



NORA Construction Sector Council Meeting

June 8th, 2022

Opioids & Mental Health

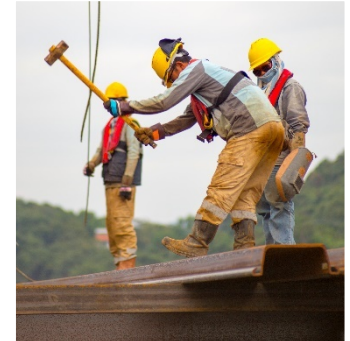


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The views in this presentation are of the author and do not necessarily reflect those of NIEHS.

What Does Work Have to Do With It?

Job-related injuries
leading to use,
dependence, addiction



Stress and mental health
leading to self-
medication, dependence,
addiction

Relevant parts of NORA Construction Sector agenda

- Objective 7: MSDs
- Objective 10: Emerging Issues
- Objective 13: Research to Practice
- Objective 14: Work Organization
- Objective 15: Surveillance
- Objective 16: Training

Should there be a new objective: Psychosocial Health & Wellbeing?

Why Do Construction Workers Struggle?

- Working Long Hours
- Physical Exertion and Pain
- High Stress Levels
- Increased Risk of Work Disability
- Mental Illness



The Impact Of Substance Use On The Construction Industry

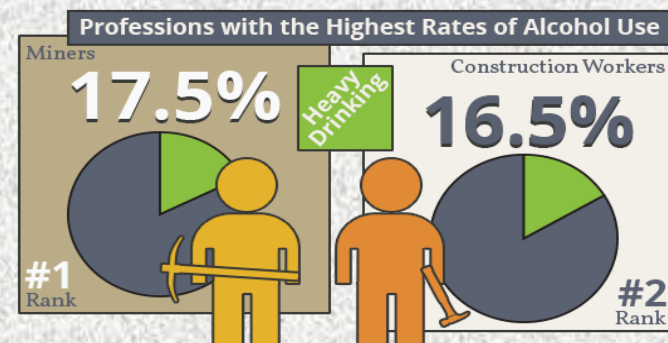
- 16.5% of construction workers report heavy alcohol use within the last month.
- 14.3% of construction workers state that they have been diagnosed with a substance use disorder.

Impacts:

- Workplace accidents
- Serious injury or death
- Job loss
- Putting co-workers' lives in danger

Source:

<https://www.alcohol.org/professions/>



Used alcohol within 30 days of the survey

2008 to 2012

- Harduar Morano L, Steege AL, Luckhaupt SE. 2018. Occupational Patterns in Unintentional and Undetermined Drug-Involved and Opioid-Involved Overdose Deaths — United States, 2007-2012. MMWR 67(33):925-930.
- Massachusetts Department of Public Health, Occupational Health Surveillance Program. 2018. Opioid-related Overdose Deaths in Massachusetts by Industry and Occupation, 2011-2015. Boston, MA
- Kowalski-McGraw M, Green-McKenzie J, Pandalai SP, Schulte PA. 2017. Characterizing the interrelationships of prescription opioid and benzodiazepine drugs with worker health and workplace hazards. J Occup Environ Med 59(11):1114-1126.
- Franklin GM, Mai J, Turner, J, Sullivan, M, Wickizer T, Fulton-Kehoe D. 2012. Bending the prescription opioid dosing and mortality curves: impact of the Washington state opioid dosing guideline. Am J Ind Med 55(4):325-331
- Franklin GM, Stover BD, Turner JA, Fulton-Kehoe D, Wickizer TM; Disability Risk Identification Study Cohort. 2008. Early opioid prescription and subsequent disability among workers with back injuries: the Disability Risk Identification Study Cohort. Spine (Phila Pa 1976) 33(2):199-204.
- Franklin GM, Mai J, Wickizer T, Turner JA, Fulton-Kehoe D, Grant L. 2005. Opioid dosing trends and mortality in Washington state workers' compensation, 1996-2002. Am J Ind Med 48(2):91-99.
- Franklin GM, Fulton-Kehoe D, Turner JA, Sullivan MD, Wickizer TM. 2013. Changes in opioid prescribing for chronic pain in Washington state. J Am Board Fam Med 26(4):394-400.
- Franklin GM. 2013. Primum non nocere. Pain Med 14(5):617-618.

