

WORKPLACE MODULE GUIDE



BACKGROUND

The National Safety Council* reports that 75% of U.S. employers say their workplace has been directly affected by opioid usage but only 17% feel well prepared to deal with the issue. And while employee wellness programs continue to deliver increases in productivity and performance, and decreases in absenteeism¹ there remains a need for behavioral health resources for employees² to address addiction in general, and opioid use disorder specifically.³

To this aim, Discovery Education and the U.S. Drug Enforcement Administration (DEA) have expanded their [Operation Prevention](#) partnership to include [workplace resources](#).

Operation Prevention

Operation Prevention was launched in 2016 to combat a growing epidemic of prescription opioid misuse and heroin use. Since the launch, Operation Prevention has reached over 4M students nationwide. It is a no-cost, standards-aligned program for young people ages 8-18. Resources include classroom activities, digital lesson plans, Virtual Field Trips, as well as a Parent Toolkit and a Self-Paced Module on The Science of Addiction.

Operation Prevention Workplace Module

Knowing that substance misuse affects all aspects of life, including the workplace, Discovery Education and DEA tapped into the expertise of scientists, adult learning specialists, and instructional designers **to raise awareness and knowledge** about the opioid epidemic specifically for adults. The result is a no-cost series of four self-paced, interactive modules, complete with a confidence rating assessment at the end of each module.

- Module 1: The Opioid Epidemic
- Module 2: The Science of Opioids
- Module 3: The Reality of Opioids
- Module 4: The Power of Prevention

Discovery Education

Discovery Education is the global leader in standards-based digital curriculum resources for K-12 classrooms worldwide. We are home to award-winning digital textbooks, multimedia content, and the largest professional development community of its kind.

U.S. Drug Enforcement Administration

DEA's mission is to enforce the controlled substances laws and regulations of the United States and bring to the criminal and civil justice system of the United States, or any other competent jurisdiction, those organizations and principal members of organizations, involved in the growing, manufacture, or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and to recommend and support non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets.

¹ Workplace Wellness 2017 Survey Report (2017). International Foundation of Employee Benefit Plans. www.ifebp.org

² <https://www.myshortlister.com/workplace-wellness-trends?hsCtaTracking=ff8d39e7-d7f6-4965-b2ba-de5bbc3e3821%7Cdf075e61-5591-47f3-bc86-98d15be8faf0>

³ <https://www.shrm.org/ResourcesAndTools/hr-topics/benefits/pages/steps-to-address-opioid-crisis.aspx>

MODULE SUMMARIES AND KEY LEARNING OBJECTIVES

MODULE 1: THE OPIOID EPIDEMIC

This module provides an interactive overview of how the epidemic evolved from the overprescribing of opioids, to an increase in heroin production and an increase in illicit fentanyl production, plus a host of other factors. Participants reflect on their relationship with prescriptions and how important opioid science is to them and their communities.

Key Learning Objectives:

In this module, employees will learn about

- what opioids are,
- how multiple factors created the epidemic, and
- the progression from prescription opioid misuse to heroin use and illicit fentanyl use.



Employees also meet two individuals, Jason and Carrie, both with personal experiences with the opioid epidemic and hear from a prevention specialist, Gail, on what each of us can do to reverse the epidemic.

Length: Approximately 15 minutes

MODULE 2: THE SCIENCE OF OPIOIDS

This module provides an interactive overview of how opioid dependency happens, the sensory difference between natural and opioid-induced dopamine hits, the short- and long-term effects of opioids, including overdose, and the science behind the brain disease of addiction. Participants reflect on how often they engage in science-based conversations about opioids as well as how important drug purity is to them.

Key Learning Objectives:

In this module, employees will learn about

- the science of opioids,
- how they affect the brain and the body, and
- ways to prevent dependency.



Employees will hear again from Jason and Carrie on what it feels like to experience the physical effects of opioids and then hear about the science of addiction from Gail.

Length: Approximately 15 minutes

MODULE SUMMARIES AND KEY LEARNING OBJECTIVES

MODULE 3: THE REALITY OF OPIOIDS

This module provides an interactive overview of the reality of opioids on communities, including the workplace, and how to support those who are directly affected by opioid misuse or heroin or illicit fentanyl use. Participants reflect on their own attitudes about asking for help and how they can contribute to keeping their homes, workplaces, and communities safe.

Key Learning Objectives:

In this module, employees will learn about

- the number of people affected by the opioid epidemic, in order to build some context around its pervasiveness in every community,
- how to take the first steps in seeking help if they or someone they know is experiencing an opioid use disorder,
- what treatment options can look like, and
- how treatment is a journey, requiring a multi-faceted approach with support in all areas of life.



