

# DELAWARE CONSTRUCTION INDUSTRY EMPLOYER OVERDOSE PREVENTION TOOLKIT

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## Executive Summary

In October 2017, the United States declared a nationwide public health emergency in response to a sharp increase in substance misuse and substance-related overdoses. Today, the nation faces the significant emotional, social, physical, and financial impacts of this epidemic. States, localities, employers, and industry and community leaders report the significant impact of the crisis, including:

- » Safety
- » Absenteeism
- » Productivity
- » Hiring and Retention
- » Health Care Spending

The Delaware Division of Public Health (DPH) manages several substance-related initiatives, including one focused on the Delaware industries most impacted by overdose. According to the report on “Drug Overdose Mortality Surveillance” published in 2019 (<https://www.dhss.delaware.gov/dhss/dph/files/dedrugoverdosemortsurvprt2017.pdf>), the top two occupational industries for men who died of a drug overdose were the construction industry and the installation, maintenance, and repair industry (“construction industry” will be used to capture all the noted industries throughout this report).<sup>1</sup> In addition, the Centers for Disease Control and Prevention (CDC) recently released findings showing the number of overdoses our state is experiencing continues to increase at a rapid pace. Data released by the CDC in March 2020 indicates that Delaware is now ranked second in the nation for per-capita drug overdose rates.<sup>2</sup>

## What are opioids?

Opioids are a class of drug that includes prescription painkillers, heroin, and fentanyl. Prescription opioids are a widely used method of treating pain, but research has shown in many cases that these medications are less effective than non-opioid treatments. When used, opioids (including prescription opioids) present a risk for dependence, development of an opioid use disorder (OUD), and fatal overdose.

<sup>1</sup><https://www.dhss.delaware.gov/dhss/dph/files/dedrugoverdosemortsurvprt2017.pdf>

<sup>2</sup> <https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2018.html>



Delaware construction companies play an important role in promoting, protecting, and supporting the health and safety of their employees and their families. There are many ways that employers can support employees or their loved ones facing the challenges of the opioid crisis, while also positively impacting their business. Prevention, intervention, treatment, and recovery strategies can all have a significant impact on minimizing the risks associated with substance use.

### More Information About Prevention, Intervention, Treatment, and Recovery

<p><b>Prevention</b> involves measures to avoid misuse and dependence by reducing medical and nonmedical exposure to substances.</p>	<p><b>Intervention</b> involves steps employers can take to minimize risks and mitigate serious outcomes.</p>	<p><b>Treatment</b> involves diagnosis and professional treatment of individuals diagnosed with an OUD. Since OUD is a chronic disease, the goal of treatment is a remission of symptoms.</p>	<p><b>Recovery</b> for a person with chronic disease involves active, ongoing self-management that often requires the help of biological, psychological, and social supports.</p>
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DPH commissioned this toolkit as a guide for construction employers interested in addressing substance use, including opioid use, in their workplace. This document, intended to provide information, education, and best-practice recommendations, was developed to correspond to a point in time in Delaware (2020–2021). DPH will work to keep this toolkit updated with additional resources and information, and feedback on this toolkit is welcomed. Please reach out to DPH’s Office of Health Crisis Response at [OHCR@delaware.gov](mailto:OHCR@delaware.gov) with any questions and/or feedback on how to improve the toolkit moving forward.

For more general information about understanding addiction, substances, and the available resources in Delaware, please visit [HelpsHereDE.com/Understanding-Addiction#intro](https://HelpsHereDE.com/Understanding-Addiction#intro).



# How to Use This Toolkit

Companies are encouraged to consider how they can help employees and our communities battle this drug crisis using this toolkit as a resource. Delaware’s construction industry will benefit from more champions who promote discussion and actions to reduce substance use risks. As industry leaders, you play a crucial role in saving lives through the adoption of workplace policies, training, and practices (for example, regular awareness building and educational communications) that promote substance-use-related safety.

## Note to Toolkit Users:

In order to make this document user friendly, the word “you” is used to refer to a company. As you read and use this toolkit, we suggest you consider the information and implications for the company where you are employed as well as the role in the company.

## Why Should I Use This Toolkit?

- » **Employers who take a proactive approach to OUD will be best positioned to achieve optimal employee health outcomes.**
- » **Improved employee wellness can improve productivity and business.**
- » **Outdated workplace policies and culture can contribute to stigma.**
- » **Addressing substance-related issues in the workplace is new to many employers. Strategies and interventions should be based on facts and science.**

Delaware construction employers may choose to work on key recommendations in this toolkit individually, consecutively, or several at a time. This decision is unique to your workplace and will depend on your company’s specific needs and internal capacities.

**The National Safety Council offers sample planning guides (e.g., month-by-month plan and timeline) to help employers to get started. Access these and other resources [here](#).**



## Toolkit Modules

As introduced above, this toolkit contains several modules covering specific aspects of how employers can address the opioid crisis in their workplaces. While it is recommended that you review the full toolkit, we also recognize that particular modules might be best suited for certain stakeholders, based on their role within the organization. With that in mind, you can use the following links to navigate to particular modules within the toolkit, based on your interests and needs:

» [Module I](#): Leadership Commitment and Planning

» [Module II](#): Develop and Implement the Plan

» [Module III](#): Sustaining and Keeping Your Program Current

» [Appendices](#): Additional Information and Resources



# Module I: Leadership Commitment and Planning

## Getting Started

Employers with strong workplace policies, robust employee education, strong health benefit programs, a healthy workplace culture, and well-trained managers create a safe work environment in which both employees and businesses thrive. The workplace is a key environment for reaching employees, their families, and our communities to help prevent further substance misuse, addiction, and overdose, and to support those already affected. Employers are in a unique position to raise awareness, provide information and resources, and reduce the stigma involved with substance use, all of which are key to preventing unintentional overdoses.

Champions and advocates are important in changing perceptions about people with substance use disorders. They can impact communities, institutions, and workplaces, but most importantly, they change lives. DPH commissioned the production of this brief video to share a story of hope. It also proves that second chances and understanding can lead to great outcomes, including thriving businesses. Many thanks to Jason Tull, owner of J.W. Tull Contracting Services, LLC, for sharing his remarkable and inspiring journey.

### CONSIDER:

Who might be a champion and advocate within your communities?

Are there folks who might be willing to share their stories of recovery?

How can you empower them to provide support and hope to others who may be impacted by addiction and OUD?



[See Jason Tull's video here.](#)





## Benefits of a Smart Workplace Substance Use Approach

There are many ways employers can support employees facing the challenges of substance misuse and positively impact their business. The benefits of taking these approaches include the following:

### » Reduce overdose deaths

Saving lives and reducing overdoses is a collective effort and everyone's goal.

### » Promote safety; reduce injury and employer risk

Work-site safety is key for all employers and employees, especially those in the construction and maintenance industries. Reducing injury positively impacts everyone, and one way to promote safety is to reduce the incidence of substance use and misuse. For employers, these safety measures can reduce the impact of workers' compensation payments, medical expenses, legal fees, training replacement employees, lost productivity, and expenditures associated with lower employee morale and absenteeism when a worker has an on-the-job injury or fatality.

### » Address absenteeism, reduced productivity, and retention issues; control employer cost

Researchers estimate that each construction industry worker with an untreated substance use disorder costs their employer \$6,800 per year in excess healthcare expenses, absenteeism, and turnover costs.<sup>1</sup> People struggling with opioid addiction miss nearly 50% more work than the general workforce.<sup>3</sup> Further, healthcare costs for employees who misuse prescription drugs are three times higher than those for an average employee.<sup>3</sup> In comparison, workers in recovery average 10% fewer missed workdays than the general workforce and have 8% less turnover.<sup>4</sup> Improved productivity levels and reductions in cost are possible once a worker's addiction is treated.

Nationally, an estimated 15.1% of construction workers use drugs in ways other than their intended use, and the costs to the industry have been significant, in terms of both human casualties and added costs.<sup>5</sup> A construction company that employs 100 people and happens to be located in a state that is particularly hard hit by opioid use, like Delaware, can expect to spend an average of nearly \$41,000 extra per year due to opioid addiction.<sup>6</sup>

### CONSIDER:

How much does the opioid epidemic and addiction impact your business?

What are some of the benefits of undertaking some of these strategies for your employees, your bottom line, and your communities?

<sup>1</sup> <https://www.dhss.delaware.gov/dhss/dph/files/dedrugoverdosemortsurvprpt2017.pdf>

<sup>2</sup> B2B International (2017, January) National Employer Survey Prescription Drugs & The US Workforce [PowerPoint Slides]. Retrieved from <https://slideplayer.com/slide/11914339/>

<sup>3</sup> <https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2018.html>

<sup>4</sup> Ibid.

<sup>5</sup> Cowin, L. **The opioid crisis: The construction industry's simmering threat.** [Construction Dive.](#)

<sup>6</sup> Ibid.





## Key Action Items

If you are part of a leadership team interested in addressing substance misuse and addiction among your employees, their families, and the community you support, there are several key action items that you can encourage your company to engage in. You can begin by convening the key company management leaders, including folks who are focused on human resources, legal, and training/safety issues, to:

- » **Discuss the impact of substance misuse within your workplace.** Do you have a shared agreement that this is an issue within your company? If not, what information do you need as a group to determine the extent of the issue?
- » **Develop a shared understanding of the impact of substance misuse within your workplace.** How can this understanding be communicated to employees to raise awareness and reduce stigma about the issue?
- » **Commit to a change process that will address substance misuse issues within your company, including substance misuse and associated risks.** Use the strategies and plans in the subsequent modules to guide the plan for this change process.
- » **Develop a timeline or workplan for achieving the shared goals for the change process.**
- » **Identify a small working team to oversee the workplace approach on an ongoing basis and assign responsibilities.** This working team should include staff from multiple levels, including the leadership team as well as middle management and frontline staff. They will be responsible for carrying out the work, with clear expectations for reporting back to the leadership group on progress to date and barriers encountered.
- » **Consider a Company Resolution, which is described in more detail in the callout box to the right.**

### TAKE A STAND: COMPANY RESOLUTION

A company or organization can release its own resolution to spell out how it plans to address the issues related to opioid misuse for its employees. This type of public and shared statement of intent helps to build broad, companywide awareness of and support for the work, and can help to reduce stigma around the issue. Your resolution and plan should be shared with employees, clients, and industry partners, and posted on your company's website. As is the case with a New Year's resolution, if it's written down, your chances of fulfilling it are improved.

