NATIONAL SAFETY COUNCIL

Position/Policy Statement

Opioids and Employers

Comment: This document has an inconsistent smaller font that other Policy/Position documents. It should be standardized.

~~*The policy position will supersede #119. The National Safety Council initially passed policy position #119 (Opioids in the Workplace) in November 2014. Since that time, the wealth of knowledge and expertise NSC has developed and obtained has enabled "a comprehensive approach to address opioid use in the workplace." This policy replaces policy #119 with expanded and new evidence-based recommendations.*~~

Policy/Position

The opioid overdose crisis has impacted the United States for well over a decade, claiming hundreds of thousands of lives. One in four Americans has been directly impacted by the opioid crisis - either ~~they know~~ knowing someone who has an opioid use disorder (OUD), know someone who has died from an overdose or ~~they have~~ has an ~~opioid use disorder~~ OUD ~~themselves~~ themself.[1] {reference 1 link is not working}

According to the Centers for Disease Control and Prevention (CDC), 95% of all opioid overdoses in the U.S. strike working age adults.[2] 75% of employers have been impacted by employee opioid~~s~~ use in the workplace,[3] and over 70% of adults with a substance use disorder (SUD) are in the workforce.[4] NIOSH {should first define this acronym} reports high rates of opioid overdose deaths {what about non-fatal injuries?} in industries with physically-demanding work conditions and among positions associated with job insecurities.

The annual cost to employers (including costs related to absenteeism, turnover, and healthcare costs) of an untreated SUD ranges from an average of $8,255 – $14,000 per employee, depending on ~~their~~ the company size, industry and role of the employee. {reference also "5"?} Workers with ~~substance use disorders~~ an SUD {Why SUD rather than OUD given that this policy is on Opioids? Those workers with an OUD is more relevant to this policy.} statistically miss two more weeks of work annually than their peers, averaging nearly five working weeks (24.6 days) a year.[5] However, workers in recovery~~,~~ miss the fewest days of any group – including those in the workforce without ~~a substance use disorder~~ an SUD – at 10.9 days. Each employee who recovers from ~~a~~ an SUD saves their company over $8,500 on average in turnover, replacement and healthcare costs.[6]

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[1] NSC National Public Opinion Poll, 2017

[2] https://www.cdc.gov/niosh/topics/opioids/data.html

[3] NSC Employer Survey, 2019

[4] https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

[5] https://www.nsc.org/getmedia/9dc908e1-041a-41c5-a607-c4cef2390973/Substance-Use-Disorders-byOccupation.pdf

[6] ~~Ibid~~ Ibid.

Employers have an essential role to play in preventing opioid ~~use and~~ misuse and supporting employees through treatment and recovery. NSC recommends that employers, working with their Human Resources Departments and through their benefit packages, take the following actions, while prioritizing and maintaining employee confidentiality:

1. Ensure safe and healthy, hazard-free workplaces to prevent ergonomic hazards which can lead to slips, trips, falls, and other traumatic injuries that may be treated with ~~prescription opioids, and can lead to misuse and addiction~~ an opioid~~.~~;
2. Support employee return-to-work activities during and following SUD treatment;
3. Create flexible accommodation policies for employees who are prescribed opioids, both for treatment of pain and as medications for addiction treatment (MAT), assuring a safe work environment. Acquire and encourage use of Company Physicians who practice limitation of opioid prescriptions for acute injury, and transition to non-opioid prescriptions for follow-up residual pain management;
4. Educate supervisors and managers about the signs and symptoms of opioid misuse;
5. Ensure all workplaces that need or want it have naloxone (~~the~~ a drug that temporarily halts life-threatening signs (e.g., breathing) of an opioid overdose) on-site and that emergency response staff members are trained on ~~how to administer it~~ its administration;
6. Offer and expand Employee Assistance Programs (EAP) to provide barrier-free preventive services, screening and early identification services, short-term counseling, referral to specialty treatment and other behavioral health interventions related to opioid use ~~and misuse~~;
7. Offer and expand insurance plans to ensure equal coverage of non-opioid pain treatment options, including ~~but not limited to~~ non-opioid drugs ~~pharmacology~~, physical and occupational therapy; ensure providers, pharmacy benefits managers, and worker's compensation plans require prescribers to abide by CDC {should first define this acronym} prescribing guidelines;
8. Ensure coverage of evidence-based treatment for opioid use disorders and address other disparities and gaps in healthcare benefits (including behavioral health benefits) and ~~ensuring~~ ensure plans abide by the Mental Health Parity and Addiction Equity Act (MHPAEA);
9. Support a stigma-free, recovery-friendly workplace culture where employees are not afraid to come forward to ask for help when they have a mental health or substance use problem;
10. Review health and safety programs to focus on preventing work-related injuries, illnesses, or stressors than can lead to use of prescription or illicit opioids;
11. Leverage unions, labor organizations, and collective bargaining agents (CBA) when available.