Employees hear from Jason and Carrie about how the disease of addiction and opioid use disorder affected their personal and professional lives, as well as their journeys in recovery. Gail shares advice for those whose loved one, co-worker, or friend is experiencing an opioid use disorder.

Length: Approximately 15 minutes

MODULE SUMMARIES AND KEY LEARNING OBJECTIVES

MODULE 4: THE POWER OF PREVENTION

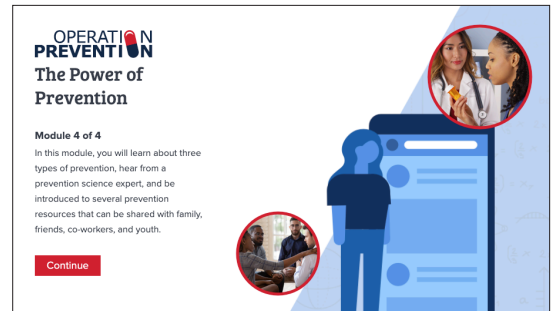
This module provides an interactive overview of the three different types of prevention—primary prevention, relapse prevention, and the prevention of injury or death—with a focus on primary prevention as a way of highlighting positive lifestyle choices. Participants reflect on their own methods for reducing stress, depression, or pain as well as how important it is for them to know how to help themselves or someone they know with an opioid use disorder.

Key Learning Objectives:

In this module, employees will learn about

- the opioid-overdose antidote, naloxone, and how to access it,
- how to prevent addiction and relapse,
- what changes in guidelines have come about in response to the over-prescribing of opioids,
- what we can do to reduce risk factors and increase protective factors when it comes to using prescription opioids and avoiding heroin and illicit fentanyl, and
- additional resources for educators, parents, caregivers, medical/health professionals, teens, faith-based and community leaders as well as for employers and employees.

Length: Approximately 15 minutes



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COMPANY LEADERS

According to the 2016 Work and Well-Being Survey by the American Psychological Association (APA), when senior leaders support well-being initiatives, employee and organizational outcomes skyrocket.⁴ But barriers still exist, namely, time for employees to participate.⁵

Each module is approximately 15 minutes in length under and they can be taken all at once or spaced out over weeks or even months. This design is intentional so to best fit any resource constraints specific to your employees' work schedules.

What we know...Opioid (and substance) use disorders:

Affect: Company Culture

- Chronic absenteeism, a norming of substance use,⁶ and misalignment between a company's stated values of employee well-being and any perceived reality of a company's actions towards an employee's wellbeing can erode morale, engagement, and an overall sense of (and the reality) of workplace safety.⁷

Affect the Return on Investment (ROI)⁸

- 18.5 days/year = the average number of additional days of missed work by those with an opioid use disorder
- 42% of people with opioid use disorders left the job they had throughout the previous year; typical attrition is 25%
- 8.7 times higher = the direct annual healthcare costs of the average employee who has an opioid use disorder

Ease of Implementation and Cost

The Operation Prevention Workplace Module Series is self-paced, free to access on the internet, and can stand alone or be integrated into other substance use disorder initiatives you may already have in your organization.

HUMAN RESOURCES PERSONNEL

Self-Paced Module Design

Instructional Design

Each module is organized by the Five Es, which mirror the sequencing of the student facing Operation Prevention digital lesson plans. The Five Es are: Engage—Explore—Explain—Elaborate—Evaluate.

The [Five Es are a research-based instructional process](#) that:

- validate and build upon a learners' prior knowledge,
- use an approach to learning that is inquiry-based, and
- applies knowledge gained to real-world situations.

The Power of Stories

Story, or narrative, is the oldest method of teaching and learning. We learned through stories as children and we continue to learn from stories whether formally, such as in documentaries for example, or informally, such as from a friend's story of a recent journey.

⁴ http://www.apaexcellence.org/assets/general/2016-work-and-wellbeing-survey-results.pdf?_ga=2.253715980.448092449.1580142085-1084001005.1580142085

⁵ <https://www.ifebp.org/aboutus/pressroom/releases/Pages/Workplace-Wellness-Goes-Beyond-ROI-.aspx>

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2887922/pdf/jsad526.pdf>

⁷ https://www.eurofound.europa.eu/sites/default/files/ef_files/docs/ewco/tn1111013s/tn1111013s.pdf

⁸ <https://www.nsc.org/work-safety/safety-topics/drugs-at-work/substances>

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It's the appeal of story that makes brand marketing campaigns a success, fuels binge-watching TV, and makes catching up with friends both engaging and cathartic.

