

# Labor Role in Establishing Recovery Ready Workplace Programs

December 4 – 5, 2023



**STRONG UNIONS**  
*Build*  
**STRONG COMMUNITIES**  
NEW YORK STATE LABORERS' HEALTH & SAFETY TRUST FUND



Make the Road NY's  
Free Health Job  
Training Programs



# **Introductions and objectives**

# Objectives – After attending the participants will be able to describe:

- Labor union and worker participation in establishing RRW programs, including role of safety and health and labor/management committees.
- Establishing member assistance and EAP programs.
- Overcoming stigma.
- Making the case with management.
- Using the CHAMP Program to help members access services.

# Polling Question 1

Do you consider your knowledge and activities on recovery ready workplace:



- a. advanced,
- b. intermediates, or c
- c. just getting started?

# Ice Breaker

Write on the flip chart:

- your name
- Industry
- occupation



## Polling Question 2 (select all that apply)

While working or returning to work during the pandemic, I was aware of increased:

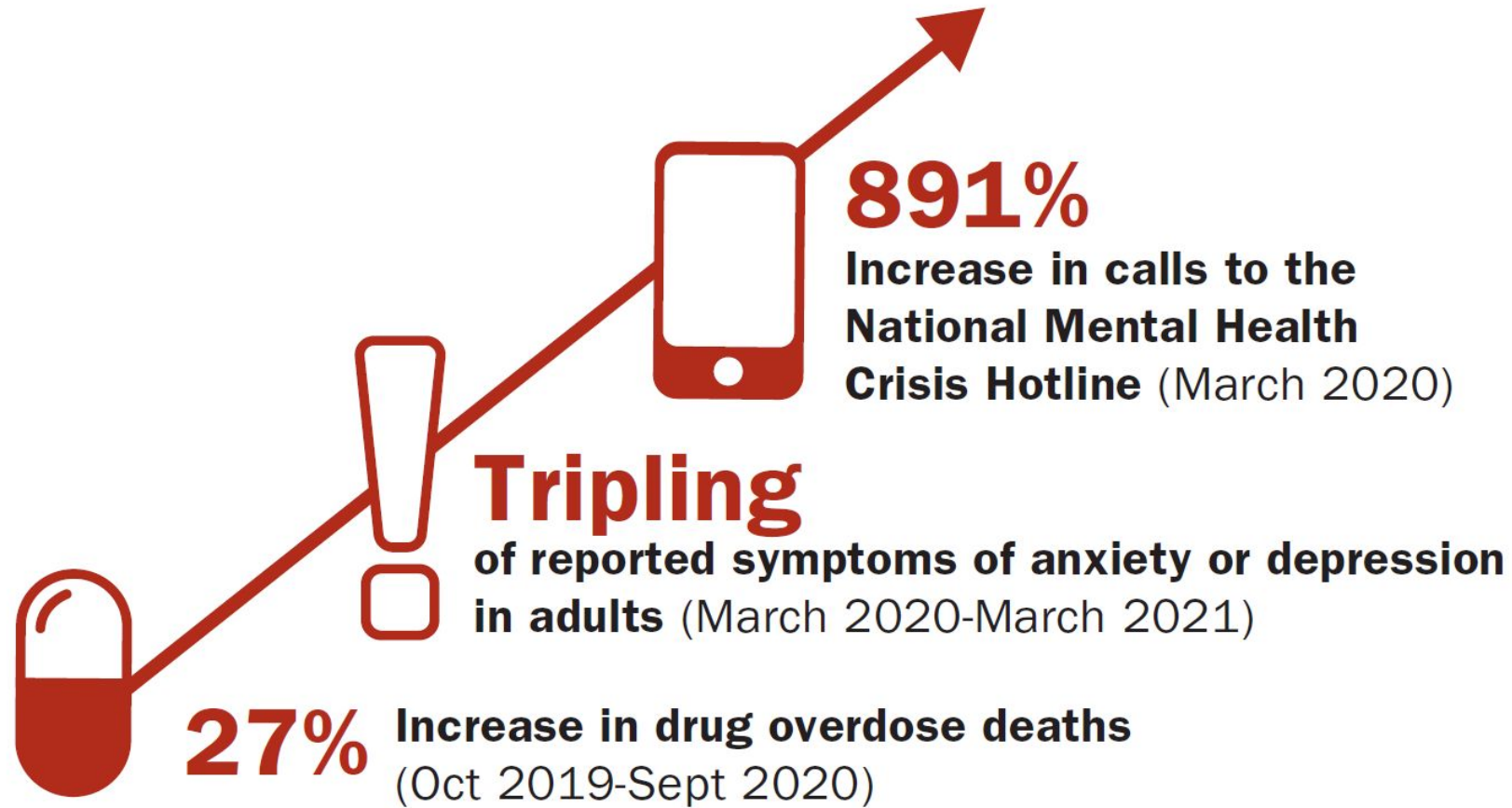
- a. Drug and alcohol use in my workplace.
- b. Drug and alcohol use in my community.
- c. Mental health problems among co-workers.
- d. Mental health problems among family or community members.