See [Appendix B](#) for an example resolution.



## Role-Specific Resources and Supplemental Information

Visit the following link, as applicable to your role within your company, to learn more about what you can do to address the opioid epidemic and its impact on your company and the industry: <https://www.nsc.org/pages/prescription-drug-employer-kit>. On this page, you'll find tabs specific to identified roles within your company, which include a range of documents, videos, and other educational materials specific to:

» Human Resources

» Safety Professionals

» Supervisors

» Employee Education

## Key Module Outcomes

As a result of the activities outlined in this module, toolkit users should accomplish the following within their own organizations:

- » **Leadership commits to implementing a strategy to improve response to the substance risks facing all employees.**

Resource: See an example of a [12-month implementation guide](#) for employers from the National Safety Council.

- » **Working team is selected and has assigned tasks that are SMART** (Specific, Measurable, Achievable, Relevant, and Time-Bound).

- » **The leadership team and working team agree on a process and frequency for leadership meetings, during which the working team updates the leadership and key decisions are made.**

- » **The leadership team develops and releases a Company Resolution related to addressing the impact of substance use disorder within the workplace.**



# Module II: Develop and Implement the Plan

Once the company's leadership team has committed to this work and identified the working team with assigned responsibilities, the next step involves developing a plan of action. This will require input and rigorous review before the plan is put into action.

## Key Action Items for Getting Started

Here are the primary steps for developing a plan of action:

- » Convene the working team and confirm responsibilities of each member.
- » Set a regular meeting schedule for the working team.
- » Solicit input from a diverse range of sources and people from within the organization.
  - You can also incorporate an Employee Engagement Survey, like the one developed [here](#), related to your organization's substance policies and practices. This will help you to better understand how your employees view your existing programs.
- » Develop an inventory or assessment of what your company has in place or is already doing related to addressing substance use and substances in the workplace.
- » Assess the effectiveness of your company's existing strategies and policies to determine what you want to continue, and what new approaches you'd like to take.
- » Develop a draft plan that contains key strategies your company will focus on, as well as action steps and responsible people for engaging in each.

**Here are some key areas to consider including in your plan, each of which is explained in more detail below:**

- ✔ Education/Training
- ✔ Human Resources: Policies, Employee Assistance Program (EAP), and Benefits
- ✔ Employee Awareness Campaigns
- ✔ Workplace Naloxone Training and Program
- ✔ Community Partnership and Resource Development
- ✔ Data



## Education/Training

While all employees can benefit from training, this may be an unreasonable burden for your company. Input from Delaware construction industry leaders highlighted **supervisor training** as an efficient approach for rolling out a substance use training program. In this way, employers can train a smaller group, but the impact of the training is much broader, as supervisors train and support those they are supervising.

- The National Safety Council has a number of educational materials that can be used to train supervisors, [here](#).
- The Center for Construction Research and Training and North America’s Building Trades Unions (NABTU) also have an Opioid Awareness Training Program (including a PowerPoint presentation and Facilitator Guide) designed for employees at all levels, [here](#).
- If you would like additional support providing training to your employees on issues related to substance misuse, email the Office of Health Crisis Response at [OHCR@delaware.gov](mailto:OHCR@delaware.gov).

**Overall, employers should consider training supervisors on the following topics:**

- » Opioid use disorder — a brain disorder
- » Substance misuse signs and symptoms
- » Responding to a substance-impairment-related crisis
- » Confidentiality and substance use
- » Naloxone training and work-site naloxone programs
- » Finding community substance misuse and substance treatment and support services in Delaware

The Delaware DPH conducted a survey of construction companies in the summer of 2020, which informed these education and training recommendations. **The responses from your colleagues revealed the following about training in the construction industry:**

**50%**  
of companies who responded currently provide substance-misuse-related training in the workplace.

**69%** of these would like to expand this training.



In addition to drug-free workplace training (which the vast majority of respondents who provide training already offer), respondents indicated interest in the following training topics:

- » Recognizing and Addressing Suspected Substance Use/Misuse
- » Opioids/Prescription Drug Abuse
- » Alcohol and Drug Addiction
- » Treatment Access: How to Get Help
- » Naloxone Training

**Among the companies *not currently offering education*, 64% are interested in implementing training.**

The training topics garnering most interest among those not currently providing any training included:

- » Drug-Free Workplace
- » Opioids/Prescription Drug Abuse
- » Prevention of Substance Misuse
- » How to Support/Maintain Recovery
- » Alcohol and Drug Addiction
- » Treatment Access: How to Get Help

Additionally, in terms of modes of communicating with their team and how to deliver training, our survey found:

- » Most companies said their main communication approach with employees is through email and printed materials.
- » On-demand e-learning and in-person training are preferred modes of education and training.

Lastly, while few companies currently train their employees on overdose response and naloxone administration or have a workplace naloxone program, nearly 50% expressed interest in this as a training topic.



In addition, Delaware construction industry leaders identified two important components to incorporate into an education/training curriculum for supervisors in particular:

- » **Train supervisors to know the action steps when they suspect an employee is impaired at work.** It is important that supervisors are trained not to assume the cause of impairment, while addressing the issue quickly to ensure the safety of all employees in the workplace.
  
- » **Training should include preparing supervisors to:**
  - **Identify behaviors and/or signs** that may indicate a person is struggling with addiction or substance misuse. These might include things like increased absences, declining job performance, physical health issues, decline of personal hygiene and appearance, or other erratic behaviors (though it is important to note that each individual is unique, so there is no “one size fits all” substance use disorder).<sup>1</sup>
  - **Administer naloxone** in the event of an overdose on a job site. Naloxone, generic for Narcan, is an opioid overdose reversal medication used to save lives.
  
- » **Address the issue quickly and confidently when a supervisor suspects an employee is misusing substances.** It is not the role of the supervisor or employer to diagnose a possible substance use disorder, but a supervisor may be in a position to notice signs that may point to an employee experiencing substance misuse, even if they are not impaired or “using” while at work.<sup>2</sup> This includes preparing supervisors to:
  - **Develop supervisory communication skills** to better address concerns with employees (about substance misuse and other types of impairment) in a sensitive and respectful way that opens the door for an employee to discuss these concerns and get the help they need.
  - **Direct people to where they can get help** for themselves or loved ones. Getting information into the hands of employees can go a long way in helping their loved ones and community. Anyone can go to Delaware’s statewide access point for treatment information, [HelpsHereDE.com/Treatment#Get-Help](https://www.HelpsHereDE.com/Treatment#Get-Help), or call the Delaware Hope Line at 833-9-HOPEDE.
  - **Support employees in recovery**, including those currently participating in substance use treatment, while minimizing any associated stigma on the job site and team.

<sup>1</sup> <https://www.corporatewellnessmagazine.com/article/employees-alcohol-and-drug-addiction-is-impacting-their-job>

<sup>2</sup> Eliminating Preventable Deaths, National Safety Council, [nsc.org/opioidsatwork](https://www.nsc.org/opioidsatwork)



## Workplace Education Tools

Once supervisors are trained, they are key messengers in promoting broader employee education and awareness through the following education strategies:

- » **Toolbox Talks** — Many sites already use Toolbox Talks to conduct training on OSHA requirements, etc., and this approach can be used to provide training, education, and resources to employees on substance misuse as well. We suggest scheduling quarterly substance-related Safety Talks with the teams on the job site, which can include videos and other educational materials on impairment and substance use and misuse (see **Appendix C** for more guidance on Toolkit Talks). You could also consider bringing in a local organization to do a brown bag lunch or Q&A session with employees.
- » **Internal Communications** — Send **brief flyers and information videos** related to the topic of substances directly to your employees by email or text, such as those in **Appendix D**. You can also download and order hard copies of available educational materials on the Help Is Here DE website: [HelpsHereDE.com/Health-Care-Providers/Marketing-Materials](https://www.helpisherede.com/Health-Care-Providers/Marketing-Materials).
- » Targeted **education on the company's substance resources**; — Share reminders on how to access the employee assistance program and other support available to HR.

## Human Resources: Policies, Employee Assistance Program and Health Care Benefits

### POLICIES AND DRUG-FREE WORKPLACE PROGRAMS

Human resource departments have a critical role to play in establishing and supporting the implementation of workplace policies and practices that protect employees and the company from risk, injury, and liability.

A well-designed drug-free workplace program (DFWP) policy protects both employers and employees from harm when workplace substance-related issues occur. These policies should include information related to prevention, detection, and treatment components, for example:

- Clear overview of rules related to drugs and alcohol, which clearly indicates that all employees are prohibited from manufacturing, cultivating, distributing, dispensing, possessing or using illegal drugs at all times. Employees also are prohibited from having any such illegal or unauthorized controlled substances in their system while at work.





## EMPLOYER POLICIES CAN SUPPORT RECOVERY

When an employee has an opportunity to seek help and, in turn, keep his or her job, both the employee and the employer are grateful and loyal. Employees understand the need for workplace safety and full productivity. The employer's message needs to combine firm enforcement of prescription drug use policies with [a shared sense of] "there are programs available here to help you."

— From "The Proactive Role Employers Can Take: Opioids in the Workplace" by the National Safety Council, which can be found [here](#).

