Substance Abuse Awareness

“Reasonable Suspicion for Supervisors”

Presented By
Wheeler
Employee Assistance Programs

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Speaker:

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Session Objectives

- **Understand** the special problems associated with substance use disorders in the workplace.
- **Identify the challenges** that the current Opioid crisis presents to the workplace.
- **Clarify** differences between personal problems affecting job performance, vs. suspected “impairment” on the job” (a.k.a. “Reasonable Suspicion”)
- **Know** your supervisory role and responsibilities in either situation.
- **Explore** how you can retain good employees by working with your Employee Assistance Program (EAP)
Substance Misuse

- An issue that can turn a “good” employee into a “troubled” employee
- Similar performance indicators may also stem from:
  - Legitimately Prescribed Medications
  - Relationship Problems/Divorce
  - Severe Money Problems
  - Compulsive Gambling
  - Domestic Violence
  - Anxiety and Depression

- Substance abuse as the root of performance problems matters *only when* …
  “REASONABLE SUSPICION OF IMPAIRMENT” occurs *while* on the job.
Why Substance Misuse?

- Hide from personal problems
- Compensate for (perceived) inadequacies
- Alleviate fear
- Release inhibitions
- Reduce physical pain
- Reduce emotional pain
- Society says “feel better fast”
Quiz – True or False

- Cocaine is the most widely abused drug in the workplace today
- Beer drinkers are less likely to get into trouble with alcohol than people who drink hard liquor
- Marijuana can be detected by a drug test for up to a month or more
- Most alcoholics drink every day
- More people die from smoking than from alcohol, cocaine and heroin combined

(continued)
Quiz – True or False

- Employee education focusing on opioids, opioid misuse and overdose is an effective prevention strategy.
- Almost half of industrial injuries can be linked to alcohol use.
- Heroin withdrawal is more physically dangerous than alcohol withdrawal.
- People with a high alcohol tolerance are less likely to become addicted.
- Depression is a common side effect for cocaine users.
- Naloxone can prevent opioid overdose deaths.
- In an opioid overdose, the automatic drive to breathe is diminished.
Quiz – True or False

- Risk factors are characteristics that are associated with a higher likelihood of developing a substance use disorder.
- Fentanyl is a powerful synthetic opioid analgesic that is similar to morphine but is 50 to 100 times more potent.
- There are holistic alternatives to opioids in managing pain.
- People can test positive on a drug screen even if they weren’t using but were just exposed to marijuana smoke at a party.
- A single beer can’t affect a person’s ability to reason.
- As with any long-term disease, relapse is a normal part of the recovery process.
Impact of Alcohol and Drug Misuse in the Workplace

According to The National Council on Alcoholism and Drug Dependence, Inc.

- Workers with alcohol problems were 2.7 times more likely than workers without drinking problems to have injury-related absence.
- A hospital emergency department study showed that 35 percent of patients with an occupational injury were at-risk drinkers.
- Analyses of workplace fatalities showed that at least 11% of the victims had been drinking.
- Large federal surveys show that 24% of workers report drinking during the workday at least once in the past year.
- One-fifth of workers and managers across a wide range of industries and company sizes report that a coworker’s on- or off-the-job drinking jeopardized their own productivity and safety.
Effects of alcohol and drug misuse in the workplace

According to the National Clearinghouse for Drug and Alcohol Information:

- The loss to companies in the United States due to alcohol and drug-related abuse by employees totals $100 billion a year.
- Alcohol and drug users take three times as many sick days and are more likely to injure themselves than someone else.
- Alcohol and drug users and are five times more likely to file worker’s compensation claims.
Understanding the Opioid Crisis

- The number of opioid prescriptions has dropped substantially, peaking at 259 million in 2012 and dropping to less than 192 million in 2017, as restrictions on opioid prescriptions have taken effect.
- Both the number of prescriptions and the number of pills per prescription have decreased due to a combination of prescriber education, state prescription drug monitoring programs, limits on opioid prescriptions by insurance companies and pharmacies, and public awareness.
- However, heroin and fentanyl use continues to rise, driving the increase in opioid related overdose deaths, and creating new challenges for prevention and workplace policies.

nsc.org/opioidsatwork
Impact on Employers-Business Concerns

- **About two-thirds of people who have an OUD are in the workforce**, and over 11 million people aged 12 and up reported misusing an opioid at some point in 2016. When hiring, it can be difficult to find qualified, skilled workers who can pass drug screens.

