

EMPLOYER GUIDE

to Preventing Opioid Harms in the Mining Sector



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[TBD]

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This guide presents best practices in the management of issues related to opioids and employment in the mining sector. It also presents evidence-based public health advice. The guide reflects the input of human resources professionals, attorneys, operators, and employees. It offers focused advice to get you to the next level in addressing the impacts of opioids on your business. While it has been reviewed by a leading law firm serving the sector, please get input from your own attorney before finalizing any policies or practices with legal implications.

Background and Basic Steps

What's happening with the epidemic? What can employers do to combat the epidemic in their workplaces and communities? How can I find resources?

The opioid addiction and overdose epidemic began around 1999 when pharmaceutical companies launched a campaign to convince doctors that opioids were the solution to the problem of under-treated pain.¹ Work-related pain was front and center in that marketing effort.² Disreputable doctors became de facto drug dealers until 2010 when the pill mills were shut down. Because opioids are so powerfully addictive, many opioid-dependent people turned to heroin, which was readily available thanks to drug cartels. Most recently, illicit fentanyl has dominated the deadly assault. As of 2020, almost **565,000 have died**. Many of those people started using opioids with a prescription.

While there have been some policy changes to curtail over-prescribing, expand treatment, and prevent overdoses, opioid addiction continues to impact many of our neighbors, friends, family members, employees, and co-workers. Unfortunately, progress in turning the tide of the opioid crisis has been erased by the COVID-19 epidemic, which has made it much harder to access services and support for people struggling with addiction. Surprisingly, doctors also **continue** to prescribe opioids for chronic pain despite the Centers for Disease Control and Prevention's (CDC) **Guidelines** which strongly urge restraint. This means that opioid hazard awareness is more necessary than ever. Many people don't even know that their medications contain highly addictive narcotics.

Although any one person's struggle with opioids is complex and multi-factorial, **work-related injuries** have been associated with opioid harms, including addiction and overdose. Like other high-risk worker populations such as construction and fishing, the wear and tear on miners' bodies from the chronic stressors of lifting heavy materials and equipment and exposure to machine vibration can cause chronic pain, especially if miners don't have adequate time to rest. Miners are often older than the average worker and older age is also a risk factor for opioid use. Surgeries, dental work, and acute injuries such as falls, slips, and "struck by" incidents are also common sources of injuries that can lead to opioid prescriptions.

Research shows that miners are more likely to die of opioid overdose than other workers and more likely to be prescribed opioids for work-related pain.^{3,4} Those prescriptions are of a longer and higher dose than they are for other workers. Doctors have reported that they are

sympathetic to workers' desire to get back to work. Pharmaceutical companies aggressively marketed opioid painkillers as the solution to work-related pain. Miners, who face many challenges every day, may think that they can beat the odds of addiction. The reality is that anyone can become addicted. Those who take opioids for more than a week are much more likely to be dependent on them a year later.

What Can Employers Do to Combat the Epidemic in Their Workplaces and Communities?

There are many things that employers can do to make a positive difference in their workplaces and communities. The very first thing is to commit to openly discussing this issue of opioid dependence. Signaling that yours is a "Recovery Friendly Workplace" will assure assistance to those who need it and help change the culture to support those who are struggling. Next, you can assess what you already have in place and what you want to work on. This guide will help you address any gaps.

Providing employment to people who have received treatment and are in recovery is one of the most important things employers can do. Employment provides critical motivation and support to stay drug-free and can prevent a downward spiral. According to a [recent report](#) by Mathematica:

Successful employment and recovery from opioid and other substance use disorders are linked in important ways. Employment can be a motivator for entering and adhering to treatment and can result in better treatment outcomes, including completion and duration of treatment, as well as decreases in relapse after treatment.

Health benefits are hugely important, including for those who have failed drug tests. Your **drug and alcohol policy** should encourage employees to let you know when they need help and that if they are able to comply with a treatment regime, they can return to work. You can help employees and their families access treatment and recovery resources by being aware of state and local programs and by contracting with an **Employee Assistance Program (EAP)**.

Employers who **train their employees** on opioid hazard awareness are making a significant contribution that extends well beyond the workforce. Training employees on **overdose prevention**, including use of the overdose-reversing drug naloxone, can also be a service to the community. Employers can participate in substance use awareness activities and events such as prescription "take-back" events sponsored by the **local recovery community**. All these efforts signal that substance use and treatment can be openly discussed, which reduces harmful stigma.

Employers can take the prevention risk factors into consideration and step up **ergonomic and safety programs** and assure restorative time off. Additionally, employers can **monitor prescription drug benefits** for opioids and reduce the likelihood that workers who return to work after injury or surgery are taking narcotics. Using this guide and adopting the **Employer Opioid Hazard Awareness Checklist** will help you to make progress on your prevention program and contribute to reversing the opioid epidemic.

Employer Opioid Hazard Awareness Program Checklist

Program Element	In Place	In Development	Priority
Drug and alcohol policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Assistance Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid hazard awareness training for employees and supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overdose prevention and response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment for people in recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury prevention and return to work programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits and prescription drug program management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connection to local recovery community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Glossary – What’s the Difference?

Opioid Dependence – a person relies on opioids to be able to function. Dependence may be physical and/or psychological.

Opioid Addiction – a common term used to describe the brain “re-wiring” that opioids induce such that if the addicted person does not take opioids they experience physiological and psychological symptoms commonly known as “withdrawal.” The term “addict” is generally perceived as negative and stigmatizing.

Opioid Misuse – using prescription opioids in a way unintended by the prescriber, such as using someone else’s prescription, hoarding, using more than intended, or doctor shopping for multiple prescriptions. Sometimes the word “abuse” is also used, however, the term is considered stigmatizing.

