



Opioid Hazard Awareness for Stone, Sand and Gravel Miners MSHA Refresher Training Module

INSTRUCTOR'S GUIDE

PowerPoint Slides Version

This MSHA Refresher module is designed to increase awareness of opioids as a hazard for stone, sand and gravel workers, to give them strategies and resources for preventing opioid problems, and to strengthen positive attitudes towards helping those who are struggling. This training was developed as part of a research project at the University of Massachusetts Lowell to find effective ways of empowering employees to prevent opioid addiction and overdose.

Substance use and mental wellness are not your typical MSHA training health topics, and they can be uncomfortable to discuss. However, you probably already know how relevant these subjects are, especially right now. We trained over 800 miners in Massachusetts in 2020 and found overwhelming appreciation for this training. The trainers were able to use this guide and the slides to gain competence and confidence in presenting the materials. We thank you for taking on the challenge as well!

The training should fit comfortably within a 45-minute training block, but the time could be extended through discussion. At the end of the training, we request that you ask trainees to complete a 5-minute **post-training survey** at www.opioidhazardsurvey.edu. They can do this survey on their phones or computers with the link provided in the last slide. If you are training remotely, please cut and paste the link into the chat so that they can click on it. If you are training in person, you can print out copies of the survey (available where you found the slides) and mail back completed surveys (please contact Cora_Roelofs@uml.edu for instructions.)

To thank you for making time for your trainees to do the survey, we will offer you one raffle ticket to win a Kyocera DuraforcePro 2, Sonim XP8 or Samsung XCover Pro Rugged Cell Phone for every 10 trainees who complete surveys. The survey is anonymous. The survey asks only for their trainer's name, email, and the date and place of the training – please make sure they have this info for their surveys. You can review the survey here: www.opioidhazardsurvey.edu. We will share with you the results of the survey, including the evaluation of your training.

We would also like to get your feedback on the experience and will be contacting everyone who downloaded the module to invite them to participate in a conversation about the experience.

As you go through this instructor guide, you will see that **Instructions are in [BRACKETS]** and **Comments for you to share when discussing the slides are in larger font.** Questions to ask the trainees are **highlighted.**

Before you conduct this training, we strongly recommend that you **research local resources** for your trainees to contact about substance use, such as your trainees' employers' benefit programs, a state helpline, community substance use coalition, or a local AA meeting. Most communities and states have these resources and people are often more comfortable contacting a local resource. At the end of the presentation there is a slide with national resources. That is where you can also include information about local resources, including employers' Employee Assistance Programs.

This training can be delivered either in person or remotely via a video-conferencing platform such as Zoom or WebEx. It does not contain media such as videos and is generally low-tech. For remote training, most likely you will need to have someone who can help you monitor attention to the program by your attendees (videos on, mics off) and let you know if there are questions. You can use the chat, breakout rooms, or reactions features of these platforms to get answers to the questions embedded in the slides, or you can use these questions in any polling add-on you may be using as part of the overall training.

SLIDE 1: Greetings and Introduction (2 minutes)



[You can begin showing Slide 1 now. In your introduction to the module, you may wish to explain why you think this is an important issue. Then note the following:]

For some of you, this presentation may contain some potentially upsetting content. Many of us know people who have had serious struggles with opioids, and some of us may know people who have died. If you are finding this topic overwhelming, and need to step out, please give me a thumbs up.

[You may have some other way trainees can indicate that they need a break, but are ok.]

This training module was developed by researchers at the University of

Massachusetts Lowell as part of a research project funded by the Alpha Foundation, a mining health and safety foundation. At the end of this training, we will invite you to take a short survey. The survey is anonymous and voluntary. You do not need to take this survey, but the surveys will help us learn if this training can help workers learn about opioid hazard awareness.

SLIDE 2: Overview



Training Overview

- What's the Problem?
- Why We Should Be Concerned
- Prevention and Harm Reduction
- Total Worker Health®



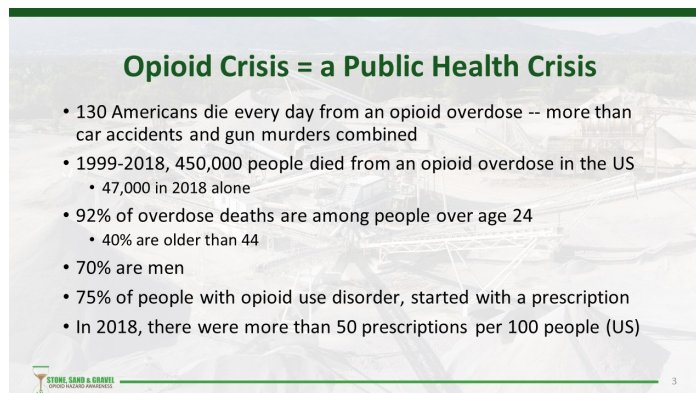
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[Let them know that the training has four short sections to help them understand opioid hazards and how to prevent them. Read the section titles.]

