2021 Inaugural Meeting of the Miner Health Partnership

NIOSH *Total Worker Health*® and Substance Use Efforts

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National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention

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Disclaimer: The findings and conclusions in this report are those of the author and do not necessarily represent the views of the National Institute for Occupational Safety and Health.
Keep Workers Safe

Establish Workplace Policies, Programs, and Practices that Grow Health

Create Worker Wellbeing
Workforce Safety, Health, and Well-Being

- Workplace and work contribute to workforce safety, health, and well-being

- Workforce safety, health, and well-being are inextricably linked, both on- and off-the-job
The Promise of *Total Worker Health*®

- Reduction in workplace injuries and illnesses
- Improved workers’ job satisfaction
- Enhanced organizational culture of trust, safety, health
- More energizing, meaningful work
- Reduction in work-related stress
- Improved health opportunities, more informed decision-making
- More productive employees
- Reduction in healthcare costs
- Family, community, and societal gains
Review


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Total Worker Health

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https://www.cdc.gov/niosh/twh/centers.html
Exploring the Link: Opioid Misuse and Work

- Lack of employment
- Insecure employment, new employment arrangements
- Hazardous work and increased risk of work-related injury
- Wages, working conditions that can predispose to chronic health problems or pain
- Lack of benefits/paid sick leave
- Industry/occupational, cultural, and geographic differences
# Lifetime Odds of Dying for Selected Causes in the US, 2019

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Odds of Dying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>1 in 6</td>
</tr>
<tr>
<td>Cancer</td>
<td>1 in 7</td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>1 in 27</td>
</tr>
<tr>
<td>Suicide</td>
<td>1 in 88</td>
</tr>
<tr>
<td>Opioid overdose</td>
<td>1 in 92</td>
</tr>
<tr>
<td>Fall</td>
<td>1 in 106</td>
</tr>
<tr>
<td>Motor-vehicle crash</td>
<td>1 in 107</td>
</tr>
<tr>
<td>Gun assault</td>
<td>1 in 289</td>
</tr>
<tr>
<td>Pedestrian Incident</td>
<td>1 in 543</td>
</tr>
<tr>
<td>Motorcyclist</td>
<td>1 in 899</td>
</tr>
</tbody>
</table>

Source: National Safety Council

Odds of Dying - Injury Facts (nsc.org)
Using Total Worker Health® Strategies to Combat Opioid Harms

....policies, programs, and practices that integrate protection from work-related safety & health hazards with promotion of injury and illness prevention efforts to advance worker well-being.

Why does it matter for opioid use and misuse?

- Effects of opioid use and misuse not isolated to work or home environments
- Prevention and intervention require comprehensive, integrated solutions
- Coordinated “systems approaches” are vital, meet the needs of workers more completely, and are more efficient

Sources:
https://www.cdc.gov/niosh/topics/opioids/default.html
https://www.cdc.gov/niosh/twh/totalhealth.html
Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers

Introduction
Opioid misuse and overdose deaths from opioids are serious health issues in the United States. Overdose deaths involving prescription and illicit opioid overdoses doubled from 2010 to 2016, with more than 33,000 deaths in 2016 (CDC 2016a). Provisional data show that there were more than 49,000 opioid overdose deaths in 2017 (CDC 2018a). In October 2017, the President declared the opioid overdose epidemic to be a public health emergency.

Naloxone is a very effective drug for reversing opioid overdose. Police officers, emergency medical services providers, and non-emergency professional responders carry the drug for that purpose. The Surgeon General of the United States is also urging others who may encounter people at risk for opioid overdose to have naloxone available and to learn how to use it to save lives (2018).

