

WORKPLACE PROSPER: *PARTNERING TO REDUCE OPIOID STIGMA AND PROMOTE EMPLOYMENT IN RECOVERY*



Marianne Cloeren, MD, MPH, FACOEM, FACP

Jodi Jacobson Frey, PhD, LCSW-C, CEAP

Funding

- Supported by
 - Maryland's Office of Overdose Response (MOOR). The views presented here are those of the grantee organization and not necessarily those of MOOR, its Special Secretary, or its staff (grant period 7/2023-6/2024).
 - Maryland Department of Health, with funding from the US Centers for Disease Control and Prevention (CDC) via NIOSH Cooperative Agreement 5 U60OH011154 and Overdose Data to Action Cooperative Agreement 1 NU17CE924961 (grant period 11/2023-6/2026)
- Collaboration with:
 - Maryland Center for Harm Reduction (naloxone)
 - University of Maryland Kahlert Institute for Addiction Medicine Overdose Response Program
 - Maryland Department of Labor (Recovery Friendly Workplace Initiative)

Objectives

- Summarize research on stigma interfering with employment of workers with substance use disorders
- Describe a culture that supports individuals in recovery
- Implement harm reduction measures like naloxone training and overdose response plans in the workplace

Speakers

Marianne Cloeren, MD, MPH, FACOEM, FACP

- Associate Professor of Medicine
- University of Maryland School of Medicine
- Occupational Medicine & Internal Medicine
- Expertise in work disability prevention, work injuries, and education

Jodi Frey, PhD, LCSW-C, CEAP

- Professor of Social Work and Associate Dean for Research
- University of Maryland School of Social Work
- Expertise in suicide prevention, mental health, substance use and the workplace
- Co-chairs the National Workplace Suicide Prevention and Postvention Committee

We're Both a Little Different



Part 1

Background

Stigma: *We can see it with our own “eyes”*

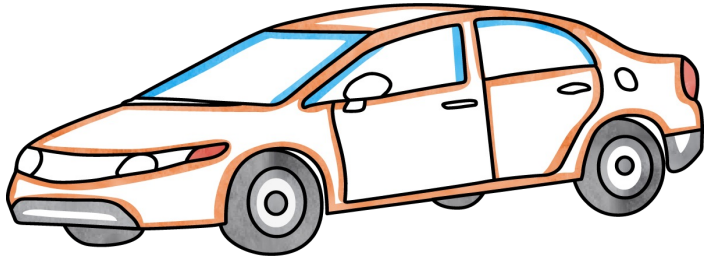
- Includes negative stereotypes, discrimination, and prejudice toward people with substance use disorders at work or people seeking work
- Increases absenteeism, presenteeism, productivity and performance problems and health care costs
- Intensifies barriers to help-seeking for employees
- Impacts the ability to obtain and keep employment
- Intersects with other forms of discrimination and employees from minority groups (race, gender, etc.) experience increased challenges



Additional Barriers Identified in Our Research

- Operation PROSPER (***Peer Reintegration and Other Services Promoting Employment in Recovery***)
- Barriers to work participation among those receiving treatment for opioid use disorder
- Guesses on the top barriers?

Additional Prevalent Barriers



59% no license
67% no car



**38% no
diploma or
GED**



**36% no job
skills**

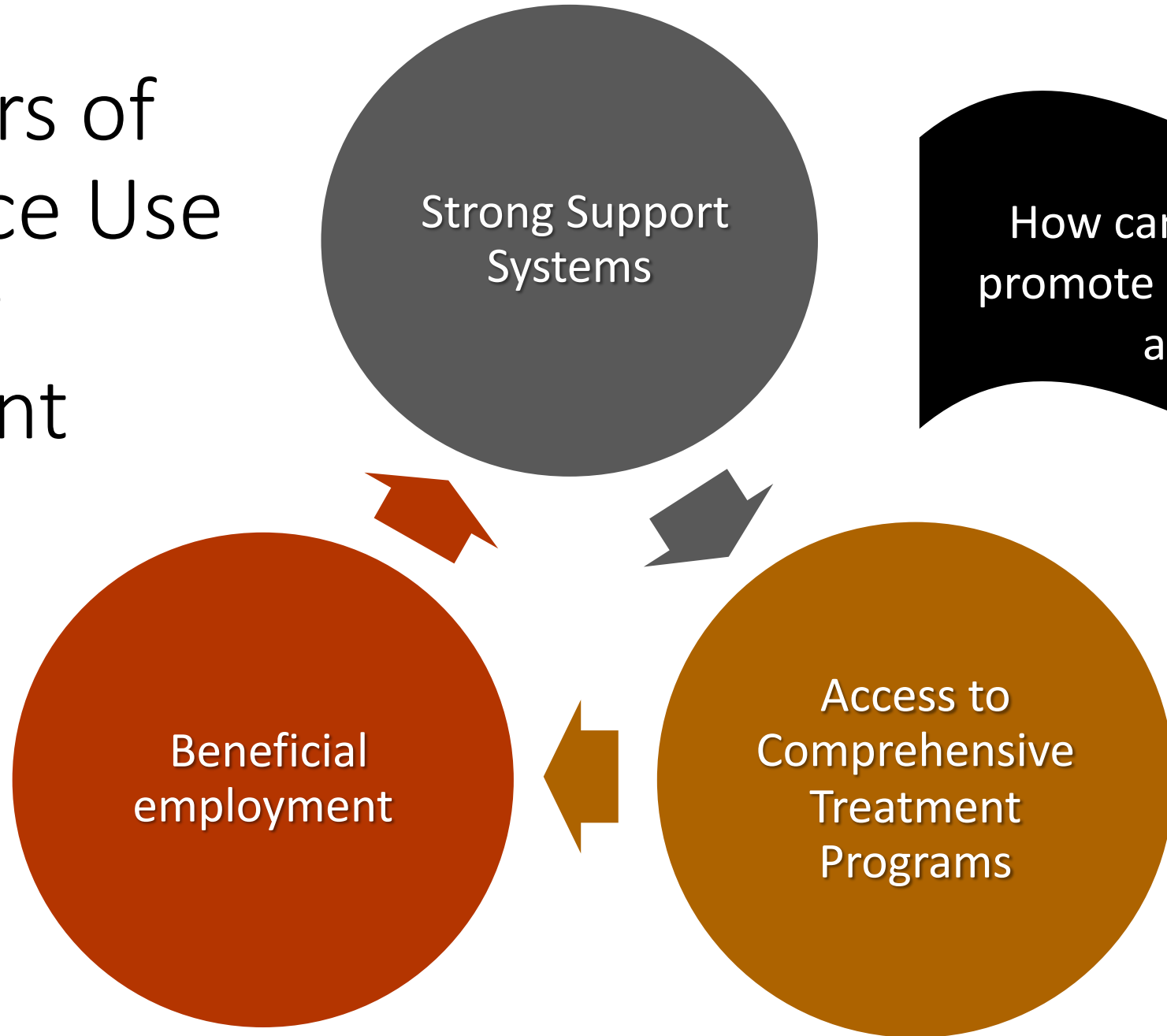


**12%
homeless**



**8% on parole
or probation**

Predictors of Substance Use Disorder Treatment Success



How can employers
promote each of these
areas?

What Can Employers Do?

- Education – awareness and beyond
- Clear and effective policies
- Provide easy access to support, such as Employee Assistance Programs (EAPs), peer assistance programs, mental health treatment
- Train managers
- Provide flexibility at work
- Develop partnerships for treatment, support,
- Communicate regularly about policies, programs resources to improve workplace culture (*action steps coming soon in this presentation!*)



Toolkit Work with MDH

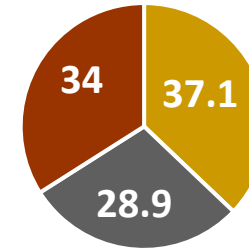
- Workplace PROSPER (***Partnering to Reduce Opioid Stigma and Promote Employment in Recovery***)
- 2020-2022
- Analysis of data to learn about industries/workers most at risk
- Research on Recovery Friendly Workplace approaches
- Stakeholder meetings
- Toolkit development for employers to help manage opioid issues better

Employer Survey

- Type and size of organization
- Opioid related current programs
 - Policies
 - Training
 - Peers and other resources
 - Naloxone at work
- Needed programs and resources

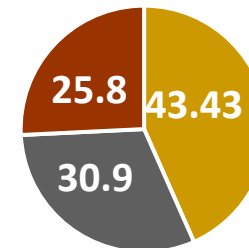
Preliminary data not yet published and subject to change.

