Opioids and the Workplace

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Objectives

- After attending this session, participants will be able to:
  - Discuss the scope and severity of the opioid crisis.
  - Summarize the relationship between workplace injuries and illnesses, working conditions, and opioid use disorder.
  - Identify occupational exposure, prevention, and response.
  - List actions that might be taken at the workplace to prevent and respond to opioid use and misuse.

Background

- Abuse of opioid drugs is continuing despite public health efforts
- Drug overdose deaths have become the leading cause of injury death in the US (incidence higher than deaths caused by motor vehicle accidents
- A MA DPH study found that rates of fatal overdose are higher in occupations known to have high rates of work- related injury, i.e., construction

187
PEOPLE

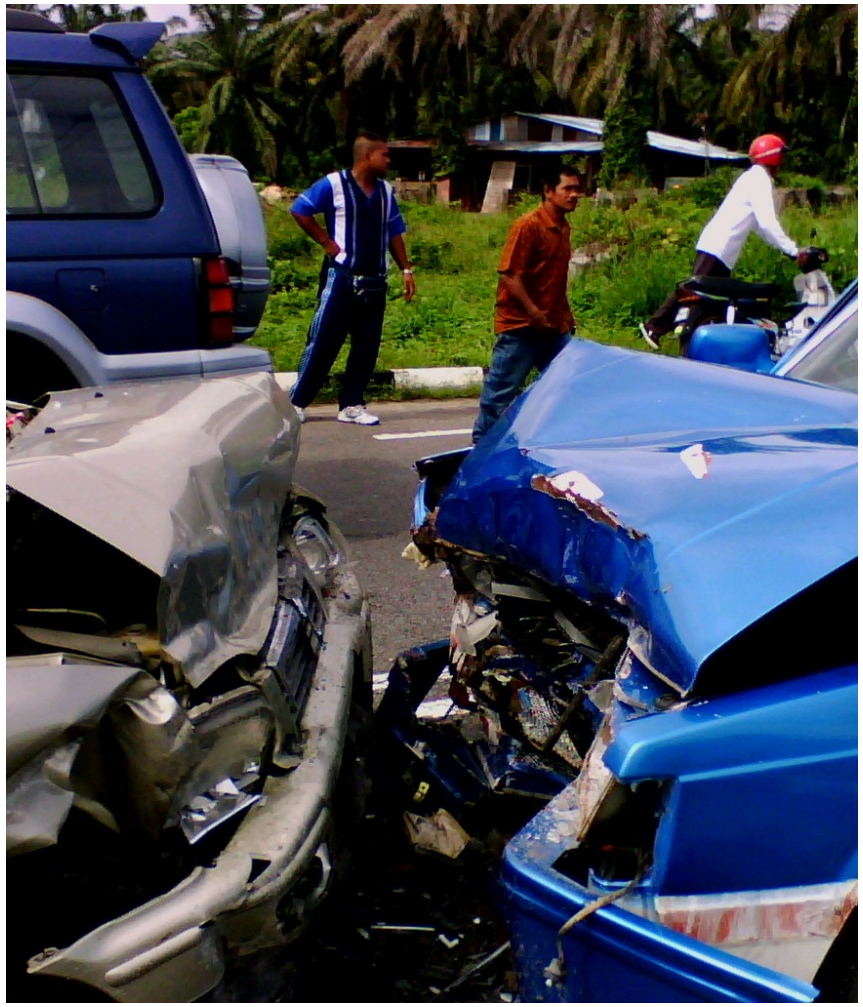
die every day from
an opioid overdose

(including Rx and illicit opioids).

