Addressing Opioids at Work

December 15, 2021
Today’s Speakers

- **Lorraine Martin**, President & CEO, NSC
- U.S. Secretary of Labor **Martin Walsh**
- **Jenny Burke**, Sr. Director, NSC Impairment Practice
- **Timothy S. Irving**, Deputy Director, Directorate of Construction, OSHA
- **L. Casey Chosewood**, M.D., M.P.H., Director, Office for Total Worker Health®, NIOSH
Welcome

Lorraine Martin
President & CEO
A National Wake-Up Call

U.S. Drug Overdose Deaths
April 2020 – April 2021

100,306 Lives Lost

28.5% YoY Increase

Provisional Estimates, CDC National Center for Health Statistics
Of employers surveyed by NSC said they know impairment is decreasing the safety of their workforce.

nsc.org/work-safety/safety-topics/fatigue/survey-report
A Suite of Free Employer Resources

nscl.org/WorkplaceDrugUse
Impairment Recognition and Response Training for Supervisors

nsc.org/ImpairmentTraining
Welcome!

Martin J. Walsh
U.S. Secretary of Labor
Addressing Opioids at Work

Martin J. Walsh
U.S. Secretary of Labor
Addressing Opioids at Work: Why It’s Worth the Investment

Jenny Burke
Senior Director, Impairment Practice
Produced in Partnership:

National Safety Council

NORC at the University of Chicago

Funded By:

Nationwide is on your side
A Substance Use Cost Calculator for Employers

- Easy-to-use tool
- Derived from comprehensive government surveys
- Computes costs of substance use
- Specific to industry, state and employee population

nsc.org/DrugsatWork
The National Safety Council has collaborated with an independent research institution, NORC at the University of Chicago, to update "The Real Cost of Substance Use to Employers" tool, originally developed in 2017 with national nonprofit Shatterproof. This cost calculator is an authoritative, easy-to-use tool providing business leaders with specific information about the cost of substance use (including prescription drug use and misuse, alcohol use and misuse, opioid and heroin addiction, as well as use of other illicit drugs and cannabis) in their workplace based on size of employee base, industry and state. Learn More

Calculate Your Workplace Costs

Where are your facilities/offices located?  

-- Choose State --

How many employees in your organization?  

# of Employees

Add Additional State

What is your industry?  

-- Choose Industry --

Email Address

Get Your Report
Input Your Details

Where are your facilities/offices located?

How many employees in your organization?

What is your industry?

Email Address

We will email you the results of this calculator.

Nevada

500

Construction

Add Additional State

Get Your Report
Your Individual Costs

TOTAL COST: $938,561

- Lost Time: $290,904
- Job Turnover & Retraining: $420,267
- Health Care: $227,297
Your employees and their family members can struggle with substance dependence. These graphics illustrate how many people in your organization may be affected, broken out by group.

Employees: 93
Dependents & Family: 68
Substance Specific Details

It is important to note that individuals may be struggling with more than one substance use disorder. Click on the substance image for more information.

Alcohol
- Employees: 67
- Family: 45

Opioids & Heroin
- Employees: 9
- Family: 6

Cannabis
- Employees: 13
- Family: 14

Other Drugs
- Employees: 37
- Family: 30
Recovery is Good for Business

Substance misuse and substance use disorders (SUDs) can be an expensive problem for employers. However, providing resources to assist workers with their SUD can be a very good investment.

Workers in recovery help employers **AVOID** $4,088 in turnover & replacement costs. Workers in recovery miss **13.7 days LESS** per year than workers with an SUD. Each employee who recovers from a substance use disorder **SAVES** a company over **$8,500 on average**.
Taking Action

Many organizations have realized substantial savings by investing in employee wellness and offering appropriate treatment options for substance use disorders. Since it is not possible to identify employees who may have a substance use disorder, these programs need to be implemented across the entire organization.

Percentage of Employee Population Engaged

In the US, only 1 in 10 people with a substance use disorder obtains treatment.