Mental health problems may include stress, anxiety, depression, acute trauma, or PTSD.





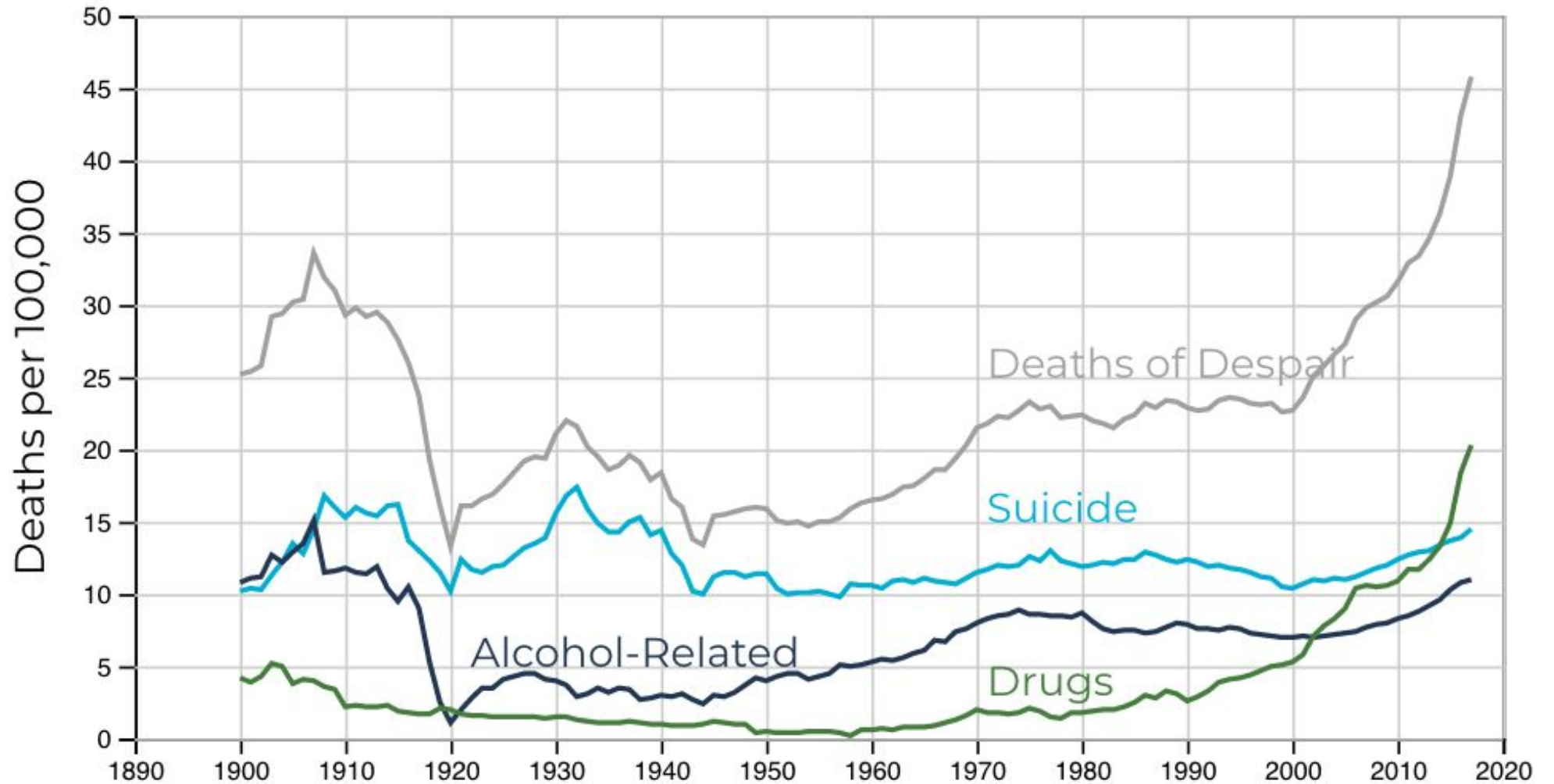
# During the COVID-19 Pandemic, There Has Been...



Source: ABC News; Household Pulse Survey, National Center for Health Statistics

# “Deaths of Despair” increased during the Pandemic

**Between 2010 and 2019, more than one million Americans died from alcohol, drugs, and suicide**





# NSC's Video: Opioids and the Brain



# Small Group Activity 1



Objective: Identify workshop participant concerns with opioids and substance use in the workplace.

