Update on Opioid Use Disorder Prevention Guide
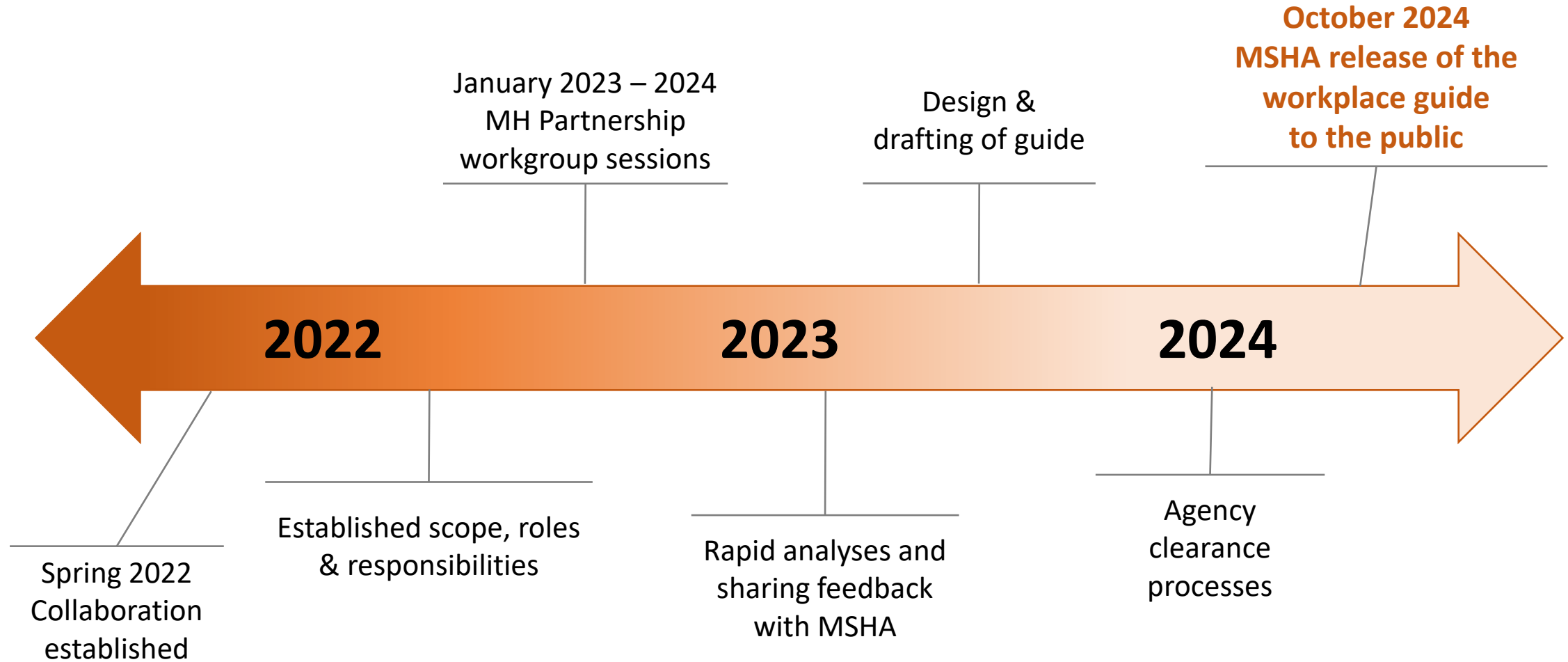
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Timeline

January 2023 – 2024
MH Partnership
workgroup sessions

Design &
drafting of guide

October 2024
MSHA release of the
workplace guide
to the public

2022 2023 2024

Spring 2022
Collaboration
established

Established scope, roles
& responsibilities

Rapid analyses and
sharing feedback
with MSHA

Agency
clearance
processes

Implementing Effective Workplace Solutions
to Prevent Opioid Use Disorder:

A Resource Guide for the Mining Industry

The goal of this guide is to provide mine operators, occupational safety and health managers, and others with actionable tools to effectively plan, implement, and integrate workplace interventions to prevent opioid use disorder among mine workers.
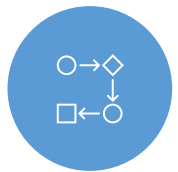
Major Sections of the Guide

- Burden of opioid use on mine workers
- Business case for opioid prevention
- Overview of workplace prevention
- Model & promising practices to support strategies
- Components of an opioid prevention program