Workplace Costs Avoided

$445,100

Information & Resources

nsc.org/DrugsatWork
Highlights – The Issue Briefs

• Occupation
• Gender
• Health Care Costs
• Turnover
• Disability and RTW
• Prescription Opioids

• Cannabis
• DUI
• Alcohol
• Prevention
• Treatment
Key Takeaways

• Annual average cost of each employee with an untreated substance use disorder has risen by 30%

• Employers spend an average of $8,817 on each employee with an untreated substance use disorder

• Each employee who recovers from an SUD saves a company over $8,500
Substance Use Disorders by Occupation

Construction, mining and service occupations have high rates of substance use disorders

1 in 5 construction workers have an SUD
## Prevalence of Substance Use Disorders by Occupation

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction trades and extraction workers</td>
<td>19.0</td>
</tr>
<tr>
<td>Service occupations, except protective</td>
<td>15.6</td>
</tr>
<tr>
<td>Sales occupations</td>
<td>13.4</td>
</tr>
<tr>
<td>Farming, fishing, forestry occupations</td>
<td>10.9</td>
</tr>
<tr>
<td>Protective service occupations</td>
<td>9.9</td>
</tr>
<tr>
<td>Education, health and related occupations</td>
<td>8.0</td>
</tr>
</tbody>
</table>
How Workers with Active SUDs Impact Employer Health Care Costs

Workers with substance use disorders USE OVER $800 more in health care services per year than workers in recovery
Turnover and Substance Use

Workers with untreated substance use disorders are LESS likely to stay with an employer than their peers in recovery or without SUDs.

Workers with an SUD are over 40% MORE LIKELY to report having more than one employer in the last year.
Cannabis and the Workplace

Of working Adults

1.5%

have a cannabis use disorder

Despite 37 states legalizing medical cannabis and 18 legalizing recreational cannabis, it is still a schedule one drug, and illegal federally.
Driving Under the Influence

14.5% of workers report driving under the influence of drugs or alcohol at least once in the past 12 months

10% of workers with no SUD report DUI annually, while 59% of workers with an SUD report DUI annually

Off-the-job: costs to employers include lost time and medical expenses

On-the-job: CMV operators have very low rates of DUI; stimulant use is a concern
Supporting Mental Health – Worth It

For every $1 invested in mental health treatment,

there is a $4 return in improved health and productivity.
NSC Resources: Chemical Impairment

nsc.org/WorkplaceDrugUse
Impairment Recognition and Response Training for Supervisors

- **Goal:** Improve the ability of workplace supervisors to recognize and respond to diverse forms of workplace impairment
- **Format:** 1 hour, eLearning
- **Common signs and symptoms of impairment**
  - Physical, cognitive, performance
- **Responding to impairment**
Thank You!

nsc.org/MentalHealthAtWork

Questions?
Jenny.Burke@nsc.org
Opioids in the Workplace

Timothy Irving
Deputy Director – Directorate of Construction
OSHA’s Mission?

prevent work-related injuries, illnesses, and deaths.
OSHA’s Comprehensive Approach

Enforcement

Standards and Guidance

Cooperative and State Programs
Drug Overdose Deaths in the U.S. Top 100,000 Annually

For Immediate Release: November 17, 2021

Contact: CDC, National Center for Health Statistics, Office of Communication (301) 458-4800
E-mail: paoquery@cdc.gov

Provisional data from CDC’s National Center for Health Statistics indicate that there were an estimated 100,306 drug overdose deaths in the United States during 12-month period ending in April 2021, an increase of 28.5% from the 78,056 deaths during the same period the year before.
Construction workers are among the hardest hit by opioids.

Recent state-level studies of opioid overdose deaths show that construction workers are six to seven times more likely to die of an overdose than workers in other professions.