Task: Each group will assign a reporter/recorder. Participants will discuss the questions below and report back.

1. What are your experiences and concerns with substance/alcohol use in the workplace?
2. What is the impact on workers, families, employers?
3. What are the current policies and procedures on drugs and alcohol and are they helpful or do they deter workers from seeking help?

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

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



# 75% of People with Substance Use Disorder Are Working

## What is the impact on the workplace?

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

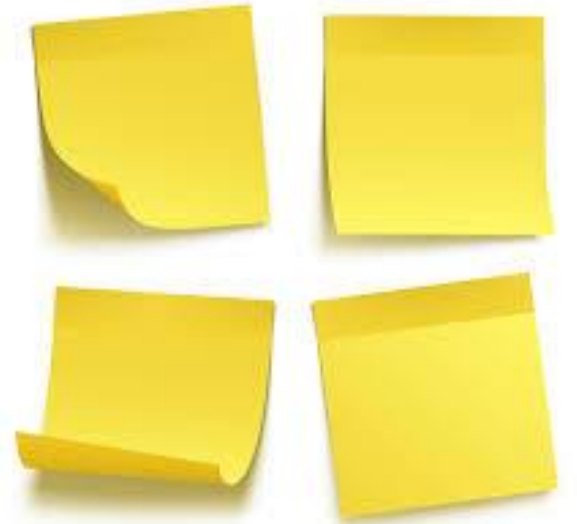


# Stigma Activity – Post on Flip Charts

## Substance use, mental health, and stigma

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

**Task:** Participants will write words that come to mind when they hear “mental illness” or “substance abuse” and post them on the flip chart. Followed by discussion.





# What Is Stigma and How Does It Affect People?

- Stigma is the shame or embarrassment associated with something regarded as socially unacceptable.
- Language matters. Avoid terms like “junkies” or “addicts.”
- Stigma interferes with the ability to seek help.
- The key to recovery is compassion for people who are in pain and have a substance use disorder, not judgment.

