ncprss
https://www.laborassistanceprofessionals.com/

2. Employee Education

Increasing employee's knowledge of the risks of opioids, their role in having an impact on prevention of opioid misuse in the workplace, and awareness of policies and employer benefits related to prevention requires a communication and educational plan. Comprehensive employee education involves presentation to all employees either in person or virtually. The goal of employee education is to decrease inappropriate use of prescription opioids and other substances by workers and to reduce stigma by increasing knowledge and empathy toward workers with addiction and opioid use disorders. Communication strategies depend on the type of work, the size of the organization, culture, and employer resources (See FAQ "How do I communicate with my workforce effectively").

A comprehensive general employee opioid education may include the following topics:

- What are opioids?
- Risks of taking opioids
- Treatment myths and facts
- Signs and behaviors of opioid use disorder
- Opioid overdose and naloxone for prevention
- How to get help
- Stigma reduction
- Effects of opioids on job performance and workplace safety
- Non-opioid pain management options
- Talking to providers about non-opioid pain management options
- Home safety practices (safe storage, safe disposal or take back opportunities, don't mix with other drugs, don't share)
- Workplace expectations/policies and prevention strategies
- Workplace supports and benefits for accessing help and treatment related to opioid use

For more info on employee education on these topics, visit the National Safety Council's Opioids at Work Employer Toolkit. Other employee education resources are located in the Program Resources and Training section in these guidelines.

Strategies: Employee Education

1. Training may be delivered by human resources, occupational health, or a representative from the EAP/MAP. Trainings may be offered using online or virtual options.
2. The large number of topics that should be included in a comprehensive opioid education program may not be adequately covered or well-understood if delivered in a single session. Provide single topic or short training sessions and repeat trainings on various topics regularly throughout the year.

3. General opioid education can be part of the new hire onboarding process and should be regularly included in team/staff meetings, and other trainings or briefings such as toolbox talks.
4. Educational materials and promotional information may be posted throughout the workplace and through other communication channels (i.e. newsletters, email, texts).

Resources:

CPWR Opioid Awareness Training Program for Employees

Nevada Recovery Friendly Workplace Toolkit- "Lunch and Learn"

Shatter Proof Educational Video Modules on Addiction

A Dose of Reality for Employees Video Training Module

Other special considerations for employee education:

- Provide employees a means to dispose of excess opioids safely to reduce potential for opioid misuse (Resource: FDA Drug Disposal Locations Website, contact your local hospital or pharmacy, Stericycle drug disposal envelopes).
- Order "Warn Me Labels" from National Safety Council to place on insurance cards
- Implement a Workplace Naloxone Program (Resource: NIOSH Using Naloxone to Reverse Opioid Overdose Factsheet, Reverse Overdose Oregon Naloxone Training Program)
- Use destigmatized language to grow a caring culture toward substance use disorders (Resource: NIDA Words Matter- Terms to Use and Avoid When Talking About Addiction)
- Special topics such as Naloxone training may be offered by a qualified person from a local hospital, first responder, police department, or community organization for recovery or drug use (Resource: NIOSH Using Naloxone to Reverse Opioid Overdose)

3. Train Supervisors on Managing Workplace Substance Misuse

Identifying and addressing substance use problems in the workforce can prevent greater problems for employers and unions, and can help support the health of the workers. Supervisors know each employee's job tasks and typical performance at work so they are often the first to recognize unusual or a change in employee behavior suggestive of substance misuse. Supervisors can play a critical role in early intervention of substance misuse if they are properly trained on recognizing behaviors and how to manage the situation of an employee under the influence. Their training should include general information about risks of opioid use described in the employee education section (p.18). But it is important for supervisors to develop the knowledge and skills about how to help manage an employee in need. Companies or union organizations that already provide supervisor training on other topics may add information on opioid-related issues as part of ongoing training.

The following is a list of behaviors that often indicates an employee is struggling with a personal issue (that may or may not be related to substance use):

- Regular tardiness
- Unplanned absenteeism and excessive use of sick days
- Ongoing performance issues (frequent disappearances at work, failure to complete assignments or meet deadlines)
- Less engagement (signs of confusion, memory loss, greater mistakes)
- Behavioral concerns (greater conflicts with co-workers, deterioration in personal appearance, increasing isolation)

Supervisors should not make assumptions about the reason for the behavior but should follow their employer policies and training or seek advice from human resources or management.

The following is a list of the critical components of supervisor training [37, 38]:

- how to recognize behaviors and observable signs of impairment
- how to talk to an employee
- how to recognize a medical crisis is due to a substance overdose and how to respond
- know the employer policies for managing an employee with an opioid or substance use condition
- which jobs performed by their employees involve safety sensitive activities
- how to make a return to work accommodation for an employee after treatment
- how and when to use Naloxone
- the company's critical incident response plan and procedures

The supervisor has the most direct contact with employees after a critical incident, so should be able to gauge how well the employees are mentally coping with the situation.

Strategies: Supervisor Training

1. Train supervisors to encourage a culture of care, discourage the use of stigmatized language and behaviors, and provide fair and equitable treatment of all employees.
2. Train supervisors in how to manage employees with substance use or in recovery, before being assigned this responsibility [22].
3. Train supervisors in how to talk to employees under reasonable suspicion, employees in need of help, and employees in recovery using respectful and appropriate language.
4. Supervisors should receive training on reasonable suspicion behaviors and organizational and procedures to manage these situations.
5. Supervisors should be trained on how to engage with workers after a critical incident and how to provide resources and referrals to treatment as appropriate.
6. Supervisors managing return to work for employees in recovery should know how to communicate clearly defined expectations, timelines to complete tasks, and consequences for non-adherence to the return to work agreement.

Resources:

Supervisor Training From SAMHSA

Supervisor training from NSC

Intervention training for Supervisors from NAHB

4. Written Controlled Substance Use Policy

Employers and unions each carry responsibility for the health and safety of employees, and therefore should each have a written controlled substance policy. The policy should include the organization's goal for the workforce, be clearly stated and include the purpose, workforce expectations and prohibitions, substance use program elements, and policy consequences and appeals. The policies may be designed to meet the minimum drug use requirements mandated by law or may cover policies more broadly. Legal counsel, human resources, and employee relations should be involved with developing the policy to ensure it includes protections for risk management, injury prevention, and liability.

The policy statement may include the following:

- Specify who is covered
- Drug testing and consequences for violations
- Training to identify substance use behaviors for employees and supervisors
- Employee education on substance use risks and how to get help for those in need
- Assistance for employees who voluntarily seek help for impairment issues
- Meeting the requirements of the law

The substance use policy may include specific information related to the use of prescription opioids at work, and restrictions from safety sensitive work tasks while taking prescriptions opioids.