- » **Drug testing**, which is often used in a range of situations, including informing pre-employment hiring decisions, investigation after workplace incidents, and addressing reasonable suspicion of illicit drug use, as well as to comply with federal, state, municipal, or union regulations. It may also be used as part of a return-to-work agreement when employees are in treatment for a substance or substance use disorder. Drug testing policies must be made in consultation with an attorney or legal counsel to ensure compliance with federal, state, and municipal regulations. The DFWP must define when drug testing will occur, what substances will be tested for, what type of test will be used, and how the results of those tests will be addressed with the individual.
- » **Employee training and other resources**, can include educating employees where and how to access resources.
- » **In addition, you should consult with your legal team to make sure your DFWP policy:**
  - Safeguards employee **confidentiality**
  - **Complies with federal, state, and local regulations**, including but not limited to OSHA, the Americans with Disabilities Act, the Mental Health Parity Act, and HIPAA
  - **Complies with union and industry regulations**
- » **Gathering input from various company employees is an important part of developing an effective DFWP policy.** Your HR team should **conduct a policy review process** to gather input from a team with representatives of company leadership, supervisors, safety professionals, and employees. HR can then incorporate relevant feedback before the new drug-free workplace policy undergoes legal review. You should also review and update the DFWP regularly (e.g., annually)

**For a sample DFWP policy from the Construction Coalition for a Drug- and Alcohol-Free Workplace, visit this link: [http://www.drugfreeconstruction.org/wp-content/uploads/2018/05/2018\\_Model\\_Substance\\_Abuse\\_Policy.pdf](http://www.drugfreeconstruction.org/wp-content/uploads/2018/05/2018_Model_Substance_Abuse_Policy.pdf).**



» **Implement your DFWP Policy:**

- **Educate:** Host an educational session about the policy with all supervisors. It is important to ensure adequate time during the session for questions and answers, and to make sure everyone understands the policy and its intent.
- **Share:** Provide all employees with a copy of the drug-free workplace policy. Work to establish a private email account so that employees can send confidential concerns directly to the implementation team, with no fear of retribution. Remember, open communication is essential to obtaining and maintaining employee buy-in.
- **Promote:** Host a town hall meeting to answer employee questions. Highlight the fact that the company is moving toward a recovery-friendly workplace culture — one that values safety and treats substance use disorders as a chronic disease rather than a decision or moral failure.

For more guidance, see this document on Developing a Drug-Free Workplace Program, from the National Safety Council, [here](#).

**Other topics around which clear policies might be helpful include:**

- » Policies that support managers to assist employees in **finding and accessing treatment and recovery support** in the community.
- » Policies related to **returning to work** after the individual has addressed their addiction and is in recovery, including clear guidelines related to the agency's DFWP policy.

**In addition to policies, HR departments should consider incorporating the following strategies:**

- » When hiring, if the interviewee reveals a history of substance misuse and/or that they are in recovery, acknowledge this disclosure no differently than you would the disclosure of other medical conditions.
- » Establish clear policies and protocols for addressing and documenting incidences of suspected workplace substance-related impairment.
- » Evaluate and possibly revise paid time/sick time/leave of absence policies to better support employees in recovery.



## Employee Assistance Programs (EAP) and Healthcare Benefits

Employee assistance programs (EAPs) are another approach that employers have used to support workers. These programs typically offer a range of services and support, including those to address personal or emotional problems, such as substance use disorders, that are interfering with job performance. Services may include evaluations related to health and substance use, short-term counseling, referrals to treatment and support services, and follow-up services designed to improve overall employee well-being, morale, and productivity, while reducing absenteeism among employees.<sup>1</sup> EAPs can be a great resource for employees seeking quick and easy access to help dealing with personal issues, such as concerns with substance misuse. EAPs are often available 24 hours a day, 365 days per year.

If your company doesn't already have an EAP, consider whether offering one as part of your benefits package is feasible. If you offer health insurance, often an EAP is a low-cost add-on that you can work with your insurer to include in your package. Research shows that EAPs can return up to three times their cost in savings related to attendance, productivity, life satisfaction, life/work balance, and overall performance.<sup>2</sup>

If you do have an EAP, you should always encourage employees to use it, and make sure they know how to use it. The national average for utilization of EAPs is only 3%,<sup>3</sup> indicating this is a resource that is underutilized, even when it is offered.

Regardless of whether you offer an EAP, your company's employee insurance program(s) should have adequate services and resources to support individuals impacted by addiction.

- » Coverage of **alternative pain management** options (acupuncture, physical therapy, chiropractic care, etc.) at the same cost as pharmaceutical options, with flexible end dates for coverage.
- » Coverage that includes **all levels and types of treatments for opioid use disorder (OUD)**, including but not limited to all three forms of FDA-approved medications for medication-assisted treatment (methadone, buprenorphine, and naltrexone), also known as MAT; behavioral health interventions and programs; inpatient and outpatient services; detoxification services; and more.<sup>4</sup> The requirement for prior authorization should be removed when possible. In addition, as everyone's journey through treatment and recovery will take different amounts of time, coverage should not be limited to an arbitrary duration.
- » Insurance companies are starting to leverage pharmacy lock-in programs, utilization-management tools, and other emerging technological and analytical tools to reduce access to unnecessary opioid prescriptions and identify employees who are showing signs of early substance misuse. Through these tools, your insurer can be a key resource in helping to **identify employees who are at risk of addiction and connect them with the resources and support** that they need.

<sup>1</sup> [https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WorkforceOpioids\\_LitReview\\_508.pdf](https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WorkforceOpioids_LitReview_508.pdf)

<sup>2</sup> <https://www.nahb.org/-/media/NAHB/advocacy/docs/industry-issues/opioid-resource-page/supervisors-training-return-to-work.pdf>

<sup>3</sup> Ibid.

<sup>4</sup> <https://www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat>



If your company doesn't have an EAP and you are unable to offer one at this time, there are other resources you can share with your employees to help them connect to needed resources in Delaware. For example, employees can access available resources from the Help Is Here Delaware website, [here](#), or by calling the free, 24/7 Delaware Hope Line at 833-9-HOPEDE to receive counseling, coaching, and therapy, as well as links to mental health, addiction, and crisis services.

### Employee Awareness Campaigns

Employers play a central role in the promotion of workplace wellness and safety, which includes developing a culture of knowledge and awareness around the impact and stigma associated with substance and substance use disorders. This starts with consistent messaging to your community, customers, and workers that your company supports people in recovery from opioid addiction and values its commitment to wellness and recovery as a strength.

Delaware has a robust campaign to promote community awareness of the state's opioid crisis and resources to help all Delawareans. These messages are being distributed through the Help Is Here website, [here](#), which also has an associated Facebook page through which they distribute their substance messaging campaign information, [here](#). After "liking" or "following" the Facebook page, you will receive updates as resources are developed and shared, and you can easily "reshare" them with your network through this social media platform.

In general, there are a few things to consider related to employee awareness campaigns, including:

- » Messages should be **brief and easy to understand** for individuals with varying familiarity with substances and addiction. In general, more frequent, shorter communications (e.g., text messages with links to more information) are preferred.
- » The campaign should include **frequent substance-specific messaging** in employee communications materials, such as newsletters, emails, and staff meetings.
- » An easy way to disseminate education is to **post informational flyers** in common spaces. See [Appendix D](#) for an example.
- » As noted above, our recent survey of construction companies endorsed **messaging through email and printed materials** (e.g., posters on work site, flyer accompanying paychecks, other).
- » When employees and leaders are willing, they can **share their own stories of recovery** in order to lessen the stigma and connect with individuals who might be experiencing similar issues.



## Workplace Naloxone Training and Program

Naloxone, sometimes known as its brand name, Narcan, is a very effective drug for reversing opioid overdoses. Because there is a risk of opioid overdoses occurring in workplaces, especially in industries like construction that are being hit the hardest by the opioid epidemic, employers should consider implementing a program to make naloxone (and training about how to use it) available in the workplace, in the event of an overdose.

DPH conducted three round table discussions with Delaware construction industry leaders during 2019–2020, during which some expressed concern about possible company liability around implementing a workplace naloxone program—specifically, having naloxone in the workplace and on job sites. Their concerns centered on potential legal liabilities if an incident occurred, regardless of the outcome, as well as how workplace naloxone might impact, if at all, their commercial liability insurance policy coverage. The Society for Human Resource Management (SHRM) recommends the following strategies to help you implement a workplace naloxone program with minimal liability.<sup>1</sup>

- » Become familiar with Delaware’s laws related to employer naloxone administration and liability (Find more information on the next page about the Good Samaritan Law and Delaware’s Standing Orders).
- » Integrate overdose response and naloxone administration into your overall workplace safety program.
- » Keep naloxone in a secure location (i.e., with your AED and first-aid/medical kit), with access limited to designated, trained staff.
- » Ensure that, regardless of whether naloxone is administered in response to a suspected overdose, you **call 9-1-1 immediately** as part of your response. After someone has been administered naloxone, he or she should still seek medical attention.

There are two primary components that a workplace naloxone program might include: (1) employee training on how to recognize and respond to an overdose, and (2) making naloxone available in the workplace and on job sites (i.e., putting it with the first-aid kit or AED on your work site). Employers can decide to do one or both of these components.

### CHAMPION: EDiS COMPANY

EDiS is an example of how champions make all the difference.

EDiS CEO Brian DiSabatino and his team implemented a workplace naloxone program starting in 2018 to train supervisors how to administer naloxone as well as place naloxone kits on work sites.

<sup>1</sup> <https://www.shrm.org/resourcesandtools/legal-and-compliance/employment-law/pages/employers-naloxone.aspx>



Regardless of which components you decide to put in place, Delaware has a few important things in place to support overdose response, including:

- » **The Good Samaritan Law** (Title 16, Chapter 68, § 6801) minimizes liability for individuals administering naloxone to someone who they believe has overdosed on opioids. The law states that individuals providing emergency care in good faith, without gross negligence (interpreted as they have received overdose response training from a trained Trainer) are immune from liability for civil damages. Delaware's Good Samaritan Law can be referenced [here](#).
- » **Delaware's Standing Orders** authorize approved community-based training programs (which includes several community-based entities in Delaware) and participating pharmacies to distribute naloxone kits to community members who have completed CBNAP (the Community-Based Naloxone Access Program) Opioid Overdose Responder Training. The full text of the Standing Orders can be referenced [here](#).

### Does Naloxone Work for All Overdoses?

Naloxone will not reverse overdoses from other drugs, such as alcohol, benzodiazepines, cocaine, or amphetamines. More than one dose of naloxone may be needed to reverse some overdoses. Naloxone alone may be inadequate if someone has taken large quantities of opioids, very potent opioids, or long-acting opioids. For this reason, call 9-1-1 immediately for every overdose situation.

