



The Opioid Epidemic

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The OPIOID EPIDEMIC

A TEAM-BASED APPROACH TO PREVENTION

BY JOEL BENNETT, PH.D., ORGANIZATIONAL
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We are in the grips of an opioid epidemic. You only need to peek under the surface to see that the pain giving rise to addiction is both psychological and societal. National studies show increases in suicide rates, alcoholism, depression, sleep, fatigue and stress. Now add in the rise of stress-related disorders, positive drug-test rates and social polarization, and it's clear the effect on worker health and productivity is serious.

In the past three decades, research has shown that some of the best predictors of employees' well-being are how much support they feel from co-workers and direct supervisors, how fairly they feel they are treated, and how much they are respected by others to do their jobs. Collectively, these factors can outweigh the negative effects of high-stress jobs, according to a 2015 article in *The Atlantic*. These stressors are strong predictors of poor health outcomes and contribute significantly to health-care costs. Conversely, a workaholic climate in which supervisors suggest "pushing through the pain" leads to greater disease risk and less use of mental health resources/employee assistance programs (EAPs).

But most wellness solutions are skewed toward individual-level data and focus on reducing individual health risk. They ignore the work climate and environmental factors that amplify, and even cause, those risks. In my experience, there's more success using a team or "culture of health" approach.

Evidence-Based Solutions

In the past 20 years, through research and public health initiatives, numerous evidence-based programs have been developed that have reduced employee substance-use risk. Many of these programs emphasize wellness and well-being, as described in the 2002 American Psychological Association's "Preventing Workplace Substance Abuse: Beyond Drug Testing to Wellness."

Recognition of a problem often means noticing how we, as a group, tolerate concerns, and that tolerance can take many forms:

- Routine use of alcohol as the way to socialize with co-workers
- A tendency to stigmatize substance abuse as a "they" or "them" problem
- The belief that seeking help is a weakness
- Blind acceptance of a "suck it up" workplace attitude

- Ignoring and pushing through one's own stress
- Looking the other way when witnessing harassment and bullying
- Ignoring the lonely or withdrawn co-workers who need encouragement
- Working next to someone who doesn't make it safe for a worker to express himself or herself.

Any one factor by itself may be the cause of, or an excuse for, covering up some form of psychological pain. Since the 1988 Drug Free Workplace Act, workplace levels of substance abuse have, at best,

Scenario: A business owner fired a key supervisor after the supervisor repeatedly asked her direct reports to share their pain medication with her.

Scenario: A group of co-workers ignored a colleague with a prescription-addiction problem out of a fear of tattling. That colleague later caused an accident that nearly killed someone.

Scenario: A friend's niece was murdered because her addiction to pain medication brought her into contact with an ex-convict. The tragedy resulted in weeks of grief and time away from work to support the family.

Scenario: A director of workforce development consistently cannot place employees in local businesses because they cannot pass the opiate drug test.

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Tips for Taking a Team Approach

Following are tips for treating opioid addiction in the workplace with a team approach:

- **Customize.** Each workplace has its own set of policies, including human resources, benefits, safety and wellness, and others. When training the team, always remind them of these policies and integrate them into your message.
- **Psychological safety.** You cannot do the type of team training advocated here without setting guidelines for confidentiality and anonymity and getting unanimous agreement from all.
- **Engagement.** The best way to engage employees is to really listen to them. Do this right, and the distinction between teaching, facilitating and coaching fades. Many employees need to know detailed information about their EAP benefit and coverage for treatment. Others are well-respected co-workers who can become ambassadors and peer-referral agents. Instead of focusing on adhering to a training protocol, focus on the varied needs and capacities of each participant.
- **Expose the tolerance norms.** We use fictional, scenario-based group exercises, presenting different case studies of at-risk co-workers. In addition to the colleague who comes to work with a hang-over or the employee who asks to share pain meds, we include a variety of health-related (e.g., obesity, diabetes) and behavioral (e.g., bullying, gossip) cases. Discussion centers around asking how each person would handle the situation and getting the group to reach consensus. These exercises always create a lively and engaging discussion. We always reintroduce policy, the EAP or employee relations as a “go-to” resource to prepare workers for similar situations in the real world.
- **Team resilience.** Throughout training, it is essential to be attuned to the current, ongoing, multiple or cumulative stressors of participants. Once you show that you are paying attention, participants have either revealed the stressors they face or are willing to talk about them.
- **Real listening.** There are dozens of exercises that guide good communication skills. I am continually delighted when workers realize how such listening is a stress-relaxation tool and how much they learn about each other, even though they may have worked together for many years.
- **Nudge.** This is a specialized skills training in how to compassionately encourage others to get help, if needed. Based on motivational interviewing, employees learn how to recognize readiness for change in co-workers, roll with resistance and make a referral to the EAP.

