# HUTCHINSON COMMUNITY COLLEGE

# OPIOID HAZARD AWARENESS



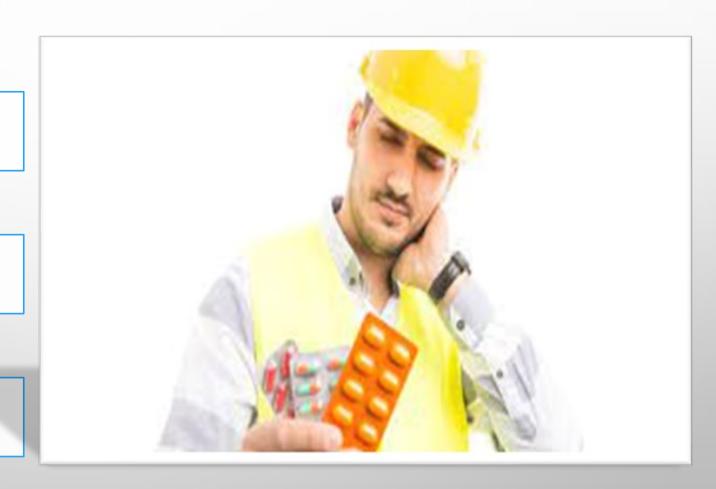


## LEARNING OBJECTIVES

What's the Problem?

Why We Should Be Concerned

Prevention and Harm Reduction





### WHAT IS AN OPIOID?

Prescription opioids: painkillers

Non-prescription: (illicit opioids): heroin, opium, illegally-produced fentanyl (other synthetic opioids)

Also, Tramadol and Codeine

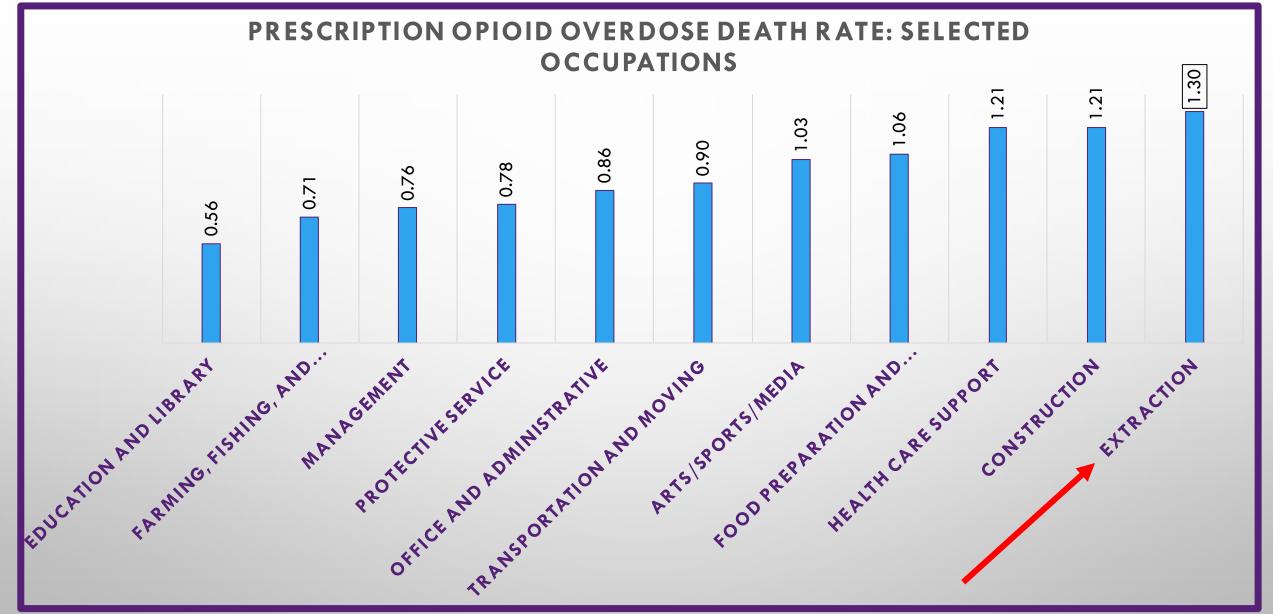
#### **EXAMPLES OF OPIOID CONTAINING MEDICINES** Generic **Brand Name** morphine MSIR, Roxanol OxylR, Oxyfast, oxycodone Endocodone SHORT-ACTING Roxilox, Roxicet, oxycodone Percocet, Tylox, (with acetaminophen) Endocet Vicodin, Lorcet, hydrocodone Lortab, Zydone, (with acetaminophen) Hydrocet, Norco hydromorphone Dilaudid, Hydrostat MSContin. ONG-ACTING morphine Oramorph SR, Kadian, Avinza oxycodone Oxycontin Duragesic patch fentanyl



