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

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>morphine</td>
<td>MSIR, Roxanol</td>
</tr>
<tr>
<td>oxycodone</td>
<td>OxylR, Oxyfast, Endocodone</td>
</tr>
<tr>
<td>oxycodone (with acetaminophen)</td>
<td>Roxilox, Roxicet, Percocet, Tylox, Endocet</td>
</tr>
<tr>
<td>hydrocodone (with acetaminophen)</td>
<td>Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco</td>
</tr>
<tr>
<td>hydromorphone</td>
<td>Dilaudid, Hydrostat</td>
</tr>
<tr>
<td>morphine</td>
<td>MSContin, Oramorph SR, Kadian, Avinza</td>
</tr>
<tr>
<td>oxycodone</td>
<td>Oxycontin</td>
</tr>
<tr>
<td>fentanyl</td>
<td>Duragesic patch</td>
</tr>
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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
PRESCRIPTION OPIOID OVERDOSE DEATH RATE: SELECTED OCCUPATIONS

“Extraction” includes mining and oil and gas
OPIOID SIDE EFFECTS

Drowsiness

Constipation and nausea

Changes in the brain

Physical dependence

Addiction

Withdrawal symptoms (dope sick)

Substance Use Disorder

Respiratory suppression (death)
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 brain shuts down the part of itself that can help make good decisions.
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.
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 physical therapy/pain management – Over the Counter Meds
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-the-counter 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.

Source: National Safety Council
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™
1-800-597-2557 www.shatterproof.org/