# Opioid Peer Training Pilot Project: Lessons Learned



#### Massachusetts Coalition for Occupational Safety & Health

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# **The Numbers in MA**

	2021	2020	2019	2018	2017
WORKPLACE FATALITIES'	62	45	72	77	80
RATES (DEATHS PER 100,000 EMPLOYEES)"	1.8	1.0	1.8	1.9	2.0
WORKPLACE SUICIDE FATALITIES	13	5	6	10	9
WORKPLACE OVERDOSE FATALITIES	25	18	14	23	29

Workers killed by fatal injuries as well as firefighters who died from non-COVID occupational illness. "Includes only fatal workplace injuries, not occupational illnesses.

Fatal overdoses and suicides on the job claimed a troubling 38 lives in 2021, a 52% increase from 2020.

# MA DPH Analyses: Fatal opioid overdoses nearly doubled among Massachusetts workers

Opioid-related overdose deaths among workers across all industries increased from 25 deaths per 100,000 workers from 2011-2015 to 46 in 2016-2017.

Within the construction industry, the rate of fatal opioid overdoses went from 125 per 100,000 workers in 2011-2015 to 229 from 2016-2017, according to the report. Among workers in the agriculture, forestry, fishing, and hunting trades, the death rate increased from about 107 deaths per 100,000 workers in 2011-2015 to 221 in 2016-2017.



### Learning from the MassCOSH Immigrant Worker Center Injured Workers Committee

Access to legal support for workers compensation claims.

Support from MassCOSH staff and other injured workers to navigate the system from start to finish.

Training on workplace hazards.

Empowerment approach designed to build the leadership capacity of injured workers as leaders in efforts for safer workplaces.





**Goals:** 

#### Opioid Awareness Peer Training Pilot September 2018 – June 30 2019

*Thanks to support from the Massachusetts Department of Public Health and partnership with CPH-NEW Total Worker Center at Umass Lowell* 

- Educate workers to better understand the risks of opioid painkillers used for chronic conditions and alternative pain treatments available that are more effective and less dangerous
- Empower workers to be able to advocate for themselves before an injury occurs, during and after medical of dental treatment and when they return to work, to ensure accommodations are made so they can return to work safely.
- Educate workers about addiction treatment services that are available to them and their family and friends and how to utilize these services without stigma or risking their job.

#### Partner with three Unions to provide opioid awareness training BEFORE injuries even occur.

- Conduct a brief needs assessment to customize training and support to each Union or worksite.
- Conduct one train-the-trainer session for 2 peer leaders from each site. Included motivational interview skills. Stories shared were incredibly powerful.
- Provide technical assistance and support to each peer leader to conduct 2 trainings
- Evaluate the pilot project to identify factors that promote or inhibit participation of unions and worker centers, the effectiveness of peer-to peer model for educating workers, and the potential for the model's dissemination through a wider workforce.
- Also incorporate the training into our Immigrant
  Worker Center and Teens Lead @ Work programs





### **Teamsters Local 25**

Partnered with their EAP to train shop stewards from each barn (convention center, UPS and Stop & Shop warehouse)

Opioid addiction has long been an issue. Used to have their own health insurance plan. EAP would do wellness calls after injury when they saw opioid prescriptions.

In house EAP played a key role in supporting the peer trainers through the training, and will continue to provide support. Unique to this partner.

Goal of training was to arm stewards with information to be able to hold breakroom/parking lot meetings and "individual encounters"

Union President started the training, referred to workplace injury as a key pathway to addiction, demonstrated the urgency of the situation Very proud of project.







# **Ironworkers Local 7**

Partnership started with MassCOSH Board member, Shawn Nehiley, Business Agent who himself is in recovery.

Injury and pain a major issue. Iron work is HARD.

Needs Assessment identified one potential intervention before we even started designing the training: Yoyo harness puts constant strain on their bodies. UMass Lowell exploring opportunities for adjustments.