Opioid Tolerance – over time, the same dosage of opioids does not result in the same perception of pain control. As a result, the person takes more to achieve the same result.

Opioid Hyperalgesia – the pain sensation that opioids induce to signal the person to maintain or increase their opioid intake.

Opioid Use Disorder (OUD) – a healthcare provider’s [diagnosis](#) following an interview with a patient that determines that a person’s opioid use has become problematic because of their behaviors and perceptions. The diagnostic criteria include excessive time thinking about opioids, inability to stop taking them despite recognition of problems, withdrawal symptoms and tolerance, and interference with work or school. OUD may be classified as mild, moderate, or severe. Generally, any use of illicit opioids is labeled as OUD.

*Every section of this guide includes links to **key resources**. Here are the resources for this first section.*

RESOURCES

National Safety Council: [Opioids at Work Employer Toolkit](#)

Substance Abuse and Mental Health Services Administration: [Drug-Free Workplace Toolkit](#) and [Employee Assistance Program \(EAP\) Toolkit](#)

Connect with your local SUD [treatment providers](#) and [recovery community](#)

Drug-Free Workplace Policies

How do I craft a strong drug-free workplace policy, run a helpful and legal drug testing program, and have a responsible and compassionate plan for employees who fail tests?

Drug testing is not mandated by the Mine Safety and Health Administration (MSHA), but is often used by operators for pre-employment, random, reasonable suspicion, and post-accident screening. Best practices and legal use of employee drug testing are nuanced. Below you will

find guidance, but your policies should be reviewed by your legal and human resources team. Here is a set of Frequently Asked Questions (and responses) on drug testing.

Q: What are the basics of drug-free workplace policies?

The most basic purpose of drug-free workplace policies is to **explain your policies and procedures** related to employees and their possession and/or use of controlled substances. These policies may also explain your drug testing and detecting protocols and consequences for “positive” tests. You may also use drug-free workplace policies without drug testing to establish rules about drug use and possession on your sites and during work time. Drug-free workplace policies are required for all federal contractors and those regulated by the US Department of Transportation (DOT). You can find the model minimum requirements of a federally compliant drug-free workplace policy in the appendix to this guide.

Drug-free workplace policies spell out the employment consequences of violation of the policy’s prohibitions. The most compassionate and sensitive approach is a **“second chance” approach** rather than immediately firing employees with positive drug screening results or who refuse drug tests. You can communicate that there are conditions under which they can retain their job or return to work. Policies can emphasize that the employer aims for a “Recovery Friendly Workplace” that encourages employee self-disclosure of substance use challenges so that the employer can support them getting into treatment and recovery. While in recovery, employees should be encouraged to return to work as soon as possible. Working is helpful in sustaining recovery and unemployment is associated with relapse and overdose. The basics of an enhanced drug-free workplace policy are in the appendix to this guide.

Q: What kind of drug testing and detection are used by employers?

Employers may conduct **pre-employment screening, random screening, reasonable suspicion testing, and post-accident testing**. According to the Occupational Safety and Health Administration (OSHA), post-accident testing is only allowable when the accident could have been related to potential impairment. Drug testing can also be a condition of returning to work following a failed test. Drug testing cannot be used punitively, nor can it be targeted to individuals without reasonable suspicion or other cause. Reasonable suspicion includes direct observation of impairment or failure to participate in a random drug test. To avoid potential liability for discrimination, employers are best served by a “root-cause” analysis that investigates if reasonable suspicion justifies post-accident drug testing.

Drug testing panels usually include the drugs that require testing by the DOT: marijuana, cocaine, amphetamines/methylamphetamines, phencyclidine (PCP) and opioids (codeine, morphine, 6-AM/heroin, hydrocodone, hydromorphone, oxycodone, and oxymorphone). Brand names for prescription opioids included in this test are OxyContin®, Percodan®, Percocet®, Vicodin®, Lortab®, Norco®, Dilaudid®, and Exalgo®. These tests will not detect fentanyl. Neither will it detect methadone or buprenorphine which are opioid-based medications used to treat opioid use disorder.

Q: What are potential implications of a positive test for cannabis on a drug test?

While this guide focuses on opioids, most drug test “fails” relate to use of cannabis. There is no evidence that cannabis use is related to more serious drug use, including opioids. Not only is cannabis use legal in many states, but it can stay in someone’s system for days. Unlike alcohol, a positive test for cannabis gives no information about either current or potential impairment on the job and should be considered a very poor indicator of a person’s “safety risk.” As a result, employers may not find it useful to screen for cannabis or act on cannabis “positives.” As described in the section on training, supervisors can be trained to recognize behavior that indicates impairment or other observable signs such as odors and act on those.

Q: Can I ask employees about prescription drug use?

It is legal to ask potential or current employees about **use of any prescription medications that may interfere with necessary job duties**. While the Privacy Rule of the [Health Insurance and Patient Protection Act](#) (HIPAA) protects employees from having their health information revealed to you by health providers or insurers, you can ask the employee directly about medical conditions and treatments that may interfere with work or safety. Reassuring your employees that you will keep their personal medical information confidential (and doing so) will help establish the trust necessary to encourage frankness.

Many prescription drugs, including all opioids, are labeled with “May cause drowsiness.” If the employee’s job involves operating equipment, driving a vehicle, or other safety-sensitive tasks employees can be excluded from that work if they are taking such medications. Employees or potential employees cannot be discriminated against because of their medical status or their current or historical use of prescription drugs. However, if they cannot do the job because they are taking narcotics or other drugs that could cause impairment, you do not have to hire them or retain them in those jobs. You can suggest that they review their medications with their health provider in light of your policies or you can give them a job that is not safety-sensitive. In addition to asking if they are using any drugs that might interfere with job duties, you can provide them with a **list of medications** known to potentially compromise safety-sensitive work (see appendix). If they fail to reveal use of a potentially impairing drug while at work, they will likely be in violation of your policies. The appendix includes a model **Medications Policy** that you can adapt for your company.