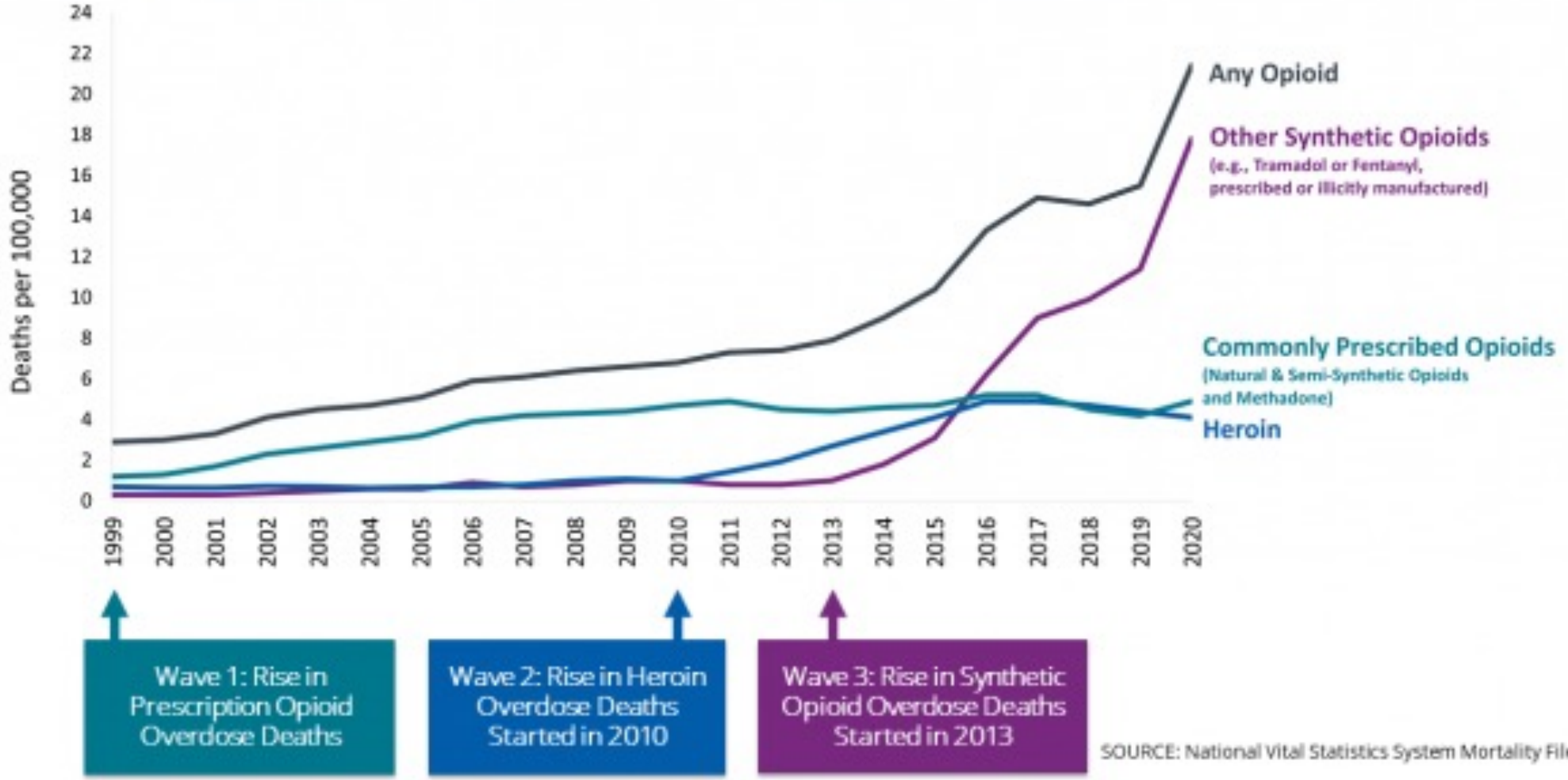
www.cdc.gov

National Health Emergency Declared October 26, 2017

- Drug overdose fatalities exceeded auto accidents as a cause of death for the first time in 2016. Illegally manufactured fentanyl is chiefly responsible for the current crisis.



Three Waves of Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

Use of Opioid Pain Medication

Prior to the mid-1990s:

- Cancer treatment
- End-of-life care
- Life threatening illness (palliative care)

In the mid-'90s the pharmaceutical industry:

- " …downplayed the risk of addiction associated with opioids,"
- "exaggerated the benefits" and
- "advised healthcare professionals that they were violating their Hippocratic Oath and failing their patients unless they treated pain symptoms with opioid[1]s[0]…"

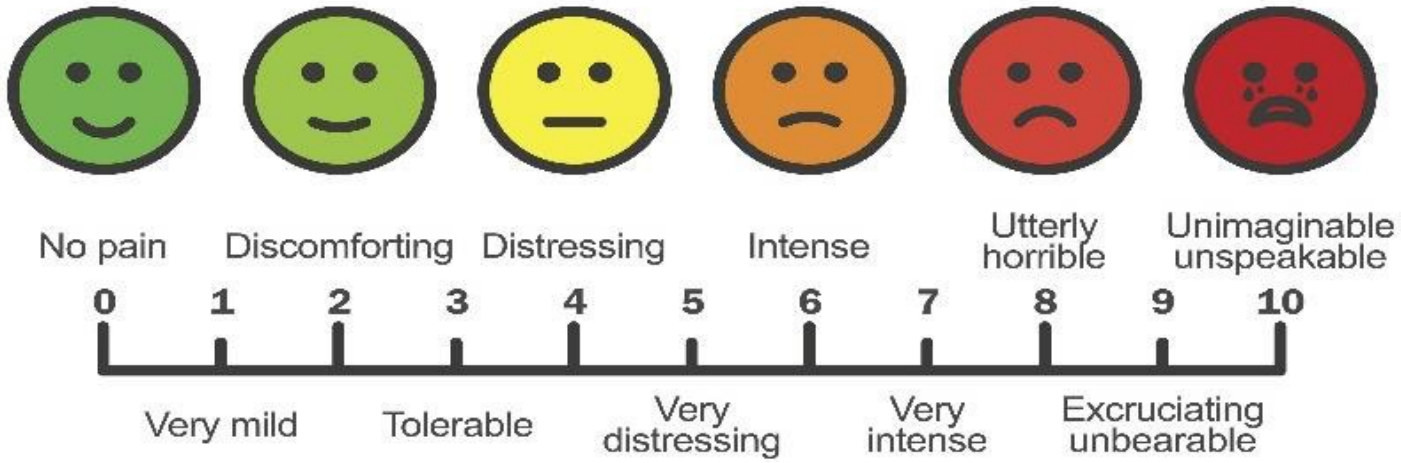
Source: Quote from lawsuit filed by U.S. Attorney in Virginia, 2007

“The worst man-made epidemic in modern medical history”

- Hundreds of thousands of overdose admissions.
- Millions addicted and/or dependent.

Source: Quote from Gary Franklin, M.D., Washington State Department of Labor and Industries

Pain Was Designated the 5th Vital Sign



- Is pain really a vital sign?
- This system is highly subjective.
- CDC acknowledges that abruptly forcing patients off long- term opioids may cause harm.

Lawsuits

- In 2007, pharmaceutical company officers paid **$600 million in fines.**
- Guilty of criminal charges that they misled regulators, doctors, and patients about the drug's (OxyContin®) risk of addiction.
- In 2018, they agreed to stop marketing opioid drugs to doctors.
- As of 2022, about $32 billion in settlements from manufacturers, distributors, and retailers.