Harm reduction means preventing things from getting worse. Total Worker Health® means thinking about worker safety, health, AND well-being. It also means health awareness for workers in all dimensions of their lives.

SLIDE 3: Opioid Crisis = a Public Health Crisis



Opioid Crisis = a Public Health Crisis

- 130 Americans die every day from an opioid overdose -- more than car accidents and gun murders combined
- 1999-2018, 450,000 people died from an opioid overdose in the US
 - 47,000 in 2018 alone
- 92% of overdose deaths are among people over age 24
 - 40% are older than 44
- 70% are men
- 75% of people with opioid use disorder, started with a prescription
- In 2018, there were more than 50 prescriptions per 100 people (US)

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Most of you are aware of the opioid crisis in America. Whether this is personally relevant to you or not, the scale of the public health crisis means that everyone can benefit from opioid hazard awareness and, with that knowledge, take action

to help where we can.

Opioids such as morphine and heroin have been used medicinally and otherwise for 100's of years. But the opioid crisis became a major epidemic of death and destruction in the US starting around 1999 when pharmaceutical companies began aggressively promoting them. They convinced everyone that opioids were necessary to treat ordinary pain and that they were not addictive. That's when doctors began to dramatically increase their prescribing.

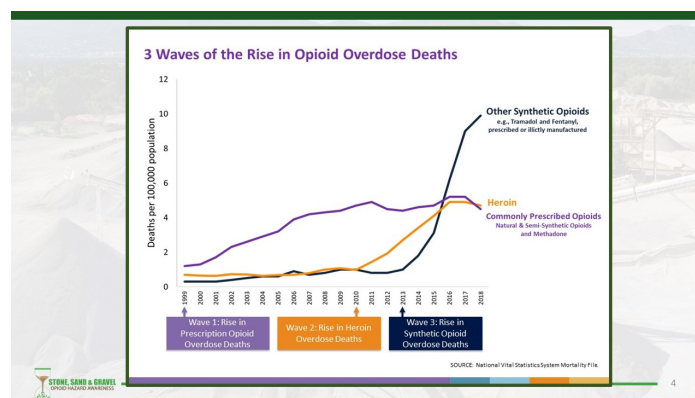
[Begin to click through the statistics – each one shows on a mouse click. The sources for these statistics are included in the notes section of the slide.]

While most people think that the crisis primarily affects young people, in fact working age people are the most affected. Most people start their troubles with a prescription from their doctor. While there have been a lot of policy changes and awareness, opioid prescriptions are still being written and there are still millions and millions of pills out there.

It's obviously not just statistics – many of us have been personally impacted by the crisis.

[You can ask if there are trainees who want to share a story of personal impact.]

SLIDE 4: The 3 Waves of the Crisis



This graph shows that the crisis began with prescription drugs such as OxyContin as the killers. As prescriptions went up, deaths went up. Then, in 2010, there was a shift to heroin as the main cause of opioid overdoses. Now we are in the deadly fentanyl phase. Fentanyl is a cheaper high and is added to heroin. Fentanyl is both a legal and illicit drug and extremely deadly in small amounts. All three continue to kill.

[You can ask them: What they think happened in 2010?].

Starting in 2010, restrictions on prescription opioids – the shutting down of the pill mills and policies restricting prescribing -- led to less availability and increased cost. New sources of heroin came in that were cheaper than prescription pills. Some people with opioid addictions and no source of pills turned to heroin.

SLIDE 5: We can do something

We can do something

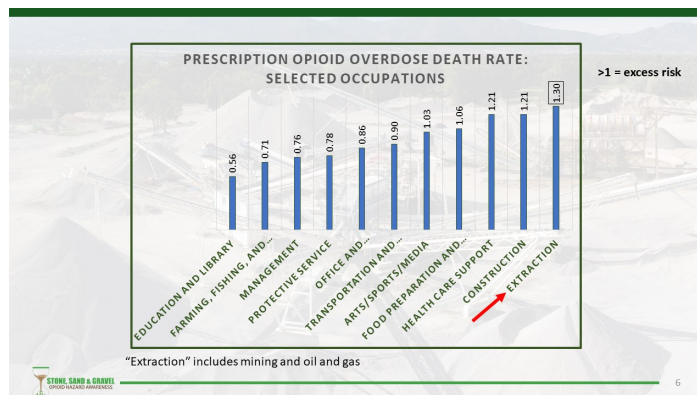
- Opioid addiction and overdose are preventable
- Stone, sand and gravel workers face opioid risk factors
- Everyone can become aware of risks and help others



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It's easy to get overwhelmed by these statistics and trends, but we can help reverse them. Opioid addiction is preventable and there are things each of us can do. This training is aimed at you, because miners are at risk. We can all become aware of the risk factors and prevent the hazard, just as we do for fall hazards.