Q: What are my options if an employee tests positive for opioids?

If an employee’s test comes back positive for opioids, and they provide a legitimate prescription for the medications, their test will not be counted as a “positive” test. However, you can **ask your medical review officer (MRO) to discuss positive results** with any employee whose tests show opioid use. The MRO can explain that the employer’s policy does not permit use of narcotics while performing safety-sensitive duties whether the employee has a legitimate prescription or not. The MRO can ask the employee to seek alternative treatment and can require that their provider sign a “fit for duty” letter that indicates that their patient is not taking medications that could cause impairment during work. Employers should have a written

list of job duties for each position to help providers make this assessment as well as help them provide treatment that is consistent with their job duties. Health benefits that include access to multidisciplinary pain therapy such as massage, functional restoration, and psychological counseling will help direct employees to effective and safe pain management.

Second, if an employee tests positive and does not have a legitimate prescription, they can be given a **chance to address their opioid dependence** through supervised substance use disorder (SUD) treatment followed by return to work while in recovery. The opportunity to return to work could be contingent upon evaluation by a licensed SUD treatment specialist, compliance with the specialist's recommendations, and compliance drug testing for a specified length of time. However, employer-mandated (or "coerced") treatment has a mixed record of success. It is far better to create a supportive environment where employees feel comfortable coming forward with their need for leave and benefits to enter treatment voluntarily.

In some cases, employees experiencing work-related pain might resort to **using a family member's prescription** opioids. Employees should be warned that this is illegal and in violation of your policies. However, they should be encouraged both to seek appropriate treatment for work-related pain, and to report hazards that could result in pain. Safety and ergonomic concerns that can result in both acute and chronic pain should be addressed through employer health and safety programs.

Employee Assistance Programs (EAPs) can help with resources, referrals, and employee-employer agreements. Such agreements could include extension of benefits and time off to facilitate the treatment and return to work. They will also spell out expectations around compliance drug testing. However, consistent supportive follow-up is more helpful than "employee monitoring." If it is not possible to provide benefits, or if the employee is not able or allowed to return to work, the EAPs can help with access to community and state-provided treatment and recovery services.

Returning to **work can be a powerful incentive to enter and continue recovery**. On the flipside, losing one's job and benefits can compound the crisis and lead to a downward spiral with terrible consequences. Employees returning to work following a Substance Use Disorder (SUD) diagnosis are protected under the Americans with Disabilities Act and are entitled to accommodations such as the ability to attend recovery-related appointments. They may also be taking medication as part of their recovery. More information on supporting returning employees is provided in the chapters on **Recovery Friendly Workplaces** and **Return to Work**.

RESOURCES

[What Employers Can Ask about Prescription Drugs](#)

See Appendix Resources: Model Minimum Federal Drug-Free Workplace Policy; Model Enhanced Drug-Free Workplace Policy; Model Medications Policy and List of Drugs of Concern [Preparing for an Employee's Return to Work After Prescription Drug Misuse](#)

Opioid Hazard Awareness Programs for Your Company

What are the components of a basic, cost-effective opioid hazard awareness program?

Companies with limited resources and tight production schedules face challenges in introducing new worker health and wellness programs. However, an opioid hazard awareness program can fit within your current health and safety program. For example, the recommended training fits within required MSHA health and safety refresher and new miner training. Any [health and safety program](#), including one for opioid hazards, should include the following elements:

- Management Leadership
- Employee Participation
- Find and Fix Hazards
- Training

Management Leadership in addressing opioid hazards means using this guide to build a strong program with resources to back it up such as robust Employee Assistance Programs. It also means top company leadership speaks publicly about opioids and reinforces your company's commitment to help employees, their families, and your community. For example, your company could sponsor a team in a [Clean & Sober Softball League](#) and participate in prescription drug [take back](#) events.

Employee Participation could include employee-management health and safety committees that periodically audit the worksite for ergonomic and safety risks that might result in painful working conditions or injuries and strategize ways to fix them. Employees should know how to report hazards and should feel comfortable doing so. Employees might also volunteer to be peer leaders (see below) for those who are struggling with substances or talk about their use of non-opioid pain management strategies.

Find and Fix Hazards means that time and attention is given to understand and address workplace dangers, prioritizing those with the most serious consequences. The National Institute for Occupational Safety and Health (NIOSH) and MSHA have numerous resources for doing this including the innovative [ErgoMine audit tool](#). Opioid hazards are also reduced when you have positive policies that promote employment while in recovery and safe return to work, a culture of health and support, and benefits that encourage non-opioid pain management and treatment for SUD.

[Opioid hazard awareness training](#) for the mining sector is available for your use in **refresher and new miner safety training** – or any other training opportunity. The 35-minute module has been demonstrated to be effective at increasing knowledge and is very well received by miners. You can access a fully narrated web hosted version of the training for use in person or online. You can also request the module slides, instructor's guide, and evaluation survey by emailing Cora_Roelofs@uml.edu. The detailed instructor's guide allows anyone, even those with no background in the subject, to present the slides with confidence.

Use of the module should be supplemented by **training that explains your company's specific programs and policies**, including injury prevention and hazard reporting, drug testing and consequences, return to work from SUD treatment or an injury, "recovery friendly workplace" components, health benefits related to non-opioid pain management and SUD treatment, EAPs, and your company's commitment to employee health and well-being.