We've chosen to use this format to help viewers connect data about the epidemic to what it looks like and feels like in real life.

Research-Based Content from Experts:

Mark S. Gold, M.D., served as the content area expert for each of the four modules. Dr. Gold is a world-renowned expert on addiction-related disease who has worked for 40+ years developing modules for understanding the effects of opioid, tobacco, cocaine, and other drugs, as well as food, on the brain and behavior. You can learn more about his work at the [Addiction Policy Forum](https://www.addictionpolicy.org/) (<https://www.addictionpolicy.org/>) and about his career, publications, and lectures (<https://www.drmarkgold.com/>)

Ms. Gail Taylor, M.Ed., served as our prevention specialist and is featured via video in each module. She is the Director of the Office of Behavioral Health Wellness for the Virginia Department of Behavioral Health and Developmental Services. Ms. Taylor oversees all of the substance use disorder prevention, suicide prevention, and mental health programs, practices, and strategies from across the state. You can learn more about her and her work on the [Virginia Department of Behavioral Health & Developmental Services](#).

DEA and Discovery Education are grateful to the [National Institute on Drug Abuse](#) (NIDA) and the [Substance Abuse and Mental Health Services Administration's](#) (SAMHSA) Center for Substance Abuse Prevention for their contributions to the development of Operation Prevention.

Basic Module Information & Prompts for Group Setting or Intranet Dialogue:

Module 1: The Opioid Epidemic

- A. Approximate time to complete: 15 minutes
- B. The Five Es Framework Sections
 - a. Engage
 - i. The Opioid Epidemic Introduction
 - ii. Introductions of Jason, Carrie, and Gail
 - iii. Making Headlines
 - b. Explore
 - i. The Opioid Epidemic and You (Self-Assessment)
 - ii. Show What You Learned—Confidence Rankings Pre-Assessment
 - c. Explain
 - i. What are Opioids?
 - ii. Prescription Opioids
 - iii. How did the opioid epidemic evolve?
 - d. Elaborate
 - i. A Deeper Dive
 - 1. Prescription Opioids
 - a. Jason on stealing opioids
 - b. Gail on securing your medication
 - 2. Heroin & Illicit Fentanyl
 - a. Gail on the problematic nature of illicit fentanyl
 - b. Jason's story in to opioids
 - c. Carrie's story into opioids

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3. How often do you...?
(reflective assessment)

e. Evaluate

- i. Confidence Ranking—What do you think? Post-test
- ii. Show what you know—Content Assessment

C. (Optional) Prompts for extending the conversation after completing Module 1

1. In terms of the topic of opioids, what was familiar to you? What was unfamiliar to you?
2. Whose story are you most intrigued by? Jason's, Carrie's, or Gail's? How so?
3. What detail about opioids stands out to you the most from the module? Why do you think this is?
4. How often do you... (choose one and share response—Always, Sometimes, Never)
 - a. ...take over the counter medications exactly as directed?
 - b. ...take prescription medications exactly as directed?
 - c. ...take unused and/or expired medication to an official disposal site?
 - d. ...follow up with family and friends who were prescribed opioids on how they are feeling after the prescription runs out?
 - e. ...get prescribed opioids from a doctor for pain not associated with cancer, kidney stones, or other excruciating pain?
5. What is one thing you want to know more about regarding opioids?

Module 2: The Science of Opioids

A. Approximate time to complete: 15 minutes

B. The Five Es Framework Sections

a. Engage

- i. The Science of Opioids Introduction
- ii. The Science of Opioids and You (Self Assessment)

b. Explore

- i. Show what you know—Confidence Ranking Pre-Assessment

c. Explain

i. The Science of Opioids

1. Opioids are Highly Addictive
2. Addiction is Complicated

ii. It's all about the dopamine

1. Carrie and Jason discuss the power of addiction.

iii. How Dopamine Works

iv. Natural v. Opioid-Induced Dopamine

1. Brain Stimulation and Dopamine
2. What's the difference?

v. Short- and Long-Term Effects

1. Carrie and Jason describe withdrawal and dope sick.

d. Elaborate

i. It's a disease.