stayed the same, according to a May 2017 article on the EHS Today website. And they’re getting worse in several industries. Drug testing may be a deterrent, but it’s not a prevention tool. And it can end up keeping good people out of work. Past programs haven’t worked, so what now?

The Team-Based Process

For the past 20 years, my colleagues from OWLS, Texas Christian University and other organizations and I have worked on a science-based, culture of health, peer-to-peer approach to address worker drug issues. As a collective of researchers, consultants and trainers, we have received nearly \$5 million in federal funding to design, implement, evaluate, disseminate and commercialize prevention.

We’ve learned from our experience not to refer to this approach as “substance-abuse prevention” because the problem, whether it’s alcohol, drugs or prescription medication, typically is a symptom of a deeper source of issues. These issues exist in a worker’s personal background, lifestyle and biology, as well as in the social norms that stigmatize those who seek help. The workplace often ignores, tolerates, condones and sometimes even enables co-workers who are at risk.

Our team-based training specifically targets the work group, team, crew or collection of employees from a work unit or department, and we customize the approach to each industry and organization. This approach is called Team Awareness. Recently, we adapted the program for the restaurant industry (Carlson Restaurants) and dubbed it Team Resilience. Team Readiness was used for the National Guard and Team Vigilance for the National Electrical Contractors Association.

Each of these programs has reduced substance abuse risks and stress, improved the health and well-being of workers and the overall work climate, and increased help-seeking behavior. The U.S. Department of Health and the surgeon general have confirmed that these programs are indeed evidence-based.

Overall, training objectives are focused on improving communication, social practices, leadership behaviors and policy and operational norms that surround the individual, which means we spend a lot of time beyond focusing on signs and symptoms of drug misuse.

‘You never know when a kind word or gesture, or a nudge from you to a colleague will set in motion a positive ripple effect that leads them to make a healthier choice somewhere down the line. You could save a life.’

One program motto we use is: “You never know when a kind word or gesture, or a nudge from you to a colleague will set in motion a positive ripple effect that leads them to make the healthier choice somewhere down the line. You could save a life.”

As facilitators, we do a lot of group-related exercises focused on helping employees listen to each other for what matters most to them, as explained further in “Tips for Taking a Team Approach” on page 54. This includes group assessments of risk and protective factors in the work climate, a fun and competitive team game that tests knowledge of policy, fictional scenarios of problem employees with a group discussion, personal skills training for resilience, and paired exercises for real listening, encouragement and compassion. These tools are unlike traditional approaches that inform about policy and wellness. Instead, we’ve found that employees are often the greatest resource for each other, if they are given the right tools in the right environment.

Putting a Stop to a Business Problem

The opioid epidemic is an escalating health and social crisis that is fast becoming a major business problem. More employees are showing up for work unprepared and employers’ hiring pools are rapidly shrinking due to required drug testing.

Given the lack of treatment options outside the workplace, employers are bearing the brunt. Unfortunately, few companies have proactive approaches in place. Those that do mainly focus on treatment, by which time the problem has become entrenched. By taking a team-based approach, companies can prevent the problem before it escalates.**WS**

Joel Bennett, Ph.D., is CEO of Organizational Wellness and Learning Systems (OWLS).



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