SLIDE 6: Miners at Risk



This chart shows that when you compare the occupations of people who died of prescription opioid overdoses, "extraction" workers, which includes stone, sand and gravel workers, have the highest rate.

SLIDE 7: Lots of Opioids for Miners

Table 1 Opioid Utilization across Industry Groups

Industry/occupation categories	Among Injured Workers Receiving Pain Medications		Among Injured Workers Receiving Opioids		
	% That Received an Opioid Rx	% That Received 2 or More Opioid Rx	% That Received Opioids on a Longer-Term Basis	% That Had at Least 60 Days of Opioids Supply in Any 90-Day Period ^a	% That Had High-Dose Opioids (MED ≥ 50 mg for at least 60 days) ^a
Mining (including oil and gas)	62%	33%	7%	14%	3%
Construction	55%	29%	7%	12%	3%
Agriculture, forestry, and fishing	52%	25%	4%	9%	1%
Public safety	51%	25%	5%	8%	2%
Wholesale and retail trade	50%	23%	5%	9%	2%
Restaurants and entertainment	50%	23%	5%	9%	2%
Health care and social assistance	49%	22%	5%	8%	2%
Manufacturing	48%	23%	5%	9%	2%
Services (except public safety)	48%	23%	5%	10%	2%
Transportation, warehousing, and utilities	48%	24%	5%	9%	2%
Clerical and professional	47%	21%	4%	8%	2%

^a"Rx" = Prescription

Thumala V, Liu T-C. Correlates of Opioid Dispensing, Workers Compensation Research Institute; 2018.


And this chart shows that when injured miners filed workers compensation claims, they were the occupation group most likely to get opioids: more prescriptions, stronger prescriptions, and longer prescriptions than other workers. These data show that miners may be at higher risk of exposure to opioids and the consequences of that exposure, which includes overdose death.

[You can ask them: Why do you think workers like miners and construction workers are at higher risk? The next slide address this question.]

SLIDE 8: Opioid Hazard Risk Factors

Opioid Hazard Risk Factors

- Risk for work-related pain and injuries = Risk for opioid painkillers
 - 30% of stone, sand and gravel miners report work-related pain
 - Doctors write miners Rx for opioids
 - Opioid Rx = "Pass" on Drug tests
- Poor health/physical condition/older?
- Seasonal/boom and bust cycles?
- Pharma marketing?



Something being a "risk factor" does not mean that it will definitely cause the problem. Just because there's ice doesn't mean that you will slip, but ice is a risk factor for slipping. These factors may be risks for stone, sand and gravel employees to wind up with opioids and, perhaps, a problem. The first one may be the most important one. The statistics show that those occupations that have the highest risk for injuries are also the ones that come up for highest risk for opioid overdose. Doctors admit that they don't see working people as "addicts." They willingly write scripts for their patients who want and need to get back to work

and see opioids as the way to do that. Most people feel that if the doctor writes the script, it must be ok, so they don't question it. Also, when prescription opioids come up on a drug test, if the type and amount corresponds to that person's prescription, the person doesn't "fail" the test. They are determined to be "fit for duty."

There may be other job demands that cause stress that might lead people to opioids.

People who are older and/or not in great shape are more likely to get injuries, especially back injuries which could send them to the doctor. Construction and fishing and, to some extent mining, are seasonal and that may be a risk factor. Booms and busts mean that employees want to work when there is work and are less likely to take time off if they are injured. Finally, the pharmaceutical companies marketed opioid painkillers hard to working people. This map shows all the states that are suing Purdue Pharma, the company that made Oxycotin. Purdue convinced doctors that Oxy wasn't that addictive and would help their patients with their pain.

SLIDE 9: What's an opioid?

What is an Opioid?

- Prescription opioids: natural and synthetic painkillers based on the chemistry of the opium poppy
- Non-prescription (illicit opioids): heroin, opium, illegally-produced fentanyl (other synthetic opioids)

Also,
Tramadol and Codeine

EXAMPLES OF OPIOID CONTAINING MEDICINES



	Generic	Brand Name
SHORT-ACTING	morphine	MSIR, Roxanol
	oxycodone	OxyIR, Oxyfast, Endocodone
	oxycodone (with acetaminophen)	Roxicod, Roxicet, Percocet, Tylor, Endocet
	hydrocodone (with acetaminophen)	Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco
	hydromorphone	Dilaudid, Hydrostat
LONG-ACTING	morphine	MSContin, Oramorph SR, Kadian, Avinza
	oxycodone	Oxycontin
	fentanyl	Duragesic patch

Many people don't know what is and what isn't an opioid. A surprising number of commonly prescribed painkillers are opioids. All opioids, whether they are legal or illegal, have the same basic chemistry and effects. If you don't know if a prescription medication contains opioids, you can ask your doctor or look it up on-line.