**Is stigma a workplace problem?**

*Stigma is—  
unstable  
substance use,  
and suicide.*

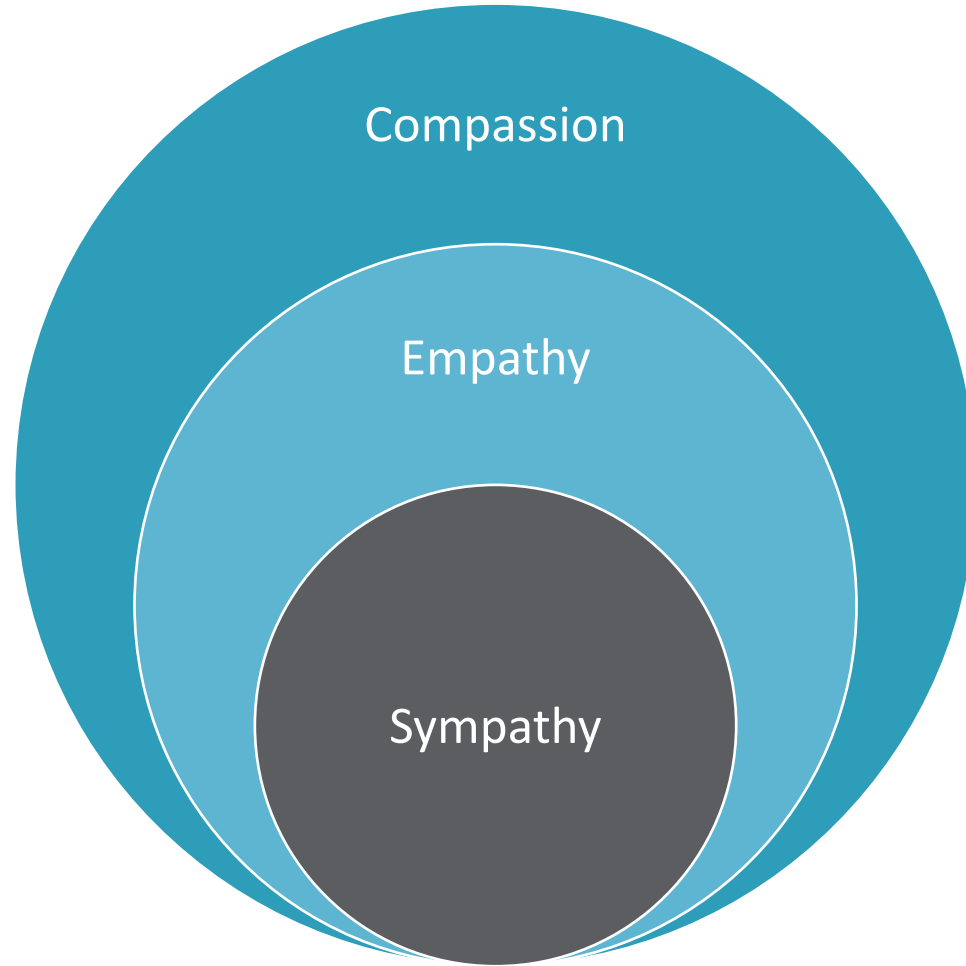




## Words Matter! Instead of... Say...

- Abuse, abuser, user, addict, junkie
  - Substitution, replacement drugs (MAT)
  - Clean, dirty
  - Relapse
  - Binge
  - Dependence
  - Problem, inappropriate
- Person with alcohol, opioid use disorder
  - Treatment
  - Positive/negative test
  - Unhealthy/return to using
  - At-risk, risky, hazardous
  - Heavy use, episode
  - In need of support/treatment

# Define Sympathy, Empathy, Compassion



- **Sympathy:**  
I'm sorry that happened to you.
- **Empathy:**  
I see your pain and I understand it.
- **Compassion:**  
How can I help you?

# Case Studies

- IUEC Local 1, Member Assistance and Education Program – Brendan Loftus, LAP-C
- UAW, Steve Romero, S&H Representative, Ford Transmission
- IUOE Local 478, Member Assistance Program
- Make the Road – NY
- Other?

## **Large group discussion:**

1. Can these approaches be applied to your workplaces?
2. How would you modify the program to fit your worker/employer needs?

# Small Group Activity 2

Objective: Discuss can your labor union or organization initiate or organize a RRW or MAP program?

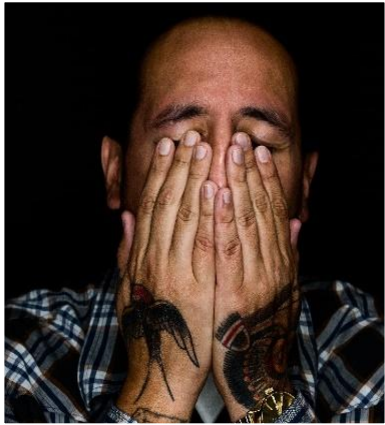
Task: Each group will assign a reporter/recorder. Participants will discuss the questions below and report back.

1. Who needs to be involved?
2. What are the initial steps?
3. What resources are available?



# What Does Work Have to Do With It?

Job-related injuries leading to  
use, dependence, addiction



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

# Prevention Strategy

**Primary:** Identify and reduce work hazards and stressors associated with prescription or self-medication with opioids and/or other substances

**Secondary:** Provide injured workers information to avoid opioid misuse, speak to their healthcare providers, and seek alternative pain treatment