The National Institute for Occupational Safety and Health

Opioids and Work
Opioids are often prescribed to manage pain resulting from a work injury. Heavy workplace conditions that lead to injury, such as slip, trip, and fall hazards or heavy workloads, can be associated with prescription opioid use (Weekoff & Green 2017). Other work-related conditions, such as job-related injuries, job, and health-related control jobs may also be associated with prescription opioid use (McGraw et al. 2017). Some people who use prescription opioids may misuse them and/or develop dependence. Prescription opioid misuse may also lead to heroin use (2017). Recent studies showed higher opioid overdose death rates in workplaces in industries and occupations with high rates of opioid use and overdose. Rates also show higher in workplaces with lower availability of past sick leave and lower job security, suggesting that the need to return to work soon after an injury may contribute to high rates of opioid-related overdose death (2018). Lack of paid sick leave and lower job security also may reduce workplace productivity and take time off to seek treatment.

Consider a Workplace Naloxone Use Program

Anyone at a workplace, including workers, clients, customers, and visitors, is at risk of overdose if they use opioids. Call 911 immediately for any suspected overdose. Without immediate intervention can quickly lead to death. Consider implementing a program to make naloxone available in the workplace in the event of an overdose. The following considerations can help you decide whether a program is needed or feasible:

- Does the workplace provide an environment where the administration of naloxone by non-licensed providers can be performed safely?
- Is there an evidence-based approach that can be used to develop a naloxone program in the workplace?
- Are the risks for opioid overdose greater in your geographic location? The National Center for Health Statistics provides data on opioid overdose deaths in an online state dashboard (2018)

Opioids and Work
Opioid overdoses are occurring in workplaces. The Bureau of Labor Statistics (BLS) reports 157 opioid deaths at work from non-medical use of drugs or alcohol increased by at least 28% annually between 2013 and 2016. The 2017 workplace overdose death data is from 2016 and accounted for 4.2% of occupational injury deaths that year. The BLS estimated that 1,881 opioid-related deaths occurred in 2017. The National Institute for Occupational Safety and Health (NIOSH), part of the Centers for Disease Control and Prevention (CDC), developed this information to help employers and workers understand the risk of opioid overdose and help them decide if they should establish a workplace naloxone availability and use program.

Opioids include three categories of pain-relieving drugs:
1. natural opioids (also called opium) which are derived from the opium poppy, such as morphine and codeine.
2. semi-synthetic opioids, such as the prescription drugs hydrocodeine and oxycodone and the illegal drug heroin.
3. synthetic opioids, such as methadone, tramadol, and fentanyl. Fentanyl is 50 to 100 times more potent than morphine. Fentanyl is 5,000 to 10,000 times more potent than morphine. Overdose deaths from fentanyl have grown dramatically since 2013 with the introduction of illicitly manufactured fentanyl entering the drug supply (CDC 2018a; CDC 2018b). The National Institute on Drug Abuse (NIDA 2018) has more information about types of opioids.

What is naloxone?
Naloxone hydrochloride (also known as naloxone, NARCAN® or EVDOS) is a drug that can temporarily stop many of the life-threatening effects of overdoses from opioids. Naloxone can help restore breathing and reverse the sedation and unresponsiveness that are common during an opioid overdose.

Side Effects
Serious side effects from naloxone use are very rare. Naloxone has been tested extensively during an overdose for outweighs any risk of side effects. If the cause of the unresponsiveness is not due to an opioid overdose, giving naloxone is not likely to cause further harm to the person. In rare cases, naloxone can cause acute opioid withdrawal symptoms such as body aches, increased heart rate, irritability, agitation, vomiting, diarrhea, or convulsions. Allergic reactions to naloxone are very uncommon.

Limitations
Naloxone will not reverse overdose from other drugs, such as alcohol, benzodiazepines, cocaine, or amphetamines. More than one dose of naloxone may be needed to reverse some overdoses. Naloxone alone may be inadequate if someone has taken large quantities of opioids, very potent opioids, or long acting opioids. For this reason, call 911 immediately for every overdose situation.

Are the risks for opioid overdose greater in your industry or among occupations at your workplace? (See the MDPH 2018 and CDC 2018c).

Do your workplace have frequent visitors, clients, patients, or other members of the public that may be at risk of opioid overdose?