Organization Size



- Small (1-49 employees)
- Medium (50-249 employees)
- Large (250 or more)

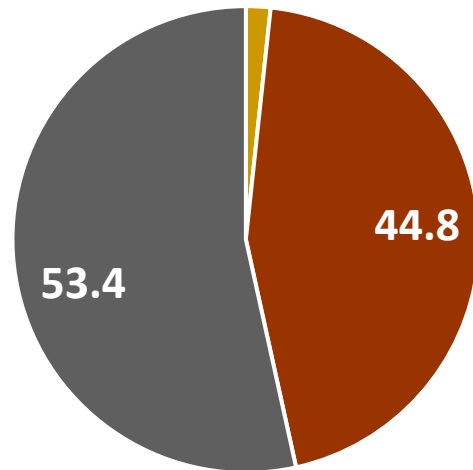
Industry Sector



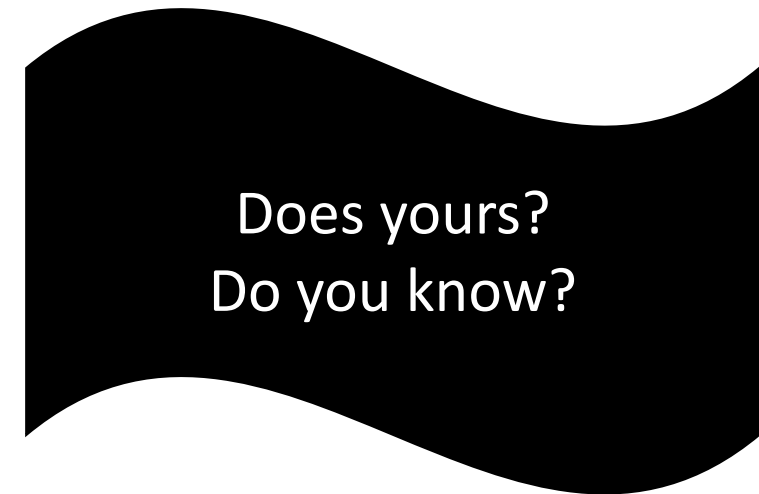
- For Profit
- Nonprofit/Government
- Nonprofit/Other

Employer Survey: Preliminary Responses

Do your employer-sponsored health insurance benefits cover inpatient treatment for opioid use disorder?



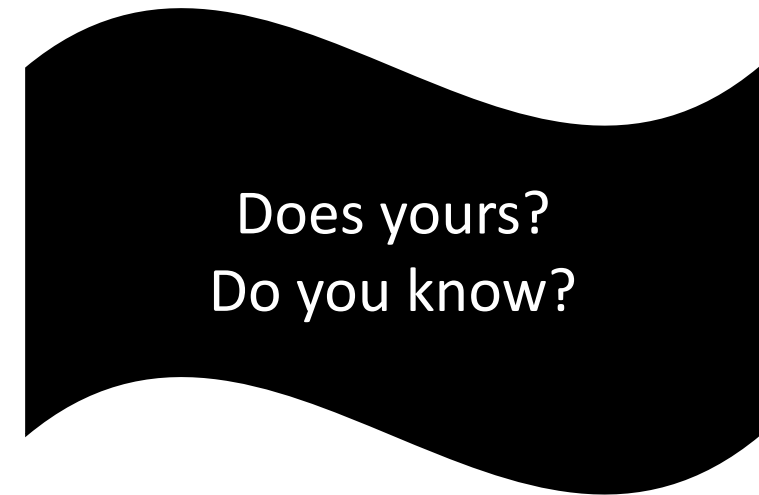
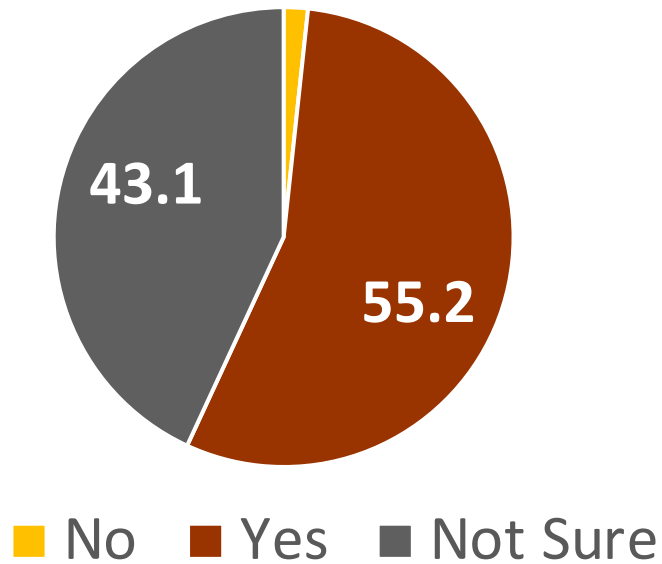
■ No ■ Yes ■ Not Sure



Preliminary data not yet published and subject to change.

Employer Survey: Preliminary Responses

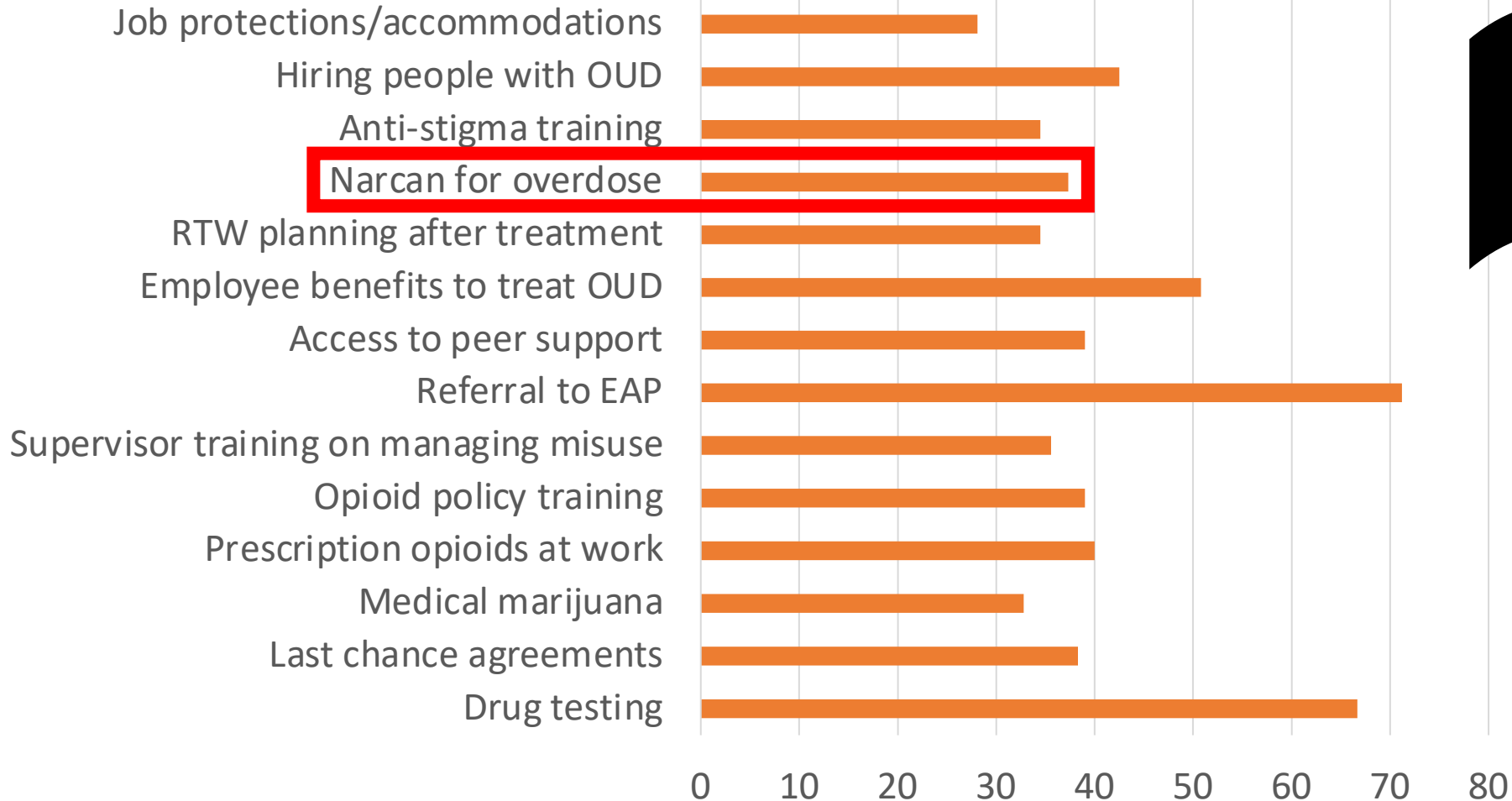
Do your employer-sponsored health insurance benefits cover outpatient treatment for opioid use disorder?



