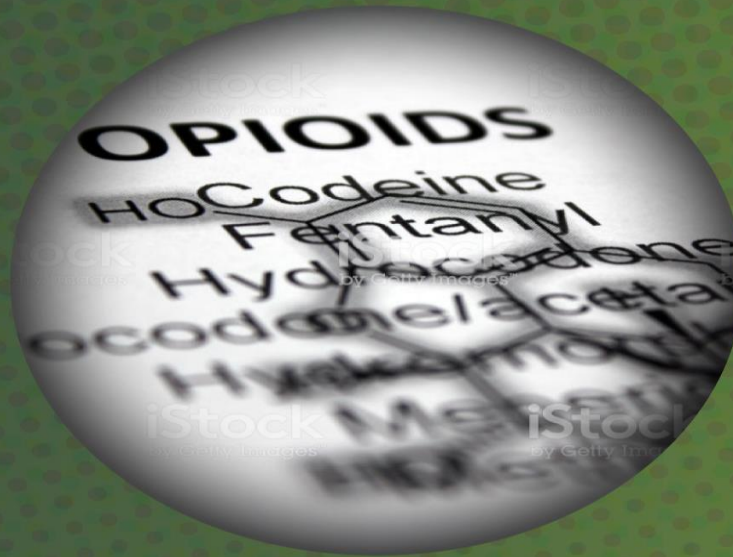


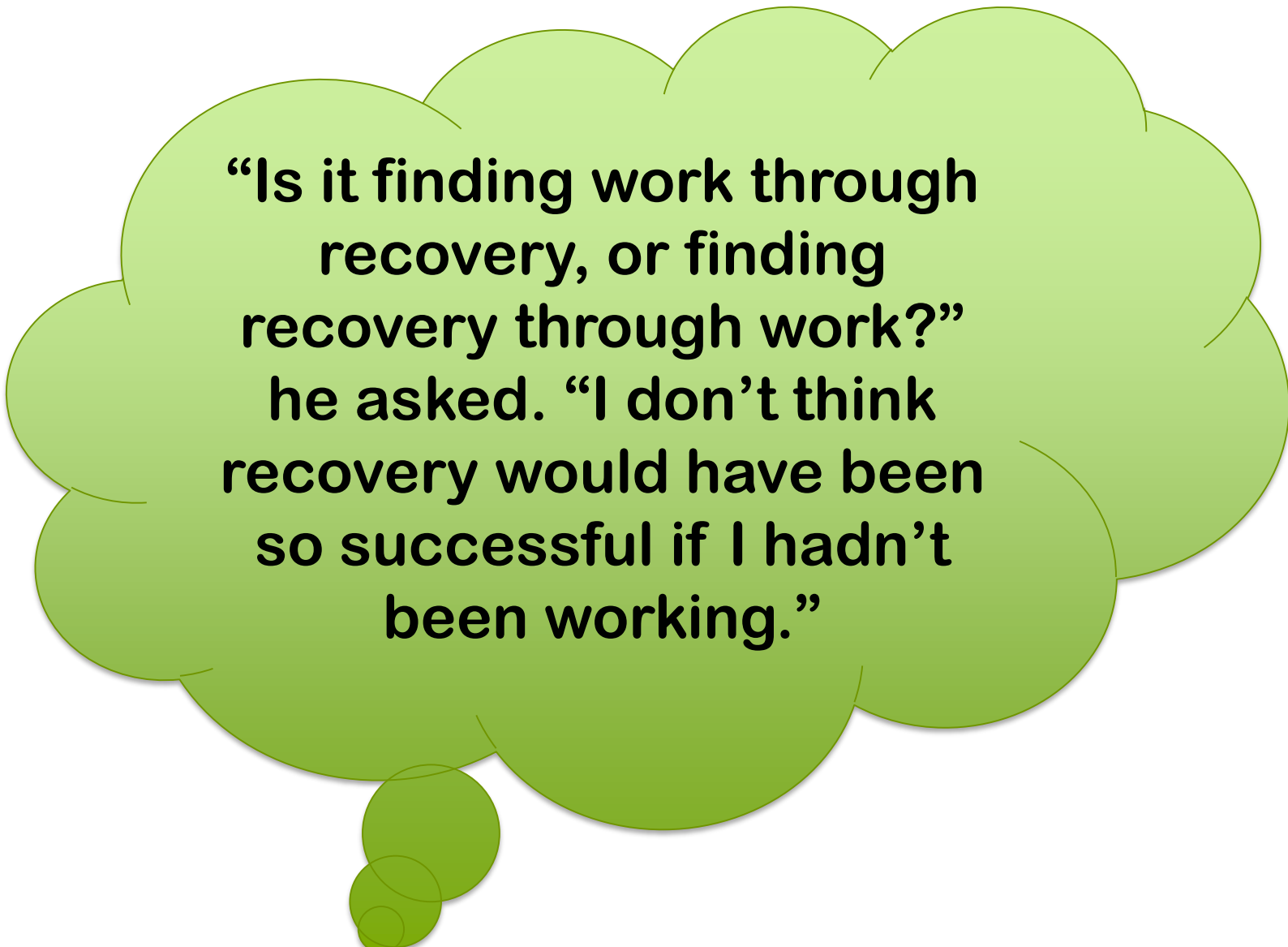


National Institute of
Environmental Health Sciences
Worker Training Program



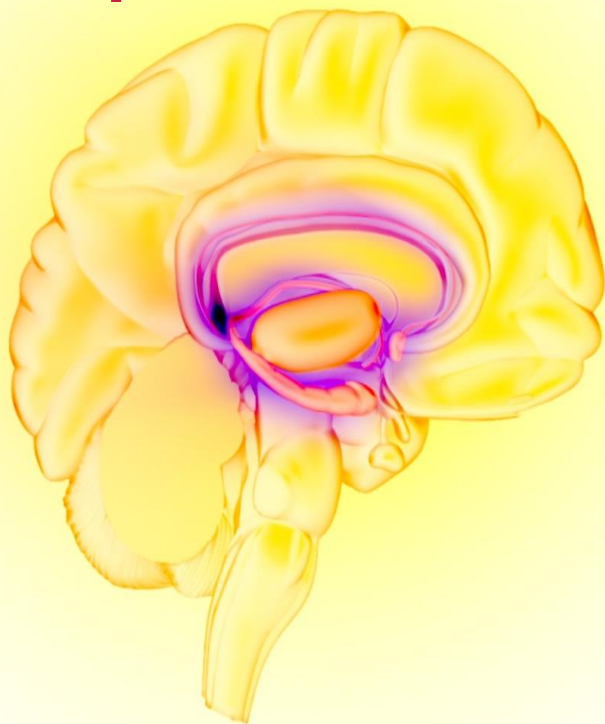
Opioids and the Workplace: Prevention and Response

February 2019



**“Is it finding work through
recovery, or finding
recovery through work?”
he asked. “I don’t think
recovery would have been
so successful if I hadn’t
been working.”**

Employers/ unions need to learn: Opioid Use Disorder is a **Disease**



- Opioid misuse **is not** a moral failing or caused by lack of willpower.
- It causes changes in the brain that lead to drug seeking behavior and avoidance of withdrawal.
- The drug changes the brain in ways that make quitting hard, even for those who want to.
- Quitting takes more than good intentions or good will.

What is Stigma and how does it affect people?

**Assisting workers in
crisis**

Is stigma a workplace
problem?



**Time to get uncomfortable and
talk about substance abuse,
mental health, and suicide.**

substance use disorder need
comprehensive treatment, not
judgment.



Define workplace risk factors that impact mental health:

- Work-life balance
- Workplace violence/harassment/bullying
- Occupational stress
- Presenteeism
- Job burnout
- Substance abuse
- Occupational injury/illness



Opioid Dosing Trends and Mortality in Washington State Workers' Compensation, 1996–2002

- American Journal of Industrial Medicine 48:91–99 (2005), G. Franklin, MD
- Prescription database and death certificates, Wash. State W Comp (dedicated state fund state).
- **260 deaths.**
- 150,000 prescription opioids in 2002
- Included workers treated for carpal tunnel syndrome and lower back pain!
- Washington State **reduced death rate** through regulations and education.

Early opioids and disability in WA Workers' Comp. Spine 2008 Gary Franklin, et al

- Interviewed 1,843 workers with acute low back injury and at least 4 days lost time.
- 14% were on disability after 1 year.
- **Results:** long term use of high doses of opioids doubled the risk of 1 year of disability and was not effective in treating pain.





Total opioid overdose deaths: 4,302



Construction and extraction: 1,096. (6X ave. rate)



Farming, fishing, and forestry: 161 (5X ave rate)



The rate of fatal opioid-related overdose was higher in industries with high rates of work-related injuries and illnesses and lack of sick leave.