Components of Comprehensive Workplace Prevention

- Workplace Health Promotion
- Injury Prevention Programs
- Workplace Policies
- Employee Education & Training
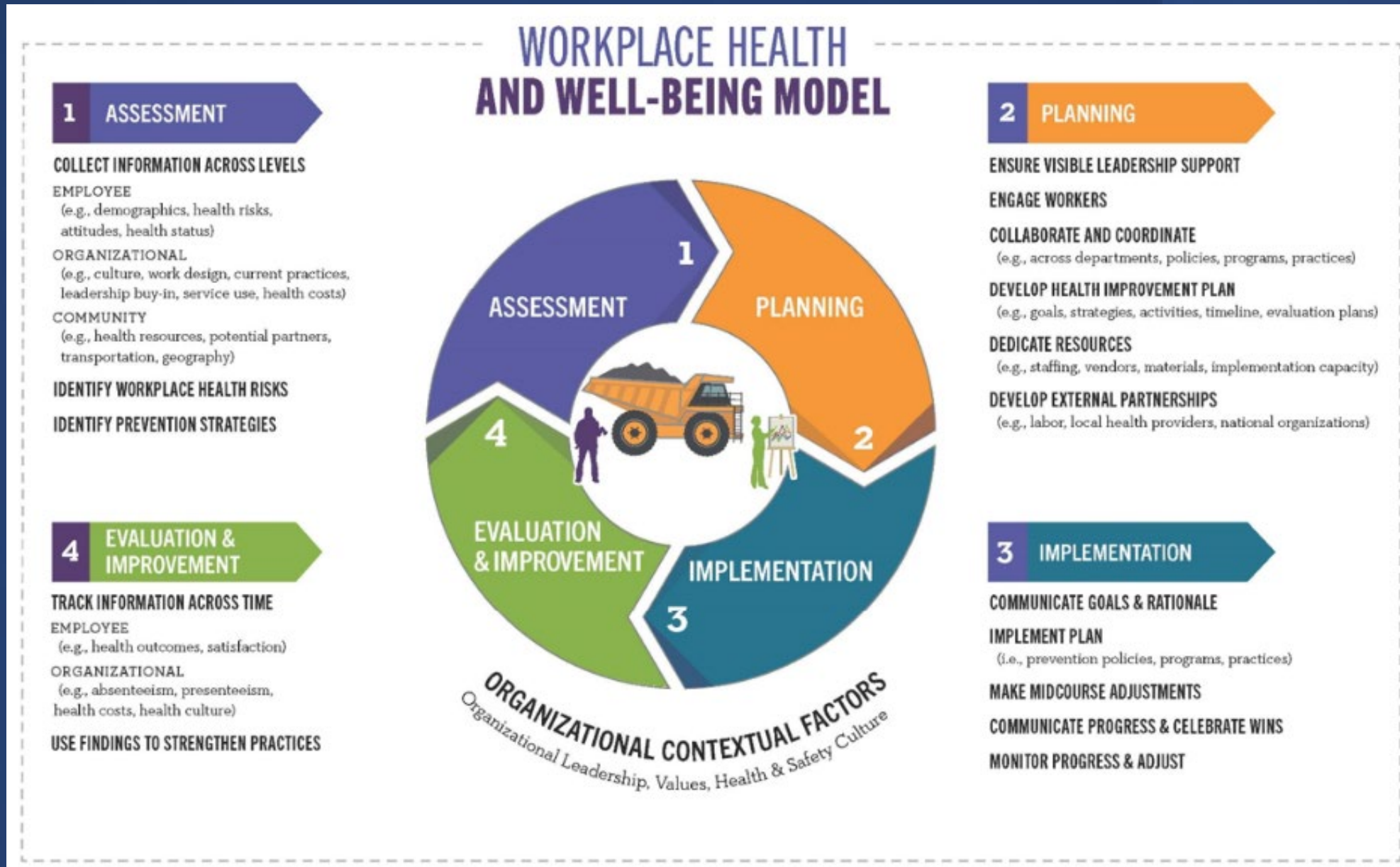- Drug Testing Programs
- Medical, Behavioral, & Pharmacy Coverage
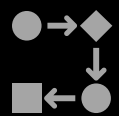- Employee Assistance Programs
- Peer Programs

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Systematic approach to implementing prevention

WORKPLACE HEALTH AND WELL-BEING MODEL

1 ASSESSMENT

COLLECT INFORMATION ACROSS LEVELS

EMPLOYEE
(e.g., demographics, health risks, attitudes, health status)

ORGANIZATIONAL
(e.g., culture, work design, current practices, leadership buy-in, service use, health costs)

COMMUNITY
(e.g., health resources, potential partners, transportation, geography)