- **People with OUD frequently have increased** absenteeism and reduced productivity.

- **The total economic burden of the opioid crisis was estimated to be $504 billion** in 2015.

- **Health care costs continue to rise as the opioid crisis worsens.** In 2016, U.S. large employers covered $2.6 billion on treatment for opioid use disorder and overdose, up from $0.3 billion in 2004. Large employer plans spent $1.1 billion on opioid prescriptions in 2016, a cost which has remained relatively stable since 2004.

- **Some behaviors resulting from OUD are illegal** – buying and using illegal drugs and other related illegal activity. If something like this happens on company property, while on the job, or is reported per company policy, special protocol would be needed to trigger a referral to treatment, as opposed to dismissal.
Impact on Employers-Safety Concerns

- **Impaired employees pose a safety hazard to themselves, their co-workers and their work environment.** This is important because safety-sensitive industries have been hit particularly hard by the opioid crisis – including construction, transportation and material moving occupations, and other industries that are prone to higher rates of workplace injury.

- **Opioids can impair thinking and reaction time, affecting the performance of safety-sensitive tasks.** This can lead to serious errors when performing job tasks that require focus, attention to detail or the need to react quickly.

- **Even when taken as prescribed, opioid painkillers have the capacity to cause impairment** – a significant safety risk that increases the chances of workplace incidents, errors and injury, and may affect employees’ ability to commute to and from work.

- **People who are using opioids have a significantly increased risk** of car crashes, unsafe driving activities and falls, putting themselves and others at risk in the workplace.
Overdoses

>700,000 in the United States since 1999
A Little Closer to Home

In Connecticut per the Office of the State Medical Examiner:

- In 2012 – there were 357 accidental drug overdose deaths
- In 2013 – there were 495 accidental drug overdose deaths
- In 2014 – there were 568 accidental drug overdose deaths
- In 2015 – there were 729 accidental drug overdose deaths
- In 2016 – there were 917 accidental drug overdose deaths
- In 2017 – there were 1038 accidental drug overdose deaths
- In 2018 – there were 1017 accidental drug overdose deaths
- In 2019 – there were 1200 accidental drug overdose deaths
A Little Closer to Home

For Connecticut in 2019: The Office of the State Medical Examiner:

- There were 1,200 accidental overdose deaths in 2019, up from 1017 the year before. Of those, 1,127, or 94 percent, involved an opioid of some sort whether it be fentanyl or heroin.
- In 2018, 948 or 90% deaths involved opioids.
- The report also noted that in 2019 82% of deaths involved fentanyl.
- The age range of the victims ranged from 17 to 74 years old for deaths involving illicit opioids, according to OCME.
- The average age was 43 years old.
A Little Closer to Home

For Connecticut in 2019: The Office of the State Medical Examiner:

- The state has seen a steady increase in overdose deaths since 2012, with the exception of 2018, where deaths were slightly down from the year before.
- Men are far more likely to overdose women- 810 men died of an overdose compared to 290 women.
- Hartford had the most deaths with 133, while Waterbury had 109, Bridgeport had 67 and New Haven had 66.
Role of the Manager

You are not: expected to diagnose alcohol or other drug abuse or to provide treatment or counseling services to employees with job performance problems.

Your role is to:

- Know the policy
- Communicate the policy
- Know your role
Supervisor Observation & Documentation

- Immediately document observations
- Corroborate observations by another trained supervisor, if possible
- Use objective terms; do not diagnose or label (i.e., avoid using terms like ‘drunk’ or ‘intoxicated’)
- Adhere to company policies
Major Drugs of Abuse
ALCOHOL

- Next to nicotine, most commonly abused drug.
- Potent depressant - quickly assimilated into the bloodstream.
- Can be psychologically/physically addictive.
- Initially produces tranquilizing effect, although it appears to stimulate; affects self-control.
- In larger doses, dulls sensations & impairs muscular coordination, memory and judgment.
Signs of Alcohol Abuse