Background

~~In 2020, preliminary~~ Preliminary data shows that over 93,000 people died due to drug overdoses in 2020, {What is the current number?} and nearly 70,000 of those were caused by opioids.[7] Over 4 million Americans suffer from an opioid use disorder (OUD). The opioid overdose crisis is driven by three categories of opioids – prescription ~~painkillers~~ (~~for example~~ e.g., Vicodin, Percocet, and OxyContin), heroin, and synthetic opioids, including fentanyl. From 2011 to 2018, the primary driver of opioid overdose deaths shifted from prescription painkillers to heroin and then to fentanyl and other synthetic opioids. Many of these overdose deaths also involved other drugs or alcohol.

[7] Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

The opioid crisis has clear, defined impacts on employers and employees and continues to present new, complex situations for employers to navigate.

Business Concerns

About two-thirds of people who have an OUD are in the workforce, and over 10 million people aged 12 and up, reported misusing an opioid at ~~some point~~ sometime in 2019[7] {reference 7 link is not working}

- Employers have reported ~~that~~ difficulties in finding qualified, skilled workers who can pass drug screens;
- People with OUD frequently experience increased absenteeism and reduced productivity;[8]
- Opioid use {Opioid use or OUD?} is associated with increased costs related to turnover, missed work, recruitment and training. These costs are estimated at 21% of the annual salary of a worker. Workers with an SUD {What about OUD? This policy is on opioids not substances.} are more likely to have worked for more than one employer in the past year;[9]
- Employers pay nearly double in healthcare costs for workers with an SUD {What about OUD? This policy is on opioids not substances.} in comparison to those without;[10]
- The total economic burden of the opioid crisis was estimated to be $1.02 trillion in 2017.[12]

Safety Concerns

- Employers have a strong role to play in preventing pain related to workplace injury and stress. A safe, hazard-free workplace can prevent ergonomic hazards which can lead to slips, trips, falls, and other traumatic injuries that may be treated with ~~prescription opioids,~~ an opioid ~~and can lead to misuse and addiction.~~;
- Impaired employees pose a safety hazard to themselves, ~~their co-workers~~ others, and their ~~work environment~~ workplace;
- Opioids can impair thinking and reaction time, affecting the performance of job tasks. This can lead to serious errors when performing job tasks that require focus, attention to detail, or the need to react quickly~~.~~;
- 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~~.~~;[11]
- Even when taken as prescribed, ~~opioid painkillers~~ opioids have the capacity to cause impairment and may affect employees' ability to safely commute to and from work~~.~~;[12]

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[7] https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf

[8] Rice, J. B., Kirson, N. Y., Shei, A., Cummings, A. K., Bodnar, K., Birnbaum, H. G., & Ben-Joseph, R. (2014). Estimating the Costs of Opioid Abuse and Dependence from an Employer Perspective: A Retrospective Analysis Using Administrative Claims Data. *Applied Health Economics and Health Policy,12*(4), 435-446. doi:10.1007/s40258-0140102-0

[9] https://www.nsc.org/getmedia/f0f21705-d144-4717-acd0-eabb35484c47/turnover.pdf

[10] https://www.nsc.org/getmedia/a3ed3b0d-e6bb-459b-984d-8cf7380cd713/sud-costs.pdf [12] https://www.sciencedirect.com/science/article/abs/pii/S0376871620305159

[11] https://www.sciencedaily.com/releases/2019/10/191030082825.htm?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+sciencedaily%2Fmind_brain%2Faddiction+%28Addiction+News+--+ScienceDaily%29

[12] https://www.ccohs.ca/oshanswers/hsprograms/opiods.html

- People ~~who are~~ using opioids have a significantly increased risk of car crashes, unsafe driving activities, ~~and~~ falls, and putting themselves and others at risk in the workplace.[13]

Employee Health and Well-being

Many employers have focused closely on the intersection of the opioid crisis ~~and~~ with business and safety concerns. Addressing the impact of the opioid crisis, however, goes beyond business and safety concerns. Leaders in the field are now moving ~~beyond~~ outside this framework and focusing on corporate responsibility to employee health and well-being.

- An integrated, proactive approach is essential in preventing opioid ~~use and~~ misuse and ~~to supporting~~ towards the support of employees ~~who have~~ with an OUD in seeking treatment and recovery~~.~~;
- Creating a culture of "well-being" that supports and strengthens physical, mental, emotional, social and economic health can help to significantly offset employees' risk for misusing opioids or developing an OUD~~.~~;
- Blending health and safety programs to address organizational, personal and occupational activities enhances overall worker well-being, and prevents work-related injuries and illnesses. Employees can bring home ~~their~~ knowledge gained at work and similarly increase the safety of their family and community~~.~~;
- The impact of a supportive workplace can positively impact employee families. Employees who have a family member with a substance use disorder {What about OUD? This policy is on opioids not substances.} can, understandably, be impacted while at work. This can impact absenteeism, ~~and presenteeism~~ productivity, increase distraction, and increase employer costs. Workplace programs that support the employee can give them the space, time and resources they need to work through their unique family situation.