SLIDE 10: Side Effects

Opioid Side Effects

- All are narcotics: Drowsiness
- Constipation and nausea
- Changes in the brain
- Physical dependence
- Addiction
- Withdrawal symptoms (dope sick)
- Substance Use Disorder
- Respiratory suppression (death)

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All opioids, whether they are prescription or illicit, are narcotics which means they cause drowsiness. All prescription opioids have a warning not to operate equipment or drive while taking them. They all cause these effects [read list]. They all can cause dependence by changing the brain. That dependence can lead to addiction when the sickness caused by not having the drug overwhelms the person's desire to stop using. All can cause an overdose by stopping the lungs from breathing.

SLIDE 11: Safety Risks

Safety Risks

In 2013, Carl J. Clinton, a 27-year miner, age 46, was killed while operating a haul truck. The truck went over an embankment and rolled on its side into a settling pond and he drowned.

Earlier in his shift, he'd been found sleeping in the truck.

Toxicology report showed several prescription drugs that cause drowsiness including muscle relaxants.

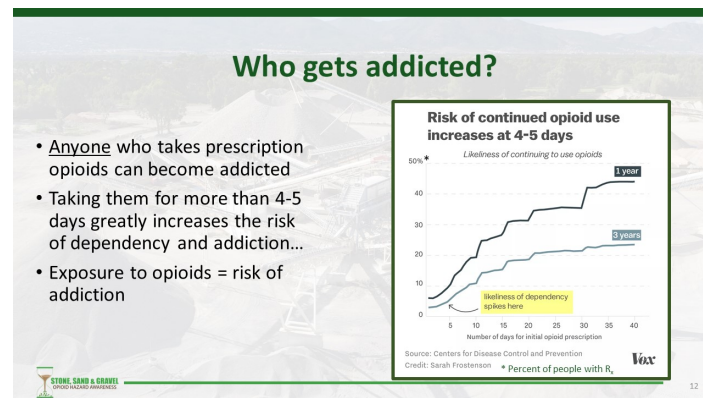


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This was a case of a fatality in stone, sand and gravel mining. This incident occurred in Georgia. [Read slide]. The work that you do can be dangerous even under the best conditions. Opioids can increase this danger. The death of this haul truck driver was blamed on two major factors – 1) his system was overloaded with legal drugs that cause drowsiness and yet he was driving 2) co-workers and a supervisor knew that he was impaired, but didn't do anything to stop him operating the truck.

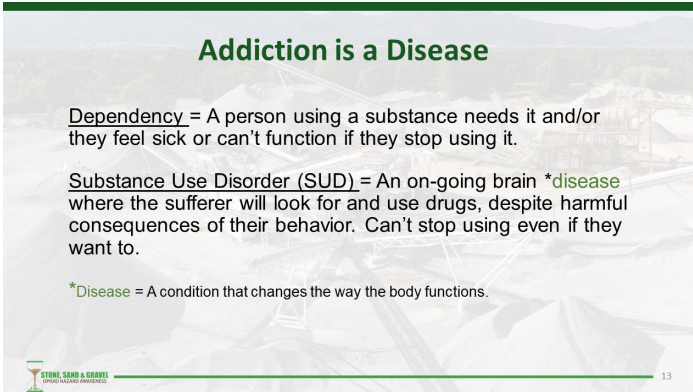
Impairment on the job can put that person at risk and they may be putting others at risk too. Some people will ignore it, but it's not safe to do that. Instead, stay with the impaired co-worker and keep them safe. Make sure they don't need medical attention. If they do, call 911. Otherwise, contact the foreman, who should have training on how to handle the situation. Do not allow them to drive or go home alone until they are no longer impaired. If they wind up home alone, it could be dangerous for them.

SLIDE 12: Who gets addicted?



Anyone who takes prescription opioids can become addicted. People think that family history or genetics or what you experimented with as a teen can predict who gets in trouble with opioids. What actually greatly increases your risk is taking opioids for more than a few days. Just as being exposed to dust may cause silicosis, and more dust means more silicosis, the same is true for opioids. Taking opioids for more than 5 days is a risk factor for addiction. This chart shows that 1 in 5 people who got started with a 30-day prescription are still on them 3 years later....

SLIDE 13: Addiction is a Disease

The slide features a background image of a construction site with a large crane and a building under construction. The title "Addiction is a Disease" is centered at the top in a bold, dark green font. Below the title, the text defines "Dependency" and "Substance Use Disorder (SUD)". A footnote defines "*Disease". The Stone, Sand & Gravel logo is in the bottom left corner, and the number "13" is in the bottom right corner.

