

It Is Time to Implement Primary Prevention in the Workplace to Ameliorate the Ongoing U.S. Opioid Epidemic

in *NEW SOLUTIONS*

<https://doi.org/10.1177/10482911211039880>

NIEHS Webinar: Opioids and the Workplace
June 9, 2022



SCHOOL OF PUBLIC HEALTH

UNIVERSITY OF MICHIGAN

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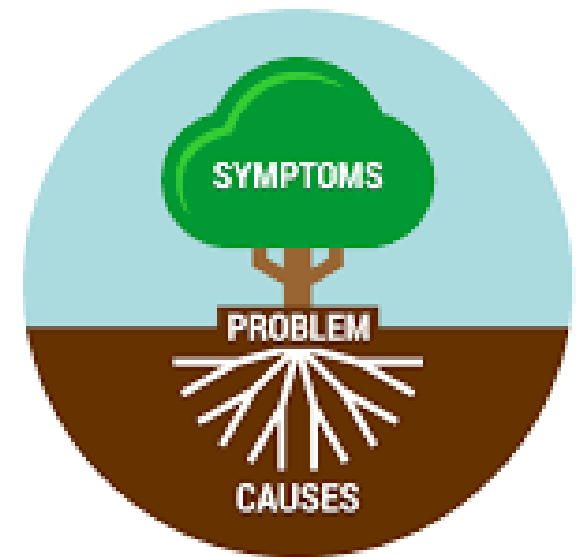


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Ongoing U.S. Opioid Epidemic

- “Twindemics” or syndemic of COVID-19 and opioid crisis
- Currently, majority of funding and resources are focused on:
 - Tertiary care
 - Getting people to return to the workforce
- Important work but not getting at the root cause → Injury, stress
 - **Focus on the workplace still limited**



Punitive Workplace Policies

- Coupled with culture of underreporting
- Replace zero tolerance drug and substance use disorder (SUD) policies that terminate workers
- **Adopt an approach of eliminating stigma and maintaining relations with workers who need help**
- **Recovery friendly workplace**
 - Approaching from drug use prevention and occupational health standpoint



Musculoskeletal Disorders (MSDs)

- Lack of proper ergonomics in the workplace
- Advocate for promulgating MSD standard
- Ergonomics rule-making process 1992, drafting standard 1995
 - Issuance November 4, 2000, effective January 16, 2001 → immediately repealed by Senate Joint Resolution 6
- **Addressing MSDs, assessing workplace, and implementing appropriate ergonomic measures specific to workplace**
 - In turn will reduce workers' compensation claims, direct and indirect healthcare costs (e.g., disability), etc.

Workplace Psychosocial Factors

- Work is a determinant of health; TWH approaches
- Training employers to recognize the relationship between social factors, mental health, and individual behavior in the workplace (e.g., anxiety, depression, workplace violence)
- **Bolster evidence-based research that training and organizational changes can reduce negative work factors that impact worker mental health → Identify, fund, conduct those studies to develop primary prevention interventions**

Government Funding

- Majority of federal and state initiatives don't focus on SUD primary prevention
- Rather than treating someone once they are injured or prescribed an opioid, stopping that occurrence from happening in the first place
- **Addressing work injury, stress, and related physical and emotional pain to stop the pipeline to opioid use**



Advocacy

- Advocate for funding and legislative reforms for primary prevention of opioid use
- **Funding that results from lawsuits & settlements should include support for training, research, and interventions focused on primary prevention**
 - Avoid repeating the tobacco settlement funds situation

Leveraging Existing Resources

- Federally-sponsored (free) opioid training in the workplace
- National Institute of Environmental Health Sciences (NIEHS) Worker Training Program (WTP)
 - **Opioids in the Workplace: Leadership Training Program should be expanded**
 - **No need to reinvent the wheel – existing resources through NIEHS WTP can be maximized and expanded**

Research and Intervention Recommendations

- Federal agencies (e.g., SAMHSA, DOL, NIOSH) to fund training and intervention programs to key state and localities addressing work-related injury, illness, stress
 - Extramural and intramural opportunities
 - Grants supporting worker, supervisor, and leadership training
 - Grants supporting interventions to establish resources to collect evaluation data on job hazards, injury experience, prescription opioid use, work processes, etc.

- Evaluation of existing workers' compensation and health benefits data, absenteeism, staffing
 - Support evaluation of injury logs, safety program data, worker surveys, self-reported occupational stressors, work organization factors associated with opioid use and addiction
 - Prioritize intervention research
 - Research on applicability of risk assessment, risk mitigation and management approaches

Thank you for your time and attention!

Now that we have a clearer roadmap of what should be done, what will be done about it?



Image credit: Scott H. Young