National Institute for Occupational Safety and Health



NIOSH Confronts the Opioid Crisis

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-U.S. Surgeon General, Jerome Adams



Understanding the Opioid Epidemic in the US

- In 2016, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was 5 times higher than in 1999.
- On average, 115 Americans die every day from an opioid overdose.
- Around 66% of the more than 63,600 drug overdose deaths in 2016 involved an opioid.

Understanding the Opioid Epidemic among US Workers

95% – In 2016, 95% of the 63,632 US drug overdose deaths occurred among the working age population, persons aged 15-64 years.

4.5% – According to the National Survey of Drug Use and Health, an estimated 4.5% of respondents age 18 years or older reported illicit opioid use in the past year. An estimated 66.2% of these self-reported illicit opioid users were employed full- or part-time.

Understanding the Opioid Epidemic among US Workers

38% – The Bureau of Labor Statistics reported that overdose deaths at work from non-medical use of drugs or alcohol increased by at least **38%** annually between 2013 and 2016. Workplace overdose deaths reported in 2016 accounted for 4.2% of occupational injury deaths that year, compared to 1.8% in 2013.

14.8 days – Workers with a current substance use disorder miss an average of 14.8 days per year, while those with a pain medication use disorder miss an average of 29 days per year. This is in contrast to an average of 10.5 days for most employees.

A More Comprehensive View of the Opioids Crisis: Social and Economic Determinants

- Origins in earlier "under-treatment" of chronic pain
- Crisis far more complex than over-prescribing
- Intertwining of prescription opiates and heroin
- Shift to more dangerous drugs; illicit fentanyl and analogues
- Social, structural, economic antecedents
- Role of "suffering" underlying poverty, absent opportunities, isolation, hopelessness
- Need for more comprehensive, broader-based approaches
- "Compassion," social cohesion, advocacy, life satisfaction

Exploring the Link: Opioids and Work



- Lack of employment, insecure employment and opioid risks
- Lower wage work, hazardous work and increased risk of workrelated injury
- Working conditions can predispose to chronic health deficits (pain)
- New employment arrangements
 - Do they correlate with social distress, isolation, loneliness, hopelessness?

Total Worker Health®

....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.

Why does it matter for opioid use and misuse?

- Effects of opioid use and misuse not isolated to work or home environments
- Potential for addiction may be preceded by injuries that happen in the workplace, with the consequences affecting both an individual's working life as well as their home life

The NIOSH Framework to Address Opioid Misuse



The NIOSH Framework to Address Opioid Misuse

The "lifecycle" of opioid use from antecedents of use to decontamination of workplaces

- I. Determine the antecedent factors for opioid overutilization among workers
- II. Identify opioid use conditions that affect workers
- III. Develop strategies for protecting and assisting workers involved in the opioid crisis response
- IV. Develop methods for opioid detection and decontamination of workplaces

Approaches to Implement Framework: How will we put this into practice at NIOSH?

- Obtain relevant data to characterize and address opioid crisis in workers
- Conduct field investigations, exposure surveys, and research studies to determine the extent of opioid exposures and best approaches to prevention
- Develop information and knowledge to address the problem
- Transfer knowledge to all stakeholders and agencies to promote effective interventions

NIOSH's Ongoing Work to Address the Crisis

- Examine work-related factors and exposures as risk factors for opioid use
- Coordinate with intramural and extramural partners addressing this crisis
- Create topic pages and education materials relevant for workers and employers facing this epidemic together
- Conduct health hazard evaluations
- Develop recommendations for exposure prevention for first responders, healthcare workers, and other frontline groups

NIOSH Research Examples

- Identify research gaps
- Risk factors
 - Work-related exposures
 - Chronic medical conditions
 - Overutilization of opioids in physician prescribing
- Opioid use conditions that affect workers
 - Contribution to workplace injuries and decreased productivity
 - Workforce education about risks
 - Availability of medication-assisted therapy
 - Integration of opioid-affected workers back into workplace

Fentanyl

- Pharmaceutical fentanyl is a synthetic opioid pain medication and schedule II prescription drug approved for treating severe pain, typically after surgery or advanced cancer pain.
- Among the more than 72,000 drug overdose deaths estimated in 2017, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with nearly 30,000 overdose deaths.
- It is 50 to 100 times more potent than morphine!
- Illicitly-made fentanyl is sold illegally for its heroin-like effect, and often mixed with heroin and/or cocaine.