The union's policy is often part of the collective bargaining agreement. The goal of the employer or union policy is designed to maintain a drug free workplace. There are several guidance documents with examples of employer policies available for creating written workplace policies (links below). These documents may be a useful reference to create a union's policy.

Resources:

SAMHSA's Guide on Developing a Policy for a Drug Free Workplace

NSC's Sample Policy for a Drug Free Workplace Program

Kentucky Comeback's Sample Policies for a Drug Free Workplace

Return to Work, Job Accommodations, and Recovery Treatment

Return to work policies define the functional level an employee must meet to be eligible for returning to work after an injury, illness, or progressive health condition that limits function. A "fit for duty" determination means the employee is able to perform all of the essential duties of their assigned job, as outlined in the job description. For employees with medical or cognitive concerns, a fit for duty determination should be made by a medical provider knowledgeable about occupational tasks and workplace risks, such as an occupational medicine physician or person with similar training. Physical or mental impairments may be caused by work-related or personal injury or illness or substance use problems. Return to work policies for employees with substance use problems usually require a negative drug screen and documentation by a qualified physician approving fit for duty.

Drug addiction may interfere with a person's mental health processing shown as problems with attention, memory, ability to organize, and ability to control behaviors. Employees with substance use disorders (SUD) who complete recovery treatment may return to work if they can perform their regular job duties without placing themselves or others at risk of harm. An employee with as SUD may qualify for a job accommodation if their SUD has caused a disability as outlined in the American's with Disability Act (See Legal Concerns, p. 34). Accommodations must be provided for all employees with the same or similar disability. Information for accommodating employees is provided by the U.S. Department of Labor's Office of Disability Employment Policy and the Job Accommodation Network (JAN) [39, 40].

The goal of return to work policies for employees with SUDs is to create a system of support within the workplace and accountability of the returning employee to resume their usual work activities. There are several strategies employers can use to support employees in recovery including the following: flexible leave of absence policies to allow time to receive outpatient treatments; having modified duty options if needed; having EAP/MAP services available and encourage its use; and having a healthy workplace culture that does not tolerate stigma and discrimination for people with substance use conditions [31]. (See the section on Build a Culture of Care, p. 16)

Critical Incident Response Plan

Every company should have an established plan for how to respond to a critical incident in the workplace. A critical incident is defined as an event that caused an actual or perceived threat to an employee's well-being or someone close to that employee. Common examples of a workplace critical incident includes a major accident, workplace violence, employee suicide, or employee overdose. The response plan should include the immediate action taken for the health and safety of the victim and all other persons at risk. The employer should have a plan for each type of critical incident.

In the event there is an opioid overdose in the workplace, the employer plan may include having the lifesaving drug Naloxone available in the workplace, and trained persons to administer the treatment. In high doses, opioids will significantly slow breathing which can quickly lead to death if not reversed. Emergency responders carry Naloxone to reverse an opioid overdose. However, an employer may consider implementing a workplace naloxone availability and use program, as having the life-saving drug available in the workplace improves the chance for reversing the overdose successfully. If considering a workplace Naloxone program review the NIOSH Using Naloxone to Reverse Opioid Overdose Factsheet. A Naloxone program should include a written plan for how to respond to an overdose, training on how to administer Naloxone, clear expectations on who should be trained and how often, and insure Naloxone is available at the workplace. Naloxone training may be considered as part of employee education and/or supervisor training.

Addressing co-worker's psychological response to a critical incident
A critical incident response plan must consider the residual impact the incident might have on bystanders' and co-workers' psychological response and mental health. This is important for anyone who witnessed the event, or who was a friend or long-term co-worker to the victim(s) of the event. Supervisors and frontline managers should monitor how well the employees are coping after a critical incident occurs in the workplace, and should know when to act if one or more employees shows signs of mental stress (see Supervisor Training). If the employees are members of a union, the union representative or business agent should be notified about the incident so union support resources may be provided for the union employees. EAPs/MAPs, mental health agencies, and other medically trained support services may be brought into a workplace to provide mental assistance for the employees after the critical incident. Postvention strategies might include a formal critical incident debriefing session or an informal safety huddle debriefing with affected employees. These debriefings often include behavioral specialists or EAP/MAP representatives. Acknowledging the overdose and providing support in the immediate aftermath is a way to humanize your workforce and help individuals cope together and heal [41].

Resources for Employers:

NSC Naloxone in the Workplace

Optum training on responding to traumatic events in the workplace

International Critical Incident Stress Foundation's Primer on Critical Incidents

HRIA: Promising Policies for Overdose Prevention, Response, and Postvention

5. Drug Testing Policy

A policy addressing workplace testing for illegal drugs outlines circumstances in which job applicants and employees will be tested, testing procedures, and consequences of violating the policy. The goal of a drug testing policy is to deter employees from misusing drugs, identify employee's under the influence of substances who may be a safety risk to themselves or

others, and to identify employees who may have drug and/or alcohol problems and need treatment.

A drug testing policy may be subject to the limits or requirements of state laws where the employer or union operates. Therefore, employers and unions should check with legal counsel to insure all policies comply with the state laws.

The following sections provides general steps to create a drug testing policy:

- Research applicable state (and federal) legal requirements
- Establish drug testing procedures
- Inform affected applicants and employees of the testing policy
- Select an appropriate lab to conduct testing
- Investigate rehabilitation and treatment options

Special considerations:

- Investigate federally defined regulations for safety sensitive jobs (see Safety Sensitive Activities, p. 27)
- Employers required to or who choose to follow the Federal Drug-Free Workplace Act (DFWA) must follow a standard protocol (Drug Testing Laboratory Protocols) [42]
- All drug testing results should be treated as confidential medical information following Health Insurance Portability and Accountability Act (HIPAA) [43]
- Employees with a first time offense should be offered a "second chance" to retain employment after completing treatment (see Second Chance Policy in a Drug-Free Workplace Program, p. 25) [44]
- Create a Recovery Friendly Workplace that aligns with Culture of Care and demonstrates support across the full continuum of care from prevention, to treatment, and to recovery (see Recovery Friendly Workplace, p. 27)

Resources:

National Safety Council: Drug Testing and Opioids

ACLU State-by-State Workplace Drug testing Laws

Second Chance Policy in a Drug-Free Workplace Program

A second chance is intended for employees who show a sincere desire to attain and maintain a drug-free state upon returning to work. Employees unwilling to follow the steps for treatment and return to work plan or who fail to abide by the return to work contract may need to be terminated. Many employees who misuse substances want to stop, but are unable to do it alone. A second chance policy provides employees a chance to receive the treatment and support they need to get into recovery. Second chance policies are a cost effective way for employers and unions to retain employees, save replacement costs to hire and train new

employees, gain employee trust for early reporting and reduce fear of termination, save on healthcare costs, decrease absenteeism, and increase loyalty of employees following treatment [45].