Short safety talks at the beginning of a shift or after a break are also a good way to introduce this important topic. Elements of a five-minute opioid hazard awareness safety talk could include the following bullet points:

1. **76,000** people in the US died of opioid overdoses from April 2020 to April 2021. Public health statistics show that extraction workers, including miners, are at the top of the list of occupations most impacted by the opioid crisis, including more overdose deaths and more prescriptions that can lead to addiction.
2. Many people don't know that many pain medications contain opioids. All opioids, including prescription drugs such as Tramadol and street drugs such as heroin are highly addictive drugs. They all cause drowsiness that can impact safety and they can all lead to addiction and death.
 - a. What are some common opioid prescription medications?
 - b. How can you find out if a pain medication contained opioids?
 - c. How can you avoid opioids?
3. If someone is struggling with opioid addiction, they can get help and recover.
 - a. [Provide information and phone number for your company's Employee Assistance Program or your state's addiction services bureau or a local recovery center or the federal government's Help Line: 1-800-662-HELP (4357).]
 - b. [Reinforce the messages: Management's commitment to site safety; employees are supported in taking care of their health; employees who get help can return to their jobs.]

Supervisor training should also include when and how to intervene if they believe that an employee is impaired on the job, and what happens next:

1. Supervisors should be trained to recognize behavior and other indicators of probable impairment that can be classified as "reasonable suspicion" of drug or alcohol use. Behavior that suggests that an employee should be removed from the task and undergo immediate drug testing must be observed and not based on rumors, etc. There are many resources for reasonable suspicion training, including this [free video](#) from the Federal Transit Administration.
2. Similarly, [according OSHA](#), post-accident drug testing can only be used if the accident could have conceivably been caused by drug use and the testing is part of an effort to identify the cause of the accident.
3. Supervisors should learn that drug testing and any adverse employment conditions based on an employee's SUD diagnosis (assuming that they are in recovery) or past drug

use, is a violation of the Americans with Disabilities Act that prohibits discrimination based on health status.

4. Employees who are, in fact, impaired, should not be permitted to drive home, nor should they be left alone. Being impaired on the job and facing the consequences can be a risk factor for self-harm. Employees should be supported to get treatment and given hope that they can return to work.
5. Supervisors should be alert to employee impairment that might have causes other than illegal drugs and alcohol such as prescription or over-the-counter medications, lack of sleep, heat, or health conditions. Supervisors should understand that employees who are drowsy or “slow” for whatever reason can compromise their own and others’ safety through lack of alertness or slow reaction time.

In addition to these basic and essential trainings, employees might benefit from training in the prevention of opioid overdose by administration of naloxone (see the “Overdose” section of this guide). Employees in recovery might be given the opportunity to [train as peer recovery leaders](#) to better assist their co-workers who are struggling.

RESOURCES

Roelofs C. [Results of an Opioid Hazard Awareness Training Intervention for Stone, Sand, and Gravel Miners](#). Mining, Metallurgy & Exploration. Published online November 19, 2021. [Stone, Sand, and Gravel Opioid Hazard Awareness Training Page](#)

Centers for Disease Control [Opioids Information](#)

NIOSH’s [Toolbox Talks](#)

NIOSH’s [Total Worker Health](#)® Program

Recovery Friendly Workplaces

How can I recruit and retain employees despite the challenges presented by a world where drug use is common and mining work is demanding and potentially hazardous? How can I create a positive workplace culture that encourages healthy behaviors and supports employees who may be struggling? How can I recognize if someone has a problem with opioids?

In many parts of the country, it is difficult to hire and retain employees in the mining sector. Pre-employment drug screening further reduces the pool of potential employees. Most screening “fails” are due to the detection of cannabis use. As mentioned above (in the section on drug-testing), cannabis can be detected days after use, and, as with alcohol, weekend use does not predict impairment on the job. Training supervisors to recognize and act on observed impairment or other observable signs, such as odors, is a more specific and tailored strategy than drug-testing for addressing problematic cannabis use by new employees.

Workplace culture can serve as a powerful influence when it comes to issues of drug and alcohol use and the risks for substance use disorder. Employers should take steps to assure that the culture is positive and supportive of workers’ health and well-being. Such a culture will be attractive to potential employees. There are positive steps employers can take to recruiting

promising employees and retaining good ones, maintaining a safe and productive workplace, and addressing problems with substance use despite the widespread use of drugs and alcohol. A core strategy to achieve these goals is a **Recovery Friendly Workplace**, which is described below.

As described above, your response to positive drug tests, drug test refusals, and impairment among current employees can be a compassionate “second chance” that supports employees getting treatment if they need it and coming back to work with mutually agreed upon conditions such as compliance drug testing. You may also increase your pool of potential employees if you take steps to become a Recovery Friendly Workplace where you actively seek to employ people in recovery.

What are the Elements of Recovery Friendly Workplaces?

According to the [New Hampshire Recovery Friendly Workplace Initiative](#), a Recovery Friendly Workplace is characterized by a “culture of support” and includes the following critical elements:

- Employer provides employees with **links to resources on treatment** and recovery supports for themselves and family members
- Employer contracts with an **EAP** or has other outside confidential resources available for employees
- Employer has compassionate **policies that encourage self-disclosure** and job and benefits retention for employees who attend to their health
- Employer provides **worksite education** about substance use and to reduce stigma related to SUDs
- Employers promote **recovery friendly culture** at the workplace and promote themselves as recovery friendly
- Employer allows **flexible time** off for employees to attend recovery support activities and events
- Employers **seek to hire and retain employees in recovery**
- Employers participate in and **support recovery-oriented events** in their communities

Recovery Friendly Workplace initiatives note that employers can’t operate alone – you need to know who you can call. Additionally, employers need to be very public – both internally and externally – about being recovery friendly. Communicating consistently about your support for recovery helps to eliminate stigma about discussing opioid dependence and use of substances and promotes a culture where employees self-disclose, reach out for help, and curb negative attitudes towards those struggling with substance use.