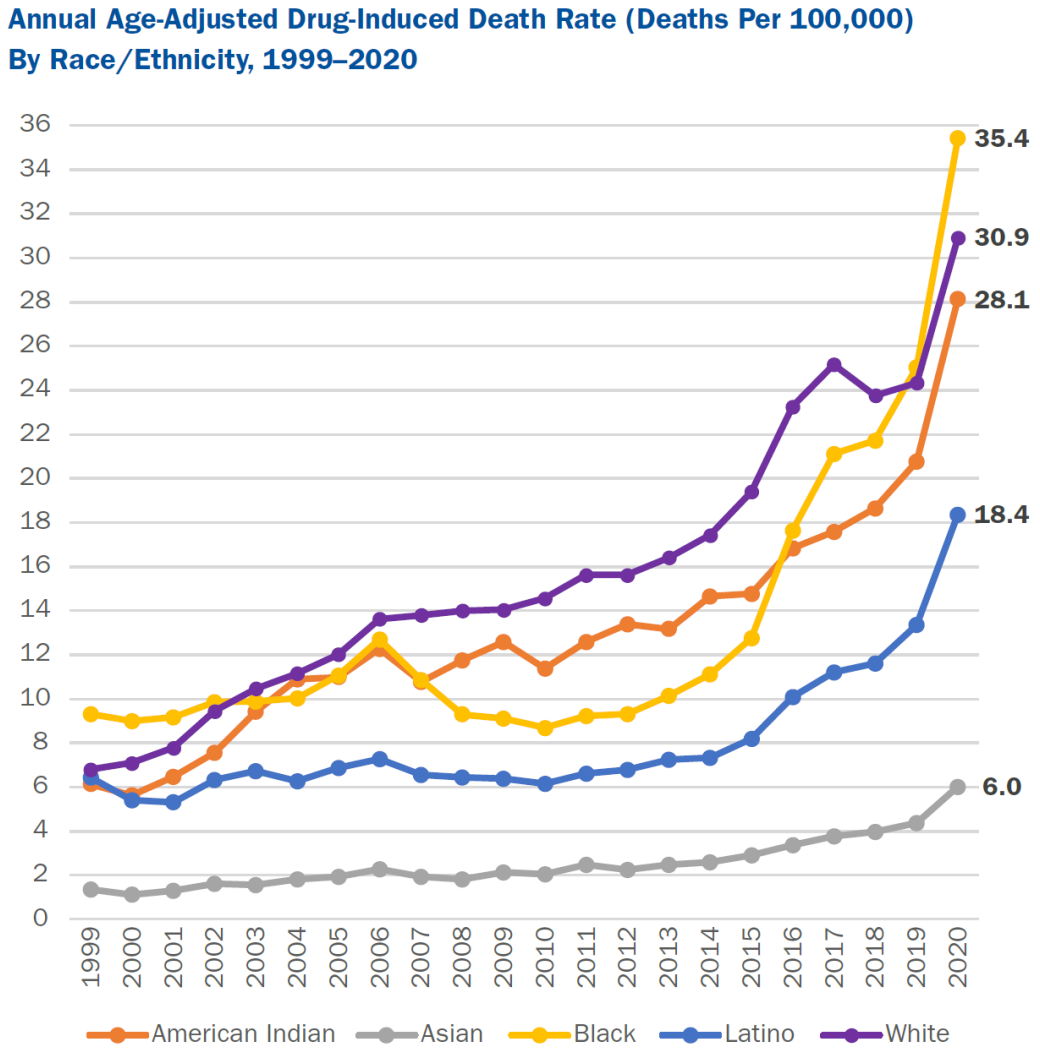
Drug Overdose Deaths Rise, Disparities Widen in 2020 Differences Grew by Race, Ethnicity, and Other Factors

2X More than twice as high among Blacks in counties with less income inequality.

7X Nearly seven times as high among older Black men compared to older White men.

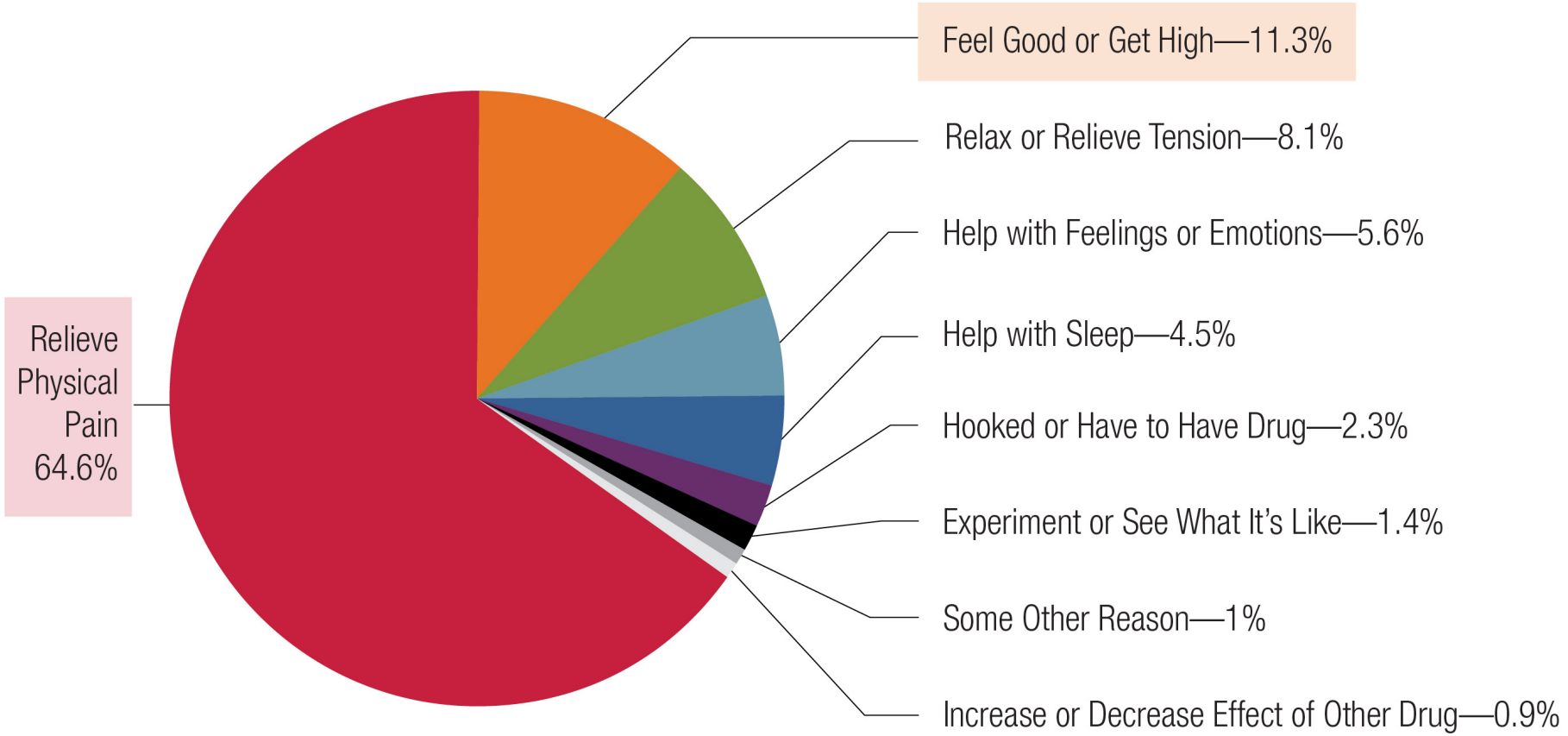
2X Nearly two times greater among younger American Indian / Alaska Native women compared to younger White women.