Preliminary data not yet published and subject to change.

Employer Survey: Preliminary Responses

Percent Reporting Current Policy or Program



Does yours?

Preliminary data not yet published and subject to change.

Maryland Dept. of Labor Recovery Friendly Workplace

- Recovery Friendly Workplace Program
- Website: <https://www.labor.maryland.gov/employment/rfworkplace.shtml>
- Contact: dlwdaIRFW-labor@maryland.gov



What Do You Need in a Toolkit?

- Can you help us?
- 20-30 minutes
- Policies, resources, needs for program support

Employer Survey



Important Findings from Data Analysis

- SUDORS – State Unintentional Drug Overdose Reporting System – 2018 data (Frey et al., in press, *Journal of Occupational and Environmental Medicine*)
- Compared MD industries and occupations using Current Population Survey (CPS) to estimate workers in each industry and occupation
- Industries at greatest risk (overdose deaths per 100,000 workers):

212

CONSTRUCTION



99

MANUFACTURING



**TRANSPORTATION &
WAREHOUSING**



85

How to Address This Challenge

- Change the culture
- Policies – addressing employment and retention practices, work events, drug testing, etc.
- Training – addressing drugs and alcohol but also suicide prevention and stigma
- Provide access to care
- Mitigate the risks – naloxone for overdose reversal

Naloxone

- All construction workers need to be trained and carry it
- Workplace programs should include:
 - Staging/access
 - Training for responders
 - Inventory control and reordering
- Training needs to be operationalized like it is for other hazards

Part 2

Naloxone Training for Construction

Seriously,
do you?

Got Naloxone?

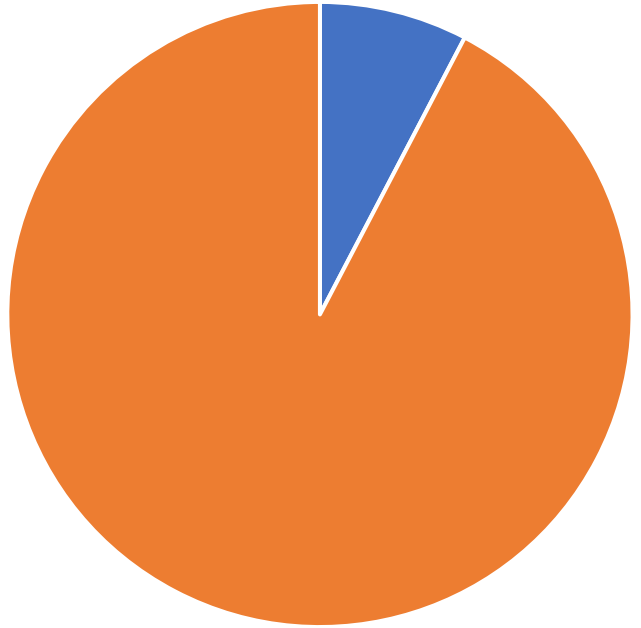
Get ready to save a life...

Why?

Why this training? Why for
construction workers?

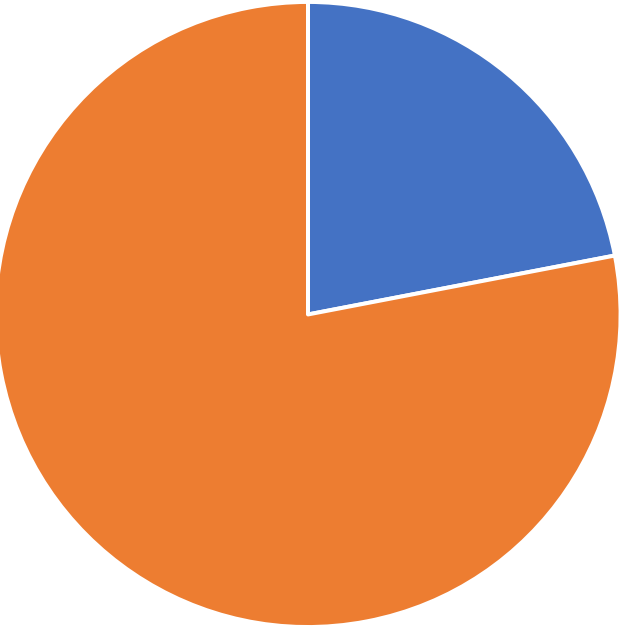
Maryland Construction Worker Risks

Maryland Workers



■ Construction Workers ■ Other Workers

Maryland Opioid Overdoses



■ Construction Workers ■ Other Workers

[https://msa.maryland.gov/msa/mdmanual/01glance/economy/html/labor.html#:~:text=%2C%20Private%20Sector%20goods%20producing%2C%20natural%20resources,103%2C592%2C%202019%2C%20285%2C341%20\(10.6%\)%2C%207%2C189%2C%20165%2C865%2C%20117%2C287%2C](https://msa.maryland.gov/msa/mdmanual/01glance/economy/html/labor.html#:~:text=%2C%20Private%20Sector%20goods%20producing%2C%20natural%20resources,103%2C592%2C%202019%2C%20285%2C341%20(10.6%)%2C%207%2C189%2C%20165%2C865%2C%20117%2C287%2C)

<https://stopoverdose.maryland.gov/wp-content/uploads/sites/34/2021/10/Data-Informed-Overdose-Risk-Mitigation-DORM-2020-Annual-Report-%E2%80%93-Revised-9-20-2021.pdf>

Why Construction?



1 out of 3 construction workers have a musculoskeletal disorder (MSD).³



Prescription opioid use **3 times** higher among construction workers with MSDs.³



Overdose deaths in construction increased **9 times** from 2011–2018.⁴

Source: https://www.cdc.gov/niosh/construction/pdfs/Opioid-Disorder-infographic_1.pdf

What?

What's an opioid? What's an overdose? What's naloxone?