~~Employers who have comprehensive workplace policies and health benefit programs, robust education for employees, an inclusive and healthy workplace culture and well-trained managers are able to establish a~~ The establishment of a safe and healthy work environment ~~in which both employees and businesses thrive. The workplace~~ is a key ~~environment~~ for reaching employees, families and communities to help prevent further opioid misuse, addiction and overdose, and to help those already affected.

Impact~~s~~ of COVID-19

Infectious disease epidemics disproportionately affect socially- and economically-marginalized people, including those who face housing instability, ethnic and racial minorities, people with disabilities, as well as people already experiencing certain medical and psychiatric conditions. Many people with OUDs and other SUDs fall into these categories.[14] {reference 14 link is not working} Accordingly, the COVID-19 pandemic has caused increase stress and mental health problems that can lead to increased substance use, addiction, and overdose. Consider, for example: ~~This can be linked to:~~[15] {reference 15 link is not working}

- During August 19, 2020–February 1, 2021, the percentage of adults with symptoms of an anxiety or a depressive disorder during the past 7 days increased significantly ~~(from 36.4% to 41.5%),~~

[13] Kowalski-~~Mcgraw~~ McGraw, M., Green-~~Mckenzie~~ McKenzie, J., Pandalai, S. P., & Schulte, P. A. (2017). Characterizing the Interrelationships of Prescription Opioid and Benzodiazepine Drugs With Worker Health and Workplace Hazards. *Journal of Occupational and Environmental Medicine,59*(11), 1114-1126. doi:10.1097/jom.0000000000001154

[14] https://annals.org/aim/fullarticle/2764312/when-epidemics-collide-coronavirus-disease-2019-covid-19-opioidcrisis

[15] https://www.nsc.org/Portals/0/Documents/NSCDocuments_Advocacy/Safety%20at%20Work/covid19/opioids/understanding-substance-use-disorders.pdf?ver=2020-06-09-090612-983

as did the percentage reporting that they needed but did not receive mental health counseling or therapy during the past 4 weeks ~~(from 9.2% to 11.7%).~~;[16]

- There are multidirectional relationships between economic distress, unemployment, recessions, psychological and physical distress, and substance use.[17,18] {What about OUD? This policy is on opioids not substances.} While employers cannot address all of these conditions, COVID-19 increases the likelihood that employees may experience them, and many of these may linger past the point of normalization as the country recovers from the pandemic~~.~~;
- There are ~~several~~ multiple factors associated with increased substance use {What about OUD? This policy is on opioids not substances.} or increased risk for relapse or overdose, the prevalence of which have increased with the COVID-19 pandemic, including:
    - Financial stress, unemployment, grief, anxiety and trauma;
    - Post-disaster substance use is a behavioral strategy to treat symptoms of psychological distress~~,~~ such as with self-medication;
    - Decreased access to traditional treatment (e.g., medications, counseling) and social support mechanisms, including harm reduction services and group meetings;
    - Particular impacts on recovery mechanisms: recovery is often strongly reliant on in-person support~~s~~; while apps and other technological solutions will work for some, those who are most vulnerable or lack access to services may struggle more;
    - People using drugs are at higher risk for overdose and relapse during infectious disease epidemics due to lack of social network and increased isolation associated with people using alone. Purchasing of drugs from unfamiliar sellers and lack of access to naloxone / other overdose prevention materials is also associated with higher overdose rates~~.~~;
    - Increased physical and social isolation and the accompanying increased risk for relapse and overdose;
    - High levels of stress, leading to coping choices that include increased substance use.

Other psychological and social risk factors also enhanced by COVID-19 include anxiety, depression ~~or~~ and trauma, ~~unstable housing, financial situation and employment~~ as well as various economic factors.[19] {reference 19 link is not working} These conditions can have long-lasting impact~~, meaning they~~ and may not manifest as problematic substance use until weeks, months or years later. ~~The behavioral, mental health and the substance use {What about OUD? This policy is on opioids not substances.} related impacts of COVID-19 will continue to manifest for years given the economic, emotional and physical impacts across the country.~~ Given that less than 20% of people with an OUD received specialty treatment in 2019, due in large part to lack of resources, this is a critical barrier to overcome.[20]

Recommendations

1. Support employees return to work during and following treatment.

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[16] https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e2.htm?s_cid=mm7013e2_e&ACSTrackingID=USCDC_921DM53115&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20March%2026%2C%202021&deliveryName=USCDC_921-DM53115