Work Environment Factors and Prevention of Opioid-Related Deaths, William J. Shaw, AJPB August 2020

“Opioid use disorder (OUD) and opioid overdose deaths (OODs) are prevalent among US workers, but work-related factors have not received adequate attention as either risk factors or opportunities for OOD prevention. Higher prevalence of OOD in those with heavy physical jobs, more precarious work, and limited health care benefits suggest work environment and organizational factors may predispose workers to the development of OUD.”

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: 228.9 deaths per 100,000 workers, 2016-2017, an 83% increase over the 2011-2015 rate.
 - The Agriculture, Forestry, Fishing, and Hunting industry: 220.8 deaths per 100,00 in 2016-2017.



Suicide and drug-related mortality following occupational injury

Katie M Applebaum, et al, American Journal of Industrial Medicine, Sept 2019

- Study linked New Mexico workers' compensation data with SSA earnings and mortality data through 2013 and NDI.
- 100,806 workers injured, 1994 - 2000.
- 3-fold increase in combined drug-related and suicide mortality among women and a substantial increase among men.

“Drug-related deaths and suicides may be important contributors to the long-term excess mortality of injured workers. Improved workplace conditions, improved pain treatment, better treatment of substance use disorders, and treatment of postinjury depression may substantially reduce mortality consequent to workplace injuries.”

Identifying Occupation Groups for Suicide Prevention: A Statewide Data Linkage Study, Archives of Suicide Research Morissa Henn, et al. (2022)

- Described suicide rates and characteristics by industry/occupation in Utah 2014-15 (N= 623)
- Used National Violent Death Reporting System (NVDRS) data linked with hospital histories
- One in five suicides worked in extraction or construction (86.4 / 100,000 compared with 15.3 – 66.2 / 100,000 in other occupations)
- 58% were diagnosed with a mental health or substance use problem
- 25% tested positive for opioids
- 54% died by gunshot

<https://www.tandfonline.com/doi/full/10.1080/13811118.2021.2020699>

Musculoskeletal Disorders in 2017

- 344,970 cases, U.S. Bureau of Labor Statistics
- 34% of the lost work time cases in manufacturing alone
- 77% in construction
- Associated with widespread use of prescription pain medication



NIEHS WTP developed 3 opioid workplace training programs

1. Occupational Exposure to Fentanyl and Other Opioids
2. Opioids and the Workplace: Prevention and Response
3. Opioids & the Workplace Leadership Training

Goal: Develop training where participants identify actions to prevent misuse, addiction, and overdose fatality related to workplace factors.





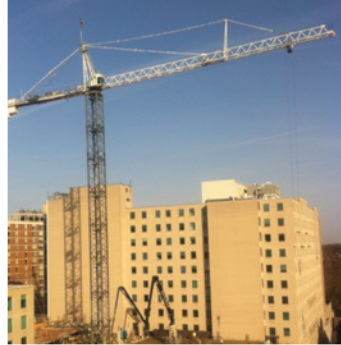
National Institute of
Environmental Health Sciences
Worker Training Program