Establishing a Program
You will need policies and procedures for your program. These should be developed in consultation with safety and health professionals. Include the workplace safety committee (if present) and include worker representatives. You will need a plan to purchase, store, and administer naloxone in case of overdose. Additional considerations for establishing a program are described below.

Risk assessment
Conduct a risk assessment before implementing the naloxone program.
- Determine whether workers, visitors, clients, customers, or patients are at risk of overdose.
- Assess availability of staff willing to take training and provide naloxone.
- Consult with professional emergency responders and product manufacturers who treat opioid use disorders in your area.

Liability
Consider liability and other legal issues related to such a program.

Records management
Include formal procedures for documenting incidents and providing training records, or include adequate information about the privacy of affected individuals. Maintain records related to staff roles and training.

Staff roles
Define clear roles and responsibilities for all persons designated to respond to a suspected overdose. Include these roles and responsibilities in existing first aid and emergency response policies and procedures (first aid, calling for Ivar first aid providers, and or onsite health professionals).

Prepare for possible exposure to blood, body fluids, or other substances that may be present at the scene of an overdose. Provide bloodborne pathogens training to responding staff members. Consider additional protection, such as hepatitis B vaccination.

Using Naloxone to Reverse Opioid Overdose Factsheet (cdc.gov)
Naloxone: Establishing a Workplace Program

- **Risk assessment:** Conduct a risk assessment before implementing the naloxone program.
- **Liability:** Consider liability and other legal issues
- **Records Management:** Include formal procedures for documenting incidents and managing records
- **Staff Roles:** Define clear roles/responsibilities for all persons designated to respond to a suspected overdose
- **Training:** Train staff to lower their risks when providing naloxone
- **Purchasing and storing Naloxone:** Naloxone is widely available in pharmacies, follow manufacturer instructions for storing, keeping it near all other PPE (gloves, etc.)
- **Follow-up care planning:** Develop a plan for immediate care, referral, and ongoing support for any worker who has overdosed
- **Maintenance:** Re-evaluate your program periodically, assessing for new risks

*Using Naloxone to Reverse Opioid Overdose Factsheet (cdc.gov)*
NIOSH Workplace Solutions: Medication-Assisted Treatment for Opioid Use Disorder

- MAT is the gold standard.
- SUD is a chronic disease, treatable, manageable.
- Employment and RTW strategies are critical, and MAT contributes to more stable, long-term employability.

What is a recovery-supportive workplace?

A recovery-supportive workplace aims to prevent exposure to workplace factors that could cause or perpetuate a substance use disorder while lowering barriers to seeking care, receiving care, and maintaining recovery.

A recovery-supportive workplace educates its management team and workers on issues surrounding substance use disorders to reduce the all-too-common stigma around this challenge.

https://www.cdc.gov/niosh/topics/opioids/wsrp/default.html
Workplace Supported Recovery

• Evidence-based policies and programs to:
  • Reduce risk of initiating substance use/misuse
  • Lower the threshold/barriers for seeking care
  • Educate, empower management teams
  • Lower stigma
  • Ensure privacy and confidentiality
  • Assist workers in recovery, reintegration, RTW

• Naloxone, MAT awareness/supports
Workplace Supported Recovery

Reduce stigma and send the right message

- Stigmatization (negative attitudes and stereotypes) can lead to prejudice, discrimination, social exclusion, and limited opportunities for employment and other life roles
- Frequently experienced by individuals with SUD or in recovery
- Visible educational materials and consistent discussions of the actual nature of SUDs, treatment, and recovery may help reduce stigma and encourage others to enter treatment

Key Talking Point  Substance use disorders are not a moral failing, recovery is possible, people can get better and return to work
Workplace Supported Recovery Webpage: https://www.cdc.gov/niosh/topics/opioids/wsrp/default.html

Workplace Supported Recovery

Substance use disorders represent a pressing issue for American employers and
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