



POSITION STATEMENT

The Occupational Health Nurse's (OHNs) Role in Addressing the Opioid Crisis

INTRODUCTION

Deaths attributed to drug overdose have reached crisis proportions with widespread opioid addiction and misuse contributing to a serious national public health crisis. Over 140,000 Americans died due to a drug overdose in the 12-month period ending in September 2021; over 75,000 of these deaths were attributed to opiates and a majority involved prescription opiate medications (American Association of Colleges of Nursing [AACN], 2022; National Institute on Drug Abuse [NIDA], 2021, Centers for Disease Control [CDC], 2021; The White House, 2022). Opioids include prescription pain relievers (e.g., hydrocodone, oxycodone, morphine, codeine), synthetic opioids (e.g., fentanyl, tramadol, methadone), and illicit drugs such as heroin (AACN; NIDA). They are highly addictive drugs used to treat moderate to severe pain and have increasingly been used to treat legitimate injuries and health conditions, including those occurring in the workplace (CDC). Prescription opioids are often misused, frequently leading to addiction and transition to heroin abuse. The impact of opiate use poses a significant challenge to the workplace environment, employers, and the Occupational Health Nurses (OHNs) who support workplace health and safety. OHNs are essential members of the workplace health and safety team and are ideal agents to actively lead the efforts to reduce the impact of opioids within the workplace and greater community. Their unique education, training and expertise enable them to collaborate with other agencies using a multifaceted approach to impact opioid morbidity and mortality.

The American Association of Occupational Health Nurses (AAOHN) joins the American Nurses Association (ANA) and the American Association of Colleges of Nursing (AACN) acknowledging the critical role nurses play in addressing prescription drug abuse and addiction, as well as the multifaceted approach necessary to impact this epidemic by reducing opioid morbidity and mortality. Occupational Health Nurses (OHNs) are well-positioned to lead workplace efforts and advocate for the community by ensuring workplaces are safe and support the health of employees, their families, and the businesses they serve.

RATIONALE

Opioids have become the leading cause of injury and death in the United States (US) despite efforts to curb the upward trends in morbidity and mortality (CDC; The White House, 2017). Prescription opioid sales have surged and contribute to abuse, misuse, and diversion, affecting social and economic welfare as well as public health (NIDA; Randolph, 2017). The economic burden results from costs related to health care, lost productivity, addiction treatment, and criminal justice involvement (Hodge, Wetter & Noe, 2017; NIDA).

The public health crisis resulting from opioid use and abuse has resulted in bipartisan legislative action on a grand level, including federal, state, local and private sector efforts to collectively save lives. In an effort to combat the opioid epidemic the United States Department of Health and Human Services Office of the Inspector General (USDHHS OIG, 2022) established priorities to leverage the expertise and combined resources of

various agencies in a strategic and coordinated manner. These public health, private sector, and political initiatives have resulted in partnerships and action collaboratives aimed at addressing this crisis (AACN; ANA, 2018; CDC; National Academy of Sciences, 2022; The White House, 2015, 2017, 2022; Randolph; USDHHS OIG). These collective strategies include:

- recognizing that opioids are inherently dangerous, highly addictive drugs with significant abuse potential,
- implementing primary prevention programs that raise awareness about the problem through educational initiatives (aimed at the general public and healthcare providers),
- implementing programs to monitor for opioid use, screen for abuse and comorbidities, prevent inappropriate access to prescription opioids, and facilitate referrals for treatment and recovery,
- improving and standardizing safe prescribing practices across healthcare provider groups based on guidelines that detail consideration of other treatment modalities, setting realistic functional and pain management goals, assessment and discussion of potential risks and side effects, and prescribing of/ or early referral to medication assisted treatment and recovery services,
- removing barriers to treatment by increasing access to harm reduction services, making sure recovery support services and medication-assisted treatment programs are widely available and accessible (institute standing orders and procedures that allow rapid treatment of opioid overdose and increased access to naloxone in the workplace, community centers, and homes for family, friends, and caregivers of known chronic opioid users),
- taking action to advance prevention, detection, and enforcement of fraud, waste, and abuse to ensure quality care and treatment for those in need of services,
- identifying opportunities to

improve efficiency and effectiveness of programs, ensuring those engaged in fraud are held accountable,

- promoting research and evidence-informed methods to improve the health and safety of communities by ensuring equitable access to services without stigma, and
- empowering and collaborating with partners through data sharing and education.

