

# OPIOIDS AT WORK

## EMPLOYER TOOLKIT



## Opioids: Facts to Know

It's important to understand opioids, their impact on the body, their side effects and how they can impair, and what that means for treatment and recovery.

### HOW OPIOIDS WORK

- Opioid painkillers are used to treat various types of pain. See the chart at the right for common opioids.
- Opioids attach to pain receptors in the brain, spinal cord and other organs.<sup>1</sup> This allows opioids to block pain messages from other parts of the body. Opioids can be short acting, extended release (short-acting formulations that are absorbed slowly and to be taken at longer intervals) or long acting.
- Opioid tolerance develops quickly. Tolerance is a natural biological process that occurs when opioids or other drugs are used long term. The body builds a tolerance to the effects, meaning more of the drug is needed to achieve the same effect.<sup>2</sup>
- Tolerance may not be the same for different opioids. Changing from one opioid to another can be dangerous, so one type of opioid should not be substituted for another. All medication changes should be approved by a doctor.
- Stopping opioid use is different than stopping other drug use. The withdrawal symptoms that accompany cessation of opioid use include extreme anxiety, restlessness, insomnia, diarrhea, vomiting, and bone and muscle pain. Though the most intense of these symptoms abate after 24–72 hours, some symptoms, such as anxiety and insomnia, can linger for months.<sup>3</sup>
- Opioid tolerance drops quickly after use has been discontinued.<sup>4</sup> Restarting use of opioids presents a dangerous risk of overdose, because a dose that was previously taken without issue could be fatal.

### EXAMPLES OF OPIOID CONTAINING MEDICINES

Generic	Brand Names*
<b>Prescription Opioids</b>	
Codeine	Tylenol with codeine #3 or #4, Promethazine (often in cold syrups)
Fentanyl	Actiq, Duragesic, Lazanda, Sublimaze
Hydrocodone with acetaminophen	Lortab, Norco, Vicodin
Hydromorphone	Dilaudid, Exalgo, Hydrostat
Meperidine	Demerol
Morphine	Kadian, MS Contin, MSIR, Oramorph SR
Oxycodone	Oxycontin, Oxyfast, Roxicodone
Oxycodone (with acetaminophen)	Percocet, Roxicet, Roxilox
Oxymorphone	Opana
Tramadol	Conzip, Ryzolt, Ultram
Tramadol (with acetaminophen)	Ultracet
<b>Illegal Opioids</b>	
Heroin	Diamorphine
Fentanyl and its analogues	Illicitly manufactured fentanyl and its analogues (acrylfentanil, carfentanil, U47700, and others) have no brand name.
<b>Opioid Prescribed for Medication Assisted Treatment</b>	
Buprenorphine	Bunavil, Suboxone, Subutex
Methadone	Dolophine, Methadose

\*This list of brand names is not exhaustive. Make sure to ask your doctor if you are being prescribed medications that may contain opioids. Learn more about [talking to your medical provider](#).

### WHEN ARE OPIOIDS PRESCRIBED?

Opioids may be prescribed for both acute pain (after surgery or breaking a bone, for example), or for chronic pain. For acute pain, prescriptions of three to five days should suffice for most patients.<sup>5</sup>

If opioids are prescribed for chronic pain, they should be the last resort, as opposed to the first choice. Long-term opioid prescriptions should be accompanied by other pain management methods as appropriate to lessen the amount of opioids needed.

No matter when opioids are prescribed, it should be done with the utmost care and consideration. This decision should always be made between a doctor and a patient. Both doctors and patients should be educated and aware about the risks associated with taking opioids, which include risk for opioid misuse, development of opioid use disorder, and opioid overdose.

Patients should also remember that just because an opioid is recommended or prescribed, they do not have to fill the prescription. It is important to know the names of common opioids and to discuss alternative pain management options with your doctor. Learn more about [talking with your medical provider](#) and [asking questions about opioids](#).

### Side effects of taking opioids

Opioids can have impairing side effects including:<sup>6</sup>

- Sleepiness
- Nausea
- Constipation
- Confusion
- Dizziness
- Delayed reaction time
- Impaired vision

Some people experience additional effects while taking opioids, including:

- Increased energy
- Increased confidence
- Feeling smarter
- Being more relaxed
- Feeling less depressed
- Experiencing a high or euphoria

These reactions can happen suddenly and while taking the prescribed dose. Users should be careful to follow their doctor's or pharmacist's instructions.

### Opioid Overdose Risk

Opioid overdose occurs when high levels of opioids in the body cause respiratory distress – slowed or stopped breathing. This can be fatal if not treated.

Naloxone is a safe medication to use when you suspect someone is overdosing. Naloxone can temporarily stop an overdose by blocking opioid receptors in the brain and allowing the victim to start breathing again. Learn more about naloxone in the workplace [from NIOSH](#).



### Key Steps for Employers

- ✓ Policies should emphasize the importance of injury prevention efforts in the workplace. Create a workplace policy that gives employees enough time to fully heal after an injury or surgery. This reduces the risk that employees will be prescribed more opioids because they have to return to work before they're fully recovered. This also reduces the chance they will be impaired at work. Preventing injuries from occurring reduces the chance for opioid prescriptions in the workforce.
- ✓ Ensure alternative pain management treatment (acupuncture, physical and occupational therapy, etc.) are covered at the same level as pharmaceutical interventions
- ✓ Provide coverage for all treatment options for people living with chronic pain. Chronic pain is a common medical issue in the United States – over 20% of adults have chronic pain, meaning they experience pain on most days or every day.<sup>7</sup>
- ✓ Workplace policies and health care coverage should minimize risk for opioid misuse while not preventing chronic pain patients from taking opioids if prescribed by their doctors. Employees may need long-term prescriptions for opioids – this is not the same as an employee misusing opioids.

*Medical advice and information in this document were approved by NSC physicians who advise the Council on our substance use harm initiatives. These doctors also are members of the [NSC Physician Speakers Bureau](#).*

<sup>1</sup> National Institute on Drug Abuse. (n.d.). Opioids. Retrieved February, 2019, from <https://www.drugabuse.gov/drugs-abuse/opioids#summary-of-the-issue>

<sup>2</sup> Centers for Disease Control and Prevention. (2017, August 29). Prescription Opioids. Retrieved February, 2019, from <https://www.cdc.gov/drugoverdose/opioids/prescribed.html>

<sup>3</sup> Elsevier. (2017). Opioid Withdrawal. Retrieved February, 2019, from [https://www.elsevier.com/\\_data/assets/pdf\\_file/0019/537031/opioid-withdrawal-ClinicalKey.pdf](https://www.elsevier.com/_data/assets/pdf_file/0019/537031/opioid-withdrawal-ClinicalKey.pdf)

<sup>4</sup> Harm Reduction Coalition. (n.d.). Tolerance. Retrieved February, 2019, from <https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/opioid-od-risks-prevention/tolerance/>

<sup>5</sup> Centers for Disease Control and Prevention. (2016, March 18). CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016. Retrieved February, 2019, from [https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC\\_AA\\_refVal=https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1er.htm](https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1er.htm)

<sup>6</sup> Benjamin, R., Trescot, A. M., Datta, S., Buenaventura, R., Adlaka, R., Sehgal, N., . . . Vallejo, R. (2008). Opioid complications and side effects. *Pain Physician*. Retrieved February, 2019.

<sup>7</sup> Centers for Disease Control and Prevention. (2018, September 13). Prevalence of Chronic Pain and High-Impact Chronic Pain Among Adults – United States, 2016. Retrieved February, 2019, from <https://www.cdc.gov/mmwr/volumes/67/wr/mm6736a2.htm>