Many employers want to know the “signs” of opioid addiction in order to “catch” people. The reality is that those suffering with addiction are often very skilled at concealing their issues. You are unlikely to be able to tell if someone’s sleepiness or lateness is because of drug addiction.

There are clear signs of impairment such as nodding off, slurred speech, confusion, and altered gait, but these could have multiple causes and should be a concern regardless. However, if you create a culture of support through establishing a Recovery Friendly Workplace, you are much more likely to help someone self-disclose and get help.

RESOURCES

Nevada's [Recovery Friendly Workplace Policies & Procedures](#)

Return to Work Policies

How can I manage workers who may be returning to work following an injury, but still in pain, and/or returning to work while taking opioid medications?

Miners have been, and continue to be, **prescribed opioid medications** for managing painful conditions that may or may not be related to work or from a combination of causes. Individuals are often prescribed opioids for work-related and non-work-related injuries and conditions. Employees may return to work with “fit for duty” letters from their health care providers and may have prescriptions for opioids. These employees will pass drug tests if they have a legitimate prescription. This presents two problems 1) workers may be performing safety-sensitive work while on narcotics and, 2) while opioids mask pain, they don't fix underlying debilitating conditions and are often ineffective for pain management.

Under the Americans with Disabilities Act, individuals shall not be discriminated against on the basis of healthcare status and treatment. However, they do not have the right to use medications during the workday that could compromise safety, including prescription or non-prescription such as opioids or cannabis. Additionally, the US Department of Justice has been **very clear** that it is illegal to discriminate against people who use medications for treating opioid use disorder. During employee orientation and on an annual basis, employees should be reminded of your policies related to “drugs of concern” that may compromise safety.

Employees who have been taking opioids for more than a few weeks and are returning to work need a careful plan to **manage a reduction or elimination of the opioid medication**. Most will experience withdrawal symptoms and even “opioid hyperalgesia” where their pain increases in response to a reduction in dose. Healthcare providers should never “cut off” a patient on long-term opioid therapy as this can have deadly consequences. Instead, they should follow the CDC guidance for **tapering** opioid prescriptions.

Medical review officers for your drug testing program should be reminded that while employees may have legitimate prescriptions for opioids found through drug testing, they should speak with the employee and, potentially their healthcare provider, to **shift pain management towards non-opioid strategies** that are more compatible with the mine workplace. Medical research also shows that non-opioid pain management will be more effective and less potentially harmful.⁵ You will need to make sure that your benefit plans

support and encourage functional restoration programs, exercise, and mind-body pain management training such as removing co-pays for these covered healthcare services.

The CDC has offered clear [guidelines](#) based on the current medical evidence: opioids are ineffective and harmful for chronic pain patients. Discussion about the hazards of opioids and about the benefits of alternative strategies can reduce conflicts if you are clear that you want to help your employees achieve better health. This includes your commitment to reduce hazards that can cause or exacerbate musculoskeletal injuries and work-related pain and to cover interdisciplinary pain management programs through employee health benefits.

Return to work (RTW) following a serious injury or surgery can be extremely challenging. Employees returning to work after substance use disorder (SUD) treatment and while in recovery also face challenges. Best practices in RTW **in either case** involve the following elements:

- **Checking in** with the employee while they are off work to let them know that you want to help them with a safe RTW when it's time and to make sure that they are getting the care they need, including access to non-opioid pain management.
- **Planning the employee's RTW** through a three-way meeting with the employee, healthcare provider, and the employer. The employer representatives should include the supervisor and the human resources staff. The RTW timeframe should be based upon the individual's needs rather than an arbitrary time period such as six months.
- **Communicate with the employee's healthcare provider** with a clear job description and task list and your prescription drug policy so that "fit for duty" letters come from a knowledgeable perspective. Providers should be made aware that narcotic prescriptions generally are not compatible with mining work. Medications for opioid use disorder such as Suboxone, may be [compatible with safety-sensitive work](#), if the employee is in a supervised recovery program.
- **Anticipate challenges with RTW.** Most RTW situations will require accommodations, work hardening, meaningful alternatives to physically demanding work, and support in during the transition. Many employees returning to work may feel shame or other negative feelings related to their injury or SUD. The employee should feel supported by management or co-workers in their RTW. In either case, the Americans with Disabilities Act requires that employers offer reasonable accommodation to allow those with a disability (including SUD) to perform their job duties, unless the accommodation would cause undue hardship to the employer. Employees in recovery may need to take time during the workday for recovery support activities.
- **Prepare for a Recovery Friendly RTW.** Studies show that the medications used to treat people in recovery from opioid use disorder are safe to use at work, however NIOSH recommends that employees be given time to adjust to work demands and for medications to stabilize in their system.⁶

RESOURCES:

[Supporting return to work among employees with musculoskeletal or mental health conditions: an evidence-based practical resource](#)

[EEOC: Accommodate Individuals Who Are Lawfully Using Opioids](#)

[NIOSH's Medication-Assisted Treatment for Opioid Use Disorder Medication Assisted Therapy Factsheet](#)

Prescription Management and Disability Prevention

How can I monitor and control opioid prescriptions paid for by health insurance or workers' compensation insurance? How can I help employees avoid disability and receive good medical care that conforms to guidelines and best practices?

In addition to the risks of addiction, it is well documented that prolonged **opioid prescriptions can "convert" an injury into a permanent disability** and/or lengthen the amount of time employees are temporarily disabled and out of work. Thus, it is critically important that injured employees or those who take medical leave for non-work related medical care such as surgery, receive medical care that is consistent with the CDC [Guidelines](#) and/or your state Workers' Compensation opioid guidelines (such as this one from [Pennsylvania](#)). These guidelines warn against use of opioids for chronic conditions for any length of time except for cancer patients. Alternatives to opioids such as interventional pain services such as spine stimulators and non-opioid medications such as gabapentin may also be expensive and many not be effective on their own.