Annual Age-Adjusted Drug-Induced Death Rate (Deaths Per 100,000) By Race/Ethnicity, 1999-2020



Source: TFAH and WBT analysis of National Center for Health Statistics data

Main Reason for Prescription Pain Reliever Misuse in 2020 Was to Relieve Physical Pain



9.3 Million People Aged 12 and Older Who Misused Prescription Pain Relievers in the Past Year

(Source: Substance Abuse and Mental Health Services Administration (2021)

Prescription Pain Killers in 2020

- More than142 million prescriptions
- 9.3 million misused
- 2.3 million had a prescription opioid use disorder

What Is Fentanyl?

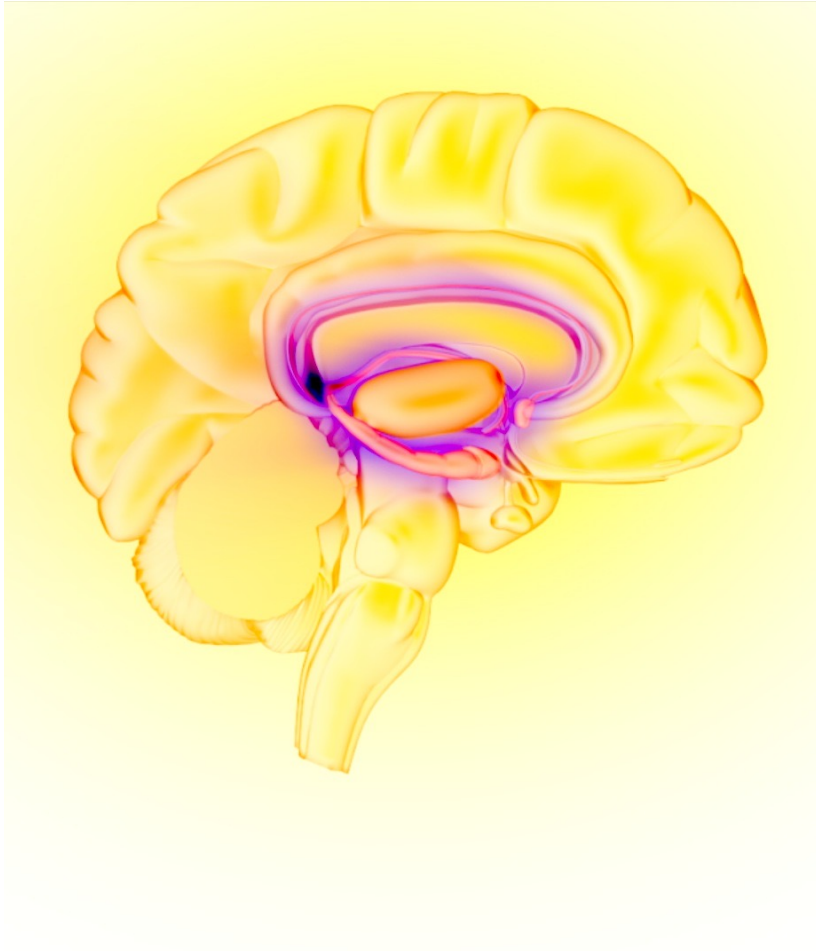
- A powerful synthetic drug, similar to morphine and heroin.
- 50 to 100 times more potent than morphine.
- A rapid-acting synthetic opioid that alleviates pain.
- Acts quickly to depress central nervous system and respiratory function.
- Exposure may be fatal.

What's Pain Got to Do with It?