The opioid crisis poses a unique challenge for employers with the potential for significant impact in the workplace. Evidence demonstrates serious risks to employees and substantial costs for employers (National Safety Council (NSC), 2015). Challenges unique to opioid use in the workplace include (NSC):

- health and safety risks,
- increased costs related to healthcare (overdose and addiction prevention, harm reduction, treatment, and recovery),
- increased costs related to benefits such as disability, workers' compensation, and employee assistance programs (EAPs), and
- impact on productivity.

Valid, legal use of a prescription opioid for a legitimate work or non-work-related condition has the potential to quickly turn to addiction that can negatively impact work performance, place an employee at risk for injury, and provide a gateway to potentially illegal activities. Workers who use opioid painkillers for more than a week to treat on-the-job injuries have double the risk of being disabled one year later (NSC). Furthermore, it is more difficult to detect opioid use in the workplace than other drugs such as alcohol or marijuana, making it difficult for employers and workplace health clinicians to make the connection between performance and attendance, and drug use. The National Safety Council is calling on employers to develop workplace policies regarding the use of opioid prescription painkillers to help protect injured workers and mitigate liability, stating that "employers have a moral and legal responsibility to protect employees".

A multifaceted approach is necessary to reduce opioid morbidity and mortality

(Kolodny, et al., 2015). OHNs are skilled in assessing, diagnosing, and managing workers who are at risk for injury or addiction related to opioid use. They are well-positioned to lead workplace injury prevention efforts (both opioid and non-opioid related), as well as efforts to prevent dependence, overdose, and death. As trusted healthcare providers, OHNs are able to remove barriers to treatment by screening workers, initiating treatment, connecting them with support services, and making recommendations for workplace overdose care and prevention programs. OHNs should be actively involved in workplaces, collaborating with employers to (Canadian Centre for Occupational Health and Safety, 2022; Higgins & Simons, 2018; Wong, 2017):

- create and implement educational initiatives, screening, and prevention programs and encourage employees to discuss alternate options for pain control with their healthcare providers,
- review existing policies and/or implement drug free workplace programs and policies that address drug use, testing, and disciplinary actions, the circumstances leading to them, and drug testing procedures (testing should include screening for synthetic and non-synthetic opioids),
- provide a mechanism for employees to report when they feel impaired, or if they suspect impairment in others,
- evaluate potential legal implications when considering drug testing procedures and ensure compliance with Americans with Disabilities Act (ADA) laws and regulation to avoid disability discrimination claims,
- ensure that benefit carriers and workers' compensation carriers have conservative programs for use of prescription opioids, opioid/prescription benefit management programs to identify and prevent prescription medication abuse, and Employee Assistance Programs (EAPs) to help employees avoid or address dependence or addiction,
- advocate for improved job

security, employee benefits such as paid sick leave, access to services such as physical or massage therapy and other similar non-opiate pain management modalities, gradual "return to work" programs to enable proper recuperation and time off for appropriate treatment, and

- implement appropriate first aid training with availability of naloxone as part of the workplace first aid response program.

Additionally, OHN case management should ensure collaboration among the prescribing provider and the worker regarding safe job performance and alternative treatment regimens to facilitate appropriate return to work, rather than reliance on opiates to facilitate rapid return to work (Randolph).

Educational initiatives should involve OHNs and target workers, support personnel, and management. Topics should include the following (Randolph):

- safe use of prescription opioids, including not sharing medications with friends and relatives,
- risk of dependency and addiction,
- sources of assistance (e.g., EAPs and quality community addiction programs that utilize evidence-based treatment regimens),
- opioid safety at home (e.g., secure storage of medications, appropriate disposal of unused opioids, avoidance of mixing medications with alcohol, sedatives, or other psychotherapeutic medications, and availability of opiate reversal medication naloxone),
- signs of dependency and opioid misuse (e.g., drowsiness, problematic attendance, depression, concentration problems, anxiety, and mood swings), and
- training for managers focused on identifying impaired employees and recognizing signs of dependence and opioid misuse.

CONCLUSION

OHNs are well positioned to lead the efforts in the fight against opioid use, misuse, dependence, and overdose. They are able to provide employee training, deliver education, identify and address opioid use and abuse in the workplace while ensuring confidentiality, and advocate for comprehensive corporate policy making, drug testing, and benefit programs. AAOHN is working in partnership with other occupational health, public health, and nursing organizations to create a multifaceted approach to reduce opioid morbidity and mortality. AAOHN recognizes the need for OHNs to be actively involved in their workplaces, and is providing information and resources (e.g., educational initiatives, governmental advocacy, and policy implementation) to support OHNs in promoting a safe work environment for themselves, workers, employers, and their families.

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