Trainers, Dan and Bobby, both in recovery. Dan's pathwa addictions started when his father, an ironworker, was fat injured on the job.

Incorporated into their apprentice program and ended up their apprentice coordinator as well as Bobby and Dan.

125 apprentices came to the training, all after work.

Training alone reduces stigma – peer trainer received two calls from apprentices asking for help after the training.





### **Massachusetts Nurses Association**



Massachusetts Nurses Association



- Lead by Judith Pare: Director Nursing Education, Workforce Quality & Safety and Carol Mallia, Peer Assistance Program.
- Part of their Labor School nurses participating received continuing education credits
- Mandatory reporting to Board of Registration in Nursing (BORN) makes very tricky for nurse to help their peers. A lot of the training was focused on navigating these challenges, even down to specific language to use when reaching out to peers.
  - While stigma is a major barrier for the other partners, fear of losing their livelihood is real for nurses. Nurses who seek substance abuse treatment lose their license for up to 3 years so stakes are high.
- Workplace violence a major cause of injury, and of course workload.

### **Other Lessons Learned**

More than a curriculum, we are going to evaluate and document the process.

However, there are some <u>commonalities</u>: health and safety committees (or another tool for preventing injury and illness), data and science on addiction, information on opioids, strategies to empower workers to be able to advocate themselves when injury occurs (it is OK to say no to your doctor), and motivational interviewing

#### Injuries as a touchstone

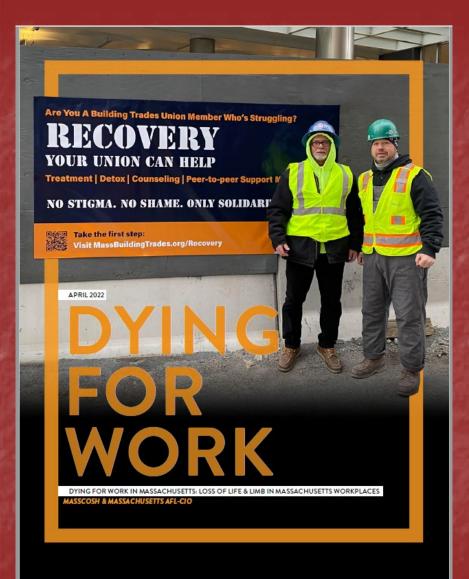
<u>Emotional and on-going support</u> for trainers is critical. Teamsters Local 25 have that built into their model because of the EAP. Need to ensure that support either internally or externally.

#### Empowerment = Resilience

<u>Stigma is real</u> – fear of appearing weak – and basic awareness training helps.

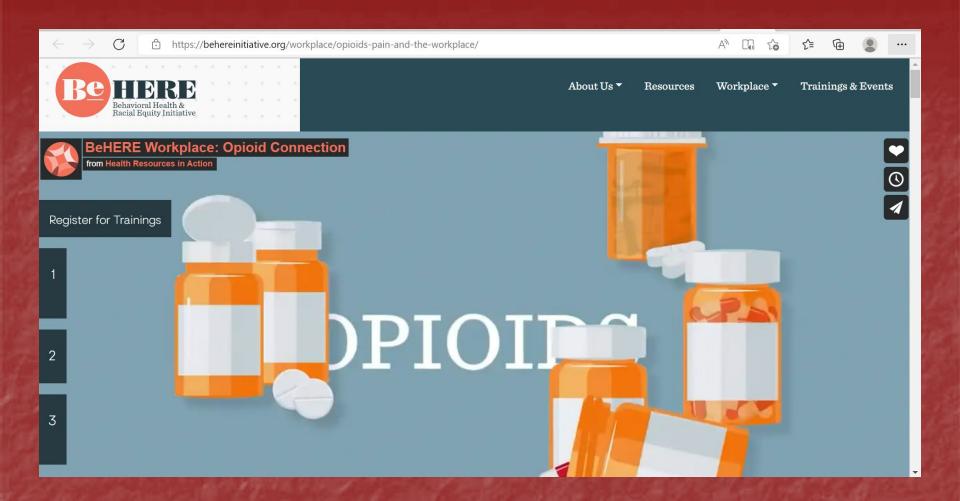
Need to ensure <u>pathways back to work</u> that are supportive – and that workers know they exist. Community of workers in recovery – Teamsters wear a pin or button. Ironworkers Local 7 partnership with Karas & Karas Glass provides