### Does Naloxone Have Any Side Effects?

Serious side effects from naloxone use are very rare. The benefits of using naloxone during an overdose far outweigh any risk of side effects. If the cause of the unconsciousness is uncertain, giving naloxone is not likely to cause further harm to the person. Only in rare cases would naloxone cause acute opioid withdrawal symptoms, such as body aches, increased heart rate, irritability, agitation, vomiting, diarrhea, or convulsions. Allergic reaction to naloxone is very uncommon.

**To learn more about overdose response and naloxone, visit the Delaware Help is Here website [here](#).**

The first step in establishing a workplace naloxone program is to develop the program's policies and procedures. It is best to involve the workplace safety committee (if applicable) and worker representatives when developing these policies. You can also consult with the Delaware Division of Public Health staff and/or professional emergency responders and professionals who treat substance use disorders in your area. In addition, consult the CDC's Using Naloxone to Reverse Opioid Overdose in the Workplace guide [here](#).



## Highlights from the CDC Guide That Your Company Can Consider Implementing:

- » Assess staff willingness to participate in naloxone training and administer it should an overdose occur.
- » As noted above, consider liability and other legal issues related to such a program, including consulting appropriate legal experts.
- » Develop formal processes and procedures for documenting the key program elements, including:
  - Naloxone kit maintenance (supply/expiration dates, etc.)
  - Training program activities
  - Documentation for any overdose incidents/naloxone administration events and other documentation that is recommended by your legal representation and in accordance with any federal, state, and local requirements
  - Safeguarding the privacy of affected individuals
- » Define clear roles and responsibilities for all employees trained and designated to respond to a suspected overdose. Educate them on how to know whether to respond, as well as when to wait for professional emergency responders (i.e., when the conditions are unsafe).
- » Train staff on the five steps of responding to an overdose, in addition to simply familiarizing staff with how to use naloxone, including:
  - Recognizing that an overdose has occurred (signs and symptoms)
  - Calling 9-1-1 immediately
  - Initiating rescue breathing
  - Administering naloxone
  - Continuing rescue breathing and staying until help arrives

## Where Can I Get Training on Overdose Response and Naloxone for My Employees in Delaware?

- » The Delaware Division of Public Health supports a Community-Based Naloxone Access Program (CBNAP), which provides training to community stakeholders, including employers and their employees. For more information, please email DPH's Office of Health Crisis Response at [OHCR@delaware.gov](mailto:OHCR@delaware.gov). They can help you get access to these resources, including both training and naloxone kits.
  - For an overview of the naloxone request process for construction stakeholders, see **Appendix F**.
  - To request naloxone as an employer, email [OHCR@delaware.gov](mailto:OHCR@delaware.gov).





- » In addition, Delaware's Division of Public Health has partnered with NEXT Distro, a nonprofit organization, to provide naloxone at no cost through the mail to Delaware residents who might not otherwise have access to it. The goal is to remove barriers to obtaining this lifesaving medication, which can reverse an opioid overdose. Individuals interested in learning more can go to the NEXT Distro website here: [nextdistro.org/delaware](https://nextdistro.org/delaware).
- » For additional training and resources related to overdose response, naloxone administration, and available resources to support individuals impacted by addiction and substance misuse in Delaware, please download the free OpiRescue DE app. The app is available for both iPhone and Android users, and it provides step-by-step instructions to reverse an opioid overdose, as well as resources for family and friends: [HelpsHereDE.com/Get-Help/OpiRescue-App](https://HelpsHereDE.com/Get-Help/OpiRescue-App).

## Community Partnerships and Resource Development

In addition to the strategies above, employers can forge connections with local and statewide community groups and providers already working to address the opioid crisis, including the **Delaware Behavioral Health Consortium**, **atTack addiction**, and **the Delaware Community Response Teams**. The benefits of connecting with these and other groups include but are not limited to:

- » **Learning about what is happening in the community.**  
What drugs are present? Where are overdoses happening? Understand how these local factors can help guide your policy development as an employer to have the most impact and reduce the most risk.
- » **Obtaining and leveraging educational materials about the opioid crisis and available resources already being developed in order to share them with your employees.**

There are also a number of national construction groups specifically focusing on issues related to substances, which can be great resources, including all those listed in **Appendix E**.



## Plan to Use Data

The Delaware Division of Public Health (DPH) collects, analyzes, and disseminates findings from overdose data to a variety of stakeholders across the state. They are currently working to expand their strategies as it relates to using this data through the state's Overdose System of Care, which is jointly led by DPH and the Division of Substance Abuse and Mental Health. This data (and its related discussions) can help to inform statewide trends related to overdose and substance misuse, which can support additions and modifications to your employee support strategies related to these topics. Construction employers in Delaware can remain abreast of these activities by engaging with their state partners.

In addition, some national groups and employers are using data analytics, namely data from workers' compensation claims, the pharmacy benefit management program, and the employer healthcare plan, to identify trends on prescribing and risk factors for substance misuse. Importantly, all this data shows broad trends, not individual cases. There are a number of laws and regulations governing privacy for individuals living with substance use disorder — and for good reason, given the stigma surrounding the disease. Construction stakeholders can engage with their employee insurance companies and other benefits providers to learn more about what aggregate-level data might be available to inform strategies and support.

## Implementing the Plan

Regardless of which components of the plan you decide to implement, recognize that for some employees, this policy will change deeply ingrained beliefs and practices. Any change can bring initial stress. Give employees the opportunity to discuss potential barriers, conflicts, and doubts. It's good to hear objections and concerns, because it gives employers a chance to address and overcome them. Where employees raise objections and concerns, ask them to offer solutions. This makes employees part of the decision-making process, with the solutions being things they choose to do. Helping develop solutions also promotes a sense of ownership and accountability.

## Key Module Outcomes

- ✔ Development of a final plan for addressing substances
- ✔ Assignment of responsibility to strategies
- ✔ Implementation of the plan



# Module III: Sustaining and Keeping Your Program Current

## Developing and Maintaining a Healthy Workplace

Now that you have developed and implemented your plan to address substance misuse and addiction with your employees, it's time to think about sustaining the program.

### Key Action Items

As part of the planning process, the leadership team should decide how they want to monitor the success of the overall program, including adopted policies and procedures. It is important to reevaluate your program periodically, assessing for the program's success and challenges, as well as for gaps in what your employees need. Successful programs are ongoing and consistently evolving to meet the needs of the organization and employees. Concretely, you should also plan for maintaining supplies (i.e., educational materials and naloxone, including replacement of expired naloxone) on an ongoing basis.

In addition, the company should regularly assess employee engagement and awareness of the program. Employers will be more successful in reducing substance-related issues if employees actively support a policy or program—not simply understand and accept it. To evaluate employee engagement, consider incorporating an Employee Engagement Survey, like the one developed by the National Safety Council, [here](#). The National Safety Council also has a document with additional strategies to address Building Employee Buy-In for these programs, [here](#).

Another key to sustaining your program is sharing consistent messaging about ways to seek help at work, and ensuring managers and supervisors are regularly trained on what to do if an employee asks for help. Remember that talking about addiction and substance use disorders can be very personal for some people, so sharing messages in a way that respects each employee's experience is important.



## Checklist of Things to Revisit Every Year

- ✔ Employee training and awareness campaigns, including:
  - » Topics addressed
  - » Employee engagement
  - » Topics to revisit and/or newly address
  - » Related policies and procedures — any updates needed?
- ✔ Employee overdose education and naloxone training program:
  - » Employee engagement
  - » Training provided and additional training needed (e.g., for new employees)
  - » Inventory of remaining naloxone kits, including expiration dates
  - » Related policies and procedures — any updates needed?
- ✔ Human resources policies, employee assistance program (EAP), and benefits
- ✔ Community partnership and resource development
- ✔ Data acquired and utilized to inform support
  - » Engagement with partners, including state entities and insurers
  - » Related policies and procedures — any updates needed?
- ✔ Connecting individuals with treatment and recovery support



# Appendix A: Background Information and Data About the Opioid Epidemic

Opioid use and related overdose deaths have risen to epidemic levels in the United States. In response to a sharp increase in opioid misuse and opioid-related overdoses, the United States declared a nationwide public health emergency in October 2017. Today, individuals, families, and communities across the nation are still facing significant emotional, social, physical, and financial impacts. Workplaces are no exception.

## How exactly are workplaces across the country being impacted by opioids?

In 2019, a survey conducted by the National Safety Council found that 75% of U.S. employers were directly affected by opioids, but just 17% felt prepared to handle opioid-related issues.<sup>1</sup> Workplaces reported feeling the impact of the crisis in multiple areas, including safety, absenteeism, productivity, retention, health care spend, and hiring. Additionally, 79% of employers were “not very confident that individual employees can spot warning signs of opioid misuse.”<sup>2</sup>

This issue is very real and concerning in the construction industry. Researchers have found that the risk of overdose fatality and opioid use is higher in construction than in other industries, and this is also true in Delaware.<sup>3</sup> Therefore, employers in this industry have an important role in promoting, protecting, and supporting the health and safety of their employees and their families.

Employers with strong workplace policies, robust employee education, strong health benefit programs, a healthy workplace culture, and well-trained managers create a safe and healthy work environment in which both employees and businesses thrive, and this truth extends to topics related to opioid misuse and addiction as well. The workplace is a key environment for reaching employees, families, and communities to help prevent further opioid misuse, addiction, and overdose, and to help those already affected.

There are many ways that employers can engage in supporting employees who are facing the challenges of the opioid crisis, while also positively impacting their business.

<sup>1</sup> <https://www.nsc.org/in-the-newsroom/poll-75-of-employers-say-their-workplace-impacted-by-opioid-use>

<sup>2</sup> Ibid.

<sup>3</sup> <https://www.dhss.delaware.gov/dhss/dph/files/dedrugoverdosemortsurvprpt2017.pdf>



## Addiction 101

The National Institute on Drug Abuse (NIDA) defines substance use disorder (SUD) as a long-term, relapsing brain disease that is characterized by compulsive drug-seeking and use despite harmful consequences. SUDs can impair physical health, mental health, and other functioning. This disease is not caused by moral shortcomings or weakness of character, and it is not a choice that someone makes. SUDs don't discriminate — people of all ages, genders, and races; people of any socioeconomic status, and those living in any geographic region can be affected.