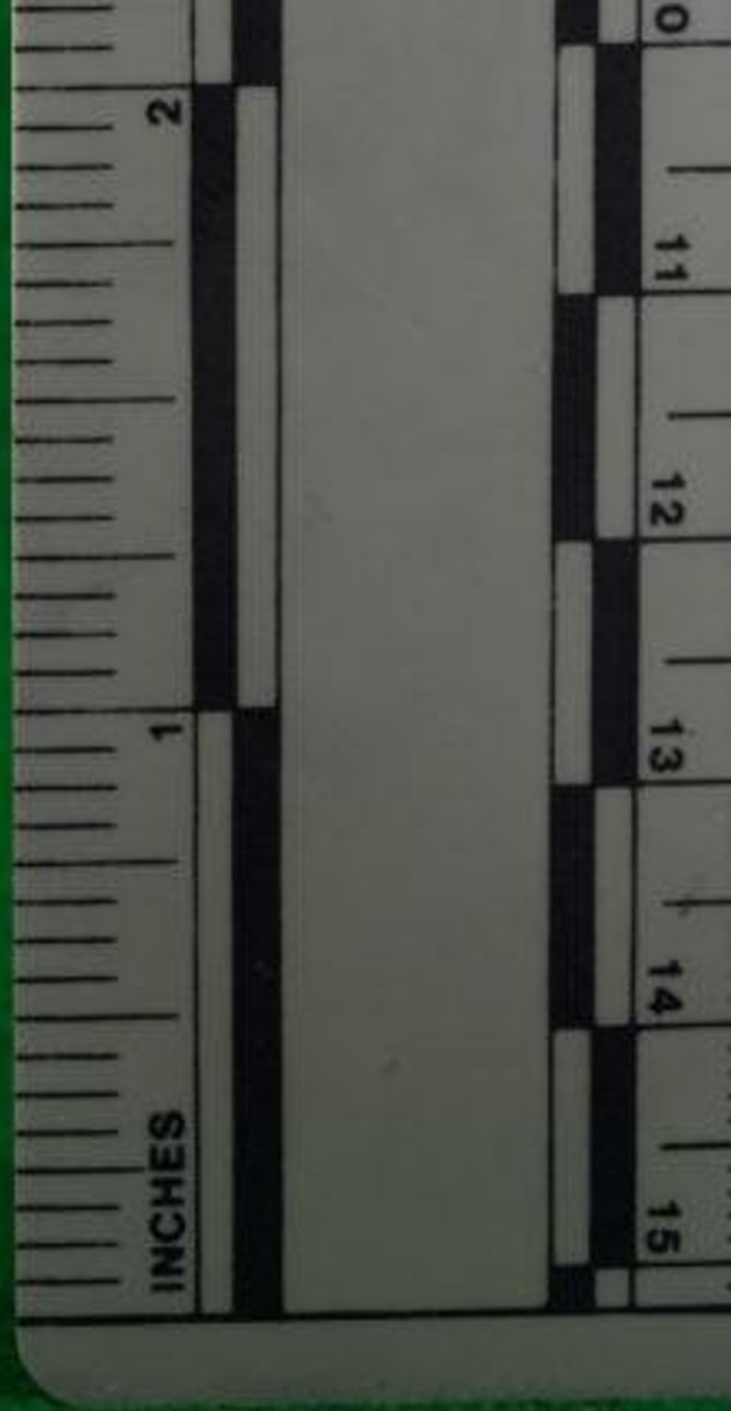
What's an opioid?

- Drug used to reduce pain
- Opiates – derived from poppy flower
 - Heroin
 - Codeine
 - Morphine
- Synthetic opioids – man-made
 - Oxycontin (one brand of oxycodone)
 - Fentanyl
- Bind to opioid receptors in brain

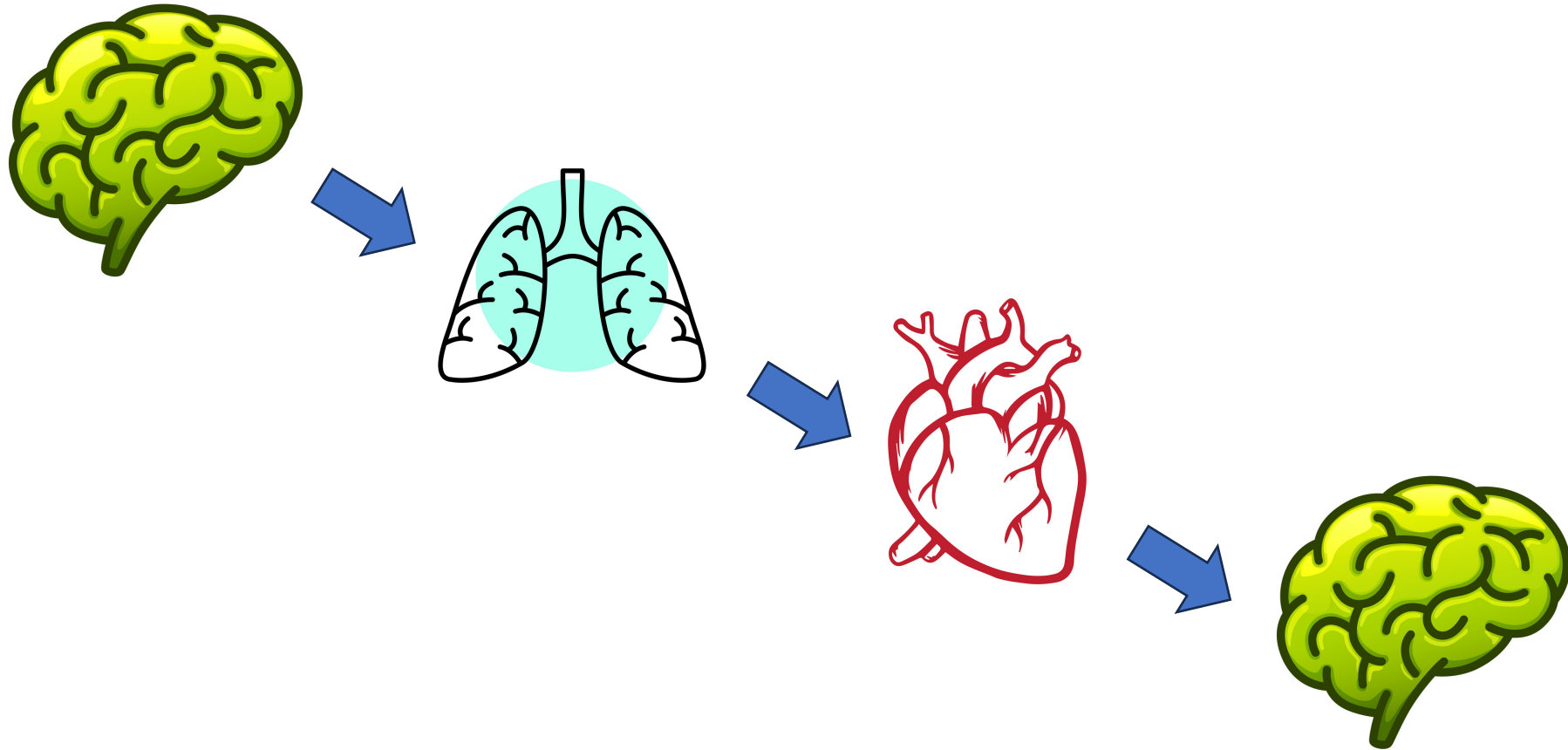


Fentanyl

- Non-pharmaceutical fentanyl
 - Illicitly produced, synthetic drug
 - Pill form packaged to look like prescription medications
 - Powder form looks like heroin
- May be unexpected addition to other drugs



What Leads to Death in an Overdose?



