WORKPLACE ACTION TO COMBAT THE OPIOID CRISIS: WHAT CAN BE DONE?

According to the Centers for Disease Control and Prevention, from 1997 to 2017, almost 400,000 people died from opioid overdoses.[1] More than 191 million opioid prescriptions were dispensed to American patients in 2017 and 130 people die every day from opioids.

Pain from work-related injury, illness, stress can lead to use of prescription or illegal opioids, misuse, and addiction. Studies from the Massachusetts Department of Public Health and the National Institute for Occupational Safety and Health (NIOSH) reveal the impact of the crisis by industry and occupation.[2,3]

In Massachusetts, there were 4,302 opioid overdose deaths between 2011 and 2015. In the 21 states in the NIOSH study, there were 57,810 deaths between 2007 and 2012. Deaths were especially high in more hazardous industries like construction, extraction, and health care.

Effects of addiction on workers and their families include job loss, physical and mental deterioration, financial ruin, divorce, loss of child custody, and prison. Prevention of workplace injury, illness, and stress are key to solving the opioid crisis. Negative impacts of opioid misuse in the workplace include:[4,5,6,7,8,9]

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

EXAMPLES OF MUSCULOSKELETAL DISORDERS (MSDs)

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

Focusing on ergonomics is an important part of the solution. Ergonomics is the science of fitting the job to the worker, where workstations and tools are designed to reduce work-related musculoskeletal disorders. Risk factors include lifting, bending, reaching, pushing, pulling, moving heavy loads, working in awkward body postures, and performing repetitive tasks. There were 344,970 cases of musculoskeletal disorders in 2017 alone according to the U.S. Bureau of Labor Statistics. This type of injury accounted for 34% of the lost work time cases in manufacturing alone and 77% of the lost work time cases in construction. These injuries are associated with widespread use of prescription pain medication. Despite the importance of ergonomics in prevention, there is no Occupational Safety and Health Administration (OSHA) ergonomics standard. See the example on the next page:[10]

Problem: Stooping to use screw gun

Solution: Autofeed stand-up screw gun

The U.S. Surgeon General estimates that 70–75% of people misusing opioids are working full or part time. However, many workplaces lack effective substance use and mental health support programs. Where these programs do exist, they often take a punitive approach such as zero-tolerance policies or last chance agreements.[11] Punitive approaches deter workers who need assistance from coming forward for help and fail to recognize that opioid use disorder is recognized by the medical community as a relapsing disease.[12,13] Additionally, stigma in the workplace, such as shaming or discrimination against workers who have substance use disorders, further discourages them from seeking help. Rather than terminating workers with substance use disorders, employers should consider alternative approaches that encourage access to treatment and recovery and keep the employment relationship intact. Work is healthy, as it provides people with structure, purpose, self-worth, and financial support.

The list below includes individual and workplace level actions that can help respond to the opioid crisis.

Individual Actions

1) Increase reporting of job hazards.
2) Reach out to co-workers to see how they are doing.
3) Share fact sheets and information from today's training with co-workers.
4) Re-focus on self-care: exercise or movement, sleep, healthy eating, social interaction, and relaxation.
5) Participate in organizational programs geared to improve safety and health and avoid opioid use.

Workplace Level Actions

1) Place opioids in the workplace on health and safety or workers' compensation committee agendas.
2) Evaluate opioid use and its connection to workplace safety and health using data sources such as OSHA logs, workers' compensation records, worker surveys, focus groups, death certificates, and health care prescription drug utilization data.
3) Leverage the issue to increase action to prevent work-related injuries, illnesses, and occupational stress.
4) Educate managers and workers about the connection between work injury and opioid abuse and opioid use disorder.
5) Provide worker training and connect it with safety and health program activities such as OSHA training.
6) Educate workers about alternative pain treatment, such as wellness programs, physical therapy, massage therapy, acupuncture, mindful meditation, yoga, nonprescription or alternative prescription pain medications, chiropractic care, psychology, etc.
7) Provide information and tools to injured workers, such as a fact sheet or checklist to use with health care providers, and information on how to dispose of unused medication.
8) Expand and improve access to mental health and substance use treatment and recovery programs. Consider health benefits coverage, employee assistance, member assistance, and peer assistance programs.
9) Revisit workplace substance use policies and remove barriers that deter workers with opioid use disorder from coming forward for help. Consider alternative-to-discipline programs so that workers stay connected to the workplace during treatment and recovery.
10) Reform workers' compensation to expand access to alternative pain treatment, reduce the overuse of opioids, and reduce and eliminate delays in treatment for work injuries.

Peer advocates are people in recovery who provide support, encouragement, and information to people in need about entering treatment and recovery programs. Developing peer advocate programs in the workplace expands the definition of peer to include a person in recovery from the *same workplace or union*. Trained peers can have a significant impact on getting people in need to talk about their mental health and substance use problems and encourage them to access services.

Endnotes

1 CDC (Centers for Disease Control and Prevention). Opioid Overdose: Understanding the Epidemic. Available: https://www.cdc.gov/drugoverdose/epidemic/index.html.

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11 Connecticut Department of Public Health. 2018. The Opioid Crisis and Connecticut's Workforce: Updating Your Approach to Employees Suffering from Addiction Can Preserve Your Greatest Resource. (See: Drug-free Workplace and "Zero-tolerance" Policies: Holly Hinds, Esq.; Managing Partner, Challenges and Barriers in the Opioid Age). Available: https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/environmental_health/%20occupationalhealth/Opioid-conference-writeup_FINAL-FINAL_11_28_18-(2).pdf?la=en.

12 National Institute on Drug Abuse. Drugs, Brains, and Behavior: The Science of Addiction. Preface. Available: https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface.

13 The National Center on Addiction and Substance Abuse. 2012. Addiction Medicine: Closing the Gap between Science and Practice. Available: https://www.centeronaddiction.org/addiction-research/reports/addiction-medicine-closing-gap-between-science-and-practice.