The expectations in the policy typically includes:

- An assessment and treatment plan by a certified substance use professional
- Completion of a substance use treatment program (inpatient or outpatient)
- Employees agree to a return to work plan determined by the employer/human resource representative and supervisor
- Completion of follow-up outpatient treatment to monitor progress after return to work

An employer may use an external provider or their EAP (or MAP) to guide the employee through the steps of the policy, to monitor compliance with treatment, and to serve as a liaison between the employer and healthcare providers. Often, there is a return to work contract that states the expectations of the employee and is signed by the employee and employer [40, 46]. Employees assigned to jobs involving safety sensitive activities may be given modified duty (other duties or another job) until they are deemed "fit for duty" to return to their usual work duties [31]. (See the sections on Safety Sensitive Activities (p. 27), and Return to Work, Job Accommodation, and Recovery Treatment (p. 23))

The return to work agreement may include the following items:

- Monitor sobriety by submitting to random and/or regular drug tests.
- Positive drug test may result in termination
- Refusal to take a drug test may result in termination
- Compliance with outpatient or other aftercare program
- Statement about recourse for excessive use of sick or vacation time if illness is not verified by a physician's note
- Expectation to maintain standards of performance and failure may result in corrective action

Since relapse is more common in the early stages of recovery or when an individual is in a stressful and demanding situation [47], it is important these employees be given support and flexibility with their work schedule to allow for adherence to prescribed medication and attendance to outpatient behavioral treatments [33]. Supervisors should be trained to recognize if employees are struggling and encourage the employees seek help from their counselor and human resource personnel before they fail a drug test from a relapse. The return to work contract and continued behavioral treatment are ways to support the employee during the early stages of recovery [48].

Safety Sensitive Activities

Employees who perform safety-sensitive activities may need to be restricted from performing their usual duties while taking opioid prescriptions or related medications. According to the American College of Occupational and Environmental Medicine (ACOEM), safety sensitive tasks are activities that require high levels of cognitive function and judgment that can cause harmful or fatal events if the worker is impaired from substance use [49, 50]. Examples of safety sensitive activities include operating motor vehicles, forklift driving, overhead crane and other heavy equipment operations, or operators of other modes of transportation (i.e. airplane pilot, train conductor).

Employers should identify all jobs involving safety sensitive tasks, and document them consistently in written job descriptions. Employers may provide the treating physician and medical review officer (MRO) with a copy of the job description and a return to work letter template. The return to work letter may ask the physician if there are any safety concerns that must be accommodated in returning the employee to usual duties. The job description provides the physician the information necessary to make a "fit for duty" determination for workers. There is specific guidance on the topic of safety sensitive activities and return to work offered by the Department of Transportation (DOT) and Department of Defense (DOD) that can guide an employer's return to work program [51-56].

Recovery Friendly Workplace

Opioid use disorder is a brain disease that causes individuals to experience intense cravings for opioids, but with treatment, employees in recovery can be fully employed and productive workers in the workplace. Recovery is a process that helps the individual resist drug use, and improve resiliency and mental stability over time. Current evidence-based treatment includes a combination of medication to reduce the cravings and behavioral counseling to help the individuals learn positive behavioral approaches and how to avoid situations that expose them to reusing drugs [57, 58]. The workplace environment can improve the success of recovery by having a strong support team, a structured work schedule, and providing the employee meaningful activities [22, 59]. The workplace organization must be prepared to support an employee in recovery with a positive environment, as relapse is more common when the individual is immersed in stressful situations. With ongoing treatment and greater personal success, the employee in recovery will progress to a more stable mental state.

What should a recovery friendly workplace include?
Recovery Friendly Workplaces can increase the chance of successful return to work by offering jobs with manageable workloads and responsibilities, having a caring culture that promotes empathy for individuals in recovery and address stigmatizing attitudes, and promoting wellness as part of a "sober" lifestyle. Policies should allow the employee in recovery a flexible work schedule and/or time off to continue to receive treatment, a return

to work plan with jobs based on the skill and mental stress tolerance of the employee, a structured work environment with clearly established expectations, and ongoing social and organizational support. Employees in recovery may benefit from having access to peer support specialist and support groups either at the worksite or accessible in a community setting [60]. Some employers create "sober crews" of workers so they can support each other and avoid social discussions involving drug and alcohol use.

Steps employers (and unions) should take to become a recovery friendly workplace [22, 60]

- Leadership openly communicates support for a culture of care
- Educate employees to understand and prevent opioid use disorder
- Supportive workplace policies for employees in recovery
- Health insurance and pharmacy benefits to cover substance use treatments
- Training supervisors to appropriately communicate with employees in recovery
- An EAP/MAP program tailored to help employees with substance use needs
- Workplace policies to confront stigmatized behaviors

Resources

Recovery Friendly Workplace Toolkit
https://www.peerrecoverynow.org/ResourceMaterials/RFW_Toolkit_v6.pdf

Recovery Community Organization Directory
https://www.peerrecoverynow.org/field/rco.aspx

6. Healthcare Insurance and Pharmacy Coverage

Providing insurance coverage for comprehensive medical and behavioral healthcare, and appropriate forms of pharmaceutical treatments can insure employees have access to the best treatments to curb employee risk for developing opioid misuse and opioid use disorder [61].

Comprehensive healthcare benefits should include coverage of both medical and behavioral health treatments across the substance use continuum from prevention to recovery. Although employees with opioid use disorder (OUD) may be successfully treated, current evidence suggests they generally require intense medical (detox), pharmaceutical management using medication for opioid addiction treatment (MAT) to reduce the strong cravings often experienced by individuals with opioid dependence, and extensive behavioral health counseling [62, 63].

Collaborative Care Model (CCM) is an integrative approach to provide effective mental health care healthcare team, and is often led by the primary care provider with involvement from a behavioral health provider, a psychiatrist, and the patient [62]. Information is shared through the electronic health record (with patient permissions), and allows for greater knowledge about the patient's health situation to be considered in all treatment decisions. There are specific Current Procedural Terminology (CPT) codes available to cover charges of services and time related to CCM.

