



**NABTU Opioid Awareness Training Program
Participant Handout**

Contents

Time to Get Uncomfortable	2
Examples of Opioid-Containing Medicines	2
Tips for the Doctor's Office	2
Physicians'/Providers' Alert	3
Communication Tips	5
Substance Use Disorders and Mental Illness Resources	5

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Time to Get Uncomfortable

How have you or people you know been affected by opioids?

EXAMPLES OF OPIOID CONTAINING MEDICINES		
	Generic	Brand Name
SHORT-ACTING	morphine	MSIR, Roxanol
	oxycodone	OxyIR, Oxyfast, Endocodone
	oxycodone <i>(with acetaminophen)</i>	Roxilox, Roxicet, Percocet, Tylox, Endocet
	hydrocodone <i>(with acetaminophen)</i>	Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco
	hydromorphone	Dilaudid, Hydrostat
LONG-ACTING	morphine	MSContin, Oramorph SR, Kadian, Avinza
	oxycodone	Oxycontin
	fentanyl	Duragesic patch

Tips for the Doctor’s Office

- Ask if prescribed medication is an opioid
- Talk about substances you or your family members may struggle with
- Describe your work and ask if medications could be unsafe at work
- Ask about alternatives to opioids, including physical therapy and skills for pain management

Physicians’/Providers’ Alert:

Pain Management for Construction Workers

This Alert was developed to help ensure that all construction workers who visit a doctor or other healthcare provider because of pain from an injury are aware of treatment options and understand the potential risks of addiction associated with using prescription opioids. **Please:**

- (1) **read and print this Alert;**
- (2) **keep the “Tips for Talking with Your Doctor”;** and
- (3) **fill in the “To My Doctor” form and give it to your doctor to include in your medical records.**

Tips for Talking with Your Doctor: *What You Need to Know Before Accepting an Opioid Prescription*

Opioids, such as fentanyl (Duragesic®), hydrocodone (Vicodin®), oxycodone (OxyContin®), oxymorphone (Opana®), hydromorphone (Dilaudid®), meperidine (Demerol®), diphenoxylate (Lomotil®), tramadol, buprenorphine (e.g., Suboxone®), morphine, and codeine are often prescribed to help manage pain. In addition, new drugs are entering the market place, such as Dsuvia™, which are considered even more addictive. Since these medications can be addictive, they should only be used if other treatment options are not effective. When prescribed, they should be used for the shortest time possible, be closely monitored, and include counseling.

Talk to your doctor about treatment options and how the medication may affect you. Remember to tell your doctor:

- ✓ If you have been or are being treated for another health issue or have been prescribed other medications by another doctor.
- ✓ If you have a history of addiction to tobacco, alcohol or drugs, or if there is a history of addiction in your family.
- ✓ About your work environment. Let your doctor know that 1) taking opioids on the job can be a safety hazard because they can make you drowsy, and 2) testing positive for some drugs, even when prescribed for pain, can negatively impact employment opportunities. Some employers have expanded panels of drugs they test employees for, which are regularly reviewed and updated. The Department of Transportation’s drug test panel, for example, includes:¹
 - Opioids (codeine, morphine, 6-AM (heroin), hydrocodone, hydromorphone, oxycodone, oxymorphone)
 - Phencyclidine
 - Marijuana (THC)
 - Cocaine
 - Amphetamines (amphetamine, methamphetamine, MDMA, MDA)

Before accepting a prescription for one of the medications listed earlier or another opioid, ask your doctor/healthcare provider:

1. Can my condition be effectively treated without opioid medication? If yes, what would the treatment involve?
2. [If prescribed an opioid and are taking other medications] Will the opioid medication interfere with other medications that I’m currently taking?
3. Are there potential side effects from the opioid medication prescribed? If yes, how can I reduce the risk of side effects?

Remember:

NEVER share medications or store medications where others will have access.

ALWAYS safely dispose of medications. Look for a medicine disposal center near you (often at your local pharmacy).