As the purchaser of health insurance and services for your employees, you can help assure that your employees receive good medical care that includes the most effective strategies known as **interdisciplinary pain management**. It is essential that employees have access to non-pharmacological pain management treatments such as physical therapy, massage, acupuncture, functional training, exercise programs, and, also, psychological support. Pain is a profoundly "mind-body" phenomenon and the most effective pain management strategies involve retraining the brain. If there aren't providers locally who can provide this type of pain management training, remote/virtual/telemedicine services are available.

Removing co-payments for these important non-opioid pain treatments can help avoid expensive and unnecessary medical costs from medical imaging and surgeries, etc. Many common surgeries for painful conditions lack evidence of effectiveness, especially surgery for low back pain. Unfortunately, these surgeries can worsen conditions, prolong disability, lead to opioid dependence, and interfere with return to work. You can direct your employees to the [Choosing Wisely](#) website to help them make decisions about their medical care based on the evidence of effectiveness.

Discuss these issues with your insurance providers, including your Workers' Compensation, and/or pharmacy benefit manager. You can ask them to review and flag employees' opioid prescriptions during "utilization review." They cannot tell you which employees (or family

members) are taking opioids--that would violate confidentiality--but they can initiate case management and intervention with providers who write repeated, long-term, and high dose prescriptions. You can ask insurers to cover alternative pain management and you can offer to cover co-pays for these services. Additionally, your employees who are armed services veterans can access the extensive resources provided by the Veterans Health Administration to address [safe pain management](#) and problematic opioid use. Many Workers' Compensation systems also have guidelines that restrict or manage opioid prescriptions.

RESOURCES

[Pharmacy Benefit Management of Opioid Prescribing: The Role of Employers and Insurers Decision Making Resources for Patients](#)

Overdose Prevention and Response

How can we be prepared to respond to an overdose?

The number of fatal and non-fatal drug overdoses continue to rise. Workplace opioid overdoses have increased dramatically in the past several years. Many overdoses can be reversed with the administration of naloxone, but not every worksite has access to it or people who know how to use it. If an overdose occurs onsite it can be traumatic. Additionally, employers may not know how to respond when an employee's family is impacted by an overdose. While many overdoses are caused by street (illicit) fentanyl, it is often the case that drug users started with a prescription opioid. The best way to prevent overdoses is to prevent exposure to opioids in the first place. However, once someone is addicted, **we can prevent overdoses by the following actions:**

- Facilitate access to healthcare and SUD treatment
- Reduce stigma around accessing treatment
- Monitor employee prescription drug programs for excessive prescribing and mixing of opioids and benzodiazepines (a common risk factor for overdose)
- Stay in touch with employees who are out due to injuries or surgeries to support their recovery and return to work without long term use of opioids
- Provide employee education about opioid hazards
- Implement policies to prevent employee's use of opioids while at work and help them get access to alternative pain management
- Train worksite first responders on overdose prevention with naloxone and rescue breathing

If an opioid overdose occurs on or near your facility, either to a member of your staff or someone else, anyone with a little training and some **naloxone**, known commonly by the brand name NARCAN®, can potentially save a life. Naloxone is commonly available as a nasal spray and can be acquired from most pharmacies in the US without a prescription. Naloxone is safe, easy to administer, has no side effects and no potential for abuse. Naloxone is highly effective

at reversing opioid overdoses. You can contact the [National Harm Reduction Coalition](#) or your state's overdose prevention program to learn about access to Narcan, overdose prevention training, and the Good Samaritan laws that legally protect individuals who provide emergency assistance.

When **someone in your company's community has experienced a fatal or a non-fatal overdose**, many people will be affected and need support. If the overdose was not fatal, the person will need nonjudgmental support. [Motivational interviewing techniques](#) are something anyone can learn to help people who are struggling get to a place where they seek help. Non-fatal overdoses should be recognized as a risk-factor for fatal overdoses.




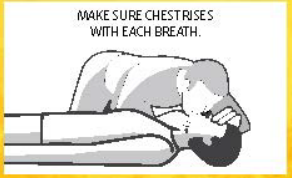

Talking about SUD as a chronic illness that needs treatment and from which people recover will help lessen the stigma surrounding the event. Not talking or gossiping about it are not helpful responses. For a fatal overdose, consider the resources available from [Support After a Death by Overdose](#). In either case, responding to the overdose with educational events, including overdose prevention training or raising money for local recovery organizations will help your community find meaning from the tragedy.

RESOURCES

The following graphic illustrates how to prevent an overdose from being fatal. It is important to know that rescue breathing will not result in drug exposure to the person administering it.

STOP AN OVERDOSE

TAKE THESE STEPS:

<p>1 CHECK FOR OVERDOSE</p> <p>Signs of overdosing:</p> <ul style="list-style-type: none"> ▪ Not breathing well ▪ Turning blue/gray ▪ Not reacting when you rub your knuckles on their chest 	<p>2 CALL 9-1-1</p> <ul style="list-style-type: none"> ▪ Call 9-1-1 ▪ Say "someone isn't breathing" and/or "I think it's an overdose" ▪ Stay until help arrives, even if they seem better* 	
<p>1 Check for overdose</p> <p>2 Call 9-1-1</p> <p>3 Give Narcan®</p> <p>4 Give breaths</p> <p>5 Stay until help arrives</p>		
<p>3 GIVE NARCAN®</p> <ul style="list-style-type: none"> ▪ Push pump only after tip is in nose ▪ Go to Step 4 ▪ If no response in 3 minutes, give another dose 	<p>4 GIVE BREATHS/CPR</p> <ul style="list-style-type: none"> ▪ Make sure mouth is clear ▪ Tilt head back, lift chin, pinch nose ▪ Give 1 breath every 5 seconds ▪ Try CPR if you've been trained 	<p>5 STAY UNTIL HELP ARRIVES</p> <ul style="list-style-type: none"> ▪ If breathing well, put on side ▪ If not breathing well, repeat Steps 3 and 4 ▪ Stay until help arrives*
	<p>MAKE SURE CHEST RISES WITH EACH BREATH.</p> 	<p>HAND SUPPORTS HEAD</p> <p>KNEE STOPS BODY FROM ROLLING ONTO STOMACH</p> 