SUDs are treatable, and the goal of treatment is recovery. Recovery from SUDs requires ongoing management that may include medication, therapy, and lifestyle change. Once in treatment for an SUD, a person can go on to live a healthy and successful life as they pursue recovery. Although it takes time to train the brain to return to its healthy state, **more than 10% of Americans live in recovery.**<sup>1</sup>

## Opioid Use Disorders

On October 26, 2017, the U.S. Department of Health and Human Services declared a nationwide public health emergency in response to the growing crisis of opioid misuse and overdose. For the first time in U.S. history, a person is more likely to die from an accidental opioid overdose than from a motor vehicle crash.<sup>2</sup>

### What are opioids?

» Opioids are a class of medication that includes the illegal drug heroin and legal synthetic opioids such as fentanyl, as well as pain relievers such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, morphine, and others. These drugs are legally accessible through a prescription from a health care provider.

» Prescription opioids are a widely used method of treating moderate-to-severe, acute, and chronic pain. When used under a health care provider's supervision and in accordance with opioid prescribing guidelines, they can be an effective treatment. However, they also have great potential for dependence, recreational misuse, development of an opioid use disorder (OUD), and fatal overdose. These dangers are associated with how, and how much of, an opioid is taken. Methods of misuse include taking the drug in a way other than prescribed, taking someone else's prescription medication, or taking medicine for the pleasurable effects it provides. Any use of illicit opioids like heroin is considered misuse. Negative outcomes related to misuse increase when opioids are ingested in ways other than swallowing, such as being crushed and injected or snorted. These methods deliver an increased concentration of the opioid and amplify the risk of overdose.

<sup>1</sup> <https://www.recoveryanswers.org/research-post/1-in-10-americans-report-having-resolved-a-significant-substance-use-problem/>

<sup>2</sup> <https://injuryfacts.nsc.org/all-injuries/deaths-by-demographics/top-10-preventable-injuries/>



**More info on the opioid crisis in America.**

In 2017, opioids contributed to more than an average of 130 deaths per day — a sixfold increase from 1999. Most of these deaths occurred in individuals between the ages of 25 and 55 — a group primarily of working-age adults. The White House Council of Economic Advisors estimates that the total economic cost of the crisis in 2015 was \$504 billion, which was 2.8% of that year’s GDP. Other unintended consequences of this crisis include compromised mental and physical health, as evidenced by an increase in the prevalence of conditions such as neonatal abstinence syndrome, infectious diseases, suicide, and depression. The safety of communities is also threatened with an associated increase in crime and violence, motor vehicle crashes, and child neglect. The causes of this crisis are multifaceted and have been developing over the course of many decades.

The opioid overdose crisis is driven by three categories of opioids: prescription painkillers (for example, Vicodin, Percocet, and OxyContin), heroin, and fentanyl. Any opioid can cause impairment, dependence, and addiction, even if taken as prescribed.

The number of opioid prescriptions has dropped substantially, peaking at 259 million in 2012 and dropping to less than 192 million in 2017, as restrictions on opioid prescriptions have taken effect. Both the number of prescriptions and the number of pills per prescription have decreased due to a combination of prescriber education, state prescription drug monitoring programs, limits on opioid prescriptions by insurance companies and pharmacies, and public awareness. However, heroin and fentanyl use continues to rise, driving the increase in opioid-related overdose deaths and creating new challenges for prevention and workplace policies. In addition, from 2013 to 2018, the U.S. saw a sharp increase in heroin laced with fentanyl — a potent and lethal combination. This led to an increase in overdose deaths despite the decrease in opioid prescriptions.

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**CAN A PRESCRIPTION FOR OPIOIDS REALLY LEAD TO ADDICTION AND AN OPIOID USE DISORDER?**

Yes. Many people switching from prescription opioids to heroin do so because it is cheaper and easier to obtain when prescription opioids aren’t accessible — a scenario that could impact employees who are prescribed opioids due to a workplace injury and develop an opioid use disorder. Heroin is significantly more potent than prescription opioids and is particularly dangerous, because there is no way to tell how strong it is before taking it.

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**WHAT IS FENTANYL?**

Fentanyl is much stronger than heroin and is frequently used to “cut” heroin for sale on the streets. Some fentanyl is manufactured legitimately and, in this form, is primarily used for end-stage cancer pain. While a small percentage of prescription fentanyl is diverted to illegal sales, the vast majority of fentanyl and chemically similar drugs driving the overdose crisis are being manufactured overseas and trafficked into the U.S.





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## **IS IT POSSIBLE TO HAVE A PRESCRIPTION FOR OPIOIDS THAT IS PART OF AN EFFECTIVE TREATMENT REGIMEN?**

Yes. Importantly, employees may need long-term prescriptions for opioids — this is not the same as employees misusing opioids. It is important for employers to provide coverage for all chronic pain treatment options. Workplace policies and health care coverage should prioritize minimizing risk for opioid misuse, while not inadvertently creating barriers for chronic pain patients for whom opioids are the appropriate mechanism of care.

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## **WHAT DOES OPIOID DEPENDENCE/OPIOID USE DISORDER ACTUALLY MEAN?**

- » A person can become physically dependent on opioids when taking them at a high enough dose for more than a few days. Physical dependence involves the body's natural adaptation to regular exposure to the substance, leading to tolerance or withdrawal. Tolerance means a person needs more of the drug to produce the same effect. Withdrawal is a negative series of symptoms, including nausea, vomiting, diarrhea, agitation, and pain, that occurs when a person stops taking an opioid. There is a difference between physical dependence and the disease of addiction.
  - » When a person has subjective distress or objective reduction in functioning because of opioid use, they may meet the criteria for OUD. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) categorizes OUD on a spectrum of severity: mild, moderate, or severe. The DSM-5 provides a list of criteria for behavioral health professionals to reference when diagnosing mental health or substance use disorders (SUD). Severe OUD is consistent with the chronic brain disease of addiction. OUD is a chronic and treatable disease requiring medical intervention. Similar to other chronic diseases, it often involves cycles of worsening symptoms and remission.
  - » Although opioids work the same in all brains, not all individuals who take or misuse opioids will develop OUD. A person can become dependent or tolerant, or experience withdrawal, without ever experiencing the symptoms associated with OUD. Complex interactions between a person's environment and biology present risk and protective factors for individuals in developing OUD and its resulting clinical course. These factors do not determine whether or not an OUD will develop; however, they can interact to minimize or maximize the likelihood of its development.
  - » Recovery from opioid dependence is a long-term process that is often cyclical, and relapses can be expected for some people along the way.
- 

## **WHAT IS PRESCRIPTION DRUG ADDICTION AND HOW IS IT DRIVING THE OPIOID EPIDEMIC?**

Prescription drug addiction occurs when someone either continues to self-medicate with a prescription drug beyond the prescribed use of the medicine, or when someone not prescribed the drug obtains and uses it recreationally. The initial decision to take drugs is voluntary for most people, but it can lead to changes in the brain that create addiction and challenge an addicted person's self-control by interfering with their ability to resist intense urges to take drugs.

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### **WHAT ARE THE SYMPTOMS OF OPIOID USE DISORDER?**

An OUD diagnosis is applicable to a person who uses opioids and experiences at least two of the following 11 symptoms in a 12-month period:

- » Taking in larger amounts than intended
  - » Desire to control use or failed attempts to control use
  - » Significant time spent obtaining, using, or recovering from the substance
  - » Craving for the substance
  - » Failure to meet obligations
  - » Social and interpersonal problems
  - » Activities given up or reduced
  - » Physically hazardous use
  - » Physical or psychological problems likely caused by use
  - » Tolerance
  - » Withdrawal
- 



## The Opioid Crisis in Delaware

In 2018, 67,367 drug overdose deaths occurred in the United States. The age-adjusted rate of overdose deaths decreased by 4.6% from 2017 (21.7 per 100,000) to 2018 (20.7 per 100,000).<sup>1</sup> However, in Delaware, data shows that drug overdose deaths are increasing. The latest data from the Centers for Disease Control and Prevention (CDC) lists Delaware as second in the nation for per-capita rates of drug overdose deaths, behind only West Virginia. Delaware is also one of the few states in the top 12 of the CDC's rankings whose per-capita overdose rates are increasing significantly, as illustrated by the table below.

**Table 1: Opioid Overdose Mortality Rates: 2016–2017, CDC**

State	2016 Rate	2017 Rate	2018 Rate	% Change Between 2016 and 2018	2016 Rank	2017 Rank	2018 Rank
WV	52	57.8	51.5	-0.96	1	1	1
DE	30.8	37	43.8	42.21	9	6	2
MD	33.2	36.3	37.2	12.05	7	8	3
PA	37.9	44.3	36.1	-4.75	5	3	4
OH	39.1	46.3	35.9	-8.18	2	2	5
NH	39	37	35.8	-8.21	3	7	6
NJ	23.2	30	33.1	42.67	33	39	7
MA	33	31.8	32.8	-0.61	8	10	8
KY	33.5	37.2	30.9	-7.76	6	5	9
CT	27.4	30.9	30.7	12.04	40	40	10
RI	30.8	31	30.1	-2.27	9	11	11
ME	28.7	34.4	27.9	-2.79	11	9	12

Out of all drug overdose deaths, 84% involved opioids.<sup>2</sup> Delaware drug overdose decedents were primarily males between the ages of 25 and 54, white, never married, and with a high school diploma or GED. The most common occupational industries among those who died of drug overdoses were construction (23%); none (unemployed, students, disabled, homemakers, or retired) (17%); food service (10%); and office support (8%).<sup>3</sup>