Addiction is a Disease

Dependency = A person using a substance needs it and/or they feel sick or can't function if they stop using it.

Substance Use Disorder (SUD) = An on-going brain *disease where the sufferer will look for and use drugs, despite harmful consequences of their behavior. Can't stop using even if they want to.

*Disease = A condition that changes the way the body functions.

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Addiction is considered a disease like other chronic diseases. The reason why it's viewed as a disease is because of the brain changes that are caused by opioids. Dependence means that the person needs the drug – if they don't get it, they get sick. Some people blame people who seek opioids for bad choices, but it doesn't feel like a choice to someone who has had their brain taken over by opioids.

What makes an opioid dependency turn into Substance Use Disorder is when the person reports to a doctor or substance use professional that they can't stop, that drugs are the most important thing, that their family and work are suffering, etc. It's the behavior that comes from drug-seeking and how the drugs take over someone's life that defines their problem as a "disorder" in medical terms. If someone has a regular prescription and doesn't have to do risky things to get the drug, then they probably wouldn't be considered to have a SUD even if they would get sick without it. If they get cut off of their prescription, however, they might do things they never thought they would do, including turning to heroin.

SLIDE 14: Opioids Hijack the Brain

Opioids Hijack the Brain

1. Pain "killing" = Opioids increase the brain's ability to feel more pleasure than it would naturally.
2. Then, the re-wired brain demands more opioids to satisfy "the new normal."
3. The re-wired brain even shuts down the part of itself that can help make good decisions.

If it doesn't get them, it sends out chemicals to make the person feel anxious and sick.

■ OPIOID RECEPTORS ■ NATURAL ENDORPHINS ■ OPIOID DRUGS

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This slide explains how opioids work. Opioid painkillers don't actually kill pain or fix anything in the body that is causing pain. Instead they change the brain's chemistry and structure so that we feel more pleasure despite having something causing pain in the body. When we are taking opioids, we pay more attention to the pleasure than the pain. But once they have made that change by increasing the number of opioid receptors in the brain, the receptors want them all the time. If they don't get them, they send strong signals to go get them. Remarkably, opioids are so smart they can even increase pain and shut down the part of the brain that understands that more of the drug is a bad idea.

SLIDE 15: Prevention and Harm Reduction

Prevention and Harm Reduction

LEVEL 1 Prevention:

Reduce/eliminate the risk factors for pain.

LEVEL 2 Prevention:

If someone is injured or in pain (job- or not job-related), encourage them to get care that doesn't include opioids.

LEVEL 3 Prevention/Harm Reduction:

If they are taking opioids, help them reduce their use and stop.

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This slide presents the three levels of prevention starting "upstream" at Level 1 before there is any reason to take opioids. The first approach is to prevent situations from happening where someone could find themselves with a prescription. The second level is after something has happened – because things happen. At that point, we want to prevent exposure to opioids. The third level of prevention is actually called "harm reduction" because it is at this stage where

someone has developed an addiction or dependency, and we want to reduce the harm that the addiction is causing or could cause. The following slides describe actions that can be taken at each of these three levels.

SLIDE 16: Level 1: Prevent the Causes of Pain

LEVEL 1: Prevent the Causes of Pain

- Address common hazards:
 - Vibration
 - Sedentary work
 - Getting in/out of truck/equipment
 - Falls from equipment
 - Site hazards
 - Lifting/pushing/pulling
- Take action for safety:
 - Safety committees, report hazards
 - Ergonomically-designed equipment and tasks
 - Follow safety protocols/avoid shortcuts
 - Reduce slip, trip, and fall hazards
- Physical and mental fitness

This is doing what we can to prevent injuries in order to prevent prescriptions and prevent falling down the rabbit hole of addiction. As you know, common hazards in stone, sand, and gravel operations include falls from equipment, sitting in the truck/equipment, getting in/out of truck/equipment, site hazards, lifting/pushing/pulling, and weather conditions. Some hazards can be minimized by keeping equipment in good shape and taking your time – avoiding short-cuts. Some hazards need more attention including from safety committees. Site safety depends on employees reporting hazards and following safety procedures.

Ergonomics means fitting the task to the worker to avoid over-stressing the body. As we get older, this becomes even more important. Equipment such as automatic tarp covers can prevent falls. These BoseRIDE truck seats are designed to reduce back pain by preventing shocks to the body.

Site maintenance is critical to prevent slips, trips and falls. Hazards and risks for injuries can be reduced, and are more likely to be, if there is a positive safety culture and comprehensive safety program that welcomes your participation. Finally, maintaining or improving your physical and mental fitness – getting enough sleep, etc. can help prevent injuries where the hazards have been well controlled.