Mixing Increases Risk



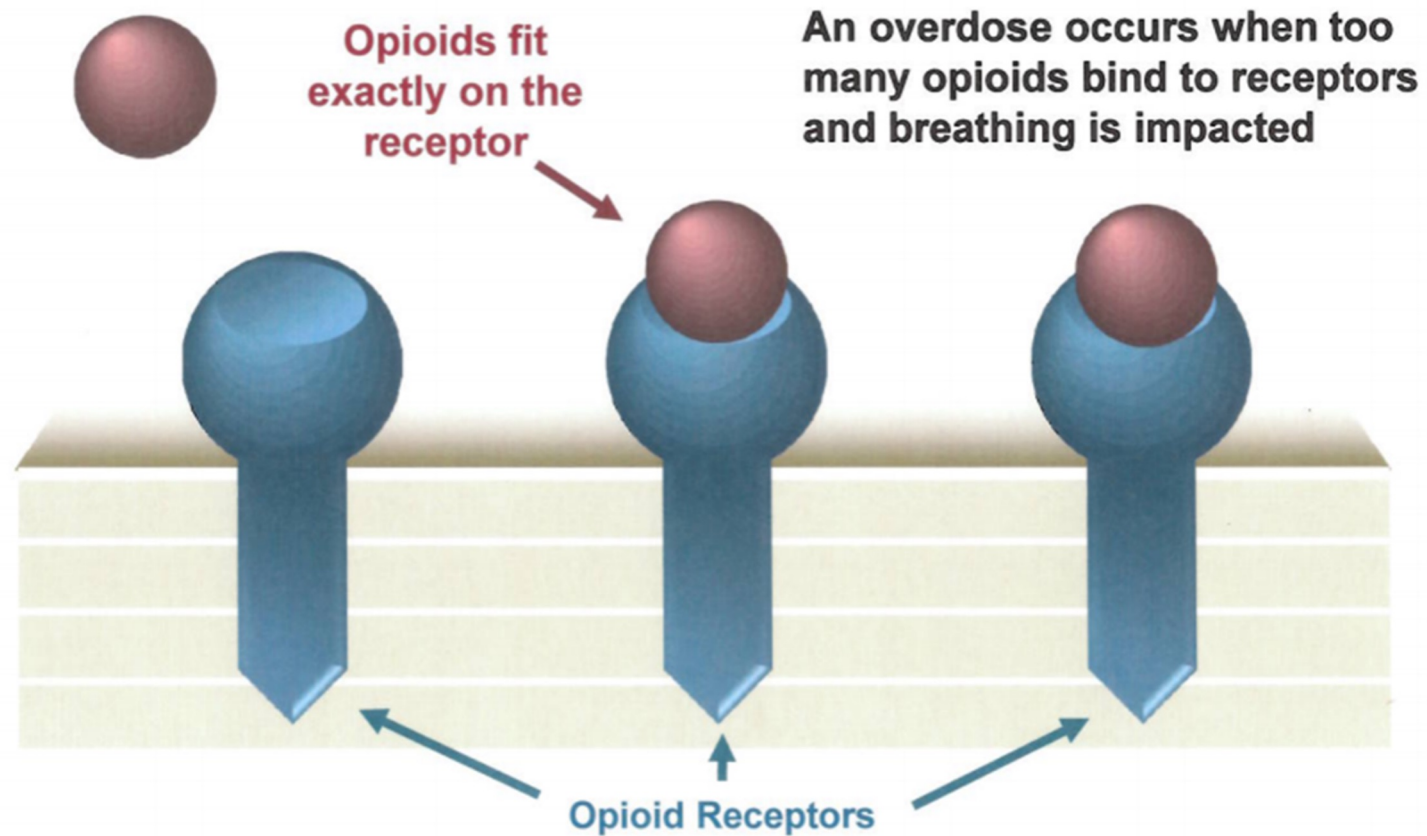
What's Naloxone?

- Reverses opioid overdose
- Restores breathing
- Delivery:
 - Intramuscular - in the muscle
 - Intranasal - in the nose
 - Intravenous - in the vein

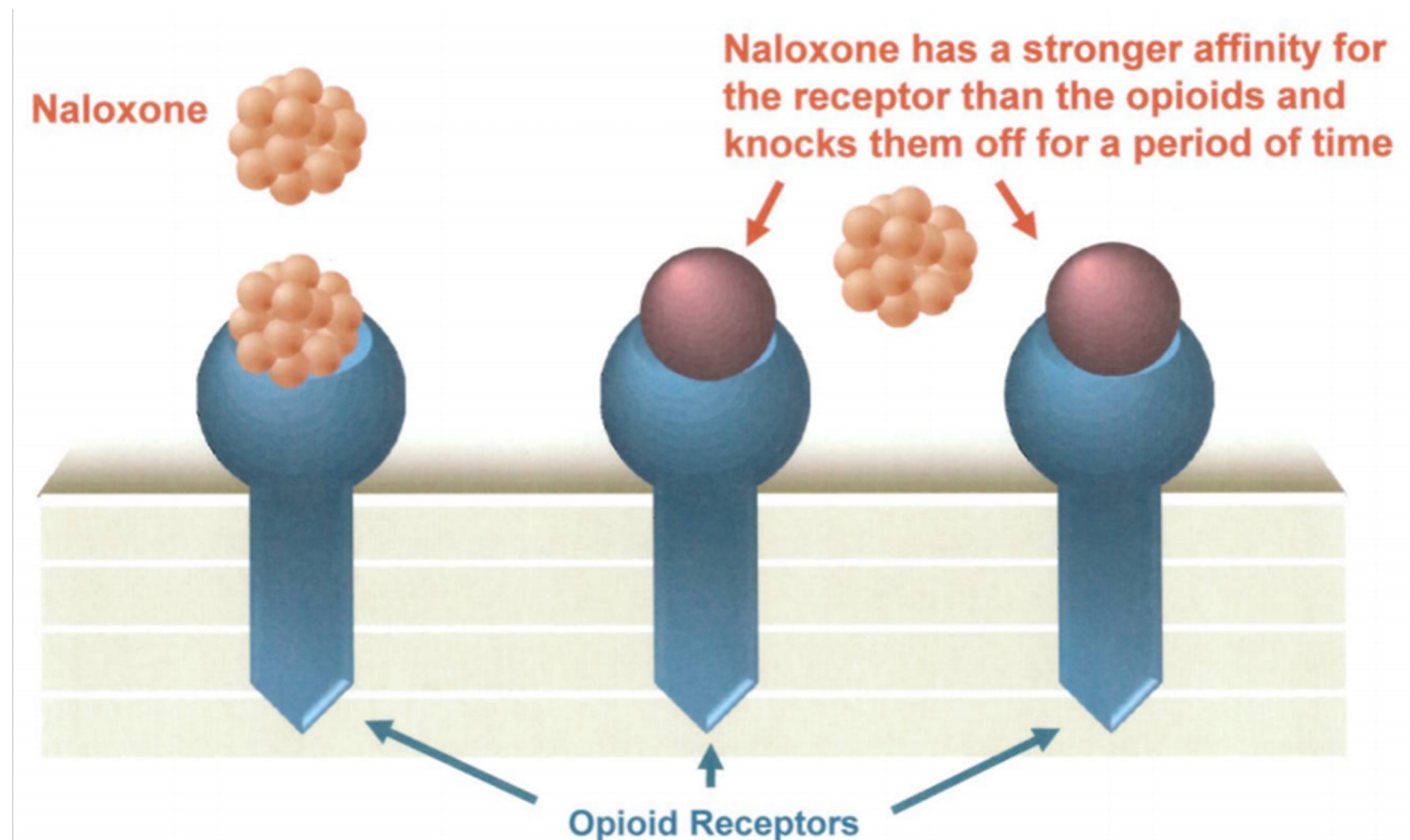


Image source: Emergent Biosolutions,
<https://www.emergentbiosolutions.com/narcan-nasal-spray/>

Opioids in the Brain



Naloxone Reversing an Opioid Overdose



Is Naloxone Safe?

- No potential for misuse
- No effect on someone who hasn't taken opioids
- Naloxone is only effective in reversing overdoses involving opioids
- Safe for children and pregnant women
- Precipitates withdrawal if use is chronic



Image source: Emergent Biosolutions,
<https://www.emergentbiosolutions.com/narcan-nasal-spray/>



Who?

Who can use Naloxone?



When?

When should you use naloxone?

Recognizing an Opioid Overdose

What Does an Overdose Look Like?

- Slow, shallow, or no breathing
- Unresponsive
- Unconscious
- Loud snoring or gurgling noises
- Limp body
- Lips/fingertips turn blue or gray
- Skin pale/gray, clammy
- Pulse slow or erratic

How?

How do you use naloxone?

Steps for Responding to an Opioid Overdose

Rouse & stimulate

Call 911

Give naloxone

Rescue breathing

Care for the person

Step 1: Rouse and Stimulate

- **Noise** – Shake person's shoulders and yell:
 - “[Name!] Are you alright? Wake up!”
- **Pain** – If no answer, do a sternum rub:
 - Make a fist & rub your knuckles firmly up and down the breastbone



https://en.m.wikipedia.org/wiki/File:Army_Sternum_Rub_Crop.jpg

Step 2: Call 911



- Reasons:

- May be a health problem other than an overdose
- May be an overdose from something that won't respond to naloxone (alcohol intoxication or other non-opioid drug)
- Naloxone may wear off
- Contact with healthcare providers may be best path to getting longer term help
- Note: Person may refuse to go

