



Addiction is a hugely complex and destructive disease, and its impact can be simply devastating. All too often, lives and families can be shattered by it.  
– Kate Middleton

[www.LiveDrugFree.org](http://www.LiveDrugFree.org)

# Supervisor Newsletter

## Opioid Overdose Legislation

Congress is considering new, bipartisan, bicameral legislation to combat opioid overdoses in the workplace. The Workplace Overdose Reversal Kits (WORK) to Save Lives Act, if passed, will require OSHA to issue guidance to employers regarding opioid overdose medication, attainment, usage, and training. Under the bill, OSHA would have nine months after the law is passed to publish nonmandatory guidance.

The goal of the new legislation is to give employers the tools needed to save workers who are struggling with opioid addiction.

## A Growing Problem

According to the National Institutes of Health (NIH), opioid use disorder (OUD) has become an overwhelming public health problem in the United States. Drug overdose is now the leading cause of accidental death in America, with two-thirds of all drug overdose deaths involving an opioid. Many of these deaths result from use of prescription painkillers, and synthetic opioids (e.g., fentanyl, tramadol) have outpaced commonly prescribed opioids as the leading cause of opioid

overdose deaths. The dramatic increase in both prescription and illicit opioid use since 2004 is attributed, in part, to a marked liberalization of opioid prescribing practices for the treatment of acute and chronic pain. Opioid prescribing rates have shown a gradual decline since 2010, but opioid fatality rates have increased significantly. Also, some policy changes designed to reduce opioid prescribing (e.g., prescription drug monitoring programs) may have contributed to individuals transitioning to use of illicitly manufactured opioids such as heroin and fentanyl.

Much of the public health response to the opioid crisis thus far has been in the health care system, but there is now a realization that employers (with help from OSHA) can have a positive impact on the problem.

Last year, 83,000 opioid-related deaths were reported in America, and an overwhelming number of U.S. companies reported opioid use among employees, but less than 20% of employers said they were well-prepared to deal with the problem.

With proper assistance, however, employers can play an important role, even a lifesaving one, at every stage along the OUD continuum: prevention, intervention,

treatment, and recovery. If the WORK to Save Lives bill is passed, it will be a step toward ensuring that supervisors in America's workplaces feel confident to respond to emergencies and utilize overdose reversal medication to save lives.

To prepare workplaces in the event of an opioid overdose, the WORK to Save Lives Act would do the following:

- The Secretary of Labor will, through OSHA, issue nonmandatory guidance to employers on acquiring and maintaining opioid overdose reversal medication and train employees on an annual basis on the usage of such medication.
- The Secretary of Labor will, through OSHA, issue mandatory regulations for federal agencies on acquiring and maintaining opioid overdose reversal medication and train employees on an annual basis on the usage of such medication.

The WORK to Save Lives Act has been endorsed by The National Safety Council, the SAFE Project, and the Global Health Advocacy Incubator.

"Giving someone a second chance at life can be as easy as a quick demonstration and access to a simple tool. In our current world, it is paramount to acknowledge the lifesaving

capacity of medications like naloxone," said Lorraine Martin, president and CEO of the National Safety Council. "Supporting the WORK to Save Lives Act means boldly declaring that America cannot—and will not—continue to ignore this national crisis. Naloxone is first aid when someone is experiencing an opioid overdose and having it available wherever people gather, including workplaces, is imperative. Together, we can empower our nation to save lives, one simple action at a time."

The WORK to Save Lives Act is co-sponsored by: David Trone (D-MD-06), John Rutherford (R-FL-05), Brittany Pettersen (D-CO-07), Nancy Mace (R-SC-01), Paul Tonko (D-NY-20), Eleanor Holmes Norton (D-DC-At Large), Doug Lamborn (R-CO-05), Tony Cárdenas (D-CA-29), Sean Casten (D-IL-06), Jasmine Crockett (D-TX-30), Barbara Lee (D-CA-23), Andrea Salinas (D-OR-06), Raúl Grijalva (D-AZ-07), Andre Carson (D-IN-07), Troy Carter (D-LA-02), and Sheila Jackson Lee (D-TX-18).

A companion bill will be introduced in the Senate by Sen. Jeff Merkley (D-OR).

The bill can be read in its entirety here: [https://watsoncoleman.house.gov/imo/media/doc/work\\_to\\_save\\_lives\\_act\\_bill\\_text.pdf](https://watsoncoleman.house.gov/imo/media/doc/work_to_save_lives_act_bill_text.pdf)



Addiction is a hugely complex and destructive disease, and its impact can be simply devastating. All too often, lives and families can be shattered by it.  
– Kate Middleton  
[www.LiveDrugFree.org](http://www.LiveDrugFree.org)

# DrugFree@WorkPlace

## Workplace Drug Abuse Treatment

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that more than 45 million Americans are currently living with a substance use disorder (SUD), and 75% of them are employed and open to receiving treatment. There is obviously an enormous opportunity to have a positive impact on America's drug problem through drug free workplace programs.

Less than 10% of people suffering from drug and alcohol addiction receive the help they need because of limited access and/or high costs. But counseling and treatment made available through an employer's health insurance plan or Employee Assistance Program (EAP) can be affordable.

Treatment for SUDs is critically important because substance abuse leads to chronic health conditions like heart and liver disease, diabetes, cancer, kidney disease, and mental health problems. Sick employees incur higher healthcare costs resulting in increased premiums for employer's health insurance plans.

In a recent Substance Abuse Management survey, one in six employees reported missing work because of a personal problem with alcohol or drugs, and this does not include the workers who are negatively impacted by a family member's SUD.