[17] https://www.sciencedirect.com/science/article/pii/S0955395917300877

[18] https://www.nber.org/papers/w24440.pdf

[19] https://www.nsc.org/Portals/0/Documents/RxDrugOverdoseDocuments/RxKit/2019/Basics/Preventing-OpioidMisuse-in-the-Workplace.pdf?ver=2019-08-19-163444-197

[20] https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf

~~has been turned upside down and~~ Seeking treatment and finding recovery from an ~~opioid use disorder~~ OUD and other ~~substance use~~ SUD is an ongoing process. Each person's path to recovery is different, as each person's ~~substance use disorder~~ SUD is different. One component of ~~a~~ successful recovery is gainful employment. Being employed offers the opportunity to make progress toward realization of goals, improved family and social relationships, rebuilt financial stability, restoration of self-confidence, and a contribution to society among many other benefits.

Employers play an important role in supporting employees by embracing people who are in treatment and recovering from SUDs. Doing so prevents feelings of stigma and isolation, and greatly improves employees' chances of recovery. A supportive workplace environment can also help prevent relapse. Supporting employees in recovery creates clear reasons and culture for job satisfaction and loyalty in the workforce. People in recovery often have a high degree of self-awareness, resilience, compassion, dedication and understanding.[21] These valuable skills and behaviors help employees make positive impacts for their team, company and culture. However, employers need to evaluate their programs to ensure that employees with a mental health or substance use {What about OUD? This policy is on opioids not substances.} concern can effectively seek support ~~without worry~~.

Employers may have concerns about the complexities of employees in treatment returning to work. Some of these concerns include potential for relapse, or impairment on the job. A few points to keep in mind:

- Relapse is often a ~~natural~~ normal part of recovery. Recovering from an OUD or other SUD may include making significant lifestyle changes ~~that can be difficult to maintain~~, and ~~people with SUDs may~~ relapse one or more times before recovery becomes long term may occur~~.~~;[22]

- Guidance from the U.S. Equal Employment Opportunity Commission (EEOC) clarifies that individuals who are lawfully using ~~opioid medication,~~ an opioid ~~are~~ in treatment for opioid addiction ~~and are receiving~~ as Medication-Assisted Treatment (MAT), or have recovered from ~~their~~ addiction, are protected from disability discrimination.[23] {reference 23 link is not working}

    - Another useful resource is the Department of Labor's Job Accommodation Network's suite of guiding documents; [26]

- Creating return-to-work plans for employees who have taken leave related to substance use {What about OUD? This policy is on opioids not substances.} is part of a comprehensive Opioids at Work policy. Outlining expectations and creating employer guidelines help employees integrate back into work. With ~~careful~~ consideration, ~~and~~ collaboration ~~with the employee, alongside maintaining~~ and confidentiality, employers prioritize both workplace safety, ~~and~~ the employee working through their ~~substance use disorder~~ SUD~~,~~ {What about OUD? This policy is on opioids not substances.} ~~treatment plan~~ and ~~find~~ finding recovery~~.~~;

- Workers who are actively in recovery help employers avoid $8,175 in turnover, replacement and healthcare costs.[24]

~~The National Safety Council~~ NSC supports funding for initiatives that include:

- A focus on programs that are geared to prevent opioid misuse in the workplace and help employers identify gaps in their health, ~~and~~ safety, drug, and EAP programs. To date, the emphasis ~~in~~ is on helping people in recovery return to work, ~~but~~ with less is being done to help people working stay connected with their employer ~~throughout the lifecycle of their employment. This is~~

[21] https://www.nsc.org/getmedia/aae19e0c-4e32-4502-96b4-6c1aac4a7a5d/treatment-and-recovery-in-theworkplace.pdf.aspx
[22] https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery
[23] https://www.eeoc.gov/laws/guidance/use-codeine-oxycodone-and-other-opioids-information-employees [26] https://askjan.org/publications/index.cf
[24] https://www.nsc.org/getmedia/9dc908e1-041a-41c5-a607-c4cef2390973/Substance-Use-Disorders-byOccupation.pdf

~~the front end of the crisis, as opposed to the back end after a person's life they are rebuilding~~ and avoid the need to rebuild their life via recovery~~.~~;

- NIOSH workplace supported recovery programs (WSRP), which create a supportive, recovery-friendly workplace for people in recovery. WSRP uses a variety of tactics to reduce or prevent workplace factors that could cause or perpetuate a ~~substance use disorder~~ SUD {What about OUD? This policy is on opioids not substances.} and lowers barriers to seeking and receiving care and maintaining recovery~~.~~;

- Training and re-entry programs that focus on:

    - Helping people with a ~~substance use disorder~~ SUD {What about OUD? This policy is on opioids not substances.} re-enter the workforce through job and skills training. The SAMHSA Treatment, Recovery, and Workforce Support Grant is an excellent example of providing funding for these programs~~.~~;

