Opiate/Opioid Abuse At Work

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A safe, healthy and drug-free workplace is everyone's business.
STATISTICS: MASS.GOV. AS OF NOVEMBER 2019

January through September:
• Confirmed opioid/opiate deaths 1091+ 332-407 estimated.
  • 93% positive for fentanyl.
  • 42% positive for cocaine.
  • 33% positive for benzodiazepines.
  • 24% positive for heroin.
  • 7% positive for amphetamines.

As of 2017:
• Alcohol, tobacco & drug abuse costs >$700 B/yr.
• Annual cost of therapy: ~$2B/yr.
• NOW: Opioid epidemic alone - $500B/yr.
• Federal allocations 2018: $4.6B to fight opioid crisis.
• State allocations: OH $1B, NJ $200M, MN $12M.

US opioid related deaths:
• 2017: 70,237.
• 2018: 68,557.
• 2019: Increases in:
  • CT, MA, NH, ME.
  • IL, IN, OH.
  • MD.

Addiction from all drugs kills more people in one year than 27 years of WWI, WWII, & Vietnam combined.

~ Darryl Inaba, Pharm.D, CATC-V, CADC-III
3-7% of workforce use illicit drugs daily.

13.2M/79.6% of illicit drug users employed.

70% of drug addicts are white; most well educated, earn over $50,000/yr.

20.4M substance abusers/dependents; 12.3M employed full time; well >1M employed part time.

On-the-job accidents 3-4x greater than the norm.

3x average amount of sick benefits paid out.

5x more likely than non-users to file workers compensation claims.

Absenteism up to 16x greater than average employee.

Estimated price tag for lost productivity: >$81.6B annually.
**Narcotics: Opiates-Natural**

- **Heroin**
  - Black tar heroin
  - Texas "cheese" heroin

**Opioids-Synthetic**

- **Fentanyl**: 40X stronger than heroin
  - Percocet 30 mg. “Perc 30s”
  - Fentanyl: 40X stronger than heroin

- **Oxycontin**

- **Oxycodone**

- **Oxymorphone (Opana)**

- **Codeine cough syrups**

- **U47700, Pink/Pinky**: 7/5X stronger than morphine

- **Gray Death**: combo fentanyl, carfentanil, U4, heroin (others)

- **Carfentanil/W18**: 10,000X stronger than morphine, 100X stronger than fentanyl
Denial

- Denial allows the user to:
  - Rationalize behaviors.
  - Blame others.
  - Avoid confrontation with problem and impact.
  - Make excuses.

- Affects the abuser and others.
ENABLING BEHAVIOR OF CO-WORKERS

- Doing their work for them.
- Taking the blame for their mistakes/poor work.
- Covering for them or making excuses to Supervisor/Manager.
- Remaining in unsafe situation.
- Allowing others (public/co-workers) to be in potentially dangerous situation.
ENABLING BEHAVIOR OF SUPERVISORS

- Ignoring signs and symptoms of potential problem.
- Assigning others to do employee’s work.
- Covering up or ignoring poor performance.
- Putting off performance appraisal discussion.
- Having “off the record” discussions.

WHAT EMPLOYERS CAN DO

- Educate yourself, staff, employees.
- Utilize your EAP.
- Provide a testing program.
- Provide support for treatment.
- Observe, document, act.
- Make Narcan readily available.

<12% of people needing treatment receive it. 90% of employees offered treatment will accept it.
Narcan (Naloxone Hydrochloride)

- 2 mg. dose nasal spray
- 4 mg. dose nasal spray
- Injectable
- EpiPen-like injectable
BRAIN DISEASE

Courtesy of Daniel Amen, MD
via Darryl Inaba, PharmD., CATC-V, CADC III

Normal Brain

Heroin Addict (7 yr)

ONLY SIX WEEKS FOLLOWING DETOX
OPIATE SIGNS & SYMPTOMS

• Euphoria.
• Lethargy.
• Drowsiness.
• Confusion.
• Constricted or dilated pupils.
• Flushing of skin on face, chest and neck.
• Slurred speech.
• Lack of coordination.
• Tremors, chills, shakes (withdrawal).
• Agitation, hallucinations (withdrawal).
Employee should display more than one of these signs & symptoms:

Recognizing Impairment (Appearance, Behavior, Conduct, Breath/BODY Odor)

**Physical:**
- Runny nose with raw, red nostrils.
- Rash around nose or mouth.
- Excessive sweating.
- Eyes that are: puffy; red or blood-shot, bleary, glazed; pupils too dilated; pupils too constricted; drooping eye-lids.

**Behavior:**
- Staggered gait.
- Slurred speech.
- Confused, rambling and/or rapid speech.
- Overuse of gum or breath fresheners.
- Giddiness or uncontrolled laughter.
Employee should display more than one of these signs & symptoms:

**Recognizing Impairment (Appearance, Behavior, Conduct, Breath/BODY Odor)**

**Conduct:**
- Work at inappropriate, erratic pace.
- Difficulty with tasks.
- Difficulty maintaining attention.
- Failure to follow instructions.
- Intense fatigue.
- Wide mood swings.
- Sudden aggressive/violent reactions.
- Intense fatigue.

**Body Odor:**
- Odor of alcoholic agents on breath.
- Chemical smell on clothes or breath.
- Odor of burned-roped on skin, hair, clothes or in person’s room.
WORK PERFORMANCE PROBLEMS

• Excessive absenteeism.
• Decreased work production.
• Inconsistent quality of work.
• Decreased motivation.
• Missed deadlines.
• Wastes materials.
• Repeated errors.
• Unreliable behavior.
• Poor judgment & decision-making.
• Difficulty handling complex situations.
• Difficulty recalling instructions.
• Lapses in concentration.
• Improbable excuses.
• Frequent absences from work area.
**Health & Safety**

- Ignores safety rules & regulations.
- Frequent trips to medical department.
- Frequent complaints of flu, stomach conditions, headaches.
- Takes risks & unnecessary chances.
- Repeated accidents/near accidents.
- Accidents off the job, but affecting work performance.
- Damage to equipment, machinery, materials.
DIFFICULTY WITH RELATIONSHIPS
• Avoids co-workers.
• Emotionally withdrawn and isolates self.
• Complaints from co-workers.
• Conflicts with co-workers.

PERSONALITY CHANGES
• Overreacts to real or imagined criticism.
• Wide swings in mood.
• Refuses to recognize poor attitude, blames others.
• Overly critical of others.
• Quick to raise temper.
• Argumentative.
• Becomes hostile, aggressive.
PHYSICAL SIGNS OR CONDITIONS

- Changes in physical appearance (weight loss, unkempt appearance).
- Needle marks or scar tissue.
- Weariness, exhaustion.
- Restlessness or edginess.
- Sloppy, unkempt appearance.
- Blank stare.
- Unsteady gait.
- Accident prone.
Reasonable Suspicion means suspicion based on specific personal observations that can be clearly described concerning the appearance, behavior, speech, or breath/body odor of the employee.

- Observations must be specific and contemporaneous.
- Third party observations alone do not count.

- Step One: OBSERVE:
  - Involve another supervisor per policy/regulations.

- Step Two: REMOVE from safety sensitive function:
  - Engage in conversation to assess speech or disturbances in thought.

- Step Three: Determine if you have “Reasonable Cause/Suspicion”:
  - Under the law/your policies.

- Step Four: SEND for testing as appropriate.

- Step Five: DOCUMENT.

- Step Six: REFER to SAP per law/policies.

- Step Seven: FOLLOW all SAP recommendations.

- Step Eight: CONTINUE to monitor.