

# OPIOIDS

## TACKLING THE CRISIS IN OUR WORKPLACE AND COMMUNITY

We are in the midst of an opioid crisis. Nearly half of all U.S. opioid-related deaths involve prescription medication, and yet 33% of people prescribed them don't know what they're taking. But this is not only a social problem – U.S. employers are losing \$10 billion annually from absenteeism and lost productivity due to opioid misuse. Your workplace is affected. Healthcare costs for employees who misuse or abuse prescription drugs are three times higher than for an average employee.



This training will provide specific tools and materials to the safety or human resource person responsible for dealing with the opioid issue in your workplace.

### Seminar Agenda:

9:00 am – 11:30 am

- Opioids: What they are & how they work
- How North Carolina's opioid crisis impacts your workplace
- Worker's Compensation
- Drug Testing

11:30 am – 1:00 pm Luncheon – Keynote Presentation

1:00 pm – 3:00 pm

- Impaired Driving
- Identifying and treating an overdose
- Specific strategies to prevent abuse

*Seminar attendees will receive a USB flash drive packed with infographics, videos and a variety of training resources that you can put to use immediately in your workplace.*

### Questions?

Call Jill in Charlotte (704) 644-4221  
 Fax (704) 644-4231 or E-mail: [jill@safetync.org](mailto:jill@safetync.org)  
 Call Susan in Raleigh (919) 719-9814  
 Fax (919) 719-9815 or E-mail [susanm@safetync.org](mailto:susanm@safetync.org)  
Friday, July 20 - Charlotte office  
 \$95 Member     \$125 Non-Member  
Friday, August 10 - Blue Ridge Community College  
*Technical, Educational & Development Center*  
*Room 213 - Flat Rock, NC*  
 \$95 Member     \$125 Non-Member  
Thursday, August 30 - Raleigh Office  
 \$95 Member     \$125 Non-Member

### 9:00 AM - 3:00 PM - Lunch Included

Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 VISA     M/C     AMEX     DISCOVER  
 Card# \_\_\_\_\_  
 Expiration \_\_\_\_\_  
 Verification Code \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Invoice (PO #) \_\_\_\_\_