    - Ensuring the workplace is prepared by training supervisors and managers and creating supportive policies. The Opioids & Substance Use: Workplace Prevention& Response Worker Training Program from the National Institute of Environmental Health Sciences (NIEHS) at the National Institutes of Health (NIH) is ~~one such~~ an example~~.~~;

    - Providing funding and incentives to workplaces that become recovery-friendly and/or focus on hiring workers in treatment/recovery. A state-level example of this is in New Hampshire, where ~~the state allocated~~ a one-time, $1 million appropriation is provided to administer grants to nonprofit organizations for Recovery Friendly Workplace (RFW) Initiative programming. Funds for nonprofit organizations are also available to:

        - Educate employers in evidence-based practices that demonstrably reduce substance misuse in the workplace;
        - Create work environments that enable persons in addiction and mental health recovery to sustain and re-enter the workforce as productive members of society;
        - Train employees, including specialized training for human resources personnel;
        - Raise public awareness and provide information that supports health and safety for employees, including mental health and financial wellbeing; ~~and~~
        - Promote active community engagement to reduce the negative impact of unaddressed substance use {What about opioid use? This policy is on opioids not substances.} and mental health disorders and leverage community initiatives to reduce substance use {What about opioid use? This policy is on opioids not substances.} including drop-off sites, peer support groups, and other free services.

- Ensuring employers are aware of and abiding by the EEOC guidance stating that individuals on medications for addiction treatment (MAT) are protected from disability discrimination;

- Leveraging peer support programs, wherein others with similar lived experiences (either in the workforce or as part of a partnership with a community-based organization) provides support for the person with a SUD. {What about OUD? This policy is on opioids not substances.}

2. Create flexible accommodation policies for employees who are prescribed opioids, both for treatment of pain and as medications for addiction treatment (MAT), assuring a safe work environment.

Impairment may occur even when opioids are taken as prescribed. While impairment can impact the safety of the workplace, it is not necessarily a sign of opioid misuse or an opioid use disorder. When seeking to understand the impact of opioid prescriptions and potential need for reasonable accommodation,

reviewing the EEOC guidelines that focus on the intersection of opioid use, misuse and reasonable accommodations will be helpful, as well as the DOL's guiding documents on substance use. Additionally, ensure that employees are aware of the potentially impairing impacts of opioid prescriptions and the questions they need to ask. This is critical for employees in safety-sensitive positions, who, if ~~they are~~ prescribed opioids, will likely need an accommodation. If they are expected to request a reasonable accommodation, this should be made clear in employee handbooks, policies and communication.

Review the EEOC guidelines {should define acronym} on how healthcare practitioners can help provide the appropriate medical documentation to employers when needed to assess a request for reasonable accommodation. Work with the employee, their medical team, human resources (HR), and the supervisor to create a plan that has the necessary timeframe, check-in points, accountability framework, and more.

Employers should offer both short- and long-term disability coverage as employee benefits, as opposed to relying on employees purchasing personal disability insurance. Financial and job stability while in recovery for any physical or mental injury, distress, illness or ~~substance use disorder~~ SUD {What about OUD? This policy is on opioids not substances.} is critical. Workers on short- and long-term disability for injury or illnesses are often treated with an opioid ~~pain medications~~ for more than a few days. Use of ~~long-acting~~ an opioid ~~pain medications or short-acting opioids~~ for more than 5 days is associated with increased length of disability, reduced likelihood of returning to work, and ~~greatly~~ increased risk of ~~developing an~~ opioid addiction.[25] Employers should insist that their EAP, disability or disease management contractors monitor for any SUD {What about OUD? This policy is on opioids not substances.} that returning workers may have acquired during their medical care.

If contracting for disease or disability management services, require that vendors show how they actively track data and require prescribers to abide by the CDC prescribing guidelines in prescribing opioid use for pain, assessing workers for possible opioid misuse, and intervening to assist them to use alternative, less risky pain management strategies.[26]

For employers who employ seasonal workers, workers in industries such as the restaurant or services industries, or undocumented workers, disability coverage, PTO, and job stability may not exist, and some other steps may be necessary. Consider partnering with a local recovery non-profit to provide support groups both on- and off-season, in multiple languages, and during odd hours to maximize access. These programs may also be able to provide peer support services and provide education to staff about ~~substance and~~ opioid use. Employers should explore other models for PTO and consider contracting an EAP if they have not already done so. For seasonal employers, ensure provision and employee understanding of PTO {should define acronym} – this cannot come at the expense of their job, which is a common concern for seasonal employees.