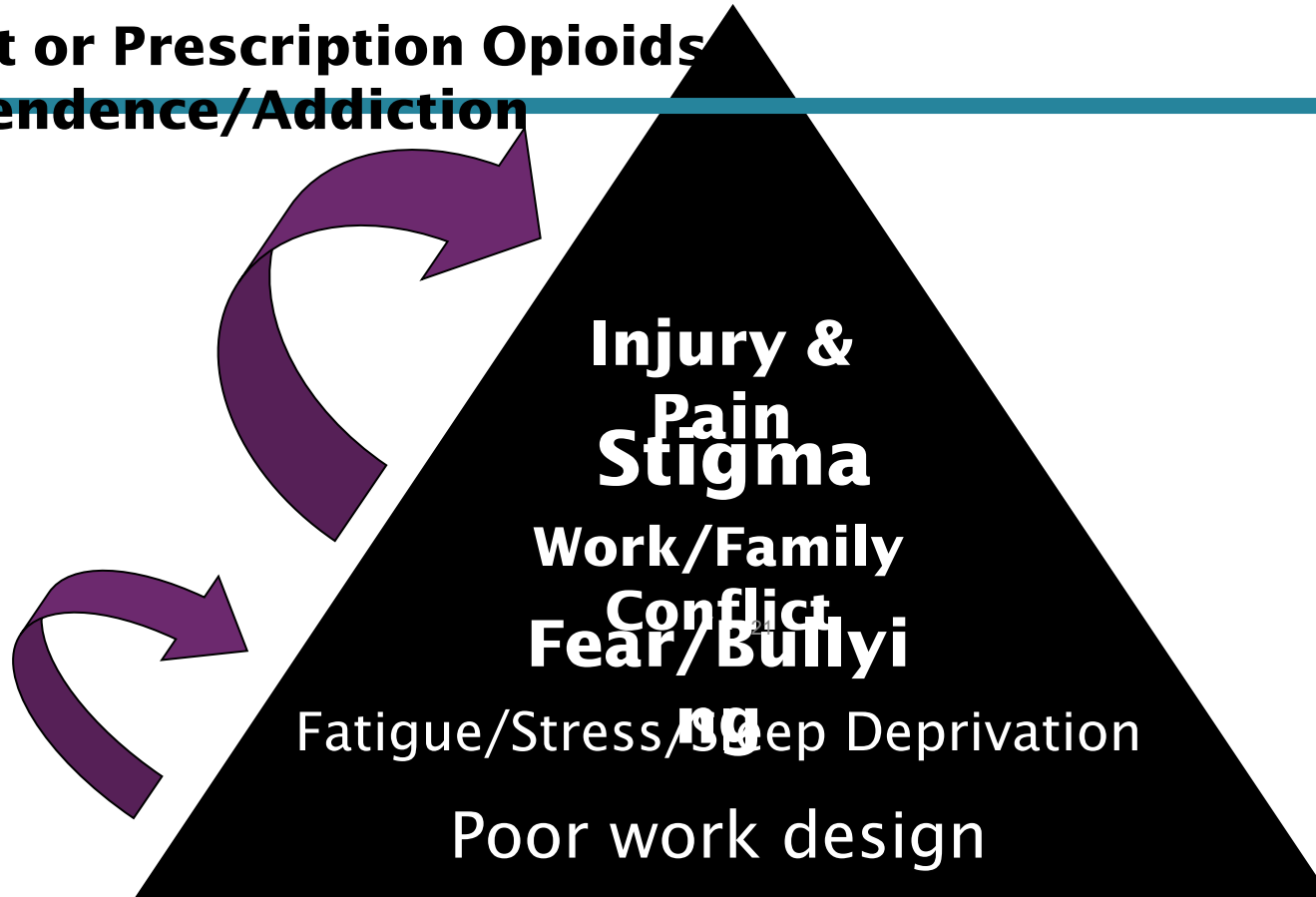
**Tertiary:** Amend punitive workplace drug policies to be supportive of recovery and work to eliminate stigma at all levels



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

**Illicit or Prescription Opioids  
Dependence/Addiction**

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# Importance of Ergonomics

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

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

## Examples of Musculoskeletal Disorders

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

# Musculoskeletal Disorders with lost work days, 2018

- 272,780 cases, U.S. Bureau of Labor Statistics
- 30% of the lost work time cases in manufacturing alone
- 77% in construction
- Associated with widespread use of prescription pain medication



# Prevention – large group discussion

Objective: Discuss risk factors at your workplace for injury and occupational stress that could contribute to initiation of addiction?



1. List physical risk factors on a flip chart
2. List workplace stress factors on flip chart
3. Discuss how to approach reducing these hazards
4. Can we raise these issues in the context of substance use prevention as well as injury and mental health concerns?

# Define Workplace Risk Factors That Impact Mental Health:

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



# Polling Question 3: (select all that apply)

**My workplace provides training that includes information about:**



1. Stress, trauma, resilience, and self-care.
2. Substance misuse prevention and response.
3. Suicide and mental health problems among co-workers.
4. Mental health and substance use problems among family or community members.
5. None of the above.



# Support for Injured Workers

**Ask your health care provider questions before accepting opioids. Factsheet includes:**

- List of opioids, generic and brand names
- Questions to ask the prescriber
- How to seek alternative pain treatment



**Ice therapy machine as an alternative pain treatment**

# Factsheet for Injured Workers to Take to Their Providers to Seek Alternative Pain Treatment: How can this information be made available to your co-workers?

[https://tools.niehs.nih.gov/wetp/public/hasl\\_get\\_blob.cfm?ID=11583](https://tools.niehs.nih.gov/wetp/public/hasl_get_blob.cfm?ID=11583)

 National Institute of Environmental Health Sciences  
Worker Training Program


## OPIOIDS AND THE WORKPLACE: PREVENTION AND RESPONSE

### INJURED ON THE JOB OR AT HOME? ASK YOUR HEALTH CARE PROVIDER THESE QUESTIONS BEFORE ACCEPTING OPIOIDS.

It is estimated that as many as 25% of people who are prescribed opioids become addicted. Therefore, be sure to talk to your provider about the following:

- Are there nonopioid alternatives that could help with pain relief?
- Why do I need this medication? Is it right for me?
- How long should I take this medication?
- Could this treatment interact with my other medicine I am taking?
- How should I store my opioid medication to prevent other people from taking it?
- How can I reduce the risk of potential side effects from this medication?
- What if I have a history of addiction with tobacco, alcohol, or drugs?
- What if there is a history of addiction in my family?
- What should I do with unused opioid medicine?
- Can I have a prescription for Naloxone (overdose antidote)?