Pharmaceutical Coverage and Pharmacy Benefits Manager (PBM)
The health plan's covered pharmacy generally include opioid formularies to treat painful medical conditions, but the condition, medication dosage, and duration of the prescription should limit the risk for developing opioid dependency. The Center for Disease Control and Prevention (CDC) provides guidelines on prescribing opioids for chronic noncancer pain management [64], and for combining opioids with other medications including benzodiazepines [65]. CDC guidelines recommend using immediate-release opioids, starting with low dose, limiting supply to address acute pain, avoiding extended-release long-acting opioids for acute pain, and re-evaluating pain by the physician before giving additional prescriptions [41]. Encourage physicians and pharmacies to consult the Prescription Drug Monitoring Program (PDMP) before filling new prescriptions [66]. The PDMP are state-run electronic databases used to track the prescribing and dispensing of controlled prescription drugs to patients, and are intended to avoid suspected abuse or diversion of controlled substances.

Worker's Compensation
Workers' Compensation insurers provide medical benefits, compensation for lost wages, retraining, and return to work assistance of occupational injury and illness. Many workers' compensation plans follow the CDC guidelines to carefully monitor the use of prescription opioids to decrease the risk of the employee using chronic opioids that may lead to the development of opioid use disorder.

Using Data to Drive Decisions
Data on employee health metrics such as the number of employees prescribed opioids and types of claims for these prescriptions are useful for showing the overall substance use patterns and problems of misuse in the workforce. However, this data is protected by privacy rules (such as the Health Insurance Portability and Accountability Act of 1996) that restricts the sharing of data. Using health claims and pharmacy data is a valuable way to show if a substance use program is effective and if there are gaps in coverage of benefits that may contribute to opioid misuse. Recommendations and guidance on data analytics may be found at the Kentuckiana Health Collaborative. Other types of data, often called leading indicators, are useful to document the roll-out of a prevention program (similar to delivery of a safety program). These metrics may include the number of positive drug screens (annual or for return to work), the number of employees or supervisors attended opioid training or reasonable suspicion training, or the number of employees used EAP/MAP services.

Resources:

NSC's Guide on Navigating Benefits and Health Care Data

Optum's 5 opioid Risk Management Strategies

Strategies: Healthcare Insurance and Pharmacy Coverage

1. Verify medical providers follow evidence-based practices for prescribing opioids (per the CDC guidelines for chronic noncancer pain and alternative non-opioid treatments when appropriate for acute or chronic pain).
2. Minimize early exposure to opioids by offering non-opioid and non-pharmaceutical pain management options such as physical therapy, chiropractic, acupuncture, cognitive behavioral therapy, and/or mindfulness.
3. Offer behavioral health services to employees (and their dependents) for treatment of mental illness and substance use disorders and follow mental health parity requirements.
4. Insure behavioral counselors and providers are accessible to employees' physical location for in-person sessions, offer a telehealth option, insure treatment hours accommodate the employee's work hours, and offer crisis management hotlines for emergencies.
5. Insure the behavioral health provider has an adequate number of counselors available to minimize wait times for appointments for treatment and work with your provider if they need to expand their network.
6. Consider expanding insurance coverage for screenings, brief intervention, and referral to treatment (SBIRT) for substance use and prescription drug problems through a third party behavioral health or primary care provider in your health system. Visit SAMHSA's website for more detail on SBIRT.
7. Provide coverage (with reasonable copay) for inpatient and outpatient recovery services and behavioral counseling for those with opioid use disorder.
8. When possible, integrate medical, behavioral, and pharmacy services and health records to improve communication and a collaborative care model.
9. Use NSC Warn Me Labels on insurance cards

Pharmacy coverage:

10. Insure employee education on risks of opioid prescriptions, and provide safe disposal for unused medications (either a disposal bag or location).
11. Monitor the supply of prescription opioids as recommended by the CDC minimal number of days (3 to 7), monitor dosage (maximum of 50 morphine milligram equivalent (MME)), and require reauthorization by provider regardless of the reason for the medication [67].
12. Check with your PBM to see if they offer an opioid management program (Example: Express Scripts).
13. Coordinate with the physician to consult the Prescription Drug monitoring program (PDMP) before prescribing an opioid to avoid multiple opioid prescriptions [66].
14. Offer coverage for medication for opioid addiction treatment (i.e. buprenorphine) as this may be a treatment for employees with opioid use disorder.

Prescription Opioids and Pain Management

Opioids are highly effective to control acute pain but high doses and long-term use of prescription opioids quickly leads to addiction and the diagnosable condition called opioid use disorder [68, 69]. Prescription opioids should be judiciously prescribed for short-term acute pain, and carefully monitored by a physician [64]. Health plans, whether sponsored by the employer or union, should seek information from their insurance company and health system to learn about their in-network providers' treatment approach of using prescription opioids for pain management to insure opioids are prescribed appropriately.

Even though opioids are effective for treating acute pain, often non-opioid treatments are equally or more effective for managing pain [70-72]. Alternative treatments may include nonsteriodal anti-inflammatory or non-pharmaceutical treatments like physical therapy, and cognitive behavioral therapy [64, 67]. Employers and unions should consider providing alternative pain treatments as covered services in their benefits plan.

Opioids are not effective for treating long-term chronic pain [73, 74]. Patients with long-term pain often receive escalating doses of prescription opioids in an attempt to achieve effective pain reduction overtime. Yet there is low therapeutic benefit and increased risk of other health problems with long term opioid use [75, 76]. Patients with a dependency on opioids suffer from strong cravings and fear experiencing symptoms of withdrawal if opioids are abruptly stopped or opioid tapering is poorly controlled [77]. Before a health plan sponsor initiates an opioid prevention program with more strict opioid prescription policies (to follow the CDC guidelines), the health plan must first decide how they will manage employees who already receive opioids to manage pain [64]. An abrupt stoppage of opioids may cause patients to resort to misusing other's prescriptions or to using illicit drugs [77, 78]. The health plan sponsor (employer or union) should work with their healthcare system and providers to tailor a plan to each employee who uses chronic opioids [73, 77, 78]. Patients with severe chronic pain may benefit from treatment through a pain management center as there are a growing number of non-opioid alternative treatments that can help patients manage high pain levels [70].

Treatment and Recovery from Opioid Use Disorder

Employees dependent on opioids suffer from a brain disorder that creates strong cravings to seek more opioids [79, 80]. Current evidence suggests using medication can effectively treat cravings from opioid addiction so the employee can begin to recover and focus on normal activities including work [62, 70, 81]. These employees generally need to go through a detox program to eliminate opioids from their body before initiating medication for addiction treatment (MAT). There are three FDA-approved medications effective for preventing relapse and facilitating recovery (Buprenorphine, Naltrexone, Methadone). The provider should work

with the employee to find the appropriate medication and dose, and the health plan sponsor (employer or union) should cover the cost of MAT as part of the pharmacy benefit.

