

The Heroin/Opioid Epidemic

INFORMATION AND RESOURCES ON THE HEROIN EPIDEMIC

Heroin is an opioid drug made from morphine, a natural substance from the Asian opium poppy plant. Heroin can be a white or brown powder, or a black sticky substance known as *black tar heroin*. Other common names for heroin include *dope, horse, junk, smack, mud, black pearl, skag, brown sugar* or *H*. Synthetic opioids like *Fentanyl*, are 50-100 times more potent and small doses can be fatal.⁷ Some people mix it with other drugs or alcohol, which may result in overdose or death.¹ Heroin can be taken by injection, smoked or snorted to avoid track marks.

The rise in heroin use is due to the use of prescription opioid pain killers such as Oxycontin®, Vicodin®, and Demerol® and the assumption that prescription pain relievers are less addictive than illicit drugs. Many individuals turn to heroin because it is cheaper and easier to obtain than prescription opioids.²⁻⁴ As one of the most addictive substances, the severity of withdrawal and the affects it has on the brain make it very difficult to recover.

This epidemic has not only put our communities and children at risk, it has made our workplaces more dangerous. Whether having to clean up needlesticks and other contaminated paraphernalia, or helping someone who is overdosing, employers must examine the hazards and implement plans to keep workers safe and healthy.

SIGNS OF USE

- dry mouth
- flushed skin
- constricted pupils
- heaviness in arms/legs
- fading in and out
- nodding off suddenly
- depression
- memory loss
- needle marks/bruises
- itching
- nausea/vomiting
- behavioral changes
- financial issues
- bloodshot eyes
- sudden weight loss
- paranoia
- slurred speech
- shortness of breath
- paraphernalia (burnt spoons, lighters, rubber tubes, syringes, tin foil, baggies, pipes.)

OTHER HEALTH RISKS

- HIV/AIDS
- hepatitis
- kidney failure
- collapsed veins
- death from overdose
- suicide
- brain damage
- sexual dysfunction
- heart problems
- liver disease
- abscesses
- miscarriage

SIGNS OF OVERDOSE

- shallow breathing
- dry mouth
- tongue discoloration
- very small pupils
- slow pulse
- bluish nails/lips
- drowsiness
- coma
- delirium
- constipated bowels
- low blood pressure
- in/out of consciousness

Overdosing

The rate of heroin and opioid related overdose deaths has nearly quadrupled since 2002. In 2013, more than 8,200 people overdosed and died.⁵ Naloxone is a medicine that can treat an opioid overdose when given right away. It works by rapidly binding to opioid receptors and blocking the effects of heroin and other opioid drugs. Naloxone is available as an injectable (needle) solution, a hand-held auto-injector (EVZIO®), and a nasal spray (NARCAN® Nasal Spray). Friends, family, and others in the community can be trained to use the auto-injector and nasal spray versions of naloxone to save someone who is overdosing.¹

Trained laypersons administering these two versions in good faith are immune from criminal prosecution and civil liability in New York.⁶

If Someone is Overdosing

1. Shake them and shout at them to wake up.
2. If no response, conduct a sternal rub by grinding your knuckles into their chest bone for 5 to 10 seconds.
3. If they are in a confined area, like a bathroom stall, try to quickly move them to an open area.
4. If the person still does not respond, administer naloxone, move back from the person and call 911.
5. If you need to leave to call 911 or to get naloxone, leave the person in the rescue position, lying on their left side with their top arm and top leg crossed over their body.
6. Tell the dispatcher "I think someone has overdosed" and follow dispatch instructions.

1. National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services. 2. Cicero, T.J.; Ellis, M.S.; and Surratt, H.L. Effect of abuse-deterrent formulation of OxyContin. *N Engl J Med* 367(2):187-189, 2012. 3. National Institute on Drug Abuse. *Epidemiologic Trends in Drug Abuse*, in *Proceedings of the Community Epidemiology Work Group*, January 2012. Bethesda, MD: National Institute on Drug Abuse, 66. 4. Pollini, R.A.; Banta-Green, C.J.; Cuevas-Mota, J.; Metzner, M.; Teshale, E.; and Garfein, R.S. Problematic use of prescription-type opioids prior to heroin use among young heroin injectors. *Subst Abuse Rehabil* (1):173-180, 2011. 5. The Center for Disease Control. 6. N.Y. Pub. Health Law § 3309(2014). 7. NYU School of Medicine

HOW EMPLOYERS SHOULD PREPARE

Employees' risk of exposure to bloodborne pathogens and workplace violence have increased due to the heroin epidemic.

Bloodborne pathogens are infectious materials in blood that can cause disease in humans, including hepatitis B and C and HIV. Workers exposed to these pathogens risk serious illness or death. OSHA's Bloodborne Pathogens standard, 29 CFR 1910.1030, requires employers to implement an annually reviewed written exposure control plan; provide engineering controls; work practices and personal protective equipment (PPE); make Hepatitis B vaccinations available to all employees with occupational exposure to bloodborne pathogens within 10 days of assignment; provide post-exposure follow up to any worker who experiences an exposure incident - at no cost to the worker; use labels and signs to communicate hazards; provide information and annual training to employees; and maintain employee medical and training records including a Sharps Injury Log.

If employees are required to administer EVZIO® or NARCAN® in case of emergency and there is reasonable potential on the job for contact with an overdosing individual, the employer must provide training to the affected employees and provide proper personal protective equipment such as gloves, face masks and eye protection.

If an employee has an exposure incident while acting as a Good Samaritan (not in the course of their assigned job duties), the employer is **not** required by the bloodborne pathogens standard to provide post exposure follow up or naloxone training, although OSHA encourages employers to do so.

Heroin users who are in need of a "fix" or are going through withdrawal can be very volatile. If situations have occurred or could occur, it must be identified as a risk factor in a workplace violence program and appropriate control measures must be put in place.

For more information and resources visit:

www.cseany.org/safety



Follow the CSEA Safety Net on:

CSEA has been winning the fight for safe and healthy working conditions for over 100 years, yet there is more to be done. Hazards old and new- from Asbestos to Zika- remain a threat to workers every day. CSEA will not back down from the fight and nothing is more important than saving lives and keeping workers free from injury. Your help is needed now more than ever.

The life you save could be YOUR OWN.

NEEDLESTICK PROTOCOL

Treat all used needles as contaminated; diseases can spread through needle pokes.

Never pick up a needle with you bare hands; wear gloves.

Wear closed-toe shoes to protect your feet.

Use a tool like tongs to pick up needles.

Don't discard needles in the trash. Use a sharps container or a closable hard plastic container.

Put the sharps container on a stable surface next to the needle. Avoid walking a far distance carrying a used needle.

Do not hold the container in your hand while placing needles inside it.

Pick up the needle with the point facing away from you and place it in the container on the ground point down.

Remove gloves carefully to avoid contact with contaminated fluid.

Wash hands well afterwards.

IF YOU ARE STUCK BY A NEEDLE

Follow the Exposure Control Plan.

Report it to the employer.

The employer must provide immediate medical attention.

Preventive drug treatment for exposure to HIV should begin within 2 hours of the incident.



Local 1000 AFSCME, AFL-CIO