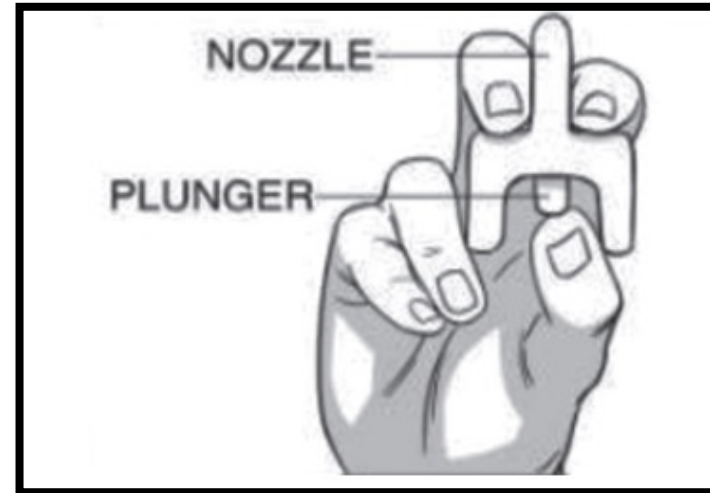
Step 3: Give Naloxone Nasal Spray



Get Ready



Take the spray out



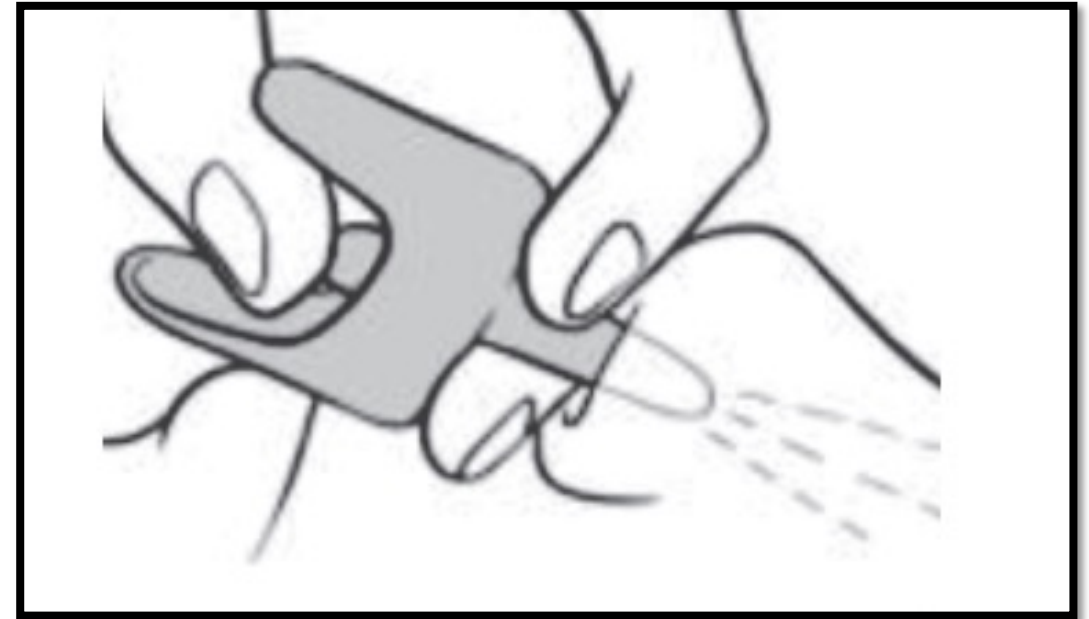
Hold the spray as shown

<https://www.health.ny.gov/publications/12028.pdf>

Administer the Dose



Support the person's neck



Insert and squirt

<https://www.health.ny.gov/publications/12028.pdf>

Repeat Dose if Needed

- If the person has not responded after 2 minutes, repeat the administration steps if you have another dose on hand
- While waiting, perform rescue breathing if the person is not breathing and if you know how



Step 4: Rescue Breathing

- Lay the person face-up on a flat surface.
- Lift the chin and tilt the head to open the airway.
- Clear anything you see in the mouth that may block the airway.

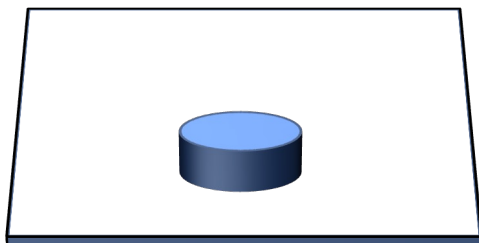
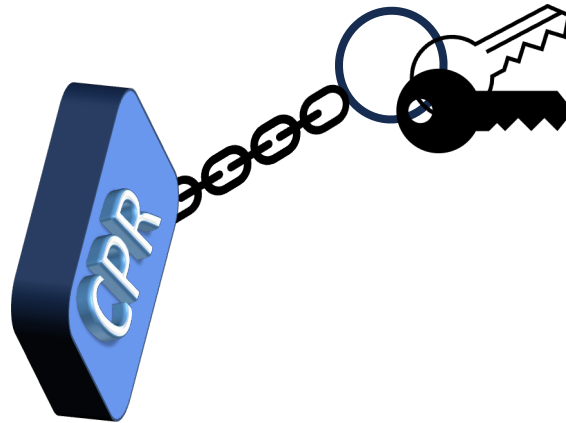


Use Pocket Mask if Available

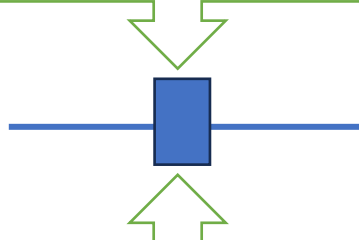


<https://nara.getarchive.net/media/us-air-force-airman-1st-class-brittany-wey-21st-de05a7?zoom=true>

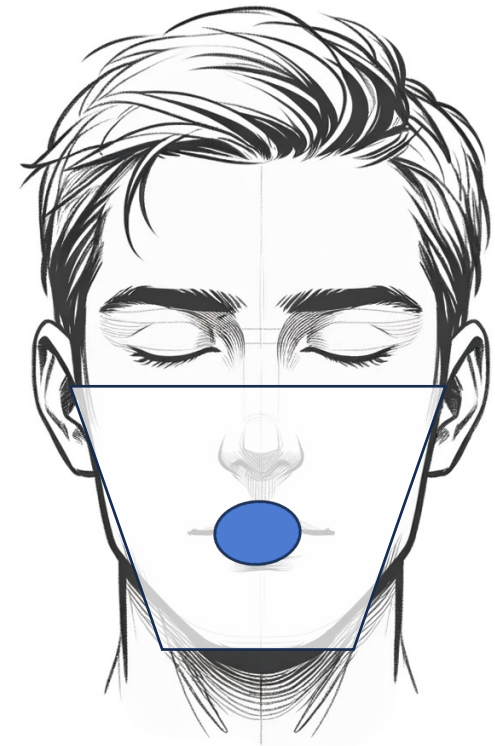
Use Face Shield Barrier If Available



Writing side up. You breathe into this part.



This part goes into the person's mouth, between the teeth



Step 4: Rescue Breathing

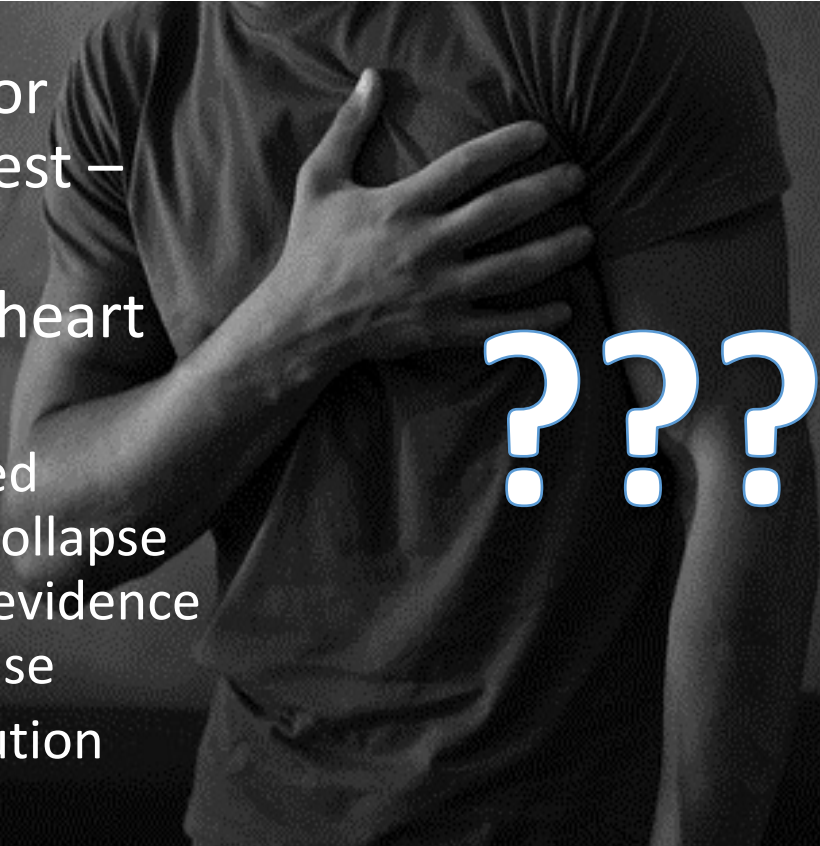


- Place the barrier over the face, positioning the valve in the mouth between the teeth.
- Pinch the nose shut.
- Blow two regular breaths, then give one breath every five seconds.
- If chest does not rise, re-tilt the head and give another rescue breath.
- CPR if trained