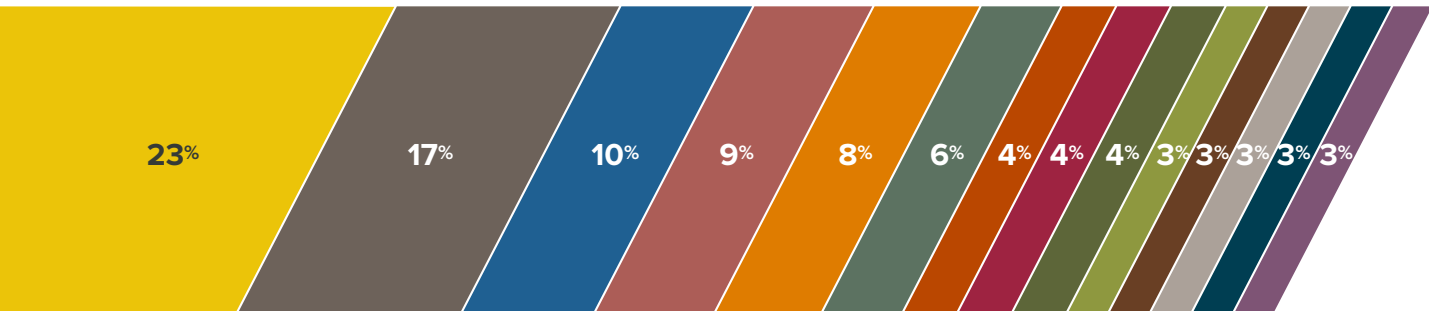
<sup>1</sup> <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

<sup>2</sup> CDC. (2020). Drug Overdose Mortality by State. [https://www.cdc.gov/nchs/pressroom/sosmap/drug\\_poisoning\\_mortality/drug\\_poisoning.htm#tabs-2-2](https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm#tabs-2-2)

<sup>3</sup> <https://dhss.delaware.gov/dhss/dph/files/dedrugoverdosemortsurvprt2017.pdf>



Construction Industry: Substance Misuse, OUD, and Overdose



- CONSTRUCTION
- NONE\*
- FOOD SERVICE
- ALL OTHERS
- OFFICE SUPPORT
- INSTALLATION, MAINTENANCE, REPAIR
- SALES
- MISSING/UNKNOWN
- HEALTH CARE
- PRODUCTION
- PERSONAL CARE
- MANAGEMENT
- TRANSPORTATION
- SOCIAL SERVICE

DATA SOURCE: Delaware Department of Health and Social Services, Division of Public Health, Health Statistics Center.  
 \*Includes people who were unemployed, students, disabled, homemakers, or retired. Notes: Occupation was categorized using the federal 2018 Standard Occupational Classification system. Industry of occupation was utilized when applicable.

Needless to say, construction has been hit particularly hard by opioids — state-level studies have found that construction workers are six to seven times more likely to die of an opioid overdose than workers in other professions.

The construction industry has one of the highest injury rates when compared with other industries, and opioids have commonly been prescribed to construction workers to treat the pain caused by these occupational injuries. Since use of opioids has led to addiction and overdose deaths, it is important for workers to understand the risks and alternatives.

The Center for Construction Research and Training (CCRT) has a number of opioid-related resources [here](#), including fact sheets, communications for workers, and reports.

In addition, the CCRT has recently developed a training program, intended to be used by experienced NABTU instructors, that is designed to increase awareness of opioids and decrease stigma associated with opioid use. This training program, including a PPT, Facilitator Guide, and Participant Handout, is available [here](#).



## Overdose Fatalities on Job Sites

Although it still represents a very small proportion of the overdoses that occur within the industry (approximately 5% of on-the-job fatalities nationally are due to drug overdoses), unintentional overdose fatalities on construction job sites have increased dramatically in recent years. Unintentional overdose fatalities at workplaces in all industries increased more than four times from 2011 to 2018. During this same time period, the number of construction workers who died at work due to unintentional overdose increased about nine times, more than double the growth change in all industries.<sup>1</sup>

Demographically, overdose fatalities were disproportionately high among workers who were white, non-Hispanic, and in the Northeast. Overdose fatalities also varied by employment characteristics and were higher among construction laborers, workers in residential construction, and those who were self-employed. By occupation, 42 overdose fatalities in construction occurred among construction laborers — the largest occupation in construction, accounting for one in four (25.5%) overdose fatalities in this industry. Other occupations with the highest numbers were foremen (10.9%), carpenters (10.3%), and painters (9.1%). By industry subsector, 26.7% of overdose fatalities occurred in residential construction, the highest among all construction subsectors.<sup>2</sup>

Nearly half of the overdose fatalities on construction work sites were caused by nonmedical drugs (47.3%), and the rest were from multiple drugs, alcohol, and medicines (24.9%); medical drugs (19.4%); and other substances.

For more information about this study, which provides additional information about deaths on job sites, see <https://www.cpwr.com/wp-content/uploads/publications/Quarter4-QDR-2019.pdf>.

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<sup>1</sup> Sue Dong, X., Brooks, R.D., Cain, C.T. (2019). Quarterly Data Report: Overdose Fatalities and Worksites and Opioid Use in the Construction Industry. CPWR. <https://www.cpwr.com/wp-content/uploads/publications/Quarter4-QDR-2019.pdf>

<sup>2</sup> Ibid.



## Impact of Addiction on the Workplace and the Role of Employers

Individuals facing opioid challenges, whether suffering themselves or caring for a loved one, do not experience these challenges in a vacuum outside of their workplace. In fact, nearly 70% of workplaces in America are experiencing the impact of the crisis. The stress, comorbidities, and extenuating difficult circumstances that accompany these challenges manifest themselves directly through work in multiple ways:

- » **Safety.** Opioid use can be associated with injury in the workplace.
- » **Absenteeism.** People struggling with opioid addiction miss nearly 50% more work than the general workforce.
- » **Productivity.** Substance misuse and related disorders are estimated to cost more than \$400 billion in workplace productivity in the United States.
- » **Retention.** 36% of people with an SUD and 42% of people with an OUD related to pain medication worked for more than one employer in the past year, compared with 25% of the general workforce.
- » **Health Care Spend.** Health care costs for employees who misuse prescription drugs are three times higher than those for an average employee.

Employers have an important role in promoting, protecting, and supporting the health and safety of their employees and their families. Fortunately, there are many ways that employers can support employees who are facing the challenges of the opioid crisis, while also positively impacting their business. For example, as health care purchasers, employers have a unique opportunity to optimize the quality of health care and health services that their employees are receiving. Furthermore, the policies that employers adopt play a large role in determining company culture and employee experience. However, data from the National Safety Council shows that HR professionals and employers have low confidence in their policies related to prescription drug use (nationally):



DATA SOURCE: National Safety Council, Prescription Drugs & The US Workforce. January 2017. Base: 501 HR Professionals.



With average cost per hire of over \$4,000, companies can benefit from making direct efforts to retain employees who are facing substance use challenges. In addition to improvement in their business's bottom line and workplace performance, employers should consider the social and communal benefits of adopting a transparent and empathetic approach to SUD and OUD.

## **Words Matter: How to Reduce Stigma at Your Job Site and Beyond**

A contributing factor to this crisis is the stigma that persists not only around opioids, but around prevention, treatment, and recovery services. The belief that addiction is a moral failing and fueled by personal choice has been widespread and long-held. This unfortunate and incorrect belief has deterred people from accessing services that are necessary to their recovery, due to fear of judgment or reprimand. Additionally, this stigma supports the continued separation of addiction treatment from the traditional health care system. To reduce this stigma, there needs to be a cultural shift toward understanding addiction as a chronic disease requiring compassion and evidence-based medical intervention.

Studies show that only about one in 10 people with substance use disorder receive treatment and that stigma is a key barrier for many people who don't seek treatment. Using the right language has a real and direct impact on lessening stigma and on whether people with substance use disorder get the treatment they need. Understanding this, organizations including the American Society of Addiction Medicine have mounted efforts to promote the use of non-stigmatizing language.

When discussing substance use disorder with employees, you should focus on promoting an environment that utilizes non-stigmatizing language, including the language outlined on the next page.<sup>1</sup> Encourage both office and field personnel to this terminology when confronted with the effects of substance use disorder, either when encouraging a coworker to seek help or in discussions of benefits and EAP programs that are available to an employee or their family member. Encouraging a struggling employee to seek the help available should be a goal, as it relates to managing and mitigating the deleterious effects of substance use disorder.

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<sup>1</sup> [https://chambermaster.blob.core.windows.net/userfiles/UserFiles/chambers/9382/CMS/Opioid\\_Resource\\_Page/AGC-MA-Opioid-Use-Prevention-Manual-for-Employees\(6\).pdf](https://chambermaster.blob.core.windows.net/userfiles/UserFiles/chambers/9382/CMS/Opioid_Resource_Page/AGC-MA-Opioid-Use-Prevention-Manual-for-Employees(6).pdf)





### THE WORDS YOU USE MATTER



**DO SAY**  
(NON-STIGMATIZING  
LANGUAGE):

Person with a substance use disorder  
Substance use disorder or addiction  
Use, misuse  
Risky, unhealthy, or heavy use  
Person in recovery  
Abstinent  
Not drinking or taking drugs  
Treatment or education for addiction  
Medication for addiction treatment  
Positive, negative (toxicology screen results)



**DON'T SAY**  
(STIGMATIZING  
LANGUAGE):

Substance user or drug abuser  
Alcoholic  
Addict  
User  
Abuser  
Drunk  
Junkie  
Drug habit  
Abuse  
Problem  
Clean  
Substitution or replacement therapy  
Clean, dirty

### Treatment Works — and Recovery Is Possible

SUDs are complex, with biological, psychological, and social causes and factors that can complicate treatment. The good news is that medication-assisted treatment (MAT), the most effective treatment for OUD, is becoming more accessible. When people with an OUD are treated with MAT in conjunction with behavioral therapy and other social support, risks decrease for both nonfatal and fatal overdoses as well as relapses. People can live a healthy, productive life while in treatment.

Only a small percentage of people with an OUD actually receive treatment. Employers can dramatically increase accessibility by ensuring their health care plans cover all possible options — methadone, buprenorphine, and naltrexone, as well as behavioral therapy. In fact, data shows that employer-initiated treatment is more effective than treatment initiated by friends and family. Medical professionals should tailor treatment plans to individuals' needs—employees should not be required to offer only one specific form of treatment, and specific treatment types should not be mandated in a workplace policy.



As with any long-term disease, relapse is a normal part of the recovery process. Treatment of long-term and chronic diseases often involves addressing deeply rooted behaviors that can take a long time to change. Relapse rates for substance use disorder are similar to rates for other chronic medical illnesses.<sup>1</sup> Relapse does not mean that the person or treatment has failed — rather, it means that the treatment regimen in place is not the correct treatment for that person. Though OUD is a long-term disease, it has an exceptionally good prognosis for recovery — more than 10% of Americans live in recovery today.