Opioid-related Overdose Deaths in Massachusetts by Industry and Occupation, 2011-2015, Mass DOH

“We all have an important role in preventing opioid overdose deaths through education, partnership, and collaboration.”

Occupational
Patterns in
Unintentional and
Undetermined Drug-
Involved and Opioid-
Involved Overdose
Deaths
— United States,
2007–2012
MMWR/ August 24,
2018 / 67(33);925–
930



NIOSH used data from the National Occupational Mortality Surveillance (NOMS) system to examine overdose deaths within 26 occupation groups in 26 states, from 2007–2012



57,810 overdose deaths (heroin=7,463; opioids=25,058)



Death rates from opioids were especially high among construction, extraction, food preparation and serving, health care practitioners and technical, health care support, and personal care and service

Preventing opioid use, misuse and overdose among high risk worker groups: Opportunities for moving upstream

Primary <i>Before pain, injury & opioid use</i>	Secondary <i>Post (at) injury</i>	Tertiary <i>Post substance use disorder (SUD)</i>
Prevent pain & injuries	Access to treatment and appropriate pain management	Access to SUD treatment and recovery support
Health and safety Committees/ Programs	Paid sick leave	EAP/ Peer support programs
.....	Return to Work accommodations	Naloxone/training in the workplace
Opioid awareness		
Address cultural issues regarding help seeking, stigma		

Acknowledgment: Dr. Cora Roelofs for her input.

Employee Assistance Programs

- Do you have one in your workplace?
- Is it a external, internal, or blended service program?
- What is it's reputation?
- Do workers trust it and use it?
- What coverage is there for mental health and substance abuse services?



IUOE Local 478, Hamden, CT, Case Study

- Formed Member Assistance Program (MAP) after the Kleen Energy explosion that took the lives of 6 workers.
- Assistance from Labor Assistance Professionals (LAP).
- The International Union approved hiring 2 certified mental health/substance abuse counselors.
- All but 2 of the 250 contractors under a collective bargaining agreement are supporting the program.



IUOE Local 478 Case study continued

- Peer meetings on Thursday nights at the union hall open to family members and non-union workers.
- Half hour education by specialist followed by peer support meeting.
- Peers being trained to be certified peer advocates.



According to the NSC regarding employers:

76% do not offer training

81% lack a workplace
policy

41% who drug test, don't
test for synthetic opioids

Many lack sufficient
insurance coverage for
substance abuse and
mental health treatment

75% of people with SUD are working

What is the impact on the workplace?

- Lost productivity = \$2 billion
- Absenteeism and presenteeism = \$10 billion
- Increased workers' compensation costs = 4X per claim
- Increased healthcare costs
- Increased lost work time
- Compromise workplace safety and health



Drug Free Workplace and Zero Tolerance Policies

- 1981 aircraft crash aboard USS Nimitz. 14 service members killed, 48 injured, costing \$150 million.
- Military began treating SUD as a discipline problem rather than addiction problem.
- Developed punitive actions, court martial, and discharge for failed drug tests.
- “War on Drugs”: punitive and prosecutorial action against drug users.
- Entire Federal Government and its contractors subject to Executive Order 12564.



What's the impact of punitive policies?

A high-performing employee, with 20-years seniority, has a back injury, is prescribed opioids for pain, and subsequently develops an opioid use disorder.

1. How might this employee react to the drug-free workplace policy?
2. Will he come forward to speak to his supervisor or HR or the union rep?
3. How do the terms “zero-tolerance,” and “will lead to discipline or termination” impact employees struggling with SUD coming forward for help?



Employers should reevaluate their approach...

- Move from reactive to proactive.
- Understand jobs are a lifeline, providing a paycheck, daily structure, a sense of purpose and identity, stability, and social support.
- Create an environment where it is safe to talk about mental health and substance abuse.
- Ensure confidentiality.
- Establish return to work policies.
- Work with workplace stakeholders and unions to revise policies and programs.



We need a coalition on opioids & the workplace

- Partnership of government agencies, employers, unions, trade associations, recovery organizations
- Evaluate occupations and industries at highest risk
- Identify gaps in injury/illness and occupational stress prevention
- Provide guidance and support to reform punitive to supportive policies and programs
- Address stigma
- Improve access to treatment/recovery