The impact of opioids to our field led us to make it the focus of this Quarterly Data Report

Workplace Unintentional Overdose Prevention

- Fatal opioid-related overdose rates are higher for workers in industries/jobs with high rates of injuries and illnesses.
- Common use of prescribed opioids for management of acute and chronic pain following an injury.
- Rate higher among workers in occupations with lower availability of paid sick leave and lower job security.
Fatal event or exposure

- Transportation incidents increased 2 percent in 2019 to 2,122 cases, the most cases since this series began in 2011. Events involving transportation incidents continued to account for the largest share of fatalities. (See chart 3 and table 2.)
- Falls, slips, and trips increased 11 percent in 2019 to 880.
- Exposure to harmful substances or environments led to the deaths of 642 workers in 2019, the highest figure since the series began in 2011.
- Unintentional overdoses due to nonmedical use of drugs or alcohol increased for the seventh consecutive year to 313 in 2019.
- Fatalities due to fires and explosions decreased 14 percent to 99 in 2019.
<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Suicides</th>
<th>Number of Drug Overdoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>282</td>
<td>82</td>
</tr>
<tr>
<td>2014</td>
<td>280</td>
<td>114</td>
</tr>
<tr>
<td>2015</td>
<td>229</td>
<td>165</td>
</tr>
<tr>
<td>2016</td>
<td>291</td>
<td>217</td>
</tr>
<tr>
<td>2017</td>
<td>275</td>
<td>272</td>
</tr>
<tr>
<td>2018</td>
<td>304</td>
<td>305</td>
</tr>
<tr>
<td>2019</td>
<td>307</td>
<td>313</td>
</tr>
</tbody>
</table>
5,333 occupational fatalities in 2019

- Transportation accidents / 2,122
- Slip, trip and fall / 880
- Struck by object / 732
- Electrical contact / 166
- Death by Suicide / 307
- Unintentional Overdoses / 313

https://www.bls.gov/iif/oshwc/cfoi/cftb0334.htm
OFFICE OF NATIONAL DRUG CONTROL POLICY

The Office of National Drug Control Policy (ONDCP) is a component of the Executive Office of the President. The mission of ONDCP is to reduce substance use disorder and its consequences by coordinating the nation’s drug control policy through the development and oversight of the National Drug Control Strategy and Budget.
Interagency Workgroup

- SAMHSA (Substance Abuse and Mental Health Services Administration)
- ETA (Employment Training Administration)
- ODEP (Office of Disability Employment Policy)
- Commerce
- VHA (Veterans Health Administration)
- Women’s Bureau
- OFCCP (Office of Federal Contract Compliance Programs)
- OJP (Office of Justice Programs)
- AmeriCorps
Overdose Prevention Strategy

Primary Prevention
Preventing substance use disorder is the first step towards addressing overdoses. Learn about effective prevention programs and safe prescribing practices.

Harm Reduction
Harm reduction is critical to keeping people who use drugs alive and as healthy as possible. Read the research and reduce stigma.

Evidence-Based Treatment
When a person is ready, high-quality treatment must be available without delay. Help improve access to treatment.

Recovery Support
Recovery support services can lead to better long-term outcomes, especially when available in communities where they are needed. Explore different types of recovery services.

https://www.hhs.gov/overdose-prevention/
Compliance Assistance Data Collection – OSHA Information System

Compliance Assistance Activities

- Federal/State
  - Select Value
  - Select Value
- Task Type
  - Select Value
- Program Area
  - Select Value
  - Select Value
- Emphasis Program Type
  - Select Value
  - Select Value
- Alliance #
  - Select Value
- Alliance Name
  
- CSHO ID
  - Select Value
- Supv ID
  - Select Value
- Task Date
  - Select Value
  - Select Value
- Activity Start Date
  - Select Value
  - Select Value
- Topic
  - Select Value
- Additional Code Value
  - Select Value

Run Report, Reset
Outreach

- Associated General Contractors of Massachusetts Opioids Awareness Stand-down was held on June 5, 2019

- Building Trades Employers’ Association Northeast Recovery Week scheduled for April 25, 2022
  - national stand downs at jobs sites across the country
  - full program that includes prevention training, educational sessions from nationally recognized experts
  - speakers on recovery for builders and construction unions in order to prevent increased fatalities from substance abuse in the industry.
(OSHA) Region I Concord NH OSHA Area Office, WorkWise NH / OSHA Consultation Program and the NH Governor’s Office renew Alliance

Alliance organizations will continue raising awareness of physical well-being and mental health issues related to substance use disorders.
The National Safety Council “Safe Actions for Employee Returns”, is a multifaceted, comprehensive effort to help employers prioritize safety as they return employees to traditional work environments and schedules in a post-quarantine world. Visit nsc.org.