Discuss possible alternative pain treatments such as physical or vocational therapy; nonprescription medications such as naproxen sodium, ibuprofen, and acetaminophen; psychology; and others.

 National Institute of Environmental Health Sciences  
Worker Training Program

## OPIOIDS AND THE WORKPLACE: PREVENTION AND RESPONSE

| Opioids       |   |
|---------------|---|
| Generic name  | Brand names   |
| Buprenorphine | Belbuca, Probuphine, Butrans, Buprenex, Subutex, Suboxone (contains Naloxone)   |
| Codeine       | Tylenol-Codeine No.3, Tylenol-Codeine No.4, Vopac   |
| Dipheoxylate  | Lomotil   |
| Dsuvia        | Sufenta   |
| Fentanyl      | Duragesic, Abstral, Subsys, Ionsys  |
| Hydrocodone   | Vicodin, Norco, Hycet, Zamicet, Lortab Elixir, Xodol 7.5/300, Vicodin HP, Xodol 10/300, Vicodin ES, Lorcet HD, and more |
| Hydromorphone | Dilaudid, Exalgo ER   |
| Meperidine    | Demerol   |
| Methadone     | Methadose, Diskets, Methadone Intensol, Dolophine   |
| Morphine      | Duramorph, MorphaBond ER, Infumorph P/F, Arymo ER, MS Contin, Astramorph-P  |
| Naltrexone    | Revia, Vivitrol   |
| Oxycodone     | OxyContin, Xtampza ER, Roxicodone, Oxaydo   |
| Oxymorphone   | Opana   |
| Tramadol      | ConZip, Ultram  |

- Never share medications with another person and be sure to store opioids in a secure location, preferably a locked cabinet.
- If your injury or illness is a workers' compensation claim, there may be specific guidelines for prescribing opioid pain medication that treating providers must follow. Consult your state workers' compensation board for details.

# Support for injured members

1. Can we use or adapt the CPWR or NIEHS factsheet that addresses talking to providers about opioids and alternative pain treatment?
2. How can the information get into the hands of workers?
  - Training?
  - Develop a system to provide at the time of injury?

## **CPWR Physician's Alert – Pain Management for Construction Workers**

[https://www.cpwr.com/wp-content/uploads/publications/publications\\_handouts-and-toolbox-talks\\_physicians-alerts\\_opioids.pdf](https://www.cpwr.com/wp-content/uploads/publications/publications_handouts-and-toolbox-talks_physicians-alerts_opioids.pdf)

# Alternatives?

**NSAID = non-steroidal anti-inflammatory drugs  
relieve pain and reduce inflammation**

- Aspirin
- Ibuprofen (Advil, Motrin)
- Naproxen (Aleve, Anaprox DS, Naprosyn) Dosage lasts for 12 hours
- Celecoxib (Celebrex) Requires prescription

**NOTE: Long term use of these medications can have significant side effects.**



# Other Alternatives

- Relaxation techniques
- Meditation
- Yoga
- Walking
- Cold ice therapy
- Acupuncture



Reducing stress = reduced pain symptoms!

# What Does “Recovery” Mean?

- “Recovery” means returning to a better condition
- It applies to workers who suffer accidents and injuries and manage chronic diseases
- It applies to those who are recovering from substance misuse as well





# NIOSH Definition of Recovery

- Recognizes SUD is a chronic condition that people can recover from with treatment and support
- Recovery is a voluntary, long-term, ongoing process that may involve cycles of treatment, remission, and recurrence