Employee Benefits

What are the basic affordable benefits that I can offer employees who may be struggling with opioid addiction? How can I find additional resources to supplement what I can offer directly?

There are two main types of benefits that you can offer your employees: **comprehensive health benefits** that offer good coverage for SUD treatment and access to an Employee Assistance Program. The Mental Health Parity Acts of 1996 and 2008 require that benefits are comparable for medical and “mental” health treatment. Treatment includes medications and counseling which may occur in inpatient or outpatient settings. Chances are good that your insurance plan covers SUD treatment. However, employees (or their family members) may face challenges accessing what they need at the right time and in a way that works for them. Those who are struggling need to be able to access help immediately without delays caused by lack of access to providers or concerns about paying for treatment. If fears of what it will cost them would delay treatment, you might consider helping your employees pay for their share of these services (e.g., deductibles) and/or covering co-payments.

While early in the opioid epidemic, “the Florida cure,” and other “get-away” residential treatment centers were popular, there was little evidence to support these **expensive and unproven approaches** to treatment and recovery. In many cases, treatment and the early stages of recovery can be accomplished through out-patient treatment. During the pandemic, some insurers have been able to offer virtual and telephonic modalities for SUD treatment. For example, The **Hartford Companies offer “prescription digital therapeutic”** apps that combine a relevant prescription for addiction treatment with digital support that includes prompts and access to cognitive behavioral therapy.” Most important, employees should be advised that, unfortunately, there are many disreputable treatment providers and it’s important to get solid recommendations from medical providers before “checking in.”

Employee Assistance Programs (EAPs) are contracted services that can provide confidential assistance to help employees get appropriate referrals and support. Additionally, EAPs can help you establish agreements with employees who are entering treatment regarding the conditions for return to work. Not all EAPs are equally suited to your needs. The Substance Abuse and Mental Health Services Administration (SAMHSA) has provided **a set of questions** that you can ask companies providing EAP services to make sure that you are going to get a **valuable service**. Some employees may not trust that the EAP service is confidential. You may need to communicate to employees that you support them getting the help they need and coming back to work.

Your insurer should provide you with information that you can provide to your employees about what they cover and how to access services. SAMHSA’s **Treatment Locator** also can be accessed to find local or virtual treatment anywhere in the country. In the case where you must suspend health benefits for an employee, you help them contact public health agencies in your state that can help them access public benefits for SUD treatment.

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Appendix

Drug-Free Workplace Policy

(Enhanced) Drug-Free Workplace Policy

Model Medications Policy

Drugs of Concern

Drug-Free Workplace Policy

(This policy meets Federal Requirements for a Drug-Free Workplace)

1. **Drug-Free Workplace Policy:** Employees of [COMPANY/AGENCY] are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in accordance with the requirements of the Anti-Drug Abuse Act of 1988 (Public Law 100–690, 102 Stat. 4181).
 - a. **Violations:** Employees substantially in violation of this policy may be terminated or face other penalties. Continued employment may be contingent upon the satisfactory participation in a drug abuse assistance or rehabilitation program.
2. **Drug-free awareness program:** Upon hire, employees shall receive a copy of this policy and participate in training that covers:
 - a. The dangers of drugs in the workplace
 - b. [COMPANY/AGENCY’s] policy of maintaining a drug-free workplace
 - c. Available drug counseling, rehabilitation, and employee assistance programs
 - d. The penalties that may be imposed on employees for violations of the policy
3. **Required Notifications:** As a condition of employment, the employee will:
 - a. Abide by this policy
 - b. Notify [HR representative] of any criminal drug statute conviction for a violation occurring *in the workplace* no later than 5 days after the conviction

(Enhanced) Drug-Free Workplace Policy

[COMPANY/AGENCY] conducts four types of employee drug testing:

1. Post-Offer, Pre-Employment

[Applicants for employment are generally considered to have a lesser expectation of privacy than existing employees. Nevertheless, before testing an applicant the employer should first determine whether it has a legitimate business interest that outweighs the applicant's privacy interests. Furthermore, the employer should test only after a bona fide offer of employment has been made. If a position requires pre-employment drug testing, the advertisement for the position or the job application should say so.]

2. Reasonable Suspicion

[Drug testing of an existing employee is generally permitted where the employer has a reasonable suspicion that an employee is under the influence while at work. Signs of impairment could include bloodshot eyes, poor coordination, drowsiness, or odor. Employers should document the basis for testing a particular employee by filling out a reasonable suspicion checklist. It is a best practice to have at least two witnesses observe the employee and sign off on the checklist.]

3. Post-Accident/Injury

[Drug testing of an existing employee is generally permitted after the employee has been involved in a work-related accident or endures a work-related injury, but only where there is a reasonable possibility that the use of drugs or alcohol was a contributing factor to the reported accident or injury.]