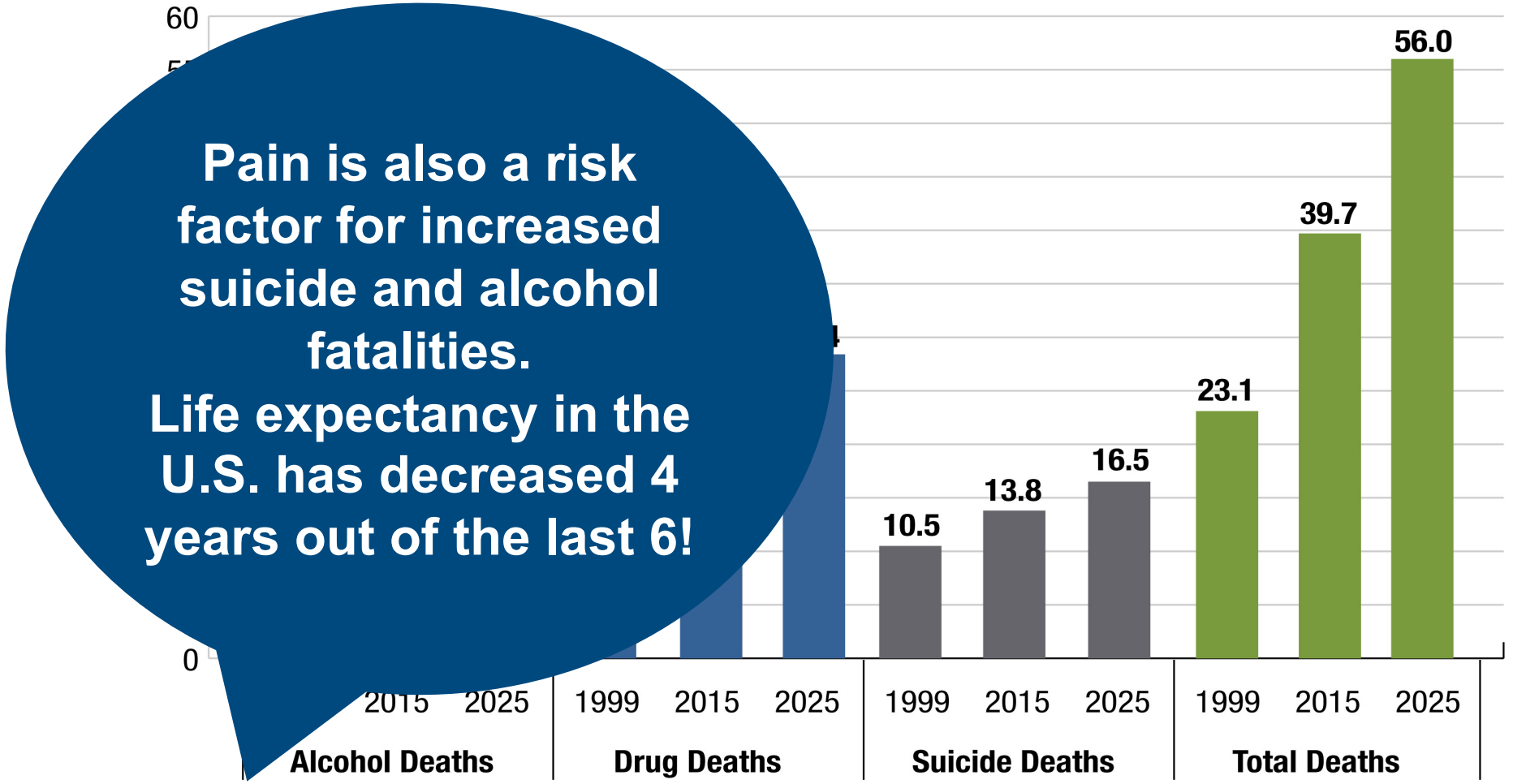
- Everyone needs to reduce pain, including emotional pain.
- **Healthy option:** self-care, building healthy relationships, exercise, and recreation.
- Accessing medical and mental health services is key.
- **Unhealthy option:** substance use is also a means of dealing with physical and emotional pain.
- **Employers, co-workers, and unions** need to **respond to the person**, not the addiction

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.



U.S. Drug, Alcohol, or Suicide-related Deaths



Source: http://valleyrecoveryandtreatment.com/drug-alcohol-deaths-rise-60-next-decade/

Deaths of “Despair”

“Could it be that a society gets so stressed out that it actually starts to break?”

— Dr. Sanjay Gupta

Access to Treatment

- Only 10% of people with opioid use disorder get into treatment.
- Key barriers include stigma, lack of availability, and cost.

What Is Stigma and How Does It Affect People?

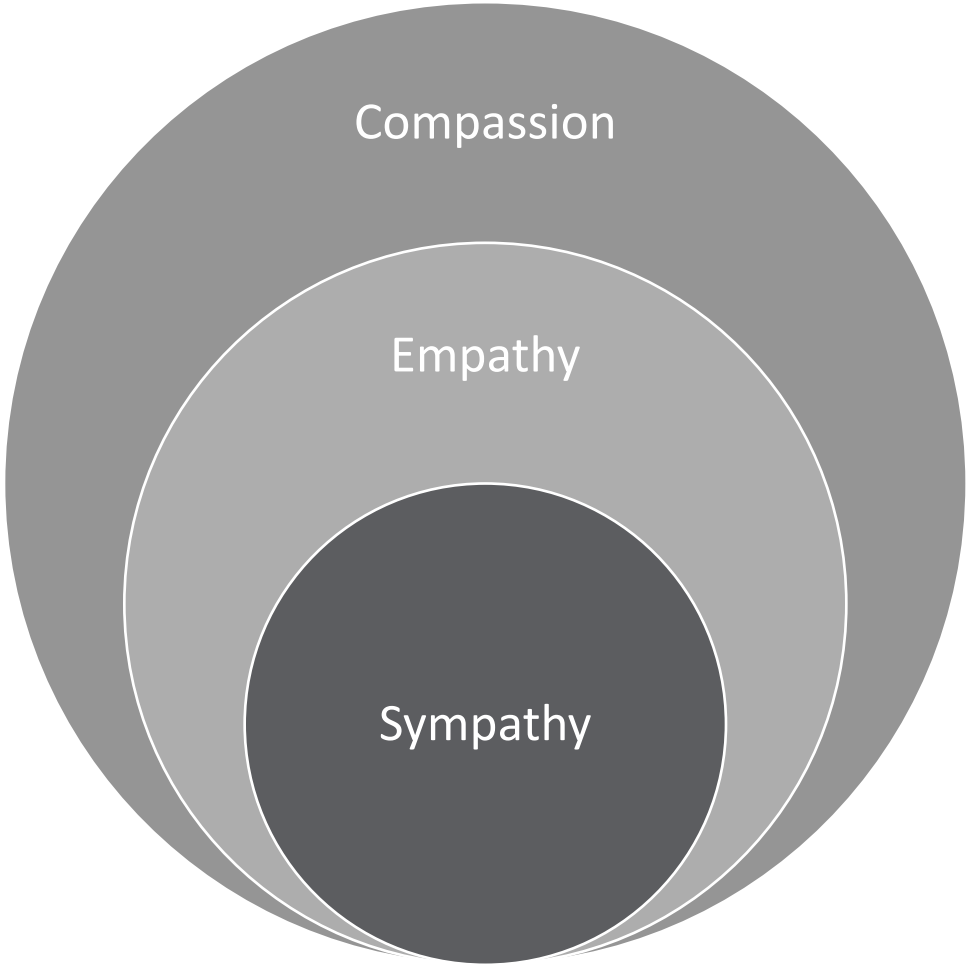
- Stigma is th… …mething regarded as socially unacceptab…
- Language… …or "addicts."
- Stigma i… …elp.
- The key … …ople who are in pain and have a substanc… …ment, not judgment.