A Note about CPR and Rescue Breathing

Compression only CPR

- Indicated for cardiac arrest – reason for collapse is heart stopped
 - Witnessed sudden collapse without evidence of drug use
 - Electrocutation

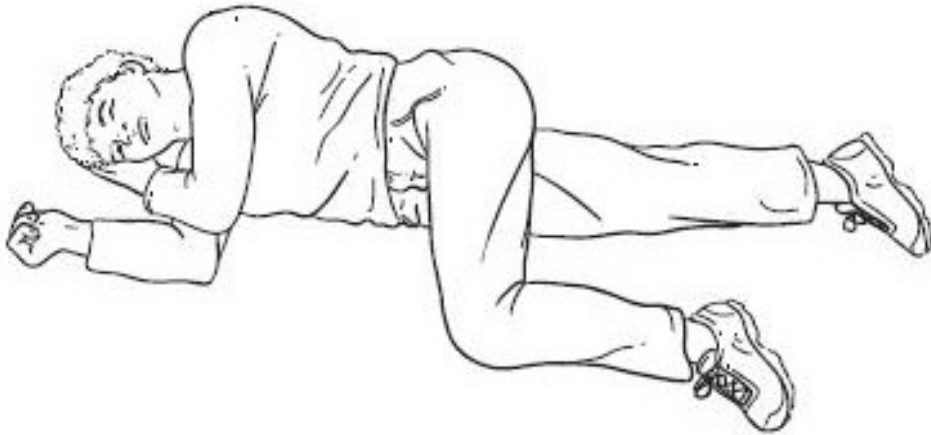


CPR with Rescue Breathing

- Indicated for respiratory arrest – reason for collapse is breathing stopped
- Drug overdose not immediately responsive to naloxone
- Suspected drug overdose



Step 5: Care for the Person



- Stay with the person until medical help arrives.
- Keep person calm.
- Encourage the person not to use opioids.
- If naloxone wears off, give another dose of naloxone.
- If person cannot sit up, place in recovery position.

Recovery Position Step 1

1

Place the nearest arm at a right angle

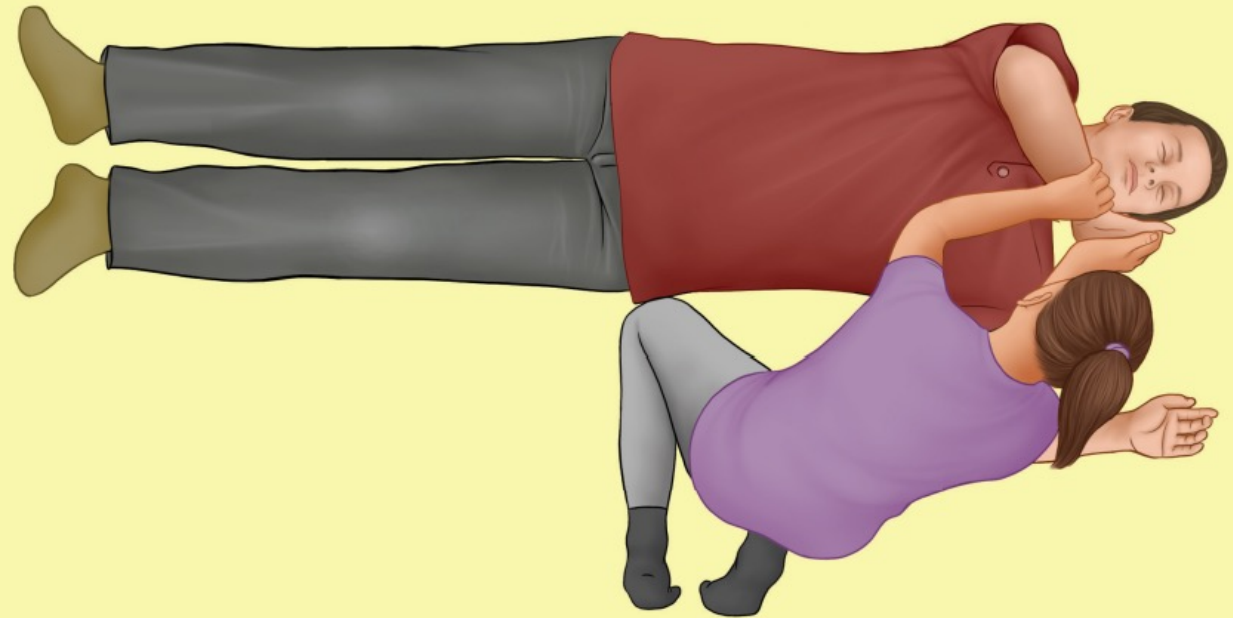


Adapted with permission from AustraliaWide First Aid
<https://www.australiawidfirstaid.com.au/resources-pages/assets/recovery-position-cmyk.pdf>

Recovery Position Step 2

2

Place the other arm across chest with hand under the head and against the cheek



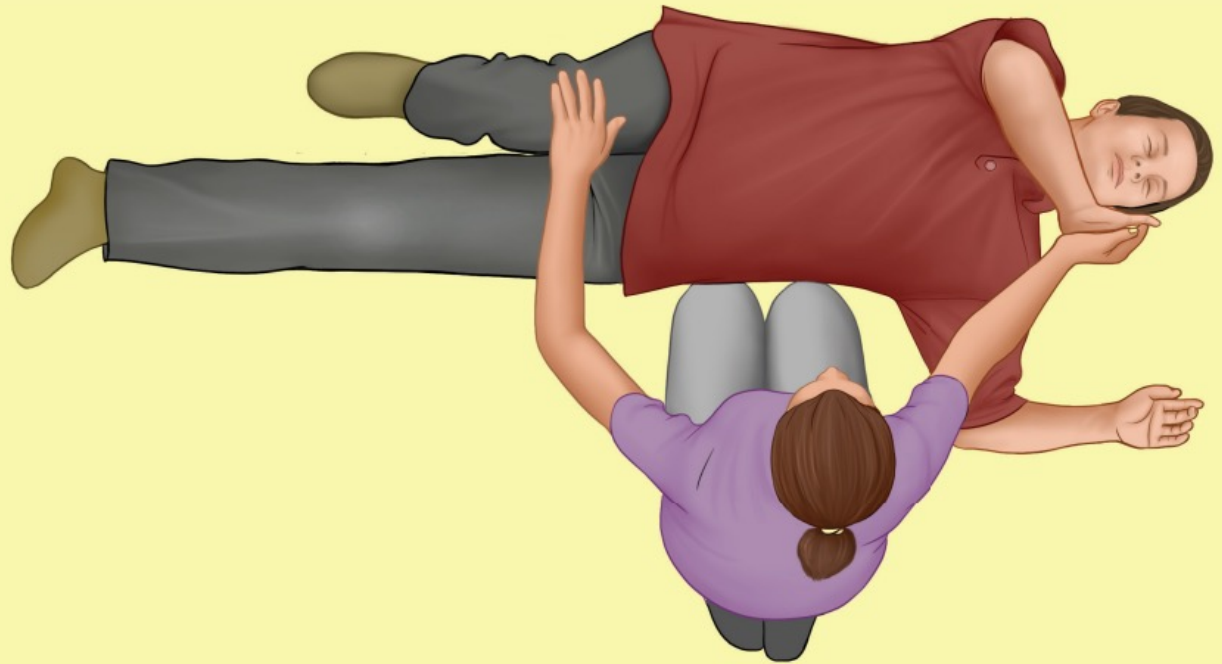
Adapted with permission from AustraliaWide First Aid
<https://www.australiawidefirstaid.com.au/resources-pages/assets/recovery-position-cmyk.pdf>