3. Educate supervisors and managers about the signs and symptoms of opioid misuse.

Supervisors play a critical role in addressing opioids in the workplace. They are often the first to see a difference in an employee's performance, personality and activities, hear about challenges, and first to notice impairment. It is imperative to provide supervisors with the tools to protect the safety of the workplace and the privacy of employees. Additionally, they are often the person that an employee may come to, prior to going to HR, as a trusted individual. In the event that an employee discloses a potential ~~substance use disorder ,~~ SUD, {What about OUD? This policy is on opioids not substances.} supervisors must be trained to respond in handling sensitive situations and what company policies require.

There are two important components for supervisors to know. One is what to do when a supervisor suspects an employee is impaired at work. ~~Impairment can result from many different scenarios in addition to alcohol or other drug use, including fatigue, medical conditions, medication use, family or personal crisis, and stress.~~ It is important not to assume cause when noticing impairment. The other is what to do when a supervisor suspects an employee has a SUD. It is not the role of the supervisor or employer to

[25] https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm

[26] https://www.nsc.org/getmedia/c24045cd-9666-49a5-9295-bc2e6060536d/disability.pdf

diagnose a possible SUD, but a supervisor may notice signs that an employee has developed ~~a~~ an SUD, {What about OUD? This policy is on opioids not substances.} or is experiencing a different issue that could lead increased risk for impairment in the workplace.

4. Ensure that, where feasible and needed or desired, workplaces have naloxone on-site and that emergency response staff members are trained on how to administer it.

Naloxone is a drug that, if administered in time, can temporarily stop many of the life-threatening effects of opioid overdose, and restore ~~normal~~ sufficient breathing, ~~and~~ reverse the sedation and unconsciousness that are common during an opioid overdose.[27] This allows time for emergency services to arrive and treat the overdose victim. Naloxone only affects people who are experiencing an opioid overdose and is available as a nasal spray and in two different injections. Employers should consider:

- including naloxone in its first aid supplies~~,~~;
- providing naloxone training to first responders~~,~~; ~~and~~
- teaching their employees how to recognize the signs and symptoms of an overdose and administer naloxone.[28]

The rate of workplace overdose fatality increased annually between 2011 and 2019.[29] {reference 29 link is not working} Any opioid user – which may include employees, visitors or a passersby – is at risk for an opioid overdose. Occupations with higher rates of work-related injuries and illnesses, as well as those with lower availability of paid sick leave and lower job security, have higher opioid overdose death rates.[30]

In implementing a workplace naloxone program, organizations will need to address legality and liability concerns, the likelihood of an opioid overdose occurring in the workplace or on workplace grounds, as well as workforce readiness in administering naloxone, as well as understand state access rules and Good Samaritan laws.[31] The NIOSH Using Naloxone to Reverse Opioid Overdose in the Workplace fact sheet provides additional questions to consider. Examining these questions can provide clarity on whether or not a workplace naloxone program is necessary. In deciding to implement a program, developing appropriate policies and procedures is key.

5. Offer and expand Employee Assistance Programs (EAP) to provide barrier-free preventive services, screening and early identification services, short-term counseling, referral to specialty treatment and other behavioral health interventions related to opioid ~~use and~~ misuse.

EAP screening for substance use {What about OUD? This policy is on opioids not substances.} is an effective way to link employees to care. Although the majority of workers are covered by these free, confidential programs, [32] few employers press their EAPs to proactively screen workers about substance use. {What about OUD? This policy is on opioids not substances.} A survey of EAPs found a utilization rate for behavioral health services of only 4.5% of the covered workers, which is much less than the typical workforce prevalence of substance use and mental health concerns,[33] ~~meaning that~~ and therefore most people who may need care are not utilizing the EAP.

- When EAPs routinely assess for risky substance use {What about OUD? This policy is on opioids not substances.} as part of routine intake, rates jump to 20% – 25% on intake calls. Employers can

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[27] https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-reversal-naloxone-narcan-evzio

[28] https://www.nsc.org/getmedia/2b1616a1-c8a6-4c8c-b56b-1aa32f395bd5/naloxone-in-the-workplace.pdf.aspx

[29] https://safety.blr.com/workplace-safety-news/safety-administration/OSHA-Occupational-Safety-and-HealthAdministration/BLS-Workplace-Fatalities-Rose-in-2019/

[30] https://heller.brandeis.edu/mass-health-policy-forum/categories/mental-health-substance-abuse/pdfs/opioids-inthe-workforce/opioids-workforce-2018-issue.pdf

[31] https://www.safeproject.us/naloxone-awareness-project/state-rules/

[32] https://www.bls.gov/opub/ted/2016/employer-provided-quality-of-life-benefits-march-2016.htm

[33] Attridge M, Cahill T, Granberry SW, Herlihy PA. The National Behavioral Consortium industry profile of external EAP vendors. Journal of Workplace Behavioral Health. 2013 Oct 1;28(4):251-324.

demand that their EAP systematically assesses substance use {What about OUD? This policy is on opioids not substances.} by workers seeking services, and that it report on rates of problematic use. Preliminary evidence {What about current evidence?} points to increased substance use, {What about OUD? This policy is on opioids not substances.} depression and anxiety among all workforces in association with the COVID-19 pandemic.[34] EAPs should actively monitor for substance use, {What about OUD? This policy is on opioids not substances.} mental health distress and post-traumatic stress disorder among returning workers following COVID-19-related shutdowns~~.~~;

- Workplaces should ensure that their EAP and benefits programs use screenings when substance use is suspected, when individuals with family or personal history of addiction or substance use disorders are prescribed opioids, and connect employees to treatment earlier.