- Slurred speech
- Odor of alcohol
- Swaying and stumbling
- Unkempt appearance
- Shakes and tremors
- Flushed skin
- Marked changes in behavior
- Reduced response time
- Questionable judgment
- Disruption in memory
Alcohol Withdrawal

- **Can be life threatening**
- **Seizures**, shakes, hallucinations
- High BP, elevated heart rate, elevated temperature, out-of-control electrical brain activity.
- No one should ever attempt to withdraw from alcohol on his own.
- These clients need referrals to healthcare professionals to evaluate and supervise withdrawal safely.
MARIJUANA Signs/Symptoms of Use

- Red eyes
- Odor of marijuana on clothing
- Euphoria
- Withdrawn, anxious, paranoid
- Sedation
- Disorientation
- Loss of motor control
- Diminished concentration
DEPRESSANTS (Sedatives)

Depress the Central Nervous System

- **Barbituates** – Phenobarbital, Amytal, Seconal
- **Narcotics** (Opioids) – Morphine, Codeine, Percocet, Oxycodone, Oxycontin, Fentanyl, Heroin, Methadone
- **Tranquilizers** (Benzodiazepines) – Valium, Xanax, Ativan, Klonopin
- **Inhalants** – Glue, Gasoline, Paint Thinner, Markers, White-Out

Regular use may lead to tolerance and physical and/or psychological addiction
Facts About Sedative Drugs

- As with all CNS depressants, effects are similar to alcohol intoxication.
- In smaller doses, decreased anxiety, inhibitions, ability to make rational judgments.
- In larger doses, effects include slurred speech, increasingly poor judgment, slow reflexes, drowsiness, delayed reaction time, inability to focus and concentrate.
- Significant danger of overdose, barbiturate overdose is a factor in 1/3 of all drug-related deaths.

Combining sedatives & alcohol can be fatal
COCAINE-Stimulant

**Signs of Abuse**
- Dilated pupils
- Irritability
- Over talkativeness
- Sniffing (nasal use)
- Nose bleeds
- Excessive energy
- Increased alertness
- Mood swings
- Financial problems

**Signs of Dependence**
- Reduced appetite/weight loss
- Sleeplessness/insomnia
- Mood swings (extreme)
- Paranoia

**Withdrawal symptoms**
- Stomach/muscle cramps
- Rapid heartbeat
- Visual/auditory hallucinations
- Delusions
- Depression
METHAMPHETAMINE (crystal meth, ice, crank)

- Highly addictive stimulant
- 12 million Americans have tried it; 1.5 million are regular users
- Active ingredient is pseudoephedrine, a chemical derivative of amphetamine
- Produces initial sense of euphoria, energy
- Long-term effects are severe: stroke, liver damage, depression, paranoia, “meth mouth”
## Signs of Amphetamine/Methamphetamine Use in the Workplace (Stimulant)

### Signs of Abuse
- Sweating
- Rapid heart rate/breathing
- Dilated pupils
- Rapid speech/ movement
- Energy bursts

### Signs of Dependence
- Irritability (excessive)
- Severe depression
- Paranoia
- Compulsive/ repetitive behaviors
- Significant weight loss
- Sores to face, back, arms, chest
- Poor dental health
Methamphetamine Abuse – Meth "Makeovers"
Signs & Symptoms of Stimulant Use

- Increased alertness
- Excitement, euphoria
- Increased heart rate and blood pressure
- Insomnia
- Lack of appetite
- Risk of stroke
- Anxiety
- Mood disturbances

- Irritability
- Apathy
- Depression
- Disorientation
- Agitation
- Pressured speech
- Profuse sweating
- Tremors
- Dizziness and headaches
HALLUCINOGENS

Affect Perceptions, Sensations, Emotions, and Self-Awareness

- Cause reduced motor coordination
- Effects are often unpredictable (e.g., “bad trip” or flashbacks can occur)
- Common hallucinogens include Ketamine (“Special K”), LSD, mescaline (from peyote cactus), PCP (angel dust), STP, DMT, mushrooms
INHALANTS