IDENTIFY WORKPLACE HEALTH RISKS

IDENTIFY PREVENTION STRATEGIES

2 PLANNING

ENSURE VISIBLE LEADERSHIP SUPPORT

ENGAGE WORKERS

COLLABORATE AND COORDINATE
(e.g., across departments, policies, programs, practices)

DEVELOP HEALTH IMPROVEMENT PLAN
(e.g., goals, strategies, activities, timeline, evaluation plans)

DEDICATE RESOURCES
(e.g., staffing, vendors, materials, implementation capacity)

DEVELOP EXTERNAL PARTNERSHIPS
(e.g., labor, local health providers, national organizations)

3 IMPLEMENTATION

COMMUNICATE GOALS & RATIONALE

IMPLEMENT PLAN
(i.e., prevention policies, programs, practices)

MAKE MIDCOURSE ADJUSTMENTS

COMMUNICATE PROGRESS & CELEBRATE WINS

MONITOR PROGRESS & ADJUST

4 EVALUATION & IMPROVEMENT

TRACK INFORMATION ACROSS TIME

EMPLOYEE
(e.g., health outcomes, satisfaction)

ORGANIZATIONAL
(e.g., absenteeism, presenteeism, health costs, health culture)

USE FINDINGS TO STRENGTHEN PRACTICES

ORGANIZATIONAL CONTEXTUAL FACTORS
Organizational Leadership, Values, Health & Safety Culture

Each strategy section follows this structure:

Strategy overview including strengths and challenges

How to get started using the Workplace Health and Well-being Model

Links to resources

An example strategy section

Peer Programs

What are Peer Support Programs?

Peer support programs provide non-clinical services to help individuals struggling with SUDs.[126] The programs provide strategic support, provided by trained peer workers, to help those in need access treatment and maintain recovery afterwards.

In the workplace, these programs are typically administered through employee or member assistance programs (EAP, MAP). Historically, they have had a strong affiliation with labor.[127]

Importance of Workplace Peer Support Programs

Peer support providers most often have lived experiences, either their own or that of family members. They also have a keen understanding of the job and its demands and challenges.[128] Peers usually serve as unpaid volunteers and participate in formal training, typically lasting 3–5 days, which includes certification.

The unique relationship between a peer and person in recovery is based on hope, trust, and empathy.[129] Peers can identify people who are struggling, help them access services, and assist them throughout the recovery process by focusing on the three R's: recognize, react, and recommend.[130] Because they are peer-workers first, they can help other workers identify aspects of work that may increase risks associated with recurrence of SUDs and may share their own recovery experiences. Those in recovery can be inspired when they see their fellow workers who are overcoming similar struggles.

This trusting, insightful relationship can make peer programs effective in supporting prevention, treatment, and recovery. Because recurrence of use is often a part of recovery, peers provide ongoing support to help workers extend gains made in treatment into the daily environment.[131] In community-based settings, research has demonstrated increased treatment retention, reduced recurrence rates, reduced substance use, and improved relationships with providers.[132] Moreover, "having peers help colleagues in distress is an effective way of both counteracting stigma and increasing help-seeking."[133]

Improving Peer Support in the Workplace

Peer support models have been understudied in workplace settings, with programs more established and researched in community-based or behavioral health settings.[134] While peer support for workers with SUDs has been integrated into Member Assistance Programs since the 1990s,[135] there is a shortage of peer training and certification programs available for non-union employers. Employers can consider enhanced EAP models to provide the structure and resources to support peer programs. Employers can also use digital behavioral health tools to address workers' needs.[136]

Another approach of increasing peer support is to offer "first aid" type training for employees. These courses can facilitate awareness, understanding, conversation, and getting help for those in crisis. Because of the considerable overlap of SUDs, mental health disorders, and suicidality,[137] providing multiple training

The process model in action

options for workers may be helpful. Training may also help to reduce stigma surrounding mental health and substance use concerns. Examples of these training programs include:

- **Mental Health First Aid** is a one-day course developed to allow the public to identify, understand, and respond to mental health conditions and substance use disorders. It is similar to basic life support classes that teach cardiopulmonary resuscitation (CPR) skills for the general public to learn lifesaving treatments for people in cardiac arrest.
- **Question, Persuade, and Refer** (QPR) is a one-hour course that aims to prevent suicide and dispel harmful myths about individuals struggling with suicidal thoughts.

These courses can be implemented with or without an established peer support program. Some employers may decide to start with the awareness building courses and expand peer programming over time.

How to Get Started to Include Peer Support for OUD Prevention

Using the Workplace Health and Well-Being Model (Figure 7) to guide planning and implementation of peer-based services, the following illustrate steps employers can take during each of the model's four phases.