There are resources available in Delaware to support you and your employees. If you or someone you know is struggling with substance use and would like information on available treatment and recovery services, call the 24/7 Crisis Information and Referral Hotline at 1-800-345-6785 (Kent and Sussex counties) or 1-800-652-2929 (New Castle County), or visit [HelpsHereDE.com/Addiction#Get-Help](https://www.HelpsHereDE.com/Addiction#Get-Help).

## Appendix B: Employer Resolution

Download an editable version of this Employer Resolution [here](#).

### Resolution Supporting Substance Awareness Campaign

WHEREAS the substance epidemic, overdose deaths, and substance misuse pose a threat to the life, health, and well-being of Delaware residents;

WHEREAS the Delaware governor has declared the epidemic of heroin and substance addiction to be a statewide disaster emergency;

WHEREAS construction is physically demanding and has a much higher injury rate than other industries, making it vulnerable to the substance epidemic;

WHEREAS the substance epidemic has imposed significant and continuing costs on our healthcare, criminal justice, and social service systems;

WHEREAS the substance epidemic has imposed major costs on private employers and the economy as a whole through excess sick days, disability claims, diminished productivity, and lost productivity due to incarceration and premature death;

WHEREAS the substance epidemic, overdose deaths, and substance misuse cause pain, suffering, and loss to individuals, families, and communities that can never be measured;

NOW THEREFORE LET IT BE RESOLVED that ([Construction Company](#)) will address the substance epidemic by:

- » Promoting awareness of the dangers of substance and prescription drug abuse through education and discussions;
- » Encouraging employees to dispose of leftover medications and to secure needed medications that remain in the home; and
- » Encouraging our employees to be community champions by talking to their children, families, and friends about risks related to drug misuse.



# Appendix C: Toolbox Talks

Worker safety is of the utmost importance to construction companies. Continual safety messaging, meetings, and training are great ways to build a strong safety culture, which demonstrates a company's commitment to the workers' health and well-being. A regularly scheduled safety meeting can be an effective way to ensure workers don't take safety for granted. It's also an excellent way to prepare workers for project conditions. Consider holding safety Toolbox Talks at least once a week.

## Advice for Effective Safety Toolbox Talks:<sup>1</sup>

- » **Keep it brief.** Five to 15 minutes is a suitable time to deliver a message without losing the audience's attention.
- » **Stay focused.** Stay on point to effectively deliver your message.
- » **Be relevant.** Discuss topics that can be helpful to the workers.
- » **Seek engagement.** Keep the workers engaged by getting them involved (e.g., have them provide examples of topic discussed, allow for questions to be asked).
- » **Get total buy-in.** Teamwork improves safety, and everyone should be on alert.
- » **Inspect PPE every time and keep an eye out for everyone.**

In 2019, Pennsylvania's Construction Opioid Awareness Week included guidance for construction companies to conduct at least one safety Toolbox Talk per week. The organizers prepared five Toolbox Talk topics (see below). Your company can conduct a safety talk either every day of the week or less frequently — whatever works best for you. Feel free to select the best topic for your company. The following is a recommendation if conducting one each day of the week:

- a. Opioid Deaths in Construction
- b. Discussing Prescription Opioid Painkillers with Your Doctor
- c. Employee Assistance Program
- d. Understanding Opioid Pain Medication/Know the Risks
- e. Common Risks at Work Due to Opioid Painkiller Use

<sup>1</sup>Adapted from the Keystone Contractors Association ([keystonecontractors.com](http://keystonecontractors.com))



# Appendix D: Workplace/Work Site Communications

You can download and/or order hard copies of available substance-related educational materials here: [HelpsHereDE.com/Health-Care-Providers/Marketing-Materials](https://HelpsHereDE.com/Health-Care-Providers/Marketing-Materials).

**Workplace Narcan 11x17 Poster**

**HELP IS HERE, IN THE WORKPLACE.**

**ARE YOU READY TO STOP AN OVERDOSE? GET STARTED WITH NARCAN.**

**What is Narcan?**  
Narcan is a lifesaving medication that can reverse an opioid overdose, giving people enough time to call 9-1-1.

**How do you use it?**  
Download the FREE OpiRescue Delaware app onto your phone today! It offers step-by-step instructions on how to use Narcan and what to do in the event of an overdose.

**Where do you get it?**  
Narcan is available at most pharmacies, without a prescription from your health care provider. Just ask for it. You can also receive it free through the mail, at [HelpsHereDE.com/GetNarcan](https://HelpsHereDE.com/GetNarcan).

**HELP IS BEING PREPARED.**

**Workplace Overdose 11x17 Poster**

**HELP IS HERE, IN THE WORKPLACE.**

**HELP SPOT AND PREVENT AN OVERDOSE. LEARN THE SIGNS AND GET NARCAN.**

**Signs of an opioid overdose:**

- Blue lips
- Agitation
- Snoring sounds
- Trouble breathing
- Nausea
- Can't be woken up

**In the event of an overdose:**

- 1 Call 9-1-1.
- 2 Administer Narcan.
- 3 Stay until help arrives.

Download the OpiRescue Delaware app today.

Find out how to get Narcan at [HelpsHereDE.com/GetNarcan](https://HelpsHereDE.com/GetNarcan).

**OpiRescue App 11x17 Poster**

**OpiRescue Delaware is a FREE overdose rescue application that provides:**

- Step-by-step instructions to reverse an opioid overdose
- Resources for family and friends

Download the OpiRescue Delaware App at:  
• [HelpsHereDE.com/App](https://HelpsHereDE.com/App)  
• Your mobile device App store

**Paycheck Inserts**

**Almost every day, a Delawarean dies from a drug overdose.**

**36% of males who died from an overdose in 2017 worked in the construction industry.**

\*Source: <https://myhealthcommunity.dhs.delaware.gov/press/overdose>

**OpiRescue App 4x6 Postcard (English)**

OpiRescue Delaware is a FREE overdose rescue application that provides:

- Step-by-step instructions to reverse an opioid overdose
- Resources for family and friends

Download the OpiRescue Delaware App at:  
• [HelpsHereDE.com/App](https://HelpsHereDE.com/App)  
• Your mobile device App store

**OpiRescue App 4x6 Postcard (Spanish)**

OpiRescue Delaware es una aplicación GRATUITA de ayuda en casos de sobredosis que proporciona:

- Instrucciones paso a paso para revertir una sobredosis de opiáceos
- Recursos para familiares y amigos

Descargue la aplicación OpiRescue Delaware en:  
• [HelpsHereDE.com/App](https://HelpsHereDE.com/App)  
• La tienda de aplicaciones de su dispositivo móvil.

**Paycheck Inserts**

**OpiRescue DE**

OpiRescue Delaware is a FREE phone or tablet application that provides:

- Step-by-step instructions to reverse an opioid overdose
- Substance Use Disorder resources for family and friends

**Paycheck Inserts**

**Fentanyl Facts**

- Fentanyl is 50 to 100 times more potent than morphine
- Fentanyl can cause drug overdose and death
- You can't see or smell fentanyl
- Fentanyl is being put in cocaine, heroin, marijuana, PCP, and other street drugs

Those that use drugs, may be at risk for ingesting fentanyl without even knowing it. **Narcan can reverse a fentanyl or an opioid-related overdose.**

Source: <https://www.helpshere.de.com/Prevention/Facts-About-Fentanyl>

The Need For Change 11x17 Poster



**THE NEED FOR CHANGE IN DELAWARE**

**DELAWARE DRUG-RELATED DEATHS**

- 401 deaths in 2018
- 2<sup>nd</sup> HIGHEST overdose death rate in the nation\*\*
- 88% of overdose deaths involved opioids\*\*\*

**DELAWARE PRESCRIBING RATES**

- #1 in the nation for high-dose oxycodone\*\*\*
- #1 in the nation for long-acting opioids\*\*\*
- 61 OPIOID PRESCRIPTIONS are written for EVERY 100 DELAWARE RESIDENTS\*\*\*\*

**NATIONAL FACTS AND FIGURES**

- 2 MILLION PEOPLE ABUSE OPIOIDS OR ARE OPIOID DEPENDENT
- 80% of heroin users began opioid use with prescription opioids
- 25% of heroin pain patients treated with opioids develop Opioid Use Disorder

A prescription for change in Delaware starts with the new regulations — and with you. Making your patients aware of the risks, monitoring prescription-drug activity and rates, and offering alternatives to opioids to treat and manage chronic pain are just a few of the ways we're beginning to make change possible in Delaware.

\*National Center for Health Statistics, Bureau of the Census  
\*\*CDC Morbidity  
\*\*\*SAMHSA National Survey on Drug Use and Health  
\*\*\*\*CDC Current Substance Use Statistics

[HelpisHereDE.com](http://www.HelpisHereDE.com)

Good Samaritan Fact Sheet



**TWO LAWS, ONE GOAL: SAVING LIVES**

**IN DELAWARE, GOOD SAMARITANS WHO CALL 9-1-1 OR HELP SOMEONE WHO IS OVERDOSING WILL NOT BE PROSECUTED.**

Delaware has two laws, known as Good Samaritan laws, that offer criminal and civil protection for individuals acting in good faith to assist someone who has overdosed from drugs or alcohol.

**Title 16, 4769 PROTECTS INDIVIDUALS WHO REQUEST MEDICAL ASSISTANCE** for someone who is overdosing. The law encourages witnesses to call 9-1-1 for medical attention for individuals at risk of dying from an overdose or overdose. It also protects both the witness and the person they're assisting from being prosecuted for possession of an illegal substance.

**Title 16, 6801 PROTECTS INDIVIDUALS WHO ADMINISTER NALOXONE** to an individual who is overdosing from opioids such as heroin, fentanyl, or oxycodone. Naloxone is a lifesaving medication that can reverse an opioid overdose. Under the law, individuals who provide emergency care in good faith are immune from civil damages. That means you can't be held responsible in civil court for administering naloxone to someone who is overdosing.

To view both of the laws, visit [HelpisHereDE.com/Laws](http://HelpisHereDE.com/Laws).