- Inhalants include glue, cleaning fluids, solvents, gasoline, nitrous oxide, etc.
- Effects include profound nausea, nasal irritation, lightheadedness and loss of coordination
- Also sudden unconsciousness, possible respiratory and liver complications
CLUB DRUGS

- Are similar to hallucinogens and cause altered moods and perceptions
- Popular at nightclubs and rave parties
- Examples are GHB, MDMA (Ecstasy), “Roofies” (Date Rape Drug)
- Memory loss, liver failure, and permanent brain damage can occur with short-term use
HEROIN

*Narcotic*

- Central nervous system depressant
- Comes in white or brown powder form
- Purity of drug on the street will vary from 2 to 30 percent
- Most common methods of use are by injection, snorting, or smoking
- Effects will last four to eight hours
OPIOIDS

Opioids are a class of drugs naturally found in the opium poppy plant:

- Heroin is one of the world’s most dangerous opioids and is never used as a medicine in the United States
- Some prescription opioid drugs are made from the plant directly, and others are made by scientists in labs using the same chemical structure
- Opioids are often used as medicines because they contain chemicals that relax the body and can relieve pain
- Prescription opioids are used mostly to treat moderate to severe pain can be highly addictive, and overdoses and death are common
Common Prescription Opioids

- Hydrocodone (Vicodin®) : Oxycodone (OxyContin®, Percocet®)
- Oxymorphone (Opana®) : Morphine (Kadian®, Avinza®)
- Codeine : Fentanyl

*Popular slang terms for opioids include Oxy, Percs, Vikes*
How do prescription opioids affect the brain?

- Opioids bind to and activate opioid receptors on cells, especially those involved in feelings of pain and pleasure.
- When opioids attach to these receptors, they block pain signals sent from the brain to the body and release large amounts of dopamine throughout the body.
- This release can strongly reinforce the act of taking the drug, making the individual want to repeat the experience.
3 Waves of the Current Opioid Epidemic

- 1\textsuperscript{st} Wave: began in 1999 with prescription opioids
- 2\textsuperscript{nd} Wave: began in 2010 with heroin
- 3\textsuperscript{rd} Wave: began in 2013 with synthetic opioids, primarily illicitly manufactured fentanyl (IMF)

CDC MMWR, 66 (34) Sept 1, 2017: 897-903
Relationship Between Opioids Heroin Fentanyl

- Heroin and prescription opioids are chemically similar and can produce a similar high.
- Heroin is often cheaper and easier to obtain than prescription opioids, so some people switch to heroin instead.
- The majority of Americans using heroin (including those in treatment) reported misusing prescription opioids prior to using heroin.
- While prescription opioid misuse is a risk factor for starting heroin use, only a small fraction of people who misuse pain relievers switch to heroin, suggesting that prescription opioid misuse is just one factor leading to heroin use.
- Fentanyl is a powerful synthetic opioid analgesic that is similar to morphine but is 50 to 100 times more potent.
Relationship Between Opioids Heroin Fentanyl

- Fentanyl is typically used to treat patients with severe pain and patients with chronic pain who are physically tolerant to other opioids
- When prescribed by a physician, fentanyl is often administered via injection, transdermal patch, or in lozenges
- However, the fentanyl and fentanyl analogs (*carfentanil*) associated with recent overdoses are produced in clandestine laboratories
- This non-medical fentanyl is often mixed with or substituted for heroin or sold as tablets that mimic other opioids
- The high potency of fentanyl greatly increases risk of overdose, especially if a person who uses drugs is unaware that a powder or pill contains fentanyl
Indicators of Possible Opioid Misuse

- Mood changes
- Impaired mental functioning
- Lack of alertness
- Constricted pupils
- Depression and apathy
- Impaired coordination
- Fatigue and low energy
- Clammy skin

- Nausea, vomiting
- Constipation
- Impaired breathing
- Slowed breathing and pulse
- Slowed speech
- Slowed movement
- Drowsiness
- Convulsions

Source: Mayo Clinic
http://www.nicd.us/signsandsymptomsofuse.html
Indicators of Possible Opioid Withdrawal

- Dysphoric mood
- Nausea or vomiting.
- Muscle aches
- Lacrimation or rhinorrhea.
- Pupillary dilation, piloerection, or sweating
- Diarrhea
- Yawning
- Fever
- Insomnia.