Is stigma a workplace problem?

…rkers in crisis—
…et ***uncomfortable***
…d talk about substance use, mental health, and suicide.

Openness is the first step to recovery.

Define Sympathy, Empathy, Compassion

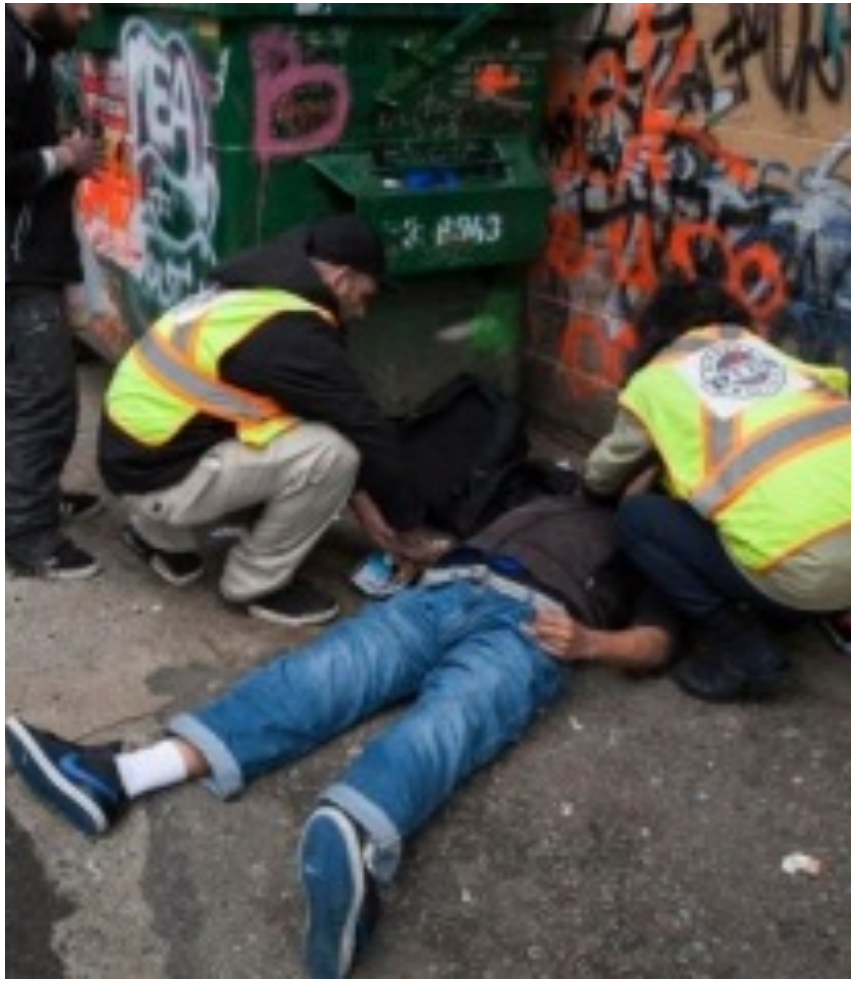


- **Sympathy:**
  I'm sorry that happened to you.
- **Empathy:**
  I see your pain and I understand it.
- **Compassion:**
  How can I help you?

Define Workplace Risk Factors That Impact Mental Health:

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

Worker Populations with Potential Exposure



Worker Populations with Potential Exposure

Industry	Job Tasks
Pre-hospital (EMS)	911 calls involving treating, stabilizing, and transporting overdose cases. Exposure to needles and drug paraphernalia.
Law enforcement	Investigating, frisking, arresting, transporting people with drugs or who have overdosed.
Crime laboratories	Evidence handling and laboratory evaluation of confiscated drugs and drug paraphernalia.
Health care	Emergency department treatment of overdose cases. Use of illicit opioids in patient rooms.
Environmental services, response and cleanup workers	Cleaning of affected crime scenes, spills, or abandoned drug labs.
Fire service	Fire suppression at contaminated locations.
Public employees (DOT, Highway Maintenance, Parks, Environmental Conservation, Corrections & Parole Officers)	Removal of needles/drug paraphernalia from public roads, highways, and parks. Confiscation of contraband, searching, arresting.

Is Occupational Injury and Pain a Pathway to Opioid Use, Misuse, Addiction?