The Center for Construction Research and Training, CPWR.com, has published a Mental Health and Addiction website with handouts, planning tools & training programs.
The End Any Questions??
Substance Use and Work: Applying Total Worker Health® Principles

NIOSH Efforts and Resources

L. Casey Chosewood, MD, MPH

December 15th, 2021

The findings and conclusions in this presentation have not been formally disseminated by the National Institute for Occupational Safety and Health and should not be construed to represent any agency determination or policy.
During late June, 40% of U.S. adults reported struggling with mental health or substance use.

<table>
<thead>
<tr>
<th>Anxiety/Depression Symptoms</th>
<th>31%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma/Stressor-Related Disorder Symptoms</td>
<td>26%</td>
</tr>
<tr>
<td>Started or Increased Substance Use</td>
<td>13%</td>
</tr>
<tr>
<td>Seriously Considered Suicide†</td>
<td>11%</td>
</tr>
</tbody>
</table>

*Based on a survey of U.S. adults aged ≥18 years during June 24-30, 2020
†In the 30 days prior to survey

Overdose Deaths Reached Record High as the Pandemic Spread

More than 100,000 Americans died from drug overdoses in the yearlong period ending in April, government researchers said.

• Up 30% from prior year; more than the toll of car crashes and gun fatalities combined

• Largely a result of lost access to treatment, rising mental health problems, and wider availability of dangerously potent street drugs

• About 70% of deaths were among men between the ages of 25 and 54

“It has to be easier to get treatment than to buy a bag of dope.”

Fatal Drug Overdoses in the US Before and During the COVID-19 Pandemic (cont’d)

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States

https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm#data-tables
Effects of COVID-19 on Substance Misuse and Substance Use Disorders

- **Every state** has reported increases in opioid-related mortality as well as ongoing concerns for those with a mental illness or substance use disorder (SUD)
- “the perfect storm for folks who are substance dependent”
- SAMHSA disaster distress helpline saw a nearly 900% increase in calls early in the pandemic compared to the same period in 2019
- Social distancing measures may cause individuals with SUD to be more isolated, lack social support, and have no one around to administer naloxone during an overdose
  - Hindered ability of individuals with SUD to access services such as counseling, therapy, and MAT

# 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)
A More Comprehensive View of the Opioid Use Crisis: Social and Economic Determinants

- Origins in earlier “under-treatment” of chronic pain
- Elements of over-prescribing prescription opioids
- More dangerous street drugs; illicit fentanyl and analogues
- Social, structural, economic antecedents – including work-related ones
- Role of underlying poverty, absent opportunities, isolation, and hopelessness
- Growing national mental health crisis
- Need for more comprehensive, broader-based approaches
- Gaps in life satisfaction, social connections and cohesion, meaningful work, advocacy/agency.

Exploring the Link: Opioid Use, Overdose and Work

Lack of employment

Insecure employment, new employment arrangements

Hazardous work and increased risk of work-related injury

Working conditions that can predispose to chronic health problems or pain

Wages, lack of benefits such as paid sick leave

Industry/occupational, and geographic differences
Substance Use Disorders in Workers

- **1 in 12** workers has an untreated substance use disorders (SUDs).
- Construction, mining, and service occupations have the highest rates of alcohol and other drug use disorders – many such jobs considered safety-sensitive.
  - Education, healthcare, and professional and protective services jobs have the lowest.
- Industries with higher numbers of workers with alcohol use disorders also have more workers with illicit drug, pain medication, and marijuana use disorders.

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

- Massachusetts Department of Public Health on opioid-related overdose deaths by industry/occupation, 2011-2015, in their state.

- Found that the opioid-related death rate for those employed in construction and extraction occupations was 6 times the average rate for all Massachusetts workers.

- Other occupational groups with higher than average rates included: farming, fishing and forestry; material moving; installation, maintenance and repair; and transportation among others.

The report also found that the rate of fatal opioid-related overdose was higher among workers employed in industries known to have high rates of work-related injuries and illnesses.

Additionally, rates were higher among workers in occupations with lower availability of paid sick leave and lower job security.
Opioid-related Overdose Deaths in Massachusetts by Industry and Occupation, 2016-2017

An update to a report covering years 2011-2015

▪ The average annual rate of deaths among workers nearly doubled over the period studied.