Employees with opioid use disorder may have experienced a dependency to opioids for many years, so treatment and recovery may require receiving inpatient and/or outpatient treatments. In addition to detox and medication for addiction, employees should receive behavioral health counseling to learn how to manage their substance use within the context of their life [82]. This process will take time. Risk of relapse is lessened with ongoing treatments and support [57] and if the cost of treatment is covered by their health plan [83]. The employee would also benefit from having a flexible work schedule and if necessary, paid time off to allow them to attend outpatient treatment.

7. Employee or Member Assistance Programs

An employee assistance program (EAP) is an employer-provided benefit intended to help employees improve work life balance due to mental health, substance use, and personal and workplace issues primarily through short-term solution-focused counseling. Unions offer a similar program through a member assistance program (MAP). EAPs or MAPs should offer easily accessible and confidential services.

EAP/MAP services related to opioid misuse prevention should span the continuum of care from prevention to intervention to recovery services. EAP/MAPs may help with prevention support by providing employee education trainings; intervention support through counseling and referral to services; and recovery support through intensive treatment and return to work [33]. More information for each of these topics can be found in other sections: Drug Testing Policy p. 24; Healthcare Insurance and Pharmacy Coverage p. 28; Return to Work, Job Accommodations, and Recovery Treatment p. 23; Critical Incident Response Plan p. 23.

EAP/MAP services may be provided by clinicians employed in-house or contracted by local or national vendors [84]. Services should be provided by trained or certified clinicians (licensed psychologists, master's level social worker, licensed professional counselor, licensed substance abuse professionals, or a certified employee assistance professional). The type of service, whether in-person by a local vendor or via telehealth from local or national providers, often affects the hours of operation. Many national call centers and telehealth sessions are available 24 hours per day, 7 days per week. In-person sessions may be limited to weekday, daytime hours. There may be a trade-off in costs and type of services offered by a local versus national provider. Less cost does not always provide your employees the services they need (see FAQs).

Many EAPs and MAPs are poorly utilized by employees. A behavioral health survey with employees from 2020 showed 39% of employees reported struggling with mental health issues [85] suggesting that many of these employees would benefit from EAP/MAP services. Yet utilization of these services has remained consistently below 10%, even during the pandemic

[86]. Most health plans provide employees only the contact information for their EAP/MAP and leave it up to the employee to initiate contact. Some EAP/MAPs fail to have a person answer the call by limiting in-person coverage to standard 9:00-5:00 business hours or using an answering service; many have an inadequate number of clinicians, so first available appointments are weeks or months after the call. Under-utilization may also be due to a lack of awareness of available services, how to navigate the service, lack of trust in confidentiality, and the stigma that coworkers and supervisor will think less of the employee for using the service.

There are many ways to optimize utilization of EAP/MAP [33, 84, 87]:

- Cover the cost of employee sessions (for a specific number of sessions or all sessions)
- Upper management demonstrates support for EAP/MAP and mental health
- Increase awareness of services by regular promotion and simple description of services
- Build employee trust with providers through in-person provider-delivered presentations on relevant topics
- Emphasize respect for confidentiality in all communications
- Encourage referral for services from human resource and supervisors (supervisor training on how to talk to employees about EAP services)
- Insure the EAP/MAP has an adequate number of clinicians available for timely appointments that meets employee demand
- Insure the location and available services are convenient (location of office, telehealth option, hours of operation, flexibility)

Health plans should monitor the utilization of EAP or MAP services regularly, and make decisions to increase utilization by changing promotion, services, or providers. Refer to the section on Things to Consider When Selecting an EAP (p. 33) to find more guidance on selecting and strengthening an EAP.

Strategies: EAP/MAP

1. EAP/MAP providers may give education on opioid risks
2. Know who is eligible to use your EAP/MAP
3. Know the utilization rate of your EAP/MAP
4. The EAP/MAP providers may organize and/or lead peer support groups

Things to Consider when Selecting an EAP or MAP

When seeking an EAP or MAP for eligible employees, you may send out a Request for Proposal to learn what each company has to offer. The following items can be used to guide questions for potential vendors [84]

1. Verify the provider offers 24-hour coverage, accessible by telephone, and has an intake process.

2. Have them explain their clinical assessment process, short-term counseling offerings, and referral procedures.
3. Ask about available services to support the company's workplace substance abuse program such as ability to consult with supervisors on employee management issues, provision of training programs for supervisors and/or employees related to substance use, assist with development of human resource procedures and policy, and critical incident response services (Resources: Optum training on responding to traumatic events in the workplace, International Critical Incident Stress Foundation's Primer on Critical Incident Stress Management)
4. Describe their current network of EAP/MAP affiliates and contracted behavioral health providers, credentials or qualifications of the clinicians, and geographical locations of offices.
5. Explain their data management plan, list of metrics monitored, and provide examples of utilization and other reports.
6. Explain their account management, communication between and within contracted organizations, and promotional plan and methods of services.
7. Ask for information about how data is utilized for quality improvement and evaluation.
8. Describe roles and responsibilities of their staff, verify professional liability insurance, and describe any other enhancement services provided.
9. Ask for a fee proposal with services itemized and explain fee structure.
10. Ask them to describe their past experience working with employees in the same industry. EAPs should be familiar with the unique characteristics and challenges faced by employees in unique industries such as construction, mining, agriculture, and transportation among others.

It is also a good idea to test out the customer service for yourself. Send a communication through the website, and make a test call to the 24-hour hotline. Make the call at a time similar to when an employee might call. Assess the time to get a response, number of transfers, and professional response of the counselor.

8. Legal Concerns

An employer or union opioid prevention program should consider the federal and state labor laws and regulations and the expectation that employees will be kept safe and free from harm while performing their work duties. These laws and regulations are related to medical management, labor laws and contracts, and employee rights for employment. An opioid prevention program should be developed with full knowledge of the laws and reviewed by a legal counselor. Medical protections include protecting individual health privacy so communications of employee medical information maintains the privacy of the employee's medical condition [43]. This includes information involving drug test results, and return to work

plans following treatment. In addition, health plan sponsors should be aware of and follow the expectations in the Mental Health Parity and Addiction Equity Act of 2008 [17].