1 ASSESSMENT

Assess organizational and community resources to determine the feasibility of peer support
Consider the following assessment activities:

- Document the advantages and limitations of each strategy for the workplace.
- Inventory available community resources (e.g., community health/mental health center) with which the EAP or HR department can partner for training and/or peer support services.
- Explore virtual peer support and digital behavioral and health tools.

To learn more about implementing a support program with certified peer workers, reach out to the local union or contact the EAP program. Alternatively, contact local community health or mental health centers.

Assess leadership and supervisor buy-in for peer support initiatives
Visible, vocal leadership support is critical to success. It is critical to develop middle management and supervisor support prior to beginning a peer program.

Assess whether stigma may be a barrier to establishing a peer support program
Consider conducting organizational surveys to capture employee attitudes about mental health, workplace stress, and perceptions of stigma.

2 PLANNING

Develop a peer support improvement plan
Based upon results from the needs assessment phase, develop an initial strategy for peer support. Consider partnering with external providers in the community. Be clear about the goals and objectives. For

example, if starting with brief trainings (e.g., Mental Health First Aid, QPR), primary objectives may be to build greater mental health awareness across the workforce, increase dialogue about mental health, and reduce stigma.

Engage workers to identify potential peers
Approach the idea of a peer program and the opportunity for volunteer peers through open forums, newsletters, and informal conversations with workers. Share a point-of-contact for questions and to discuss training options.

Build capacity by developing a referral network
One of the primary goals of peer programs is to increase access to treatment and supportive resources for workers who are struggling. Work with the EAP and HR department to identify resources and referral mechanisms. This can be an iterative process to enhance the available resources over time. Start with local resources (i.e., community mental health center, behavioral health counselors, support groups) and then add virtual substance use resources (see SAMHSA resources).

3 IMPLEMENTATION

Conduct outreach on an ongoing basis to facilitate awareness, participation, and buy-in
Share information with workers on a regular basis through newsletters, posters, flyers, events, pre-shift meetings, and annual health meetings. This ensures that workers know who to reach out to for help. Workers who have been trained can share their experiences and encourage others to engage in awareness trainings. Plan outreach events to coincide with national awareness events such as Mental Health Awareness Month, Suicide Prevention Month, Recovery Month, and Overdose Awareness Week.

Encourage ongoing communication and feedback
Make sure to communicate with workers, supervisors, and leadership throughout the process. Request feedback from peers on what is working and what isn't working and for suggestions for improvement (e.g., additional training or referral options).

4 EVALUATION

Evaluate program outcomes to inform improvement
Identify measures of success during planning (e.g., numbers of peers trained and referrals made). Use ongoing employee surveys to track changes in workers' attitudes, perceived stigma, and health-related behaviors over time.

Example of the resource section

Resources for Peer Support

Peer Support Training and Education

Member Assistance Program, International Union of Operating Engineers
This website provides education, stories, and supportive resources.

Start Your Recovery, Labor Assistance Professionals
This website provides education, stories, and supportive resources.

Informal Training on Identifying and Responding to Mental Health or Substance Abuse

Find a Course or Instructor, Mental Health First Aid
Information on local or virtual courses to train workers on how to identify and respond to people struggling with substance use or mental health disorders.

Suicide Prevention in the Workplace: Open Letter to Employers, QPR Institute
This page provides background information, a self-suit tool for employers, and a link to find an instructor. This course focuses on identifying and helping someone who may be suicidal. While the course is not focused specifically on harmful substance use, it can contribute to suicide. The QPR Institute provides in-person and online training. Employers may consider training and certifying a manager to teach the course within the organization.

National Helpline

SAMHSA's National Helpline, SAMHSA
A national helpline that is 24/7 and provides treatment referrals for individuals and family members facing substance use disorders or mental health problems. The helpline provides referrals to local treatment facilities, support groups, and community-based organizations.

Some key observations

- Language
  - Constantly evolving
    - Avoid opioid "abuse" or "misuse"
    - Use harmful opioid use or opioid use disorder
- Conversations revolving around worker mental health and well-being more broadly are accelerating
- There has been considerable momentum around several strategies:
  - Naloxone programs
  - Recovery-Ready Workplace Programs
  - Peer programs
- Need to establish research and resources relevant to non-union and mixed workplaces

RECOVERY-READY WORKPLACE TOOLKIT

Guidance and Resources for Private and Public Sector Employers

FEDERAL RECOVERY-READY WORKPLACE INTERAGENCY WORKGROUP

NOVEMBER 2023

Take Aways and Next Steps

Resource guide as a success of the Partnership

Need to evaluate these resources and develop implementational supports

Identify opportunities among the partners to share successes

Partnership workgroups to identify additional opportunities