To learn more visit:

- CPWR Opioid Resources website <https://www.cpwr.com/research/opioid-resources>
- Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov/> or call their confidential national hotline **1-800-662-HELP (4357)**
- Facing Addiction’s online Addiction Resource Hub <https://resources.facingaddiction.org/>

¹ Source: U.S. Department of Transportation. (2018). DOT 5 panel notice. https://www.transportation.gov/odapc/DOT_5_Panel_Notice_2018

Physicians’/Providers’ Alert:

To My Doctor Form

Pain Management for Construction Workers

To My Doctor/Healthcare Provider: I am a construction worker who performs physically demanding work that can result in sprain and strain injuries and chronic pain. Please keep this information for reference to aid in injury evaluations and pain management.

This document should be filed in the medical records of (patient’s full name):

Date of Birth: _____ / _____ / _____
Month Day Year

Your patient is a construction worker who engages in physically demanding work that can lead to sprains, strains, and other types of injuries.

When treating new or chronic pain in a construction worker, it may be useful to bear in mind the following factors.

- ✓ Construction workers have one of the highest rates of sprain and strain injuries due to the physically demanding nature of their work. Use of opioids to manage pain has been a common practice and resulted in high rates of addiction and overdoses among this segment of the workforce.¹ Construction workers encounter a variety of hazards from the specific work they perform, as well as from work being performed by other workers around them including: equipment hazards, falls from heights, confined spaces, and heavy lifting. To work safely, they must be mentally alert. Your patient may have concerns about specific hazardous working conditions as they manage pain.
- ✓ Construction workers rarely have sick leave and paid sick leave benefits. As a result, they are under financial pressure to stay on the job even when in pain and go back to work before they are fully healed and free of pain. Workers who obtain workers’ compensation may have access to payment for physical therapy or other chronic pain management alternatives; however, many construction workers injured on the job do not file a workers’ compensation claim, and many of those who file do not receive compensation.² Job and wage insecurity, anxiety, depression, and stress related to the compensation process can impact pain management.
- ✓ Construction work is highly mobile and transient. Many construction workers commute long distances for work or rely on temporary housing near jobsites that are far from their families and support systems. Return to work recommendations should consider the work tasks required as well as the location of the work. For instance, while they are recovering are there other less demanding jobs they can perform?
- ✓ The “tough-guy” culture within the industry can make workers reticent to discuss topics that may be perceived as a weakness, such as pain, depression, and addiction. This culture may complicate the management of both acute and chronic pain.
- ✓ Due to the hazardous nature of the job, many construction employers require drug testing and some have panels of drugs they test for, which are regularly reviewed and updated. As of January 2018, the Department of Transportation’s 5-panel drug test, for example, added some prescription opioids.³ Testing positive for these drugs, even when prescribed for pain, could result in a construction worker not being hired or losing their job, which would affect their ability to provide for their family.

Communication Tips

Directness: Give direct feedback about substance use and problems that you observe.

“I don’t know if you’re struggling with [alcohol, pills, etc.], but you seem pretty out of it.”

Understanding: Be warm, respectful and understanding.

“I know you have a lot going on, but I don’t want things to get worse.”

Ownership: Acknowledge that responsibility for change is theirs and be encouraging.

“It’s up to you, but I know you can kick this thing.”

Offer some options:

“There’s an AA meeting at the union hall.”

Local Resources (From your Instructor):

Resources Available to Anyone:

Substance Abuse and Mental Health Services Administration (SAMHSA)

1-800-662-HELP (4357) www.samhsa.gov/find-help/suicide-prevention

National Suicide Prevention Lifeline

1-800-273-8255 www.suicidepreventionlifeline.org

Learn to COPE

508-738-5148 www.learn2cope.org/

SHATTERPROOF™

1-800-597-2557 www.shatterproof.org/treatment/Substance-Use-Disorder-Treatment

Clean and Sober National Softball Association

510-938-8740 <https://www.csnsa.com/>

Government of Canada

www.canada.ca/en/health-canada/services/substance-use/get-help/get-help-problematic-substance-use.html

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