How do we apply this model to <u>non-union workers</u> including immigrant workers – partnering with the Harvard Total Worker Health Center to interview immigrant workers this summer on their experience with pain and pain management.

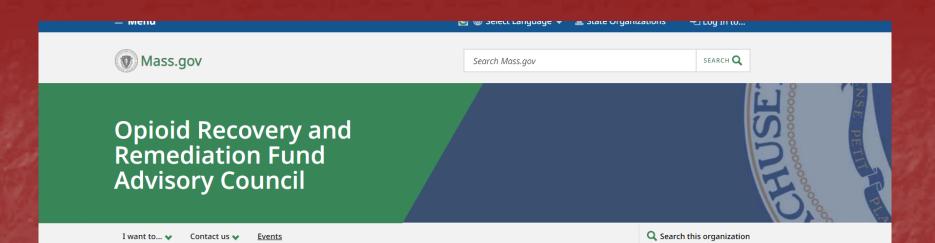


MA Building Trades Unions have worked hard for years to address substance use and opiate addiction in the construction industry. Recently, Massachusetts Building Trades Unions have formed the MA Building Trades Recovery Council to share best practices for Employee Assistance Programs across the trades but also to lift stigma, create more peer-to-peer recovery meetings and to ensure each union member knows their union will support their recovery. MA Building Trades Unions understand members are hesitant to come forward for fear of job loss but are working hard to ensure members are aware of the difference in Recovery in a building trades union. Far from a "good luck" at the jobsite gate, union recovery leaders take vulnerable members into treatment and advocate on their behalf when they're ready to return to work. Working together, MA Building Trades Unions are raising up and connecting their sober communities and fighting back against the opioid crisis ravaging our industry."

> - Dan McNulty MA Building Trades union



https://behereinitiative.org/workplace /opioids-pain-and-the-workplace/



The Opioid Recovery and Remediation Fund Advisory Council was established in January 2020 with Governor Baker's signing into law of Chapter 309 of the Acts of 2020. The Council is chaired by the Secretary of Health and Human Services and is comprised of a diverse panel of policymakers, public health professionals, legal experts, and clinicians appointed by the Governor and Attorney General. Council members are charged with developing recommendations for the expenditure of the Opioid Recovery and Remediation Trust Fund to mitigate the impacts of the opioid epidemic in the Commonwealth.

Opportunity and Challenge: Funding exists but the connection between work and opioid overdose is still not widely recognized.

As an epidemiologist I am concerned with getting to the root cause of diseases. From this perspective, whether we are talking about opioid overdoses, suicides, COVID-19 or any other health outcome that disproportionately impact vulnerable workers like fatalities, violence, heart disease and certain cancer, the diseases are really the symptoms. They are the symptoms of a system that considers workers solely as a means for increasing profit. A system that has contributed to the fragmentation of work, increasingly removing workers' ability to organize and collectively bargain for their own safety. A system that has removed employment security from workers pushing them into increasingly precarious forms of employment. There are important steps that can and should be taken to protect workers without changing this system. Vaccines can be made available. Drug treatment can be offered. Paid sick and maternity leave laws can be passed. However, without fundamentally changing this system, the epidemics and pandemics we are currently living through will continue to fall disproportionately on vulnerable workers and so will any future health challenges that will inevitably come.

#### Devan Hawkins

ScD, Instructor of Public Health, Massachusetts College of Pharmacy and Health Sciences

Opioid overdose is a symptom of a system that considers workers soley as a means of increasing profit.