▪ The Construction industry saw an 83% increase in deaths, followed by deaths in the Agriculture, Forestry, Fishing, and Hunting industry, which more than doubled.

▪ The rates of opioid-related overdose deaths among Farming, Fishing, and Forestry occupations was 7x higher than the average annual rate.

▪ The rate among Construction and Extraction occupations was 6x higher.

▪ The number of deaths in Construction and Extraction occupations represented 27% of total opioid-related overdose deaths in 2016-2017.

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.

But why does this matter for opioid use and misuse?

- Effects of opioid use/misuse are 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

Stigma Around SUD Remains Pervasive Among Public—and Practitioners

The Shatterproof Addiction Stigma Index (SASI) was conceived to assess attitudes about substance use and those who engage in substance use.

Almost 3 in 4 respondents find someone currently using substances to be untrustworthy.

One in three are unwilling to move next door to a person currently using substances or have them as a personal friend.

Over half of respondents indicated that a person’s SUD is caused by their own bad character or lack of moral strength.

3 in 4 respondents do not believe that a person with a SUD is experiencing a chronic medical illness.

Source: https://www.shatterproof.org/our-work/ending-addiction-stigma/shatterproof-addiction-stigma-index
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](https://www.cdc.gov/niosh/topics/opioids/wsrp/default.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. Opioid overdose deaths involving prescription and illicit opioids doubled from 2010 to 2015, with more than 40,000 deaths in 2016 (CDC 2016a). Provisional data show that there were more than 49,000 opioid overdose deaths in 2017 (CDC 2016b). 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 overdoses. Police officers, emergency medical services providers, and non-emergency 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 (CDC 2017a). 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.

What are opioids?

Opioids include three categories of pain-relieving drugs: (1) natural opioids (also called opiums) which are derived from the opium poppy, such as morphine and codeine; (2) semi-synthetic opioids, such as the prescription drugs hydrocodone and oxycodone and the illicit drug heroin; and (3) synthetic opioids, such as methadone, tramadol, and fentanyl. Fentanyl is 50 to 100 times more potent than morphine. Fentanyl analogs, such as carfentanil, can be 10,000 times more potent than morphine. Overdose deaths from fentanyl and fentanyl analogs increased by 37% in 2017 with the introduction of the highly potent fentanyl analogue carfentanil. 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 EVOK®) 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 unconsciousness that are common during an opioid overdose.

Side effects

Serious side effects from naloxone use are very rare. Naloxone will not reverse an overdose if the person is simply having a panic attack or anxiety disorder. However, there have been rare instances of naloxone causing acute opioid withdrawal symptoms such as body aches, increased heart rate, irritability, agitation, vomiting, diarrhea, or nightmares. allergic reactions to naloxone is uncommon. Limitations Naloxone will not reverse overdoses 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.

Opioids and Work

Opioid overdoses are occurring in workplaces. The Bureau of Labor Statistics (BLS) reported that over 2,000 overdose deaths at work from non-medical use of drugs or alcohol increased by at least 38% annually between 2013 and 2016. The total increase in opioid overdose deaths in 2016 accounted for 4.2% of occupational injury deaths that year (BLS 2017). This large increase in opioid deaths in the workplace from drug overdoses parallels a surge in overall opioid deaths from opioids reported by CDC (2017). Workplaces that serve the public (i.e., retailers, investors, public) may also have visitors who overdose while onsite.

Workplace safety considerations

Opioid users are often prescribed to manage pain arising from a work injury. Risky workplace conditions that can lead to injury, such as slip, trip, or fall hazards, or heavy workload, can be associated with prescription opioid use (Budnick and Gruber 2017). Other workplaces, such as jobs involving heavy and high demand, low control jobs may also be associated with prescription opioid use (Kowal and McGraw 2018). Some people who use prescription opioids may misuse them and/or develop dependence. Prescription opioid misuse may also lead to heroin use (Czerwinski 2017). Recent studies have shown that opioid overdose death rates are also rising in higher-income areas with lower availability of past prescription and lower job security, suggesting that the need to return to work after an injury may contribute to increased rates of opioid-related overdose deaths (MOPIN 2018, CDC 2018b). Lack of paid sick leave and lower job security may also make workers reluctant to take time off to seek treatment.