Source: Mayo Clinic

http://www.mayoclinic.com/health/drug-addiction/DS00183/DSECTION=symptoms
http://www.nicd.us/signsandsymptomsofuse.html
Substance Misuse and the Workplace

- Employees with substance abuse problems are hurting, and need help
- If chemically dependent, are suffering from a progressive, potentially fatal illness
- Often want, but are afraid (or don’t know how) to ask for help
- Have been shown to:
  - Make twice as many mistakes
  - Work slower (about 2/3 the pace of average employees)
  - Have higher rates of tardiness and absenteeism
  - Have more accidents and injuries
  - Utilize significantly more healthcare benefits
- Represent significantly higher safety risks
- Are more invested in protecting their problem than you are in confronting it!
Reasonable Suspicion
Substance Misuse in the Workplace

“Reasonable Suspicion”

Specific concerns regarding possible physical or behavioral “Impairment” while on the job
Reasonable Suspicion Drug Testing

Standard screenings test for:

- Alcohol (by breathalyzer)
- Marijuana
- Cocaine
- Amphetamines (including methamphetamine, MDMA)
- Opioids (including codeine, heroin, morphine) * Now expanded to include hydrocodone, oxycodone, hydromorphone, oxymorphone
- Phencyclidine (PCP)
Testing - Very General Guidelines

- Amphetamines: 1-2 days
- Cocaine: 2-3 days
- Marijuana: 7-30 days
- Opioids: 2 days
- PCP: 2 days
- Alcohol: 1 day
- Detox from Alcohol: 1-5 days
4 Characteristics of Reasonable Suspicion

At least one of these must be present

1. **Appearance** (unkempt appearance, dilated, red eyes, unsteady gait, drowsiness or sleeping on the job, etc.)
2. **Behavior** (hyperactive, aggressive, etc.)
3. **Speech** (slurred, incoherent)
4. **Body Odor** (odor of alcohol or marijuana)
Observations Must Be:

- **SPECIFIC**: The behavior and observations must be clearly stated
- **CONTEMPORANEOUS**: The behavior, conduct, appearance, or body odor exists *at the time* the supervisor is making the observation
- **ARTICULABLE**: The observations can be documented; grounded in objective criteria
Top 5 Reasons Supervisors Don’t Act

- “I’m afraid I’ll be wrong and the person will test negative”
- “I don’t want to get sued”
- “I’m not really sure what the procedure is”
- “He (she) is a good worker most of the time”
- “I don’t want any conflict with the union”
Managing an Employee Under Reasonable Suspicion

- **First thing’s first** – *Remove the employee from the job* …after consulting with a second supervisor or manager to **confirm and document** reasonable suspicion.

- Describe your **behavioral observations** leading to safety concern **objectively** – *without accusing* or suggesting substance use or intoxication.

- Direct the employee to submit to a **toxicology screen** and/or medical exam to **rule out impairment** and, if warranted, arrange transportation immediately.

- Upon receiving medical report, **take appropriate action** based on the results, and written policy (including referrals for SAP, EAP, FMLA, etc.).
Reasonable Suspicion—Mistakes and Pitfalls to Avoid

Do not…

- **Wait or delay in taking action** – Safety is Job One!
- **Argue, defend or apologize** for your observations or actions.
- **Diagnose, accuse or suggest** possible explanations for suspected impairment.
- **Release employee to drive, or be driven, home.**
- **Attempt to physically restrain** or prevent him/her from leaving premises.
- **Discuss the situation with non-supervisory staff.**
Enabling

Any behavior which allows another person to avoid or escape the natural and logical consequences of his or her behavior.
Examples of Enabling at Work

- Transferring an employee to another department
- Sending the employee/member home “sick”
- Reducing the employee’s workload/performance standards
- Covering up for poor performance
- Failing to administer discipline
- Arguing, demanding, criticizing and other non-constructive behavior
Supporting Troubled Employees

What can supervisors do?

- **Pay attention** to warning signs in safety, performance, and general demeanor
- **Document** your observations
- **Hold employees accountable** for their actions
- **Avoid** enabling
- **Consult** your HR Department
- **Contact your EAP**
Workplace Performance Challenges and Potential Substance Misuse Problems
Could Other Symptoms Be Misleading?