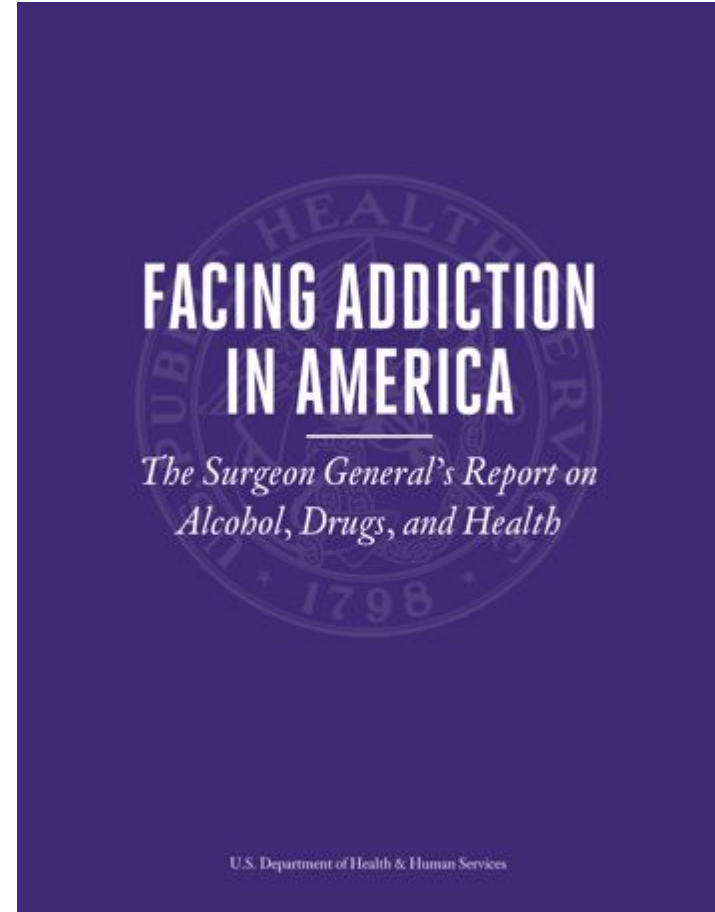




# Office of the Surgeon General

## **Defines recovery as:**

“a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential”.



# CHAMP

## Community Access to Addiction and Mental Healthcare Project

<https://www.cssny.org/programs/entry/champ>

- Free and confidential helpline: 888-614-5400
- New York State independent health insurance ombudsman program for substance use disorder and mental health care.
- We assist New Yorkers in accessing treatment and insurance coverage for substance use and mental health treatment.
- An ombudsman program can help investigate and resolve complaints and violations of rights.
- It represents individuals and helps advocate for them.

### CHAMP Helpline

New York State's Community Health Access  
to Addiction & Mental Healthcare Project.

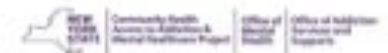
A program to help you get the  
most from your insurance benefits.



Are you having trouble getting  
the **substance use disorder** or  
**mental health** services that you  
need? **CHAMP** can help!

**888-614-5400**

[ombuds@oasas.ny.gov](mailto:ombuds@oasas.ny.gov)



# CHAMP can help you with:

- Switching or enrolling in health insurance
- Understanding mental health and SUD benefits covered by your insurance and how to access them
- Finding mental health and SUD providers
- Assisting you with obtaining needed approvals such as prior authorization, additional services, and out-of-network services
- Appealing denials of mental health and SUD services and medications
- Providing referrals
- Conducting education and outreach sessions for consumers, health advocates, and treatment providers
- Identifying and addressing parity and other legal violations

# Benefits Verification

Varies depending on the health plan

- Qualification
- Plan coverage: detox, in-patient, out-patient, etc.)
- Check with the insurance provider, the employer or union health benefits specialists



## **LOCATDR – insurance law reform**

- Level of Care for Alcohol and Drug Treatment Referral (LOCADTR) is mandated for SUD treatment assessment and utilization review.
- Delays in treatment can be fatal.
- Expedited time frames for determinations and payment during pendency of appeals.
- The reforms included a mandate for immediate access to medically necessary SUD inpatient and outpatient treatment with no concurrent review for twenty-eight days that included detox, inpatient, and residential services, as well as immediate access to medication to treat Opioid.

# Signs and Symptoms

## Overdose may result in:

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

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

1. Coma
2. Pinpoint pupils
3. Respiratory depression

# Naloxone (Injectable and Nasal Spray) Antidote

Sometimes multiple doses are required.