6. Offer and expand insurance plans to ensure equal coverage of non-opioid treatment ~~options such as pharmacology~~, physical and occupational therapy; ensure providers, pharmacy benefits managers, worker's compensation plans and other contracted services follow CDC prescribing guidelines.

Mental health parity is a critical component of combatting the opioid crisis so that coverage, payment and treatment for mental health conditions and ~~substance use disorders~~ SUD {What about OUD? This policy is on opioids not substances.} are equal to that of other chronic and acute health conditions. As designated by the Mental Health Parity and Addiction Equity Act (MHPAE), this law makes effective care available to those suffering from mental illness and/or ~~substance use disorder~~ SUD {What about OUD? This policy is on opioids not substances.} as imperative in the effort to reduce preventable death. NSC supports mental health parity.

- 97% of businesses with more than 50 workers offer some individual health insurance options.[35] Since 2008, the MHPAE[36] has required health insurance plans to cover substance use like any other medical or surgical condition. Employers should ask what their health plans are actively doing to identify and treat workers with an SUD, {What about OUD? This policy is on opioids not substances.} and to minimize risks of creating ~~opioid use disorders~~ an OUD ~~in the course of~~ from treating worker illnesses and injuries.

- Most health insurers are accredited by the National Commission on Quality Assurance (NCQA), which requires plans to report annually on rates of initiating and engaging covered members with a substance use disorder.[40] Use the National Safety Council/NORC's Substance Use Cost Calculator to compare the likely SUD {What about OUD? This policy is on opioids not substances.} rates in the workforce to a health plan's rates of substance use {What about opioids This policy is on opioids not substances.} initiation and engagement. Identified gaps can be addressed directly with the health plan providers. Coverage should include:[37]

    - Confidential substance use screening, which increase identification of risky and unhealthy alcohol and drug {What about opioids This policy is on opioids not drugs.} use;
    - Brief intervention and referral to treatment;
    - Outpatient and inpatient treatment;
    - Medications for addiction treatment;

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[34] https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_e&deliveryName=USCDC_921DM35222
[35] https://meps.ahrq.gov/data_stats/summ_tables/insr/state/series_2/2018/tiia2.pdf
[36] https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet [40] https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-ordependence-treatment/
[37] Center for Prevention and Health Services. *An Employer's Guide to Workplace Substance Abuse: Strategies and Treatment Recommendations.* 2009.

- Counseling and medical services; ~~and~~
- Follow-up services during treatment and recovery.

7. Ensure coverage of evidence-based treatment for ~~opioid use disorders~~ an OUD and address other disparities and gaps in healthcare benefits:

   - NSC supports the following recommendations for employers from President Obama's Mental Health and Substance Use Disorder Parity Task Force final report from October 2016, as well as more actions described in NSC policy position #136 on Mental Health Parity:
     - Supporting consumers and providing parity education and awareness;
     - Clarifying parity requirements and improving implementation;
     - Improving and enhancing compliance and monitoring.
   - Employers should request that health insurers demonstrate how they manage prescription opioid use and require that prescribers abide by the CDC guidelines for opioid prescribing.[38] {reference 38 link is not working} Employers can ask whether rates of opioid prescribing by primary care physicians are declining, and for more information on active steps the health insurers are taking to identify and treat members with an ~~opioid addiction~~ OUD. Pharmacy benefits managers should be able to share procedures for identifying members at ~~high~~ risk for ~~opioid addiction~~ an OUD~~.~~;
   - Employers should ensure that telehealth services are fully covered. Telehealth is an underutilized tool essential for reaching hard-to-reach populations, such as rural and underserved communities. It can break down barriers to providing behavioral health services and care and increase access and availability, and allow for greater privacy, anonymity and stigma avoidance. Telehealth can improve care interventions outside the bounds of traditional sites, enhancing communication between patients and providers and extending a limited workforce. [39] Additional recommendations to increase access and quality for telehealth services are available in the NSC policy position #164 on Mental Health Prevention and Treatment.