Considering a Workplace Naloxone Use Program

Anyone at workplace, including workers, clients, customers, and visitors, is at risk of overdose if they use opioids. Call 911 immediately for an opioid overdose. 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 such a program is needed or feasible.

Do the people who work in your workplace are located close to one another and have the ability to provide naloxone? Does your state’s Good Samaritan law protect naloxone administration? Do you have staff willing to be trained and willing to provide naloxone? Have any workers experienced an opioid overdose or has there been evidence of opioid drug use in your workplace? Are there the risks for opioid overdose greater in your geographic location? The National Center for Health Statistics provides data on drug overdose deaths in an online state dashboard (CDC 2018b).
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.

A special thanks to my colleague Jamie Osborne, MPH, CHES®, Public Health Analyst, for assistance in presentation preparation.
Ancillary Information
(not presented)
Changes in Fatal Drug Overdoses by State from June 2019 to May 2020

Prescription Drug Misuse and Employers

- Over **70%** of 501 HR decision makers said their workplace has been impacted by prescription drugs.
- Only **19%** of respondents felt extremely well prepared to deal prescription drug misuse.
- Almost **50%** were very confident they had appropriate HR policies and resources to deal with prescription drug misuse or abuse.
- **70%** would return an employee to work after the employee receives appropriate treatment.

The Cost of Substance Use Disorders

- The average employer pays $2,918 in health insurance premiums or self-pay annually for workers without SUDs. For those with SUDs, those costs are approximately $4,770 per worker, and $3,961 per worker in recovery.

- Additional annual average costs to an employer for each worker with an untreated SUDs have risen 30% in just three years.

- Employers spend an average of $8,817 annually on each employee with an untreated SUD.

Illicit Drug Use and Overdose Deaths Among US Workers

- According to the National Survey of Drug Use and Health, in 2019, an estimated **3.8%** of respondents aged 18 years or older reported illicit drug use in the previous year. An estimated **63.5%** of these self-reported users were employed full- or part-time.

- In 2019, **93%** of the 70,630 US drug overdose deaths occurred among the working age population, persons aged 15-64 years.

- In 2019, the Bureau of Labor Statistics reported that overdose deaths at work from non-medical use of drugs or alcohol accounted for **5.8%** of occupational injury deaths, the seventh year in a row that this percentage increased. (In 2013, this percentage was **1.8%**.)

Opioid Dispensing Rates in Workers’ Compensation

- NIOSH-funded study by the Workers’ Compensation Research Institute (WCRI) found rates differed based on several factors:
  - **Industry in which the injured worker is employed**
    - Mining (including oil and gas) and Construction had the highest opioid dispensing rates, followed by Agriculture, Forestry, and Fishing and Public Safety
  - **Company size** (based on payroll)
    - Smaller companies had higher opioid dispensing rates than larger companies
  - **Injured worker age**
    - Older workers had higher opioid dispensing rates than younger workers

Workers in Recovery

- Each employee who recovers from a SUD saves a company over $8,500 on average.
  - Treatment prompted or mandated by an employer is more successful than treatment initiated or encouraged by friends or family members.

- Workers who are actively in recovery help employers avoid $8,175 in turnover, replacement and healthcare costs.


Opportunities to Leverage CDC Data for Action

Nonfatal Drug and Polydrug Overdoses Treated in Emergency Departments — 29 States, 2018–2019

Rates of ED-treated suspected nonfatal drug overdoses involving opioids, cocaine, and amphetamines, and of polydrug overdoses co-involving opioids and amphetamines increased from 2018 to 2019.


Nearly 85% of overdose deaths involve illicitly manufactured fentanyl, heroin, cocaine, and/or methamphetamine. Learn more in this month’s VitalSigns.

3 in 5
More than 3 in 5 people who died from a drug overdose had an identified opportunity for linkage to care or life-saving actions.

Source: https://www.cdc.gov/mmwr/volumes/69/wr/mm6935a1.htm?deliveryName=USCDC_1026-DM37247#F1_down
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
Thank You!