Opioids and the Workplace: Leadership Training

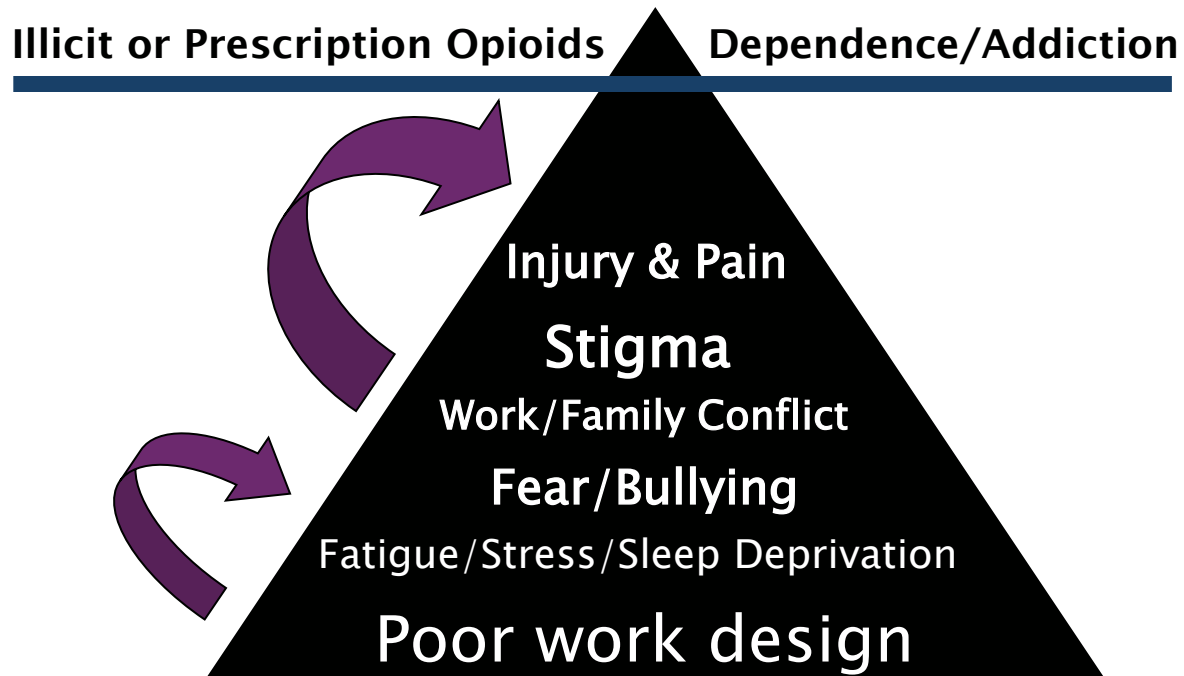
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The content of this publication does not necessarily reflect the views or policies of HHS.



Pathway to Opioid Use Disorder Look Beyond the Tip of the Iceberg!



Themes from worker training

“There have been deaths, but nobody talks about it. Someone dies from an overdose we just ignore it. There is a stigma about it.”

“When I was addicted, I would rather die than go to my EAP.”

“There’s a stigma...we have men in our union that are clearly addicted and can’t go to a union representative or a boss...fear of losing their job makes it hard.”

NIEHS Opioids and Substance Use Website

<https://tools.niehs.nih.gov/wetp/index.cfm?id=2587>

Training Resources

The National Clearinghouse creates training tools to aid in the development of awareness-level courses or other awareness-level materials.

Opioids and the Workplace Training Tool

This course is intended for workers and employers who may be impacted by the opioid crisis. The goal of the course is to provide an evidence-based worker awareness training program that identifies workplace risk factors and solutions for opioid use, misuse, and addiction.

In English:

- [Opioids and the Workplace: Prevention and Response](#) (8.4MB)
- [Opioids and the Workplace: Prevention and Response](#) (47.2MB)
- Supporting Materials for Training Tool
 - [Instructor Tips](#) (130KB)
 - [Agenda](#) (60KB)
 - [Evaluation Form](#) (143KB)
 - [Pre-test](#) (100KB)
 - [Post-test](#) (127KB)
 - [Small Group Activities-Opioids](#) (118KB)

NEW SOLUTIONS

A Journal of Environmental and Occupational Health Policy

Special Edition

Volume 31, Issue 3

<https://journals.sagepub.com/home/new>

Opioids and the Workplace - Risk Factors and Solutions

Includes 20 articles on key topics such as the importance of primary prevention of occupational injury and stress that can lead to opioid misuse, protection of first responders, NIOSH research initiatives, worker training, peer/member assistance programs, recovery friendly workplace initiatives, clean-up of sites contaminated with fentanyl, policies to improve access to treatment and prevent discrimination by providers and payors, the importance of reforming stigmatizing and punitive workplace policies and programs, and the negative impact of managerialism on the addiction treatment workforce.