**WE HAVE THE RESOURCES TO HELP YOU.**  
[HelpisHereDE.com](http://HelpisHereDE.com) | 1 (877) 9-HOPEDE

To find out where you can get naloxone, go to [HelpisHereDE.com](http://HelpisHereDE.com)

**HELP is here**  
PREVENT • TREAT • RECOVER

Opioid Overdose Risk in Construction Fact Sheet



**HELP is here**  
PREVENT • TREAT • RECOVER

**Opioid Overdose Risk in Construction**

Delaware construction workers and those working in the installation, maintenance, and repair industry are at high risk of opioid addiction and experiencing a drug overdose. This risk is increased even further by stressful situations and social isolation, such as those caused by COVID-19.

**Overdose deaths are on the rise, and the current climate puts individuals at even higher risk.**

- Delaware has the second highest drug overdose death rate in the Country.
- The top two occupational industries among males who died of drug overdoses in Delaware in 2017 were construction (36%) and the installation, maintenance, and repair industry (9.1%).
- Stress and social distancing may cause an increase in overdose deaths, but resources are available to support individuals in need.

**Addiction is an illness that can be treated.**

90% of people with substance use disorders can — and do — recover.

**If you or someone you know needs support:**  
Call the State's anonymous 24/7 Crisis Information and Referral hotline:  
1-800-652-2929 (New Castle County)  
1-800-345-6785 (Kent and Sussex Counties)  
Or Visit: <https://www.helpisherede.com/Addiction#get-help>.

Don't be a Statistic 8.5x11 Flyer



**Don't be a statistic!**

Protect yourself from opioid overdose.

In 2018, 401 people died in Delaware of a drug overdose.  
Source: Centers for Disease Control and Prevention (CDC)

88% of those deaths involved opioids.  
Source: CDC

As many as 1 out of 4 patients receiving long-term opioid therapy struggles with addiction.  
Source: CDC

**FACTS**

- Construction can result in painful injuries that are often treated with prescription opioids.
- Opioids are addictive and should be the last option to treat pain.
- Talk to your doctor about non-addictive medications.

**Remember: Addiction is a treatable illness**  
Get Help 24/7 at 1-833-9-HOPEDE or [www.HelpisHereDE.com](http://www.HelpisHereDE.com)

DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Public Health

**HELP is here**  
PREVENT • TREAT • RECOVER

Free Training And Technical Assistance



**FREE TRAINING AND TECHNICAL ASSISTANCE**

**AVAILABLE TO THE CONSTRUCTION INDUSTRY**

The Delaware Department of Health and Social Services (DHSS) Division of Public Health-Office of Health Crisis Response is offering the following:

**Free Training**

- Overdose Response and Naloxone Administration training
- Free Naloxone Kit
- Substance Use 101 training
- Stigma and Substance Use training
- Toolbox Talk

**Free Technical Assistance**

- Delaware Construction Employer Overdose Prevention Toolkit

All Training and Technical Assistance can be provided at work office, worksites or virtually.

For more information or to arrange to receive Free training, technical assistance or materials, contact the DPH Office of Health Crisis Response at this email: [OHCR@delaaware.gov](mailto:OHCR@delaaware.gov)

Visit Help is Here Delaware:  
[www.helpisherede.com](http://www.helpisherede.com)  
Delaware HOPE Line:  
1-833-9-HOPEDE

**HELP is here**  
PREVENT • TREAT • RECOVER

Help for construction workers



**Help for construction workers**

**GET NARCAN.**

Be ready to stop an overdose. The OpiRescue Delaware app can get you started.

**DOWNLOAD THE APP**

**What is Narcan?**

Narcan is a lifesaving medication that can reverse an opioid overdose, giving people enough time to call 9-1-1.

**How do you use it?**

Download the free OpiRescue De app onto your smartphone. It offers step-by-step instructions on how to use Narcan and what to do in the event of an overdose.

**Where to get it?**

Narcan is available at most pharmacies without a prescription from your doctor. Just ask for it. You can also receive it for free through the mail at [www.HelpisHereDE.com/GetNarcan](http://www.HelpisHereDE.com/GetNarcan)

DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Public Health  
Office of Health Crisis Response





# Appendix E: Additional Resources

In addition, this toolkit has information from several publicly available resources related to substances in the workplace, which can provide additional context for you as an employer, your employees, and their families. These resources include:

The Center for Construction Research and Training (CCRT)'s Opioid Resources web page: <https://www.cpwr.com/research/research-to-practice-r2p/r2p-library/other-resources-for-stakeholders/mental-health-addiction/opioid-resources/>, designed to prevent opioid-related deaths in construction.

Blue Cross Blue Shield of Massachusetts' Opioid Resource Center: [https:// home.bluecrossma.com/opioid](https://home.bluecrossma.com/opioid), which offers educational information related to opioid prevention, intervention, and treatment that can be adapted and shared with employees.

The Kentuckiana Health Collaborative's Opioids and the Workplace toolkit: <https://khcollaborative.org/programs/opioids-and-the-workplace/>, which provides concrete strategies to support employee health and safety.

Pennsylvania's Construction Employers Opioid Awareness Toolkit: <https://keystonecontractors.com/resources/Documents/Employers%20Opioid%20Awareness%20Toolkit.pdf>, which offers concrete strategies for employers to increase employees' awareness and safety related to opioids and OUD.

AGC MA's Building the Pathway to Prevention: [https://chambermaster.blob.core.windows.net/userfiles/UserFiles/chambers/9382/CMS/Opioid\\_Resource\\_Page/AGC-MA-Opioid-Use-Prevention-Manual-for-Employees\(6\).pdf](https://chambermaster.blob.core.windows.net/userfiles/UserFiles/chambers/9382/CMS/Opioid_Resource_Page/AGC-MA-Opioid-Use-Prevention-Manual-for-Employees(6).pdf), which shares strategies for employers, including concrete tips for managers and supervisors on how to prevent opioid use among employees.

The National Safety Council's Opioids at Work toolkit: <https://www.nsc.org/pages/prescription-drug-employer-kit>, which includes sample policies, fact sheets, presentations, safety talks, posters, white papers, reports, videos, and more to help employers implement a workplace program on opioids.

**NATIONAL TREATMENT LOCATOR: Substance Abuse and Mental Health Services Administration (SAMHSA).**

**NATIONAL HELPLINE: SAMHSA's National Helpline**, which is a free, confidential, 24/7/365 treatment referral and information service for individuals and families facing mental and/or substance use disorders.

**NALOXONE/NARCAN:** Delaware has a standing order for naloxone, which is used for opioid or heroin overdose reversal. Learn more [here](#).

**PRESCRIPTION DRUG EMPLOYER KIT:** Download it [here](#).



**SUBSTANCE USE COST CALCULATOR:** Provides information on the cost to a business of substance use in their workplace. Find it [here](#).

**ORDER FREE RESOURCES TO REDUCE OPIOID RISK:** Free supplies to safely and securely dispose of prescription drugs, and “Opioid: Warn Me” labels to prompt a conversation with your health care provider.

**STOP EVERYDAY KILLERS** promotes awareness and features stories from people who lost someone to the opioid epidemic.

**PRESCRIPTION DRUG ABUSE EPIDEMIC:** *Painkillers Driving Addiction, Overdose* provides information on the epidemic.

**UNUSED MEDICATION DISPOSAL RESOURCES** provides information on what you can do to fight the epidemic.

**PRESCRIPTION DRUG ABUSE FOR PROVIDERS** provides information for health care providers.

**ANNUAL NATIONAL PRESCRIPTION DRUG TAKE BACK DAYS:** The last Saturdays of April and October are the dates for the U.S. Drug Enforcement Administration.

## Appendix F: Construction Employer Naloxone Request Process

### What Is Naloxone?

Naloxone, generally known by the brand name Narcan, is a lifesaving medication that can reverse an opioid overdose in just minutes. It usually takes effect very quickly to restore a normal respiratory rate to a person whose breathing has slowed or stopped as a result of an overdose. First responders, law enforcement officers, and school nurses aren't the only people who should carry naloxone. If you use opioids or you have friends, family members, or coworkers who use opioids, you should consider getting naloxone and having a plan of action — and notifying those around you where you are storing naloxone — so everyone knows what to do in the case of an overdose emergency.

Naloxone should be given only to someone experiencing an opioid overdose. Overdose most often occurs when people take a large or increased amount of an opioid, mix opioids with alcohol or other drugs, or have had recent changes in tolerance levels.

**See the next page for the overall workflow to request overdose response training and naloxone from DPH.**



## Requesting Overdose Response Training and Naloxone

Employer will send an email to the Division of Public Health Office of Health Crisis Response at [OHCR@delaware.gov](mailto:OHCR@delaware.gov), sharing:

1. Employer name
2. How many employees they would like to train
3. How many naloxone kits are needed
4. Preferred dates/times for the training
5. Preference for “classroom-style” (preferred) or “point of distribution–style” training\*

OHCR staff will contact the OEMS Community Naloxone Coordinator to confirm naloxone availability and get initial approval for training.

- OHCR staff will get in touch with the stakeholder who reached out, helping them complete the Community-Based Naloxone Access Program (CBNAP) form.
- OHCR staff will also coordinate with OEMS to identify a team of DPH-approved community trainers (through the Community Response Team or a local training agency) who can do the training for the construction stakeholders.

Training will be officially scheduled with the training agency and construction employer.

Approximately one week before the training is to occur, OHCR staff, the training agency (if available), and the construction employer point of contact will speak by phone to discuss any additional training or site logistics.

Training to take place, which will provide all attendees with an understanding of how to recognize and respond to an individual experiencing an overdose.

Moving forward, construction employers should monitor when new staff are hired and need to be trained, as well as the expiration date for the naloxone provided, reaching back out to OHCR at the email above when additional training and supplies are needed.

\***Classroom-style training** is preferred and can be offered in person or virtually. Provides background on opioid addiction, is done as a group, and takes about 1 hour. **Point of distribution–style training** is shortened, point-in-time training focused on overdose response and naloxone administration. Allows for a rolling schedule of employees to go through the training during a planned window of time, and training takes about 7–10 minutes for each person to go through.