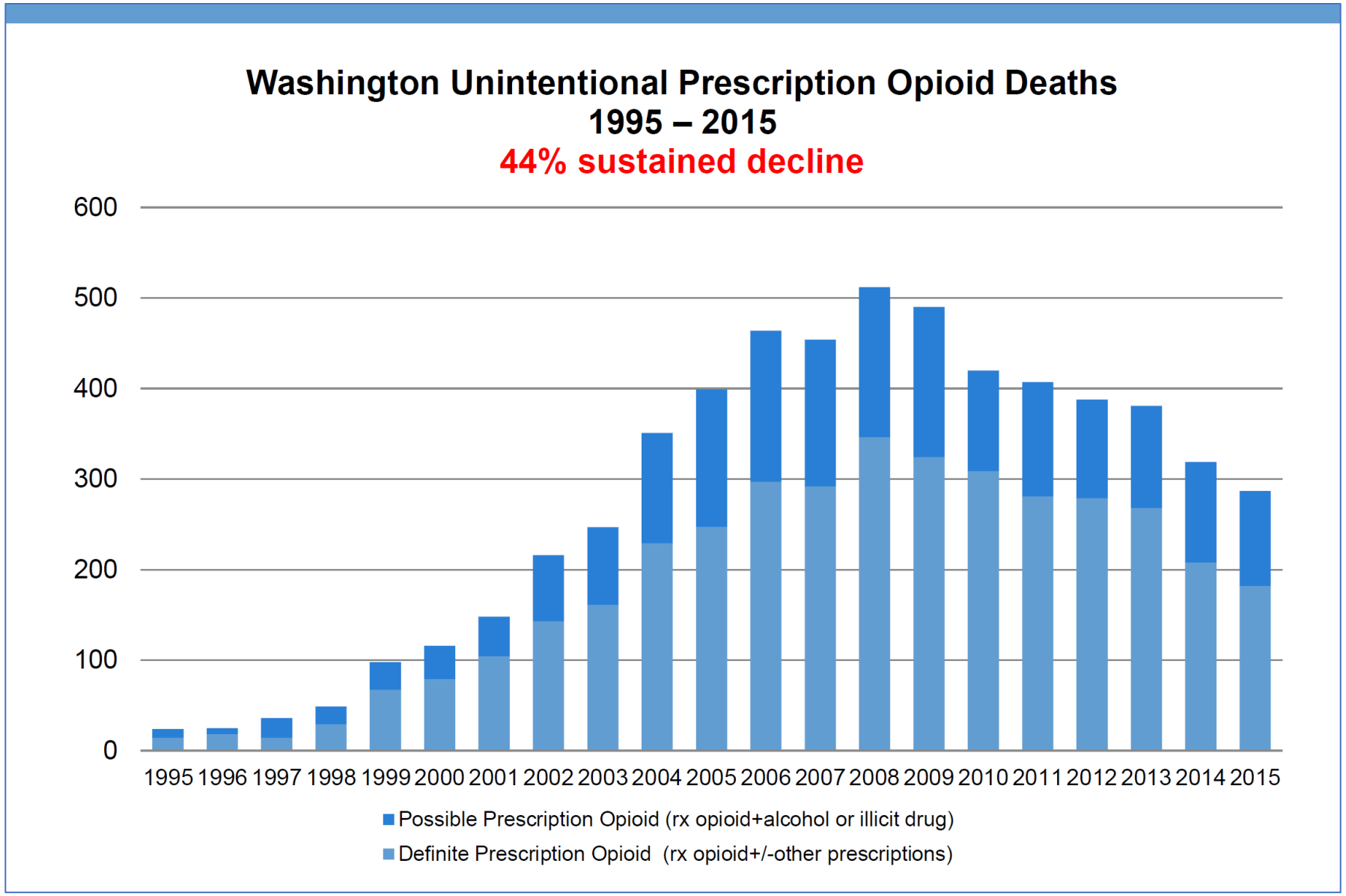
- 2.7 million work injuries and illnesses in 2020.
- How many of the opioid deaths began as treatment for work injury?

- Often, insurance companies and self-insured employers challenge causation and the necessity of treatment under state workers' compensation systems, causing delays and continued pain for affected workers that may lead to abuse and addiction.

Washington State Officials Discovered Opioid Deaths Among Injured Workers, 1996-2002

- 260 deaths in Washington state workers' compensation system.
- Reviewed death certificates and the prescription database.
- 150,000 opioid prescriptions in 2002!
- Included workers treated for carpal tunnel syndrome and lower back pain!
- Washington state reduced death rate through regulations and education

Source: Opioid dosing trends and mortality in Washington state workers' compensation, 1996-2002



Source: Washington State Department of Health

WA State Study: Opioids Didn't Relieve Pain or Help Injured Workers Return to Work

- 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.