4. Random

[Generally, random drug testing violates employees' privacy rights unless the position is safety-sensitive, e.g., it requires operating a vehicle or heavy machinery. Regardless of the level of testing implemented by an employer, testing should generally be conducted under specific policies and procedures that have been made known to applicants and employees. Ideally, employees subject to reasonable suspicion, post-accident/injury, or random testing should be provided with a copy of the employer's drug testing policies and procedures upon commencing employment or upon the implementation of a new or updated policy. Employers also should consider implementing within their policies procedural safeguards to mitigate the impact on employees and their privacy. These might include the following:

- Advance notification (for example, 30 days before implementing random testing)
- Doing all testing at a medical facility with privacy safeguards
- Providing employers only with "pass or fail" test results
- Retesting to confirm positives (split samples)
- Not terminating employees for first-time positives
- Offering employees assistance through Employee Assistance Programs
- Last Chance Agreements

Finally, employers should state in their testing policy that applicants and employees who lawfully use medication (including medical marijuana in states that permit its use) to treat a medical condition may request reasonable accommodations. However, there are no legal requirements to allow work time use of any medication that causes impairment.]

Model Medications Policy

Some substances taken for medical use, including those prescribed by licensed medical provider as well as over-the-counter medications, can cause impairment such as drowsiness, agitation, and reduced concentration. As a result, these drugs have the potential to negatively impact an employee's vigilance, judgment, and/or coordination leading to unsafe conditions for the employee and others on the worksite. Examples of medications that can compromise safety include opioids, tranquilizers, muscle relaxants, stimulants, and antihistamines. Additionally, some medications, especially psychotropic medications such as Abilify and Zyprexa, can make someone more susceptible to heat illness. A list of drugs of concern is attached to this policy.¹ The employee may use this list as a reference, however, drugs not listed may also be "of concern" and should be disclosed.

[COMPANY/AGENCY]'s Safety Policy requires that employees disclose use of prescribed and regularly taken over-the-counter medications or other substances that can potentially compromise safety or lead to susceptibility to heat illness. It is the policy of this company that no employee may operate machinery or otherwise carry out safety-sensitive duties while taking medications that cause drowsiness or otherwise compromise cognitive judgement and response.

The Company abides by the requirements of the Americans with Disability Act and will attempt to provide accommodations to all qualified disabled individuals who require such medications due to their disability. Employees with or without documented disabilities should provide a letter from their medical provider documenting the necessity for drugs of concern to be used during work hours. Employees returning to work following medical leave or surgery are required to submit a "fit for duty" letter from their medical provider that discloses all required medications. The employee must authorize [COMPANY/AGENCY] to communicate with the employee's medical or dental provider regarding job tasks, safety-sensitive duties, and medical conditions and treatment, including medications that can impact safety and performance. Information provided by the employee or their medical provider will be kept confidential and will only be provided to other employees of the Company on a need-to-know basis.

¹ A list of potential drugs of concern follows, however, you may wish to engage a Medical Review Officer to create a list for your company.

Drugs of Concern

Many common prescribed and over-the-counter medications can cause impairment such as slow reaction time, memory problems, hallucinations, difficulty in making decisions, fatigue, and drowsiness. If you are taking any of these medications, you should review their safety with your healthcare provider regarding your job tasks and conditions. This list is not comprehensive of all drugs of concern. Any medication that has a warning label related to any of the above examples of impairment should be considered a “drug of concern.”

Over the counter drugs that cause drowsiness

Benadryl diphenhydramine (allergy/antihistamine)
Unisom doxylamine (allergy/antihistamine)
Imodium loperamide (indigestion, constipation)
Any medications labeled “Nighttime” or “PM”

Muscle Relaxants

Flexeril cyclobenzaprine
Soma carisoprodol
Zanaflex tizanidine

Anti-Depressants/Anti-Anxiety/Insomnia

Benzodiazepines (any)
Ativan lorazepam
Valium diazepam
Xanax alprazolam
Trazodone
Lexapro escitalopram
Celexa citalopram
Paxil paroxetine
Prozac fluoxetine
Cymbalta duloxetine
Effexor venlafaxine
Elavil Amitriptyline
Pamelor nortriptyline

Migraine/Heart Conditions (Beta blockers)

Topamax Topiramate
Lopressor metoprolol
Coreg carvedilol
Zebeta bisoprolol
Inderal propranolol

Pain Relievers

Opioids/Opiates (any)
Tramadol
Actiq, Duragesic, Fentora fentanyl
Percodan oxycodone and aspirin
Percocet, Roxicet oxycodone and acetaminophen
Opana, Opana ER oxymorphone
Vicodin, Lortab, Norco Lorcet hydrocodone
OxyContin, OxyIR, Roxicodone oxycodone
Tylenol with codeine acetaminophen/codeine

Anti-Seizure

Tegretol/Tegretol XR/Carbatrol carbamazepine
Dilantin, Phenytek phenobarbital, phenytoin
Topamax topiramate
Depakene, Depakote valproic acid

Common psychotropic medications which can impair your response to heat (Trade Name generic name)

(Ohio Department of Mental Health)

Abilify aripiprazole
Asendin amoxapine
Artane trihexyphenidyl
Aventil, Pamelor nortriptyline
Clozaril clozapine
Cogentin benztropine
Compazine prochlorperazine
Desyrel trazodone
Elavil, Limbitrol,
Triavil amitriptyline
Eskalith, Lithobid,
Lithonate lithium
Geodon ziprasidone
Haldol haloperidol
Loxitane loxapine
Ludiomil maprotiline
Mellaril thioridazine
Moban molindone
Navane thiothixene
Norpramin desipramine
Phenergan promethazine
Prolixin fluphenazine
Risperdal risperidone
Serentil mesoridazine
Seroquel quetiapine
Sinequan doxepin
Stelazine trifluoperazine
Thorazine chlorpromazine
Tofranil imipramine
Trilafon perphenazine
Wellbutrin bupropion
Zyprexa olanzapi