SLIDE 17: LEVEL 2: Avoid Exposure to Opioids

LEVEL 2: Avoid Exposure to Opioids

- Avoid long-term prescriptions (>3 days)
- Avoid combined prescriptions (tranquilizers + muscle relaxants + opioid painkillers)
- Advocate for good care, including non-opioid treatment
- Make sure your doctor is following CDC/Medical Guidelines for Prescribing



Harvard Medical School study finds exercise helps relieve chronic pain

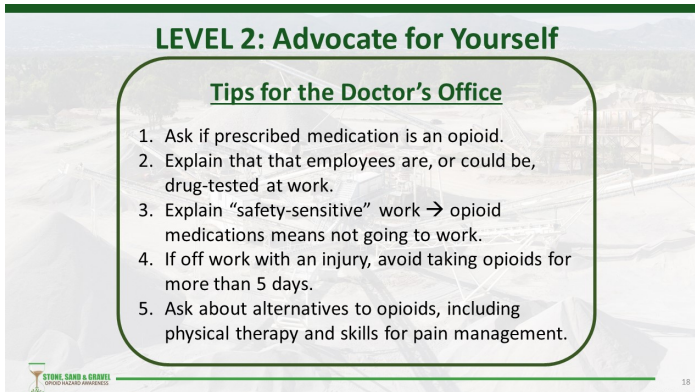
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Say something has happened – maybe an accident, maybe long-term back pain, maybe dental work, or non-work-related surgery. Pain is likely – how can you avoid exposure to opioids? First, you have to know what you are being prescribed and avoid any long-term prescriptions, generally more than 3 days. You definitely want to avoid combined prescriptions such as tranquilizers like benzodiazepines and opioid painkillers. If you are dealing with more than one doctor, you will need to make sure you don't wind up with prescriptions from each that shouldn't go together.

Since you are facing pain, you need to speak up to get good care that doesn't include opioids. Studies show that gentle exercise is effective for long-term painful conditions.

Finally, the CDC (the federal public health agency) is trying to get doctors to follow strict guidelines for prescribing opioids. Those guidelines tell doctors to avoid prescribing them. If they do prescribe them – the agency says they should only prescribe low and short doses and should monitor their patients for signs of dependence.

SLIDE 18: LEVEL 2: Advocate for Yourself



LEVEL 2: Advocate for Yourself

Tips for the Doctor's Office

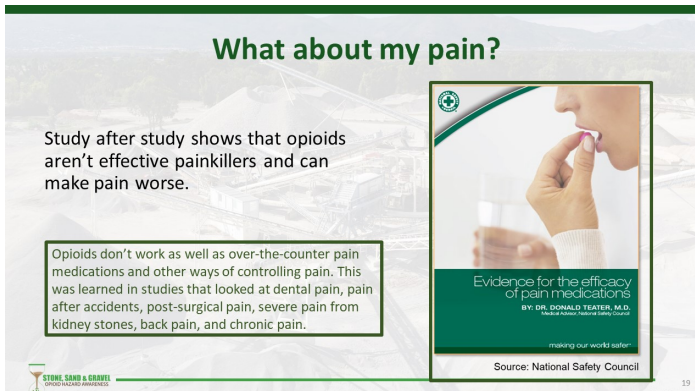
1. Ask if prescribed medication is an opioid.
2. Explain that that employees are, or could be, drug-tested at work.
3. Explain "safety-sensitive" work → opioid medications means not going to work.
4. If off work with an injury, avoid taking opioids for more than 5 days.
5. Ask about alternatives to opioids, including physical therapy and skills for pain management.

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It can be uncomfortable to question your doctor, but it can be necessary. Doctors have been slow to understand how dangerous opioids can be for working people.

These are the essential tips for advocating for good care and avoiding harmful care. [Read tips. If you use the Participant Handout, these are included.] As you know, just about all jobs and activities in a stone, sand and gravel operation are "safety-sensitive" which means that they rely on the people doing them to be knowledgeable and careful in order to avoid accidents.

SLIDE 19: What about my pain?



What about my pain?

Study after study shows that opioids aren't effective painkillers and can make pain worse.

Opioids don't work as well as over-the-counter pain medications and other ways of controlling pain. This was learned in studies that looked at dental pain, pain after accidents, post-surgical pain, severe pain from kidney stones, back pain, and chronic pain.