- Changes in appearance
- Mood swings
- Behavioral changes
- Conflict with co-workers
- Tardiness and absenteeism
- Missed deadlines
- Accidents

- Changes in job performance
- On the job absenteeism
- Difficulty concentrating
- Confusion
- Complaints from others
- Inconsistent productivity
- Lowered quality/quantity
Attendance

- Late arrival/ early departures.
- Excessive sick leave or absenteeism especially for colds, flu, gastritis, etc.
- Long lunch and coffee breaks.
- Frequent Monday/Friday, before and after payday and holiday absences.
- Peculiar or improbable excuses for absences.
Productivity

- Inability to concentrate
- High accident rate
- Difficulty in recalling instructions, details, or mistakes
- Irresponsibility in completing tasks
- Lowered job efficiency
- Change or deterioration in appearance
- Frequent medication administration
Interpersonal Behavior

- Mood swings
- Overreaction to real or imagined criticism
- Borrowing money from co-workers
- Outbursts of inappropriate anger, tears or laughter
- Change of peer groups
- Complaints from co-workers, associates or public
- Wide swings in morale
- Inappropriate statements
- Isolates from co-workers
Reasonable Suspicion

*General job performance problems*, such as absenteeism and tardiness, are not grounds to conduct a reasonable suspicion test.
Current Impairment: Signs an Employee is Under the Influence at Work

- If the employer has a substance abuse testing program, signs and symptoms of **current impairment** should result in **immediate referral** for a drug or alcohol test.

- After the test, the EAP can assist the employee in getting to the appropriate treatment resource.
Remember…

- You are not expected to diagnose
- Doing nothing is worse
The Decision to Test for Reasonable Suspicion

- The decision to test for drugs and alcohol usually follows an accumulation of events; therefore, document objective records of your observations.
- Observations must be:
  - Specific and clearly stated
  - Based upon appearance, behavior, speech, and/or body odor of the employee
- Be familiar with the signs of alcohol and drug use, and their effects on workplace performance
- Know your employees’ skills, abilities, personalities, and usual performance so that you can recognize any changes in these
The Benefits of the EAP

- Employer sponsored benefit
- Available to employees and their household members
- Assessment, counseling and referrals
- Predetermined number of free in person sessions per problem
- Convenient appointments with local licensed clinicians
- Crisis intervention and support
- Available 24 hours a day, 7 days a week
- Confidential within the limits of the law
Types of Help Available for Drug and Alcohol Use Disorders

- Employee Assistance Program (EAP)
- Support groups (12 Step – AA, NA, Al Anon)
- Individual outpatient counseling
- Medication assisted treatment
- Intensive outpatient programs
- Inpatient treatment
- Residential treatment
Prescription Opioid Use
Prescription Opioids and Acute Pain Management

**Acute Pain:** Usually caused by surgery or an injury – is often treated with a short-term opioid prescription.

- If using opioids to treat acute pain, CDC recommends that opioids are prescribed for only 3 to 5 days, that only the minimum amount needed to treat pain is prescribed, and only in the case of severe pain.
- Creating a workplace policy that gives employees enough time to fully heal after an injury or surgery reduces the risk that employees will ask for more opioids to return to work before they’re fully healthy. This also reduces the chance they will be impaired at work.

nsc.org/opioidsatwork
Prescription Opioids and Chronic Pain Management

Over 20 percent of adults report having chronic pain, meaning they experience pain on most days or every day and that the pain has lasted three or more months.

- People living with chronic pain often manage it in more than one way
- The decision to prescribe opioids for chronic pain should always be made between a doctor and a patient.
- Employees may need long-term prescriptions for opioids.
- Employers can help employees understand that even if opioids are recommended or prescribed, they can decline the prescription or choose not to fill it.

nsc.org/opioidsatwork
Safe Opioid Use

Questions to ask your doctor or pharmacist include:

- Why am I being prescribed this medication?
- How much of this medication do I take and for how long?
- How will this interact with my other medications?
- What are the side effects?
- What are my other options for managing my pain?
Safe Opioid Use

Other medication safety tips:

- Keep a detailed list of all current medications including prescription, non-prescription, vitamins and supplements.
- Never share your prescription medications with friends or family.
- Talk openly and honestly with teens and young adults in your life about safe use of prescription medications, especially opioids.
- Keep medications locked away to prevent them from getting in the hands of children, adolescents, guests and anyone else who may enter your home.
- Safely dispose of your medications as soon as they are no longer needed.
Opioid Misuse

Opioid and prescription medication misuse includes a variety of behaviors:

- Taking a medication prescribed to you more often than prescribed by a doctor.
- Taking a medication prescribed to you in a different dose than prescribed by a doctor.
- Taking a medication prescribed for someone else.
- Taking a pain medication to feel a high.
Who Is at Risk with Opioids?

- Children/Adolescents/Adults who access unsecured medications
- Teenagers experimenting/partying
- Seniors prescribed multiple medications who may have cognitive and medical issues
- Chronic pain patients on long-term opioids
- Medicaid patients prescribed more opioids
- Young adults (18-25) who use at higher rates
Greatest Risk of Overdose

- History of Overdose
- History of Substance Use Disorder (SUD)
- Taking Opioids and Benzodiazepines (BZDs)
- ↓ Tolerance for opioids due to a break in use (incarceration, detox, hospitalization, rehab)
- On doses of opioids > 50 Morphine Milligram Equivalent per day
Identifying an Opioid Overdose

- Unresponsive or minimally responsive
- Blue or gray face, especially fingernails and lips
- Shallow breathing with rate less than 10 breaths per minute or not breathing at all
- Pinpoint pupils
- Loud, uneven snoring or gurgling noises
- Other evidence: known opioid user, track marks, syringes, pills or pill bottles, information from bystanders
Workplace Prevention
Preventing Opioid Misuse in the Workplace

Risk factors are characteristics that are associated with a higher likelihood of developing a substance use disorder. Protective factors are characteristics that are associated with a lower likelihood of developing a substance use disorder and reducing a risk factor’s impact. In this chart, substance use, or substance use disorder, refers to both alcohol and other drugs, including misuse of prescription opioids and use of illicit opioids such as heroin and fentanyl.

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>TYPE</th>
<th>PROTECTIVE FACTORS</th>
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<tbody>
<tr>
<td>• Genetic predisposition</td>
<td>Biological</td>
<td>• No genetic predisposition</td>
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<tr>
<td>• Having a family history of substance use</td>
<td></td>
<td>• No family history of substance use</td>
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<tr>
<td>• Other illnesses or medical conditions</td>
<td></td>
<td>• No other illnesses or medical conditions</td>
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<td>• Changes in the brain due to prior drug use</td>
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<tr>
<td>• Mental health conditions such as anxiety or depression</td>
<td>Psychological</td>
<td>• Stable mental health condition and emotional control</td>
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<td>• Childhood trauma</td>
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<td>• No childhood trauma</td>
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<tr>
<td>• Adolescent substance use</td>
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<td>• No adolescent substance use</td>
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<tr>
<td>• Growing up or living in high-stress environments</td>
<td>Social</td>
<td>• Growing up or living in low-stress environments</td>
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<td>• Low academic achievement</td>
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<td>• High academic achievement</td>
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<td>• Unstable or low-income housing</td>
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<td>• Low socioeconomic status</td>
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<td>• Positive social influences</td>
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<td>• Negative social influences</td>
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<td>• Community engagement</td>
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<td>• Unstable employment</td>
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<td>• Stable employment</td>
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<tr>
<td>• Racial and ethnic background</td>
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<td>• Family support</td>
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</tbody>
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nsc.org/opioidsatwork

CCM Municipal Training
Drug & Alcohol Testing Regulations for Supervisors – Reasonable Suspicion
Preventing Opioid Misuse in the Workplace

Employers should focus on four key areas when working to prevent opioid misuse in the workplace:

- Employee education focusing on opioids, opioid misuse and overdose
- Workplace policies designed to address opioid use and misuse in the workplace in detail
- Workplace culture that supports holistic employer health and well-being
- Benefits and health care plans that provide preventative services as well as treatment for Opioid Use Disorder (OUD)
Cases for Discussion

Success Stories
Questions

Thank You
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