# Post-exposure Treatment

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





# What's the Impact of Punitive Policies?

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

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



**villainizing substance use disorder**



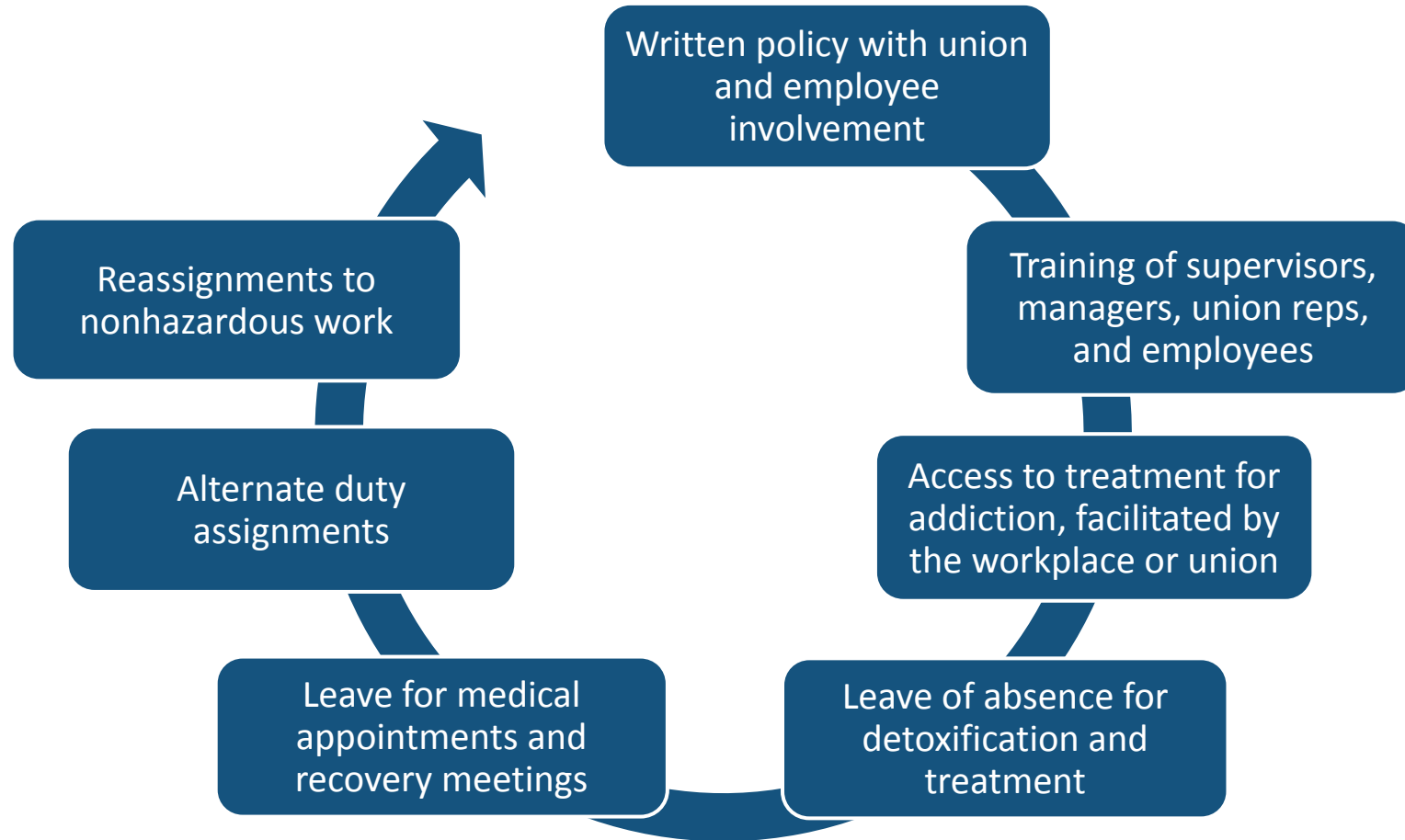
# Quotes from United Association

*“There have been deaths, but nobody talks about it. Someone dies from an overdose we just ignore it. There is a stigma about it.”*

*“When I was addicted, I would rather die than go to my EAP.”*

*“There’s a stigma...we have men in our union that are clearly addicted and can’t go to a union representative or a boss...fear of losing their job makes it hard.”*

# Supportive Workplace Drug Policy



# Employers Should Reevaluate Their Approach

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



# Brainstorm how to introduce /expand RRW/ MAP into your workplace



1. How will you make the case that RRW/ MAP should be a priority?
2. How can you overcome stigma among employers/ coworkers?
3. What tactics should be used?
  - Resolutions
  - Collective bargaining
  - Public campaigns with stickers, posters, lunch and learns, etc.?

# What Are the Benefits to the Employer of Becoming an RFW?

## Money saved through:

- Reduced absenteeism
- Healthier work environment
- Greater productivity
- Lower health care costs
- Greater workplace safety
- Employee retention and reduced recruitment and hiring costs
- Reputation in the community



# Recovery Generates Cost Savings

Workers in recovery help employers  
**AVOID**  
**\$4,088**  
in turnover and replacement costs

Each employee who recovers from a substance use disorder  
**SAVES**  
a company  
**\$8,500**  
on average

Workers in recovery miss  
**13.7 days**  
**LESS**  
per year than workers with an untreated SUD



# Closing

Thanks for your participation!

Action plans?

Questions?

# Resources

1. NIEHS WTP: Opioids & Substance Use: Workplace Prevention & Response  
<https://tools.niehs.nih.gov/wetp/index.cfm?id=2587>
2. NIEHS WTP: Responder & Community Resilience  
<https://tools.niehs.nih.gov/wetp/index.cfm?id=2528>
3. NIOSH Workplace Supported Recovery Resources  
<https://www.cdc.gov/niosh/topics/opioids/wsrp/resources.html>
4. US DOL ETA Recovery Ready Workplace HUB:  
<https://www.dol.gov/agencies/eta/RRW-hub>

# Acknowledgments

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