There are several labor laws and regulations designed to protect the safety and health of the workforce. The Occupational Safety and Health Act of 1970 requires employers provide safe and healthy working condition for all workers [88]. Employers are expected to keep all employees safe from harm and from causing harm to others such as from the harmful influence of drugs while working. Federally-funded organizations and contractors must provide a drug-free workplace (DFWP) which is free of illicit drug use and provides a safe workplace for all employees [89, 90]. The DFWP guidelines cover the criteria for random and justified drug testing, appropriate methods for drug testing, which drugs may be tested and what actions are to be taken if there is a positive result. Private businesses may choose to follow some or all of the DFWP policies and procedures.

Employment laws also prohibit discrimination of individuals with disabilities including those suffering from substance abuse (Americans with Disabilities Act of 1990, ADA). The ADA (and updated Americans with Disabilities Act Amendments Act ADAAA of 2008) requires employers to provide reasonable accommodations for employees who have a disability that may impact job performance [91]. An employee in recovery from substance use, including those taking prescription medication for substance use disorders or currently taking prescription opioids may qualify for an accommodation [92].

Strategies: Accommodations for Employee with OUD

- Determine the limitations the employee is experiencing
- Identify how these limitations affect the employee and their job performance
- List specific job tasks that are problematic as a result of the limitations
- Identify accommodations available to reduce or eliminate these problems
- Once accommodations are in place, evaluation effectiveness and determine if modifications or additional accommodations are needed
- Provide supervisors with appropriate training if needed

Employers with 50 or more employees may be required to provide Family Medical Leave Act (FMLA) benefits, short-term time-off for family and medical reasons and retain their health insurance coverage [93]. Employees may be able to use their benefit to receive intermittent or short-term substance use and recovery treatments. Union requirements may differ from private employers.

Frequently Asked Questions (FAQs)

1. Q: How do I communicate with my workforce effectively about opioids, risk of addiction and opioid use disorder?

A: *Using methods of communication that will reach everyone in your diverse workforce is important to increase knowledge of opioids among employees and benefits of using employer and union-sponsored resources. Communicate information and resources to employees through established employer or union organization communication channels such as e-mail, social media posts, and newsletters [94]. Using multiple communication channels is important to increase the reach and accessibility of the information. Here are some effective ways of communicating about opioids and risks of opioid misuse:*

- *Having organization-wide training sessions in-person or on zoom can be effective ways to communicate information to employees and answer any questions they may have surrounding opioids and addiction.*
- *Using appropriate testimonials within the organization when communicating about addiction and opioids can help employees better relate to the issues.*
- *Enlist trusted employees to communicate messages that may be more readily acceptable to general employees.*
- Use infographics and signs to communicate key points, statistics, and tips about opioids that you want to emphasize.
- *The NSC has provided a helpful guide for communicating about opioids in the workplace. Visit the resources section for information and other resources to use when communicating with employees*

2. Q: How can I help employees with opioid related challenges feel comfortable seeking help?

A: *It can be hard for employees to be open about opioid use issues due to the stigmatization around addiction, drug misuse, and fear of consequences. Employees delaying help and treatment for opioids misuse can allow drug use issues to worsen. Building trust with employees is key to increasing help seeking behaviors. Employers and unions can increase trust by:*

- *Having top-down organizational buy in to create a culture of care starting with leadership (see section on Creating a Culture of Care).*
- *Have open conversations about society's opioid crisis and opioid use disorders in the workplace [51].*
- *Use non-stigmatizing language in all communications [44].*
- *If an employee is willing to share their recovery story they can be a source of support for others.*
- *Provide EAP services to employees, and ensure and emphasize confidentiality (See section on EAP).*

- *Have members of leadership (if willing) give testimonials or share stories about their own or other's experience with opioid misuse and addiction.*

3. Q: How can I ensure employees who are seeking help for substance use problems have access to effective treatment quickly?

A: The health plan sponsor (e*mployer or union) should:*

- *Communicate to employees a list of in-network providers for substance use treatment.*
- *Ensure that in-network providers use effective evidence based treatments.*
- *Provide EAP/MAP and telehealth resources to employees with 24/7 or flexible availability.*
- *Provide employees with anonymous substance use emergency hotlines and ensure responsiveness.*
- *Provide health care navigation services (EAP/MAP or Nurse Advocate).*

4. Q: How do I support my employees struggling with OUD if I'm a small employer?

A: *Smaller size employers may struggle with inadequate time and resources to be able to create an opioid prevention program. Smaller employers may get group insurance rates offered through small business organizations or insurance plans (i.e. small business health option programs (SHOP)). Insurance benefits pooled across many companies can provide lower rates. Joining local or state opioid safety coalitions (i.e.* NoMODeaths*) to combat opioid abuse and misuse in your community can show employees that you care and have a positive impact on the community [32]. Here are some resource for offering benefits and Insurance as a Small employer:*

- Small Business Health Options Program (SHOP)*- SHOP is an insurance marketplace for small employers (1-50 employees) who want to affordably provide health insurance to their employees.*
- *Look to see what information and options on benefit plans your state's chamber of commerce offers to small businesses. Chambers of Commerce in states like* Missouri *and* California *offer group benefit plans to small employers (1-50 employees).*

5. Q: If my business or employees are located in a rural area how can I offer a range of treatment & support options?

A: *While rural employers or union locals may have limited access to treatment facilities, rural employers or unions can still:*

- *Provide telehealth for employees to access both behavioral and medical healthcare. Telehealth options allow employees in rural areas to receive certain treatments misuse by phone with flexible hours.*
- *Use a local pharmacy that is a part of* Community Pharmacy Enhanced Services Network (CPESN)*. Pharmacies a part of this network offer continuous patient care after visiting a health professional or being discharged from a hospital or other healthcare facility.*

Pharmacists work collaboratively with the patient's other health care team members to provide coordinated care.

- *Locate and promote local peer support groups in the area to your employees. If there are not peer support groups near your area, try and connect employees to online peer support groups.*
- *For more information and strategies on combating the opioid crisis in a rural community look at the* Rural Community Action Guide: Building Stronger, Healthy, Drug-Free Communities

6. Q: How do we improve EAP/MAP utilization?

A: *Promotion and implementation of an EAP/MAP should include a review of utilization rate report regularly. These reviews should set specific utilization goals and metrics to identify specific targets for management focus. Management's focus should be directed at areas that your company or union believes they can improve on with specific measurable processes and outcomes. These metrics should be reviewed regularly and used to create action plans and assess progress.*

> *For example, a company's utilization report identified EAP counseling services as underutilized by field workers of the company. The company sets a goal to increase utilization rates of field workers. It measures the process or efforts made to promote and increase utilization by field workers (e.g., track number of toolbox talks given to promote EAP to field workers, the signs posted, emails sent). Review results at next quarter's utilization report to determine improvements and create new plans.*

EASNA has suggested the following strategies for promotion and implementation of EAP services [57]:

- *No cost to employees for a specific number of sessions or all sessions*
- *Emphasize respect for confidentiality in all communications to employees*
- *Insure there is an adequate number of providers for timely appointments to meet employee demand*
- *Frequent written promotion and positive verbal promotion from managers in employee meetings*
- *Manager training to encourage making both formal and informal referrals to employees*
- *Have EAP representatives in the workplace build trust and foster relationships with employees*

7. Q: My EAP/MAP is not as responsive as I would like, what can I do?

A: *EAP/MAP services may not be available for a variety of reasons. If employees are experiencing challenges getting help, define the problem by taking the following step:*

- *Review the EAP/MAP contract terms and agreement of services for your organization to determine if the expected services are covered.*
- *Make a call to the EAP/MAP to test their response and access to help. Conduct the test at various times of the day and night.*
- *If there is a poor response to a call, notify your EAP/MAP and see if they can resolve the issue. If not, consider getting a different EAP/MAP provider.*
- *Ask employees to share their experience about the responsiveness of calling the EAP/MAP. Give the employee the option to report anonymously.*

8. Q: How can an employer integrate our EAP with business operations?

A: *EAPS should work collaboratively with internal organizational departments and other benefit providers (e.g. health insurance) who work in absence management, disability management, return to work programs, injury rehabilitation, and disease management programs. EAP can work with these programs to improve treatment access and case management for chronic disease management programs. To get the highest value from an EAP purchasers will need to:*

- *Request services that can be integrated into their business operations (see sections on Drug Testing, Supervisor Training)*
- *Develop an action plan for EAP integration using* EASNA's EAP Purchaser's Guide
- *Integration and maintenance of EAP integration will require HR staff time and resources. Staff responsibilities related to EAP integration could be explicitly included in the positions' job descriptions.*

9. Q: What are the best options for ensuring treatment coverage if we have employees at multiple geographical locations?

A: *Health plan sponsors (employer or union) whose employees work at a variety of locations should make sure the treatment providers and facilities for "in-network" providers matches the geographical locations of the employees. There is an increasing use of tele-health and virtual options by providers for a variety of health issues, which can be accessed in locations with reliable phone or internet. Employers may consider using health insurance with a national presence that cover providers in many locations.*

10. Q: How do I accommodate an employee at work who is taking prescription medication for opioid addiction treatment (MAT)?

A: *MAT is an evidence-based treatment for employees in recovery to manage strong cravings from opioid addiction. Consult with the employee's prescribing physician to learn how long the employee may need to take MAT, although this treatment may be long-term. Employers should:*

- *Educate employees, supervisors, and leadership about MAT*
- *Develop written policy on how MAT and return to work will be handled*

- *Provide a wide range of evidence based treatment and recovery options for employees. MAT with safe and well managed dosages works best when paired with counseling and social support strategies [33]*
- *Use an EAP/MAP to help track an employee's engagement with treatment services while an employee is in a return to work program*

11. Q: Are there concerns for employees using MAT in the workplace?

A: *Medication for Opioid Addiction Treatment (MAT) is an effective treatment for employees in recovery with opioid use disorder [95]. MAT is more effective when combined with behavioral therapy and counseling to help employees control strong cravings, and manage mental health issues after they have returned to work [63]. Educating employees, supervisors, and leadership on the facts around MAT can help dispel myths, misconceptions, and stigma around MAT in the company or union organization. While using the correct dosage of MAT does not have adverse negative effects on physical and mental functioning, employability, or intelligence, it may impair a person ability to perform safety sensitive tasks [96]. Being educated on how to accommodate employees prescribed MAT can be helpful in a return to work situation. For more info, look at "COB: Safety Sensitive Activities, p. 27."*

State Level Employer Resources

State Resources: Focus of the Resource (Prevention= P, Treatment= T, Recovery= R)

Alaska

- Addiction and the Workplace- https://dhss.alaska.gov/osmap/Documents/WorkplaceAddiction.pdf (T,R)
- Alaska 211- https://alaska211.org/search-our-database/ (T,R)

Arizona

- Treatment Options for Opioid Abuse, Misuse, and Dependence- https://www.pinalcountyaz.gov/sheriff/documents/gettinghelpforopioidmisuseabusedependence.pdf (T,R)

Arkansas

- Arkansas 211- https://arkansas211.org/ (T,R)
- Together Arkansas Resources- https://togetherarkansas.com/resources/ (P,T,R)

Colorado

- Colorado Opioid Treatment Programs- https://drive.google.com/file/d/0B_Qu7DlYJwx7d0NzTE1yelBrVTQ/view?resourcekey=0-zCDLXFeCptTz93qq0NxdfA (T)

Connecticut

- Connecticut Community for Addiction Recovery (CCAR)- https://ccar.us/ (R)
- The Opioid Crisis and Connecticut's Workforce: https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/environmental_health/occupationalhealth/Opioid-conference-writeup_FINAL-FINAL_11_28_18-(2).pdf (P)

Florida

- Dose of Reality: Get Support (Business)- https://doseofrealityfl.com/businesses.html (P)

Georgia

- Dose of Reality: Get Support (Business)- https://doseofrealityga.org/get-support/business/ (P)

Hawaii

- Hawaii Opioid Initiative: (Business)- https://www.hawaiiopioid.org/business/ (P)
- List of Hawaii Treatment Centers- https://www.hawaiiopioid.org/wp-content/uploads/2019/07/2017-2019-Treatment-Providers-.pdf (T)

Illinois

- Illinois Helpline for Opioids and Other Substances: 1-833-2FINDHELP (T)

Indiana

- INConnect- https://secure.in.gov/apps/fssa/providersearch/home (T,R)

Kentucky

- Find Help Now KY- https://findhelpnowky.org/?utm_source=Vimarc&utm_medium=display&utm_term=&utm_content=ky-chamber-of-commerce&utm_campaign=ky-chamber-of-commerce (T)
- Opioid in Kentucky Abuse- The Business Community's Perspective- https://www.kychamber.com/sites/default/files/pdfs/Opioid%20Abuse%20in%20Kentucky%202019%20-%20website.pdf (P,T,R)

Maryland

- Opioids in the Maryland Workplace: Challenges and Solutions- https://health.maryland.gov/phpa/OEHFP/EH/Shared%20Documents/Opioids%20and%20Work/MarylandOpioidWorkplaceReport_091619.pdf (P)
- MDHope: Opioid-Related Text Message Support: https://211md.org/about/text-messages/md-hope/ (T,R)

Michigan

- MDHHS: Get Help Now (Behavioral Health)- https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/welcome/get-help-now-behavioral-health_1 (T)