Evidence for the efficacy of pain medications
BY DR. DONALD TEETER, M.D.
Head of Opioid Research and Safety Council
making our world safer

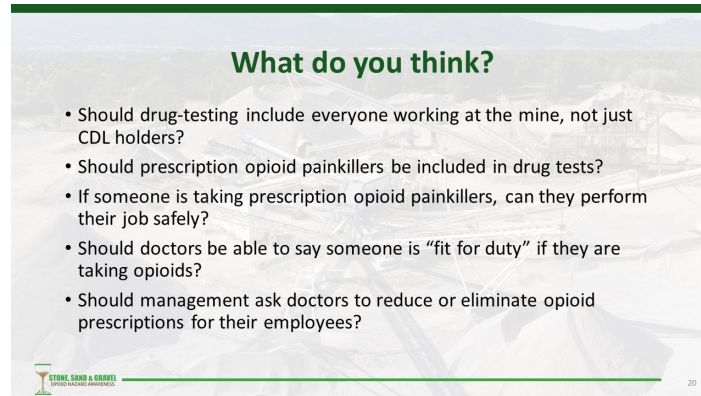
Source: National Safety Council

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Many people are living with chronic pain. Lots of people have routine surgery and dental work that can cause short-term pain. Opioids have been the go-to for both chronic and acute pain, but the medical science does not support their use for anything other than emergency care and cancer-related pain in terminally ill patients. Study after study shows that opioids aren't effective painkillers and can make pain worse. They certainly don't address the underlying cause of the pain, and they cause a heap of trouble. Fortunately, there are effective methods for

dealing with pain that don't use opioids – the most effective strategies don't use drugs at all. You can ask your doctor to refer you for physical therapy and other non-opioid pain management.

Slide 20: Questions on Opioids and Safety-Sensitive Work



What do you think?

- Should drug-testing include everyone working at the mine, not just CDL holders?
- Should prescription opioid painkillers be included in drug tests?
- If someone is taking prescription opioid painkillers, can they perform their job safely?
- Should doctors be able to say someone is “fit for duty” if they are taking opioids?
- Should management ask doctors to reduce or eliminate opioid prescriptions for their employees?

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[Here you may wish to divide participants into breakout groups to discuss these questions. Ask someone from each group to summarize what the group feels about the questions and ask each group to address one of the questions in a report-back. You may also pick one or more of these questions for discussion in the training group as a whole. Or, you can just read the following:]

The answers to these questions go beyond what the law says – they are about deciding what's right or wrong. MSHA rules do not require drug testing for miners (although it is required in some states and CDL holders are drug-tested). If there is drug-testing, the supervising doctor can decide if a miner is fit for duty while taking opioids. However, miners and mine operators may want to think about the potential safety issues that can come into play if opioid use isn't restricted in sand, stone, and gravel operations.

[The questions and some discussion of them is included in the Participants' Handbook. These questions are meant to provoke discussion.]

SLIDE 21: LEVEL 3: Substance Use Disorder Treatment



LEVEL 3: Substance Use Disorder Treatment

1. Detox/Withdrawal Management OR Tapering with Pain Management
2. Treatment for Opioid Use Disorder
 - MAT = Medication-Assisted Treatment combines talk (behavioral) therapy and medications to reduce dependence
 - FDA-approved medications:
 - Methadone
 - Buprenorphine [Suboxone®]
 - Naltrexone [Vivitrol®]
3. Recovery Support
 - AA/NA

"There is no "one size fits all" approach to opioid disorder treatment. Some people stop using on their own; others recover through support groups or treatment facilities. Because Medication-Assisted Treatment is linked to better outcomes, FDA-approved medication should be offered."

-- Substance Abuse and Mental Health Services Agency (SAMHSA)



The third level of prevention is Harm Reduction. When someone is struggling with opioid dependence, we want to reduce the harm of that dependence by helping them get into treatment or preventing an overdose from killing them. For those using opioids long term, they will probably need a doctor or substance use professional to help them reduce or stop using them. For workers who got started on opioids for pain, it will also be essential that they get treatment for the underlying condition that is causing them pain.

The first step is to safely reduce the amount of opioid in the system and the body's response. For those with opioid prescriptions, they can get helping tapering down their opioid dose while getting pain management assistance. For those without prescription, they will be directed to Detox/Withdrawal Management. Detox treatment often includes using medications that are also opioids, but don't allow the person to feel the pleasure response. This at least stops the cravings.

MAT = Medication-Assisted Treatment which combines talk (behavioral) therapy and medications to reduce dependence. These medications have been found to be effective in helping people avoid more harmful opioids. The quote from the federal agency SAMHSA reminds us that there are different paths through treatment to recovery, but MAT has evidence of effectiveness.

Finally, most people will need support in their recovery journey, and AA and NA are great for that.

SLIDE 22. LEVEL 3: Reduce the Harms of Stigma

LEVEL 3: Reduce the Harms of Stigma


What is Stigma?

Stigma = shame or disgrace attached to something regarded as socially unacceptable.

...Believing only bad people have problems or they deserve to be punished for making bad choices.

How does stigma cause harm?

- It interferes with people coming forward for help: 23.5 million Americans struggle with substance use, 11% receive treatment.
- It's a hope killer.



