

Executive Summary



Opioids and Work: A Formative Research
Assessment to Inform Educational
Outreach

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Background

In response to findings by the Massachusetts Department of Public Health and local public health coalitions of high fatal overdose rates in certain occupations and the need for development of worker-oriented prevention efforts, MA DPH contracted with the Center for the Promotion of Health in the New England Workplace at the University of Massachusetts Lowell to conduct a formative assessment to inform intervention efforts.

Focus Group and Interviews

Dr. Cora Roelofs conducted 18 key informant interviews with workers, union representatives (in construction and healthcare), healthcare providers, insurers, lawyers, an administrative law judge, and an employer. She also conducted a focus group of primarily immigrant home-health aides in collaboration with the Massachusetts Coalition for Occupational Safety and Health. For both the interviews and the focus group, the investigated domains concerned existing programs addressing opioid awareness and substance use disorder prevention offered by unions and employers; the relationship between work and opioid use; medical care for injured workers; substance use disorder treatment for workers; and challenges and opportunities for prevention of opioid dependence, addiction and overdose among workers.

Current Employer and Union Policies and Practices: Work and Opioid Use

Conversations with these key informants revealed very few existing programs. The MA Division of Industrial Accident's Alternative Pathway Pilot Project allows injured workers to shift their care to a care coordinator who can assist with both reducing opioid dependence and improving pain management. Those respondents who were familiar with this program – and several helped to craft it – considered it a strong start in addressing the crisis through the Workers' Compensation system. Construction unions are providing direct assistance and peer support to struggling members. Notable among these in Massachusetts is the Modern Assistance Program EAP and substance use disorder treatment provider based in Quincy, MA. Some unions integrate messages about substance use prevention into apprenticeship training programs. Employers rely on Employee Assistance Programs to connect their employees with needed services; however, quality and helpfulness of EAP programs varies widely. Occupational health services of large employers also play a critical role in identifying workers who may need intervention. Employers' drug-free workplace policies - which generally involve drug testing - are more developed for construction than other sectors and may not, in fact, prevent workers from using opioids if the worker has a prescription.

Determinants of Work Related Opioid Use and Opioid Treatment Strategies

Respondents generally were of the opinion that the relationship between work and opioid use was not straightforward and that the causes of problematic opioid use by workers was multi-factorial. However, most respondents agreed that injuries and work demands, combined with easy access to

opioids, was a potential pathway to opioid use disorder (OUD).¹ Work was also identified as a potentially positive social determinant of health that might mitigate OUD by preventing loss of income and social support. Additionally, some workplaces offer resources such as EAPs and benefits to assist with OUD treatment. Peers and unions were identified as key supports for workers struggling with OUD.

Medical care for injured workers with pain-related injuries very often includes opioids as front-line treatment. Opioid guidelines which limit their use for chronic pain are slow to penetrating healthcare practice for injured workers, who are often seen as “legitimate users” of opioids. Workers face challenges accessing best practices in non-opioid multidisciplinary care, and there is also a lack of access to care integrating opioid tapering/OUD treatment and pain management tailored for working people.

Effective substance use disorder treatment for workers, includes peer support, as well as programs that are compatible with work. Many respondents called for employer policies which allow workers to keep their jobs and return-to-work strategies that preserve worker dignity and prevent re-injury. Respondents expressed a diversity of strong opinions on the benefits and challenges of Medication-Assisted Treatment (MAT) for worker populations, especially in the construction sector.

Challenges and Opportunities to Address Opioid Use in the Workplace

Challenges for prevention programs include reaching non-union workers and workers with limited training opportunities. There are currently perverse financial incentives influencing employers, workers, and healthcare providers in ways that may exacerbate and extend opioid use. Societal attitudes and norms that present challenges include the “just take a pill” culture; lack of patient empowerment and active involvement in medical care; stigma related to OUD; and lack of recognition of opioid-related substance use disorder by patients and providers.

Respondents identified unmet education and outreach opportunities for different audiences including workers in high-risk occupations, young workers, injured workers, workers with opiate prescriptions, and workers with substance use disorders. If employers implement prevention and support-oriented policies, they can train supervisors and workers on those policies. Provider training and care management was viewed as essential as well, with positive results from a Washington State program cited as justification.

¹ In accord with the Substance Abuse and Mental Health Services Administration (SAMHSA), we adopt the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) definition: “Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.” Opioid use disorder is diagnosis in the case where the substance of concern is either legal or illegal opioids such as oxycontin or heroin. (see: <https://www.samhsa.gov/disorders/substance-use>)