8. Support a stigma-free, recovery-friendly workplace culture.

SUDs {What about OUDs? This policy is on opioids not substances.} are some of the most stigmatized medical conditions, even though people increasingly understand that SUD {What about OUD? This policy is on opioids not substances.} is a complex disease that can be difficult to treat and may require ongoing medical care. ~~SUDs, including~~ OUD~~, are~~ is a long-term, relapsing brain diseases that are characterized by compulsive drug-seeking and use despite harmful consequences.[40] {reference 40 link is not working} These disorders are frequently still considered a character flaw or a natural consequence of a bad decision. Society stereotypes people who have a SUD as immoral, violent, dangerous, lazy, or from a certain ethnic or racial background or region.[41,42] Reactions that stigmatize people who have SUDs {What about OUDs? This policy is on opioids not substances.} include fear, judgment, disgust and dismissiveness.

- Stigmatizing people who have SUDs results in shame and isolation, and people who are ashamed of their drug use are more likely to hide it, and wait until their SUD has progressed and become more serious before seeking help~~.~~;
- Data from the 2017 National Survey on Drug Use and Health spotlights the impact of stigma. 37.7% of respondents indicated that they did not seek treatment for reasons related to stigma and

[38] https://www.cdc.gov/drugoverdose/prescribing/guideline.html
[39] https://www.mhanational.org/blog/tele-mental-health-now-and-now
[40] https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction
[41] https://www.ncbi.nlm.nih.gov/books/NBK384923/
[42] https://www.shatterproof.org/our-work/ending-addiction-stigma/understanding-addiction-stigma

bias—, up from 25.4% in 2016. Over 20% of respondents specifically highlighted fear of a negative impact on employment status as a barrier to seeking treatment.

Recovery-friendly workplaces support their communities by recognizing recovery from SUDs as a strength and by being willing to work intentionally with people in recovery. These workplaces encourage a healthy and safe environment where employers, employees and communities can collaborate to create positive change and eliminate barriers for those affected by addiction. Employers should strive to implement components that create a workplace culture of support and wellness such as buy-in from leadership and employees alike, supportive policies and programs such as EAPs, return-to-work plans, support for employees who need treatment or leave, health care benefits that treat SUDs just as they do physical illnesses, and training supervisors to recognize warning signs.

~~Having buy-in~~ Buy-in from leadership and employees alike, supportive policies and programs such as EAPs, return-to-work plans, support for employees who need treatment or leave, health care benefits that treat SUDs just as they do physical illnesses, and training supervisors to recognize warning signs are all components that create a workplace culture of support and wellness. Additional actions workplaces can take are available as part of the NSC Opioids at Work Employer Toolkit ~~and resources~~ here {hyperlink the NSC Opioids at Work Employer Toolkit}.

9. Review health and safety programs to focus on preventing work-related injuries, illnesses, or stressors than can lead to use of ~~prescription or illicit~~ opioids.

Health and safety program have a key role to play in primary prevention of injury, stress and pain, which can lead to opioid ~~prescriptions, and for some, continue on to opioid misuse or opioid~~ use disorder. Employers can:

- Evaluate the effectiveness of their H&S programs by looking at workers compensation data to see which injuries and jobs correlate with opioid prescriptions
    - Though many state Departments of Labor have implemented billing codes to help non-cancer chronic pain management which provides guidance on prescribing for occupational medicine physicians,[43] there is still evidence between the connection of workers' ~~comp~~ compensation claims and opioid use~~.~~;[44]
- Provide supports for injured workers to avoid opioid use and seek alternative pain treatment;
- Use the programs as an opportunity for worker education on opioid avoidance~~.~~;
- Revise punitive workplace drug policies to recognize that ~~substance use disorder~~ SUD {What about OUD? This policy is on opioids not substances.} is a brain disease that requires treatment, while maintaining essential safeguards built in to the programs.

10. Leverage unions, labor organizations, and collective bargaining agents (CBA).

Working with unions, labor organizations, and CBAs (when they are present) to address opioids in the workplace is critical, regarding prevention, treatment, recovery, and policy and program development. This partnership is essential as the aforementioned groups can represent industries and occupations with specific needs (e.g., farming and rural areas, construction and increased risk for pain and injury, teachers, etc.). These groups are also responsible, at times, for negotiating language that mandates treatment (as opposed to termination or other punitive action), providing EAP and services, and more. They can also develop peer advocacy programs that employees may respond more readily to peers than supervisors or EAP personnel. Lastly, for workers represented by CBAs, the CBA should be present ~~in any and~~ all steps in the development of return-to-work programs, protocols, procedures, etc., as well as present when those decisions are made individual workers represented by a CBA.

[43] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6558965/

[44] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2709720

Comment: Reference numbering in Word format is awkward to work with. All references should identify the year of publication. Weblinks should specify date of publication or when last accessed. Content highlighted in yellow needs to be updated.

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This position statement reflects the opinions of the National Safety Council but not necessarily those of each member organization.

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