1. Gail puts the opioid epidemic into context.
2. It's not willpower

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ii. Opioids and the Brain

1. Gail on the power of addiction

iii. Tolerance and Overdose

iv. The Science of Opioids is Personal

1. Jason and Carrie get personal

e. Evaluate

- i. How often do you...? Self-Assessment
- ii. What do you think? Confidence Ranking Post-Assessment
- iii. Show what you learned—Content Assessment

C. (Optional) Prompts for extending the conversation after completing Module 2:

1. In terms of the science of opioids, what was familiar to you?
2. What was unfamiliar to you?
3. What kinds of things do you do to get a natural dopamine hit?
4. What is most frightening to you about addiction? Why?
5. It's not willpower. It's a _____. (brain disease)
 - a. Is this something you already knew?
 - b. Does this provide you comfort or anxiety?
6. Whose story in this module had the biggest impact on you? How so?
7. How often do you... (choose one and share response—Always, Sometimes, Never)
 - a. ...share information or data about how opioids work with your friends, family, and colleagues?
 - b. ...post on social media about the dangers of self-medicating with prescription opioids, heroin, or illicit fentanyl?
 - c. ...ask people if they know the difference between prescribed and illicit fentanyl?
 - d. ...ask family, friends, and coworkers who were prescribed an opioid if they know why and how it works?

Module 3: The Reality of Opioids

A. Approximate time to complete: 15 minutes

B. The Five Es Framework Sections

a. Engage

- i. The Reality of Opioids
- ii. The Reality of Opioids—Self-Assessment

b. Explore

- i. Show what you know—Confidence Ranking Pre-Assessment

c. Explain

- i. The Numbers of an Epidemic
- ii. The Reality of Opioids

iii. Now What?

1. Jason's Experience with Addiction
2. Carrie's Experience with Addiction

iv. Where do we even start?

1. Treatment and Recovery are Possible
 - a. Gail advises on how to find resources

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b. Jason speaks at the Chesterfield County Jail

d. Elaborate

i. What's next?

1. Experience of Recovery: Carrie

ii. What's next? (continued)

iii. The Reality of Opioids is Personal

1. Gail shares expertise on finding treatment while Jason and Carrie describe the experience of recovery

e. Evaluate

i. How often do you...? Self-Assessment

ii. What do you think? Confidence Rankings Post Assessment

iii. Show what you learned—Content Assessment

C. (Optional) Prompts for extending the conversation after completing Module 3:

1. In terms of the realities of opioids, what was familiar to you?

2. What was unfamiliar to you?

3. What stories from Jason and Carrie hit you the hardest? How so?

4. How often do you... (choose one and share response – Always, Sometimes, Never)

a. ...let family, friends, coworkers and people in your community know that if they ever need help with substance use that you're a safe, trustworthy person to talk to?

b. ...share resources you've found with family, friends, coworkers, and local schools about prevention and treatment?

c. ...donate time, money, or other needed resources to organizations who treat opioid use disorders?

d. ...reflect on your own attitude towards asking for help regarding your health and well-being or the health and well-being of people you know?

Module 4: The Power of Prevention

A. Approximate time to complete: 15 minutes

B. The Five Es Framework Sections

a. Engage

i. The Power of Prevention

ii. The Power of Prevention—Self Assessment

b. Explore

i. Show what you know—Confidence Ranking Pre-Assessment

c. Explain

i. Gail on Prevention

ii. Three Types of Prevention

iii. Preventing an Opioid Overdose and Death

1. Gail on accessing naloxone

iv. Addiction & Relapse Prevention

1. Gail on possible signs of substance use disorder

v. Primary Prevention Works

1. What we know...

d. Elaborate

i. The Numbers of Primary Prevention

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- ii. Your Choices. Your Life.
- iii. How often do you...? Self-Assessment
- iv. Investing in Prevention
 - 1. Gail on the power of prevention
- v. Opioid Misuse Prevention Resources
- e. Evaluate
 - i. What do you think? Confidence Rankings Post Assessment
 - ii. Show what you learned—Content Assessment
- C. (Optional) Prompts for extending the conversation after completing Module 4:
 - 1. In terms of prevention, what was familiar to you?
 - 2. What was unfamiliar to you?
 - 3. What do you already do to prevent an opioid use disorder?
 - 4. What do you wish the pharmaceutical industry and law enforcement would do to help prevent opioid use disorder and aid in needed prevention and treatment in your community?
 - 5. Do you know if local schools and other youth programs are using prevention curricula in your community?
 - 6. How often do you... (choose one and share response—Always, Sometimes, Never)
 - a. ...choose to do physical activity as a way to reduce stress or pain?
 - b.choose to hang-out with healthy, supportive friends as a way to reduce stress or pain?
 - 7. Name a person, organization, or group with whom you can share one of the resources mentioned/linked to in the module series? Which resource? When will you share this?
 - a. Remind participants that the module series is free and available to anyone on the Operation Prevention website. www.operationprevention.com
- c. ...choose to participate in an alcohol- and/or drug-free hobby as a way to reduce stress or pain?
- d. ...choose to educate yourself on possible consequences before electing to take over-the-counter (OTC), prescription, or illicit drugs?