When considering all of the direct and indirect costs, the Centers for Disease Control (CDC) estimates the annual minimum cost of substance use disorders at more than \$15,000 annually per affected employee. Few businesses can afford this loss to the bottom line.

## Recognizing the Reality of the Problem

Many employers and supervisors do not realize the magnitude and scope of the issue because while about 80 million Americans engage in risky substance use behaviors, it can sometimes be difficult to identify the problem. High functioning alcoholics and drug addicts are often able to hide their SUD for years before a serious event reveals the disorder.

The problem is that over time, quality of work will diminish due to reduced mental performance and may eventually result in a serious workplace incident. As dependency progresses, people struggling with a substance use disorder will place the job further down their list of priorities.

Functional addicts require long-term, consistent treatment. Rehabilitation takes time, but these individuals cannot get well until something happens to break through their denial. A positive drug test at work can often precipitate the first step into a counseling program and making treatment affordable through the employer's health insurance and/or EAP increases the chance of success.

There is great value in addressing substance misuse in the workplace, and employers have a unique role and responsibility in helping to manage their workers' drug and alcohol problems. By implementing and maintaining comprehensive drug free workplace programs, companies can achieve significant improvements in drug and alcohol use, mental health, and overall well-being of their employees.

***The following suicide prevention information, while provided by the Georgia Department of Behavioral Health and Developmental Disabilities, will also be helpful to those in states other than Georgia. All online resources listed are available to users nationwide.***

Each year on November 11<sup>th</sup> (observed this year on Friday November 10<sup>th</sup>) we make a concerted effort to thank and to honor all those who have served in the United States Armed Forces, but it is also important that we acknowledge the adversity that many service members face when they return to civilian life and do our best to offer our support in honor of their sacrifice.

Servicemember and Veteran suicide has been a point of strife for those that serve and have served in the United States military, and for their loved ones. The rates of suicide within the veteran community and active duty military have been on the rise since the beginning of the Global War on Terrorism that began after the attacks on 9/11. Among the active duty military, the total suicides increased in

the first quarter of 2023 in comparison to the first quarter of 2022, with suicides rising from 75 to 94 (Clark, 2023) (Department of Defense Suicide Prevention Office, 2021).

Among veterans, the most recent statistic regarding veteran suicide cites that in 2020, suicides numbered 6,146, which was 343 fewer than the year prior. The differences of occurrences by year refer to a rise between 2001 and 2018, from 6,001 to 6,796. In the years to come there was a downward turn to 6,146 in 2020. Information included in this study also noted that there was a marked overall decrease of the veteran population within the study timeframe, which could have an impact on the outcomes as suicides are measured against the population (VA Suicide Prevention, Office of Mental Health and Suicide Prevention, 2022).

“As a Veteran that has reintegrated into civilian life after having served abroad for multiple campaigns/deployments in support of the Global War on Terrorism, my advice to those that care is to be there for them, listen, be understanding with empathy, and letting them know that you care,” says Derix Paloadé, who is currently working with the Georgia Department of Behavioral Health and Developmental Disabilities to help reduce veteran suicide rates in our state.

While many of the risk factors and protective factors presented in the case of veteran suicide mirror those of the civilian population, a full look at the biological, psychological, and social factors gives a better understanding of the specific issues faced by this community.

- Biological: Acute stressors, acute pain from injury, high dose opioid prescription for pain management, hyperactivity due to trauma experience, insomnia, traumatic brain injury, and the subsequent symptoms associated.
- Psychological: Extreme anxiety, PTSD, extreme trauma responses such as hyper vigilance, guilt associated with survivors’ remorse, anger, and rage.
- Social: Increased alcohol and/or substance misuse, self-destructive and/or risky behavior, and weapon familiarization.

“Too many of us believe that we are alone in this life and that nobody cares to understand where we are mentally, emotionally, or spiritually. There are Veterans in need of support without any outlet. I

implore them to reach out to those you served with, as well as to organizations that have made it a priority to help those that have served. No matter where we are in life, there is a solution,” Paloadé added.

Protective factors that can be used against suicidal thoughts include taking care of oneself to offset health issues, social-emotional skills to establish conflict resolution and communication issues, and making connections (i.e. friends and family).

Resources that exist to assist current and former service members are as follows:

- 988, Veteran Crisis line: <https://www.veteranscrisisline.net/>
- National Action Alliance for Suicide Prevention: [Veteran and Military Suicide Prevention Resources | National Action Alliance for Suicide Prevention \(theactionalliance.org\)](https://www.theactionalliance.org/)
- DOD’s Military OneSource: [Support for Military Personnel & Families | Military OneSource](https://www.militaryonesource.com/)
- Tragedy Assistance Program for Survivors: <https://www.taps.org/>

### Suicides Per 100,000 Active-Duty Troops

Counting deaths by suicide is not an exact science, and official figures can change as new information emerges. These DoD numbers represent the midpoint of the 95%-confidence range.



Sources: Department of Defense Annual Suicide Report for Calendar Years 2010 and 2021; Department of Defense Suicide Event Report for Calendar Years 2011, 2012, 2013, 2014, 2015, 2016, 2017, and 2018. Credit: Elizabeth Howell | Defense One

To learn more about suicide prevention, visit the DBHDD website at: <https://dbhdd.georgia.gov/suicide-prevention>.

Or contact the Suicide Prevention Director, Rachael Holloman, at: [rachael.holloman@dbhdd.ga.gov](mailto:rachael.holloman@dbhdd.ga.gov).