Minnesota

- Minnesota Opioid Epidemic Response: Employer Toolkit- https://www.health.state.mn.us/communities/opioids/communities/employertoolkit.html (P,T,R)
- Minnesota Recovery Connection- https://minnesotarecovery.org/ (R)

Mississippi

Missouri

- Recovery Friendly Missouri- https://recoveryfriendlymo.com/ (P,T,R)
- NOMODEATHS- https://www.nomodeaths.org/ (P,T,R)

Montana

- Opioids in the Montana Workforce: https://erd.dli.mt.gov/_docs/work-comp-research/Montana-Opioids-by-Industry-Occupation.pdf (P)

New Hampshire

- New Hampshire Works for Recovery- https://www.recoveryfriendlyworkplace.com/contact (P,T,R)
- The DoorWay New Hampshire- https://www.thedoorway.nh.gov/ (T)

New Mexico

- Recovery Friendly Workplace New Mexico- https://www.recoveryfriendlyworkplacesnm.org/
- New Mexico Crisis and Access Line- https://nmcrisisline.com/ (T,R)

North Carolina

- North Carolina Opioid Resources- https://opioidresources.ncdoj.gov/resources/ (P,T,R)

North Dakota

- Recovery Reinvented Workplace- https://recoveryreinvented.com/ (P,T,R)

Ohio

- Ohio Chamber of Commerce: Opioid Toolkit- https://ohiochamber.com/opioid-toolkit/ (P,T,R)
- Strategies for Helping Individuals Impacted by Opioid Use Disorder- https://jfs.ohio.gov/owd/WorkforceProf/Docs/OWDOpioidToolkit.stm (P,T,R)

Oregon

- Reverse Overdose Oregon- https://www.reverseoverdose.org/ (P,R)

Pennsylvania

- Pennsylvania Recovery Friendly Workplaces- https://recoveryfriendlypa.org/ (P,T,R)
- PA Department of Drug and Alcohol Programs: Find Treatment- https://apps.ddap.pa.gov/gethelpnow/CareProvider.aspx (T)

Rhode Island

- Rhode Island Recovery Friendly Workplace Initiative- https://recoveryfriendlyri.com/ (P,T,R)
- Prevent Overdose RI- Get Help- https://preventoverdoseri.org/get-help/ (P,T,R)

South Carolina

- Just Plain Killers: Find Help- https://justplainkillers.com/find-help/ (Treatment)

South Dakota

- Avoid Opioid: Resource Hotline- https://www.avoidopioidsd.com/find-help/resource-hotline/ (Prevention, Treatment, Recovery)

Tennessee

- The Tennessee Redline- https://tntogether.com/resources/tennessee-redline/ (T)

Texas

- Texas HHS Outreach, Screening, Assessment & Referral- https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/outreach-screening-assessment-referral (P,T,R)

Utah

- Opidemic: Get Help- https://www.opidemic.org/get-help/ (Treatment/Recovery)

Vermont

- VT Helplink- https://vthelplink.org/ (T,R)

Virginia

- Resource Guide: Opioid Public Health Emergency- https://www.vdh.virginia.gov/content/uploads/sites/127/2017/12/Opioid-Resources-VSP-Div-II.pdf (T,R)

Washington

- Stop Overdose: Crisis and treatment resources- https://stopoverdose.org/getting-help/crisis-and-treatment-resources/ (T,R)

West Virginia

- West Virginia State Substance Abuse Response Plan- https://dhhr.wv.gov/office-of-drug-control-policy/news/Documents/FINAL%20-%20West%20Virginia%202020_2022%20Council%20Substance%20Use%20Plan_January%2020%2C%202020%20%28as%20filed%29.pdf (T,R)

Wisconsin

- Dose of Reality Wisconsin- https://doseofrealitywi.gov/get-support/business/ (P)

Special Topics/Callout Boxes

Terms List

Addiction
A primary, chronic, neurobiologic disease with genetic, psychosocial, and environmental factors influencing its development and manifestation. Characterized by behaviors that include impaired control over drug use, compulsive use, cravings, and continued use despite harm.

Behavioral Health Care (Mental Health Care)
Health care service and delivery involved in psychological assessment and intervention by certified providers from several specialties (counselors, psychiatry, neurology, social work). This type of care includes but is not limited to psychological screening and testing, psychotherapy and family therapy, and neuropsychological rehabilitation.

Behavioral Health Insurance
Offers coverage of mental and behavioral health services. Plans ideally cover treatment for psychotherapy and counseling, mental and behavioral health inpatient services, and substance use disorder treatment.

Chronic Pain
Pain that is experienced most days or every day, and has lasted three or more months.

Collaborative Care Model
An integrative approach for effective mental health care provided by a care team often led by the primary care provider and includes a behavioral health provider, a psychiatrist, and the patient.

DFWA Drug Free Workplace Act
States a drug-free workplace policy is required for any organization receiving a federal grant of any size or any organization that receives a federal contract of $100,000 or more.

DFWP Drug Free Workplace Program
Drug-Free workplace programs are comprehensive programs that address illicit drug use by federal employees and in federally regulated industries.

MAT (Medication for Addiction Treatment)
Medication used to treat substance use disorders as well as sustain recovery and prevent overdose.

Mental Health Parity and Addiction Equity Act
Enacted in 2008 and requires insurance coverage for mental health conditions, including substance use disorders, to be no more restrictive than insurance coverage for other medical conditions.

MRO Medical Review Officer
A physician who determines how drug test results will be reported to an employer or union in the context of all information including the test result and the donor interview.

Substance Abuse
A pattern of compulsive substance use marked by recurrent significant social, occupational, legal, or interpersonal adverse consequences

Substance Misuse
The use of a substance for unintended purpose or intended purpose (i.e. prescription) but in improper amounts or doses.

Substance Use
The use of tobacco, alcohol, prescription drugs, or illicit drug.

Substance Use Disorder (opioid use disorder)
The clinical term describing a syndrome consisting of a coherent set of signs and symptoms that cause significant distress and or impairment during the same 12-month period. When caused by use of opioids, defined as opioid use disorder.

Tapering
A practice in pharmacotherapy of lowering the dose of medication incrementally over time to help prevent or reduce adverse experiences as the patients' body makes adjustments and adapts to lower and lower doses.

Workplace Culture
A set of beliefs, norms, and values that are apparent in the workplace.

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Disclaimers These guidelines provide general information on the topic of addiction in the workplace but should not be taken as legal advice. Please consult an employment attorney to discuss the content of your substance use program. The content of the guidelines are solely the responsibility of the authors and do not necessarily represent the official views of the National Institute of Health.

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