### 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
- 92% OF DEATHS ARE AMONG PEOPLE OVER AGE 24
  - (40% OLDER THAN 44)
- 70% ARE MEN
- 75% OF PEOPLE WITH OPIOID USE DISORDER, STARTED WITH A PRESCRIPTION





# **OPIOID SIDE EFFECTS**

**Drowsiness** 

Constipation and nausea

**Changes in the brain** 

Physical dependence

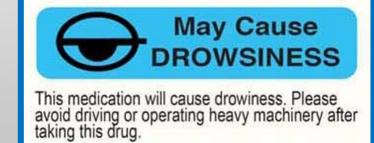
**Addiction** 

Withdrawal symptoms (dope sick)

Substance Use Disorder

Respiratory suppression (death)

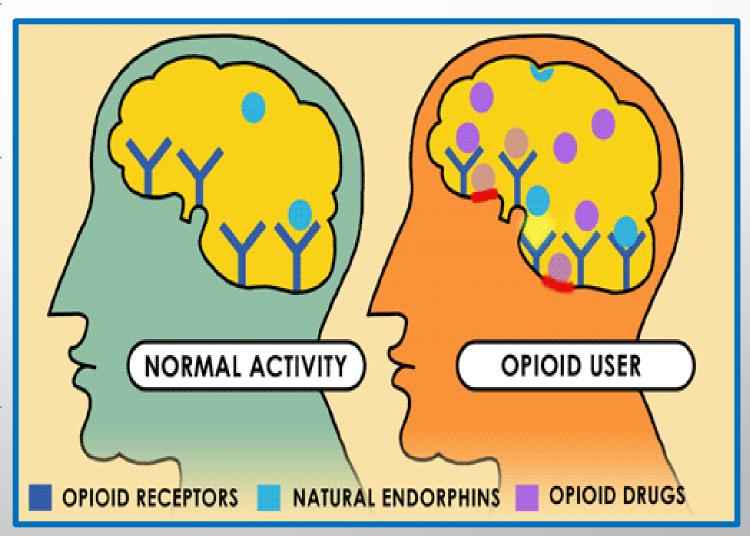




## **OPIOIDS HIJACK THE BRAIN**

- 1. Pain "killing" = Opioids increase brain's ability to feel more pleasure.
- 2. Re-wired brain demands more opioids to satisfy "the new normal." (If it doesn't get them, it sends out chemicals to make the person feel anxious and sick.)

3. The re-wired <u>brain shuts</u> <u>down</u> the part of itself that can help make good decisions.



# Addiction is a Disease

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

<u>Substance Use Disorder (SUD)</u> = 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.

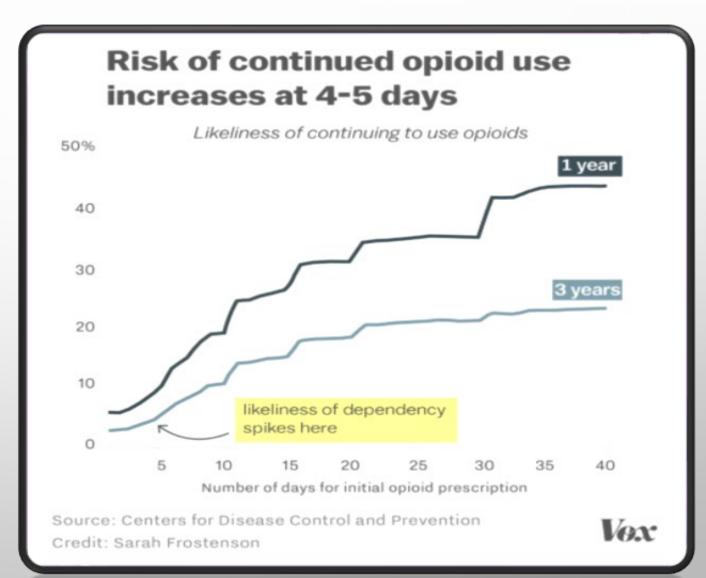
\*Disease = A condition that changes the way the body functions.