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Negative attitudes have gotten in the way of progress towards reducing the damage done by opioids. Stigma is the shame or disgrace attached to something regarded as socially unacceptable. It also includes believing only bad people have problems or they deserve to be punished for making bad choices. The person suffering as result of their substance use can have these attitudes as well. Stigma causes a lot of harm because it makes people feel hopeless, that they deserve to suffer, that they can't get well, and that it would be too shameful to get treatment. So, if we change our attitude from shame and judgment to empathy and compassion, we can help get more people into treatment and recovery. You can still be angry with someone, while at the same time encouraging them, helping them access resources, and supporting them in their recovery journey.


SLIDE 23: LEVEL 3: Reduce the Harms of Opioid Addiction

LEVEL 3: Reduce the Harms of Opioid Addiction

- Can you offer support to someone who is struggling?
- Can you share resources for help?
- Can you communicate directly about your concerns based on what you observe?
- Can you eliminate stigma and judgment, including about treatment?
- Are you ready to reverse an overdose?



NALOXONE KIT


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These questions challenge you to see if you are ready and willing to play a part in reversing the opioid crisis.

[This is another opportunity to engage the participants in an activity. You can introduce these

questions and ask them to think about them for a minute individually while you pause for them to do so. You can ask for their reactions to these “challenges.” They could also discuss these in breakout groups.]

Opioid overdose reversal is done with a drug called naloxone or Narcan. Narcan is safe and effective. Many emergency responders carry Narcan and first aid training often includes overdose reversal with Narcan. The American Red Cross offers an on-line course in First Aid for Opioid Overdoses. In many states you can get Narcan without a prescription and carry it in case you encounter a person who is experiencing an opioid overdose.

[You can ask if anyone in the class has been trained to use Narcan and ask them to share their experience. You can also find out if Narcan is available at any of their worksites.]

SLIDE 24: Common Challenges



Common Challenges

It's not only opioids. Many of us struggle with:

- Depression, anxiety, anger, and other mental health issues, including thoughts of suicide
- Alcohol and other substances
- Gambling
- Family conflict
- Financial problems
- Health problems

Who can you talk to about this?
Can you help someone?

This presentation has focused on opioids, but we recognize that many of us struggle with other problems – often several of these all at once. Normal life includes trouble. Suicide is on the rise, particularly for men over 40. It can be difficult for men to confront problems and ask for help. It’s uncomfortable. If you can, let someone know that you can be an ear or aid them in finding help.

SLIDE 25: Total Worker Health®



As mentioned at the beginning – Total Worker Health is a concept that integrates health and safety related to work and health promotion related to our lifestyles. For example, how much sleep we get can impact our safety at work. Back pain from work impacts the quality of our time with our families. We know that our health and safety isn't limited to the work day or the worksite.

Additionally, health isn't just about sickness and doctor's visits. There are many dimensions to health [click through list and read them.] All these dimensions determine our overall well-being. It's difficult to stay on top of everything, but we can work towards improving our mental, physical, and social fitness in order to become more resilient when challenges hit. [Click to show Actions.] These actions such as paying attention to what we eat, getting fit, awareness of our mental health, and moderating substances such as alcohol, can help us with all these dimensions of wellness.

[You can ask: What's an example of something that could help with mental fitness? Answers include: people to talk to about how you are doing, exercise, community/friendship, mindfulness meditation, church, therapy, etc.]

SLIDE 26: Resources



Resources

Employee Assistance Programs – ask your employer...

National Helpline
1-800-662-HELP (4357)
<https://www.samhsa.gov/find-help/national-helpline>

National Suicide Prevention Lifeline
1-800-273-8255 www.suicidepreventionlifeline.org

Learn to COPE
1-508-738-5148 www.learn2cope.org

SHATTERPROOF™
1-800-597-2557 www.shatterproof.org/

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[This is the place where you would share the contact information for local resources including Employee Assistance Programs that are specific to your training audience.] These agencies and organizations can connect you to local resources for help. You can also call them on behalf of someone else. Some employers contract with Employee Assistance Programs or have insurance programs that can provide confidential help for yourself or a family member. If you aren't sure who to call, try the numbers here. They can refer you to local services for family, friends, co-workers, or yourself.

[These resources are also available in the Participants Handout.]

SLIDE 26: Conclusion



Conclusion

Link to the survey → www.opioidhazardsurvey.edu

QR link to the survey → 

For questions and suggestions about this module, please contact
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Thank you for your attention. We know that you had to be here, but we hope that you found something useful. And to find out if that was the case, we're going to ask you to take quick survey. It's totally voluntary, but it will help us make this training work better for stone, sand, and gravel miners across the country.

[Thanks for presenting this training! Please encourage your trainees to complete the anonymous 5 minute training evaluation. If you are training remotely, you can cut and paste the survey link into the chat (www.opioidhazardsurvey.edu). If you are training in person, please pass out the surveys. When you collect them, email Cora_Roelofs@uml.edu for instructions about how to return them.]