30,000	
	Fentanyl reports doubled in 2016
25,000	
20,000	
15,000	
10,000	
5,000	A 2006 spike was traced to a single lab in Mexico

Source: CDC WONDER, https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

NIOSH Field Investigations

- NIOSH Health Hazard Evaluation Program (HHE)
- 12 projects assessing hazards to emergency responders and other groups of workers
- Example of Findings
 - Questions about exposure and health effects remain after retrospective analyses of emergency situations
 - HHEs as source of objective information
 - Multiple types of substances (drugs)present at most responses
 - Ill effects were related to work activities and impacted the ability to perform job duties

Fentanyl: NIOSH Webpage

CDC Centers for Disea CDC 24/7: Saving Lives, P	se Control and Prevention ☑	Search NIOSH SEARCH		٩				
CDC A Z INDEX 🛩								
The National Institute for Occupational Safety and Health (NIOSH)								
Workplace Safety & Health Topics Fentanyl – Protecting Workers at Risk	NIG2H > Workplace Safety & Health Tagles Fentanyl: Preventing Occupational Exposure to E	Promoting productive workplaces through safety and health researc		SH .				
Illegal Use of Fentanyl Resources				CDC 24/7: Saving Lives, Protecting People ^W				
Follow NIOSH	Overview		_			CDC A-Z INDEX 💙		
Facebook Fickr Pinterest Twitter Vou/Tuba	Fentanyl is a powerful synthetic drug that is similar to morphine and heroin but is 50 to 100 times more potent. Fentanyl and its analogs are the class of drugs known as rapid acting synthetic opiolds that alleviate pain. Other drugs in this class include fentanyl analogs, such as acet butyrfentanyl, carfentanil, alfentanil, sudertanil and remifentanil. Fentanyl acts quickly to depress central nervous system and respiratory f Exposure to fentanyl may be fatal. The U.S. Drug Enforcement Administration (DEA) classifies fentanyl and some of its analogs as schedule II prescription drugs, which are typ treat patients with severe pain or to manage pain after surgery. They are sometimes used to treat patients with chronic pain who are physic other opiolds; however per the <u>CDC Guideline for Prescribing Opiolds for Chronic Pain</u> , only clinicians who are familiar with the dosing and			The National Institute Workplace Safety & Health Topics Fentanyl Protecting Workers at Risk Fenergency Responders Personnel in Lospital and Clinic Settings	for Occupational Safety and Health (NIOSH) Promoting productive workplaces through safety and health research NIOSH > Workplace Sufery & Health Topics > Enternal > Protecting Workers at Risk Fentanyl f V +			
				Illegal Use of Fentanyl	Preventing Occupational Exposure to Healthcare Personnel in Hospital and Clinic Settings Illicit fentanyl and its analogues (for the purpose of this document, referred to as illicit fentanyl) pose a potential hazard to healthcare personnel who could come into contact with these drugs in the course of their work in hospital and clinic settings. This potential risk, which is related to external sources of			
				Resources				
				Follow NIOSH	rentanys (i.e., originating in the community), is distinct from the hazards posed by diversion of pharmaceutical fentanys (which is used in many healthcare settings as part of routine patient care: <u>see for information</u> related to drug diversion).			
				Flickr	Healthcare personnel who could potentially be exposed to illicit fentanyl include nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students, and trainees. Healthcare personnel not directly involved in patient care, but who could be potentially be exposed to			

Naloxone

What is it?

- Naloxone hydrochloride (also known as naloxone, NARCAN[®] or EVZIO[®]) is a non-addictive, lifesaving drug that can reverse the effects of an opioid overdose when administered in time
- Can be given nasally to a person suspected of overdose, allowing trained lay persons to administer the drug without injection



Data to Characterize and Address the Crisis

- August 2018 MMWR: Occupational Patterns in Opioid-Involved Overdose Deaths
- NIOSH researchers analyzed drug overdose deaths within 26 job groups from 2007-2012.
 - 57,810 drug overdose deaths
 - Majority were: male (61.8%), white (89.8%), aged 45-54 (30.1%) or 35-44 (24.1%)
- PMRs from drug overdose were highest for six occupation groups
 - Construction (highest PMR for heroin and methadone)
 - Extraction (highest PMR for natural and semi-synthetic opioids)
 - Food preparation and serving
 - Health care practitioners and technical occupations (highest PMR for synthetic)
 - Health care support
 - Personal care and service
- PMR also significantly elevated for "unpaid/unemployed"

Opioid-related Overdose Deaths in MA 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.



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



Figure 1. Industry sectors with opioid-related overdose death rates significantly higher than the average rate for all workers, Massachusetts workers, 2011-2015, n=4,302

- 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.

NEW NIOSH Webpages on Opioids

- Features the NIOSH Framework and sub-pages:
 - Data Collection
 - Field Investigations
 - Research
 - Resources



NEW NIOSH Webpages on Opioids: Resources

- Resources related to the Opioid Epidemic
 - Tools for Workplaces
 - Research on Workplaces
 - General Resources



Questions for the BSC

- Social and Economic Determinants of Health
 - What should NIOSH's role be in addressing them?
- Industries and Occupations
 - What can we do to prevent stigma from high-risk industries/occupations?
 - What kind of industry-specific interventions are needed?
- Research Gaps
 - What priority research gaps should NIOSH address?
 - What new information should NIOSH provide for workers or employers?

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