## WHO CAN GET ADDICTED?

Anyone who takes prescription opioids can become addicted

Taking them for more than 4-5 days greatly increases the risk of dependency and addiction...





# **IDENTIFY SAFETY RISKS**

- 46 Yr Old Miner 27 Yrs of Exp.
- Killed when haul truck rolled on its side into a settling pond and drowned.
- Earlier in his shift, he'd been found sleeping in the truck.
- Toxicology report showed several prescription drugs that cause drowsiness.



### PREVENTION AND HARM REDUCTION

#### **LEVEL 1 Prevent Causes of Pain:**

(Reduce/eliminate the risk factors for pain.)

## **LEVEL 2 Avoid Exposure to Opioids:**

(Encourage care that doesn't include opioids.)

### **LEVEL 3 Substance Use Treatment:**

Help reduce/stop with treatment resources.



## **LEVEL 1: PREVENT THE CAUSES OF PAIN**

#### 1. ADDRESS COMMON HAZARDS:

- ☐ HEAVY LIFTING/PUSHING/PULLING
- ☐ GETTING IN/OUT OF TRUCK/EQUIPMENT
- ☐ SEDENTARY WORK
- ☐ REPETITIVE MOTION

#### 2. TAKE ACTION FOR SAFETY:

- ☐ SAFETY INITIATIVES TO REDUCE HAZARDS
- **ERGONOMICALLY-DESIGNED EQUIPMENT & TASKS**
- **□ FOLLOW SAFETY PROTOCOLS/AVOID SHORTCUTS**

#### 3. PHYSICAL AND MENTAL FITNESS

☐ ORGANIZATION WELLNESS PROGRAMS











## **LEVEL 2: AVOID EXPOSURE TO OPIOIDS**

#### **WORK & NON-WORK RELATED INJURIES**

- AVOID LONG-TERM PRESCRIPTIONS (>3 DAYS)
- AVOID COMBINED PRESCRIPTIONS
   (MUSCLE RELAXANTS + OPIOID PAINKILLERS)
- ADVOCATE FOR GOOD CARE, INCLUDING NON-OPIOID TREATMENT (OVER THE COUNTER MEDICATION)





#### ADVOCATE FOR YOURSELF

## Tips for the Doctor's Office

- 1. Ask if prescribed medication is an opioid.
- 2. Explain drug-test implications at work (DOT??)
- 3. Explain work is a "safety-sensitive" position.
- 4. Avoid taking opioids for more than 5 days
- 5. Ask about alternatives to opioids, including <u>physical</u> <u>therapy/pain management Over the Counter Meds</u>



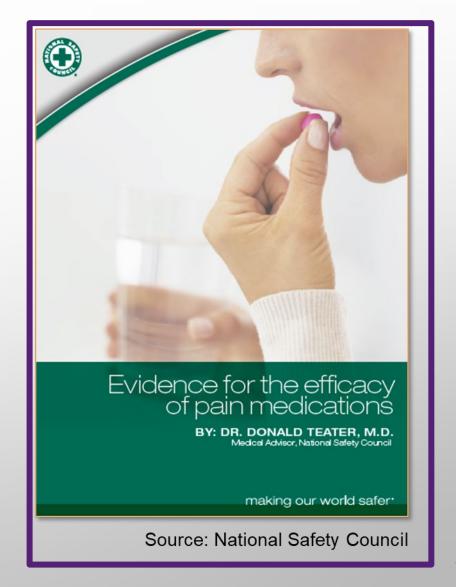
#### WHAT ABOUT MY PAIN?

Studies show that opioids aren't effective painkillers and can make pain worse.

Opioids don't work as well as over-thecounter pain medications.

Pain reduction methods – physical therapy/Pain management

Studies involving dental pain, pain after accidents, post-surgical pain, severe pain from kidney stones, back pain, and chronic pain.



## LEVEL 3: SUBSTANCE USE DISORDER TREATMENT

1. Treatment for Opioid Use Disorder

Medication-Assisted Treatment

FDA-approved medications (Consult Doctor)

2. Recovery Support

AA/NA

Co-Workers (Reduce Stigma)



"There is no "one size fits all"

- ☐ Some people stop using on their own;
- Others recover through support groups or treatment facilities.
- □ Medication-Assisted Treatment is linked to better outcomes

#### **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** TM

1-800-597-2557 <u>www.shatterproof.org/</u>