Recovery Position Step 3

Adapted with permission from AustraliaWide First Aid
<https://www.australiawidfirstaid.com.au/resources-pages/assets/recovery-position-cmyk.pdf>

3

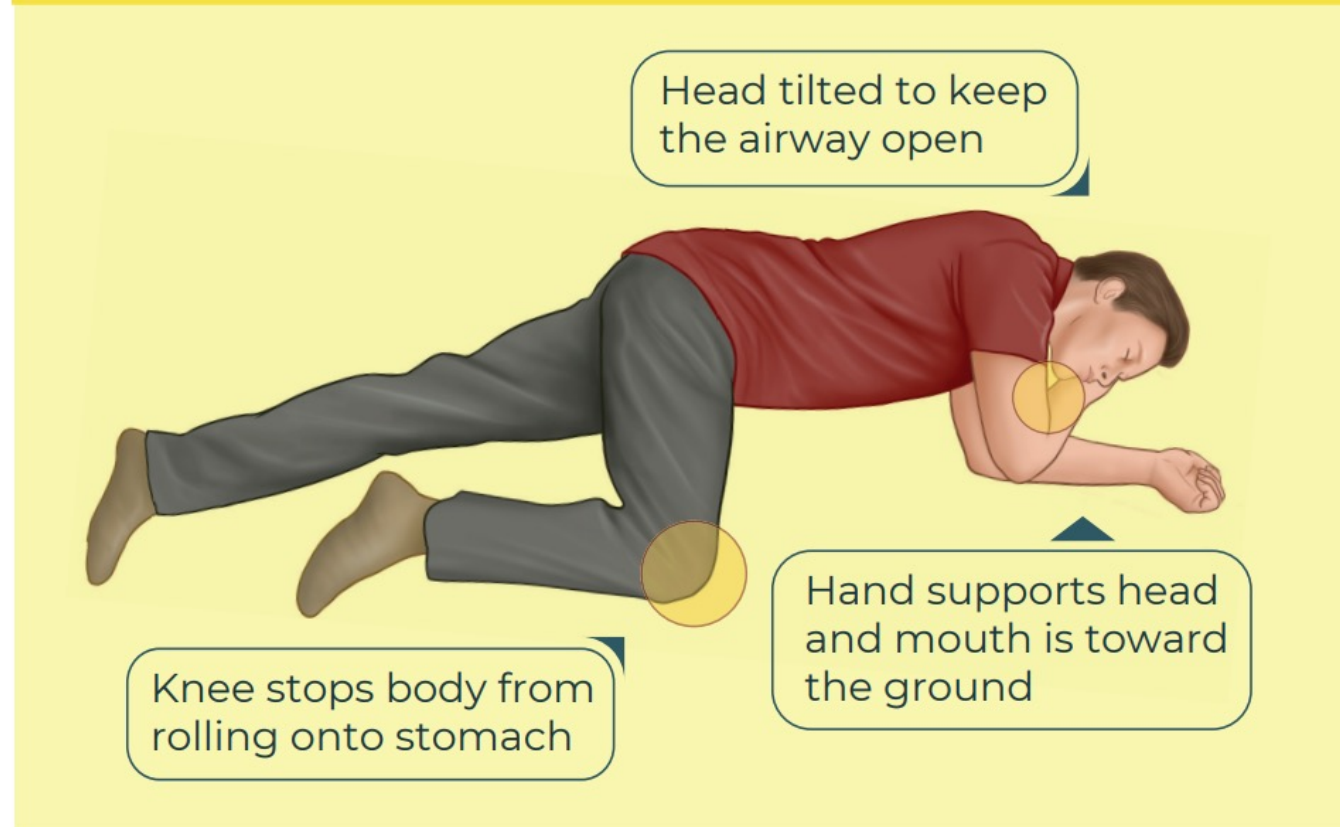
Lift leg furthest away till the foot is flat on the ground



Recovery Position Step 4

4

Use the bent leg to roll the casualty over toward you



Adapted with permission from AustraliaWide First Aid
<https://www.australiawidfirstaid.com.au/resources-pages/assets/recovery-position-cmyk.pdf>

Steps for Responding to an Opioid Overdose

Rouse & stimulate

Call 911

Give naloxone

Rescue breathing

Care for the person

What if...?

Answers to your concerns

What If It's Not an Overdose?

- Naloxone will have no effect
- You will have used a potentially life-saving tool
- Help is on the way

What about Legal Risk?

Two relevant laws protect bystanders providing help

- Good Samaritan Law
- Naloxone Access Law



Good Samaritan Law

- This law protects these individuals from arrest and prosecution for certain crimes:
 - Individuals assisting in an emergency overdose situation
 - Individuals who are experiencing an overdose
- [Good Samaritan Law Fact Sheet](#)
- [Good Samaritan Law Poster](#)



BE A HERO
SAVE A LIFE
CALL 911

IF YOU WITNESS A DRUG OR ALCOHOL OVERDOSE, MARYLAND'S GOOD SAMARITAN LAW PROTECTS YOU.

YOU CANNOT BE ARRESTED, CHARGED OR PROSECUTED FOR:

- Possession of a controlled, dangerous substance
- Possession or use of drug paraphernalia
- Providing alcohol to minors

CALLING 911 WILL NOT AFFECT YOUR PAROLE OR PROBATION STATUS.

Maryland's law does not protect against arrest for open warrants and crimes not listed above.

For more information about prevention and treatment, visit www.BeforeItsTooLateMD.org

 **MARYLAND**
Department of Health

What about Lawsuits?



- The Maryland Naloxone Access Law (Md. Code Ann., Health-Gen. § 13-3105) provides protection from lawsuits
- This law provides civil immunity to someone who administers naloxone to a person who is believed to be experiencing an overdose

What If You Administer Naloxone?

- Report naloxone use to the Maryland Center for Harm Reduction Services using the Naloxone Use Report (bit.ly/naloxoneusereport)
 - Anyone can use this link
- Or call the Poison Center: 1-800-222-1222

What if...

My naloxone is expired

- Good for 36 months
- It may be less effective, but it won't cause harm
- Expired naloxone is better than no naloxone

My naloxone has been sitting in the heat

- Testing shows heat stability up to 104
- Recommend storage below that and avoid heat/thaw cycles
- Testing has shown stability for 28 days of repeated oven temps and freezing temps
- Any naloxone is better than none but replacement is recommended if it has been long in very high heat

Where?

Where can you get Naloxone?

Maryland Overdose Response Programs

- Get naloxone and fentanyl test strips in person
- Get free naloxone by mail



<https://health.maryland.gov/pha/NALOXONE/Pages/Approved-Entities.aspx>

Get Naloxone from a Pharmacy

- You can request naloxone at participating pharmacies throughout Maryland under the statewide standing order.
- You do not need a prescription; you do not need to prove you were trained.
- The pharmacy can bill your insurance, even when using the statewide standing order.
- Naloxone is also now available for purchase over-the-counter at pharmacies.
- If you have difficulty accessing naloxone at a pharmacy, let MDH know by contacting mdh.naloxone@maryland.gov.



Supported by Maryland's Office of Overdose Response (MOOR). The views presented here are those of the grantee organization and not necessarily those of MOOR, its Special Secretary, or its staff.

Next Steps

- Authority to provide training and naloxone as an Overdose Response Program designated by the Maryland Center for Harm Reduction
- Operationalizing training construction safety trainers to conduct naloxone training and dispense naloxone
- Naloxone program development is a key strategy identified by the Maryland DOL Recovery Friendly Workplace program'
- Do you want to become a naloxone trainer for your organization?



Contact Information

Marianne Cloeren

mcloeren@som.umaryland.edu

Jodi Frey

jfrey@ssw.umaryland.edu

Project mailbox

prosper@ssw.umaryland.edu

Website

<https://www.ssw.umaryland.edu/prosper/>