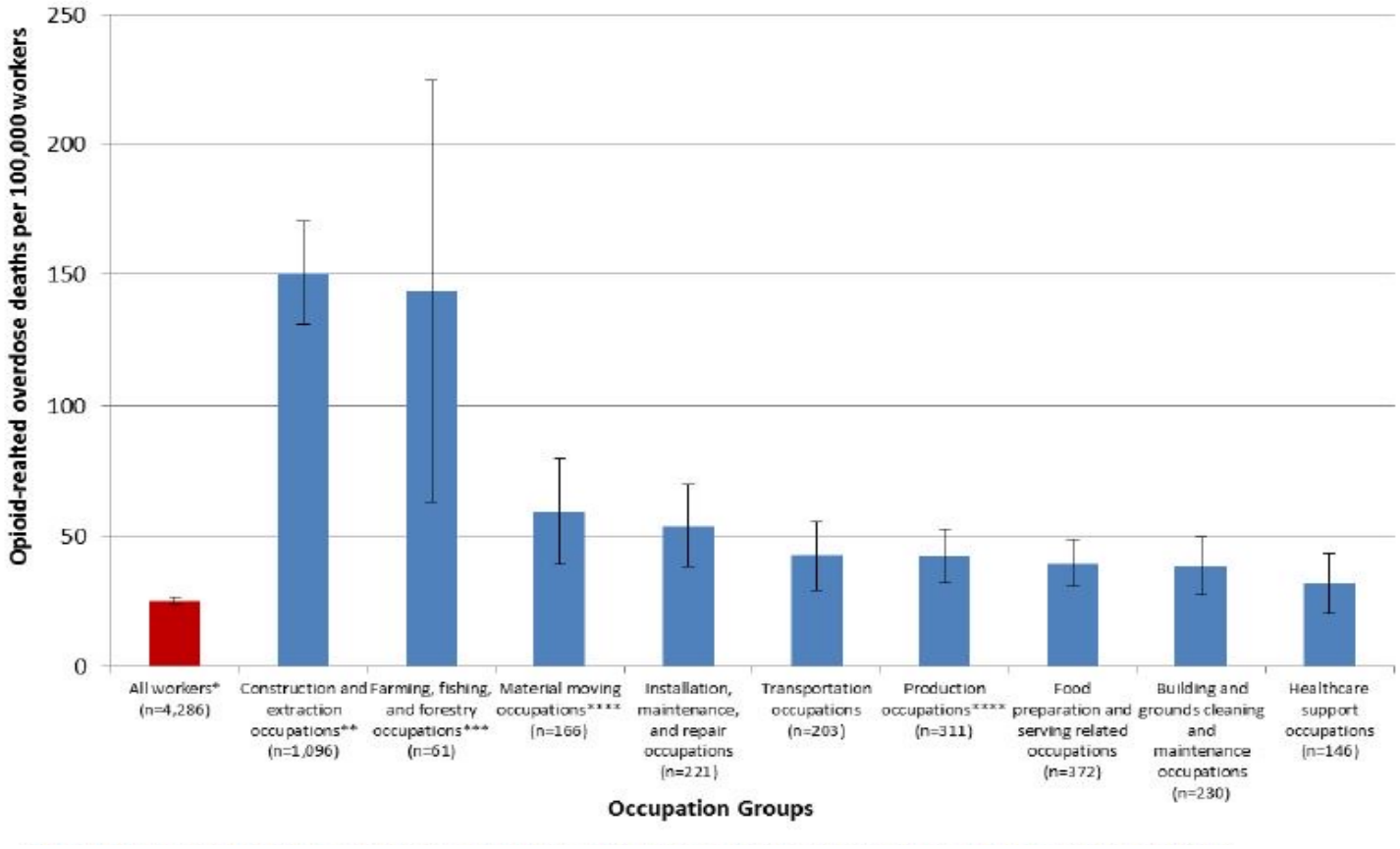
Source: Early opioid prescription and subsequent disability among workers with back injuries: the Disability Risk Identification Study Cohort

Massachusetts, New data 2016 – 17

Average annual rate of opioid overdose deaths doubled.

- 25.1 deaths per 100,000 workers 2011 to 2015 to 46.1 in 2016-2017
- Two industries with the highest rates of workplace injury and pain were among the worst hit:
  - Construction: an 83% increase over the 2011-2015 rate.
  - The Agriculture, Forestry, Fishing, and Hunting industry: an 105% increase over the 2011 – 2015 rate.

Occupation groups with opioid-related overdose death rates significantly higher than the average rate for all workers, Massachusetts workers, 2011–2015, n=4,302



Summary and Key Findings, Massachusetts

“These findings underscore the need for educational and policy interventions targeting high-rate worker populations to prevent opioid-related overdose deaths.

Interventions should address:

- workplace hazards that cause injuries for which opioids are prescribed,
- appropriate pain management following injury, including safer opioid prescribing,
- access to evidence-based treatment for opioid use disorders,
- and overdose prevention education.”

Occupational Patterns in Unintentional and Undetermined Drug-Involved and Opioid-Involved Overdose Deaths — United States, 2007-2012 MMWR/Aug. 24, 2018

NIOSH used data from the National Occupational Mortality Surveillance (NOMS) system to examine overdose deaths within 26 occupation groups in 21 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 prevention

Primary *Before pain, injury & opioid use*	Secondary *Post (at) injury*	Tertiary *Post substance use disorder (SUD)*
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.

Are Safety and Health Prevention Programs in Your Workplace Effective?

Discuss strengths and weaknesses of existing prevention programs and ideas for improvement in your workplace.

1. Are current programs for identifying and controlling hazards effective? What are the gaps?
2. Are current systems for reporting and investigating incidents effective? What are the gaps?
3. Are current committees and procedures for managing the health and safety program effective? What are the gaps?

What Are Key Gaps Leading to Stress, Injury, Illness, and Pain?

- **Outdated or no OSHA standards:**
  - Ergonomics
  - Workplace violence prevention
  - Indoor air quality
  - Slips, trips, and falls
  - Infectious diseases
  - Psychological health at work
  - Minimum staffing
  - Outdated chemical standards
- **Other potential gaps:**
  - Lack of management commitment/worker involvement
  - Safety culture/safety climate
  - Inadequate hazardous assessment and control
  - Occupational stress and bullying
  - Lack support systems: sick leave, employee assistance programs, family leave

Importance of Ergonomics

Ergonomics is the science of fitting the job to the worker. Workstations and tools are designed to reduce work-related musculoskeletal disorders.

Risk factors: lifting, bending, reaching, pushing, pulling, moving heavy loads, working in awkward body postures, and performing repetitive tasks.

Examples of Musculoskeletal Disorders

- Carpal tunnel syndrome
- Tendinitis
- Rotator cuff injuries (affects the shoulder)
- Epicondylitis (affects the elbow)
- Trigger finger
- Muscle strains and low back injuries

Musculoskeletal Disorders with lost work days, 2018

- 272,780 cases, U.S. Bureau of Labor Statistics
- 30% of the lost work time cases in manufacturing alone
- 77% in construction
- Associated with widespread use of prescription pain medication

Breakout Group Activity

Workshop participant concerns about opioids

Time for activity: 15 minutes

Objective: The goal of this activity is to learn from participants about their concerns and experiences with opioids in the workplace and community.

Task: Choose a recorder/reporter. Ask each participant what their concerns and experiences are with opioids in the workplace and community. Report back and discuss.