

Substance Use and Work

Examining Challenges and Solutions in Oil and Gas Extraction

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Psychosocial Stressors in the Oilfield

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Lifetime Odds of Dying for Selected Causes in the US, 2019



Cause of Death	Odds of Dying
Heart disease	1 in 6
Cancer	1 in 7
Chronic lower respiratory disease	1 in 27
Suicide	1 in 88
Opioid overdose	1 in 92
Fall	1 in 106
Motor-vehicle crash	1 in 107
Gun assault	1 in 289
Pedestrian Incident	1 in 543
Motorcyclist	1 in 899

Exploring the Link: Substance Use and Work

Lack of employment

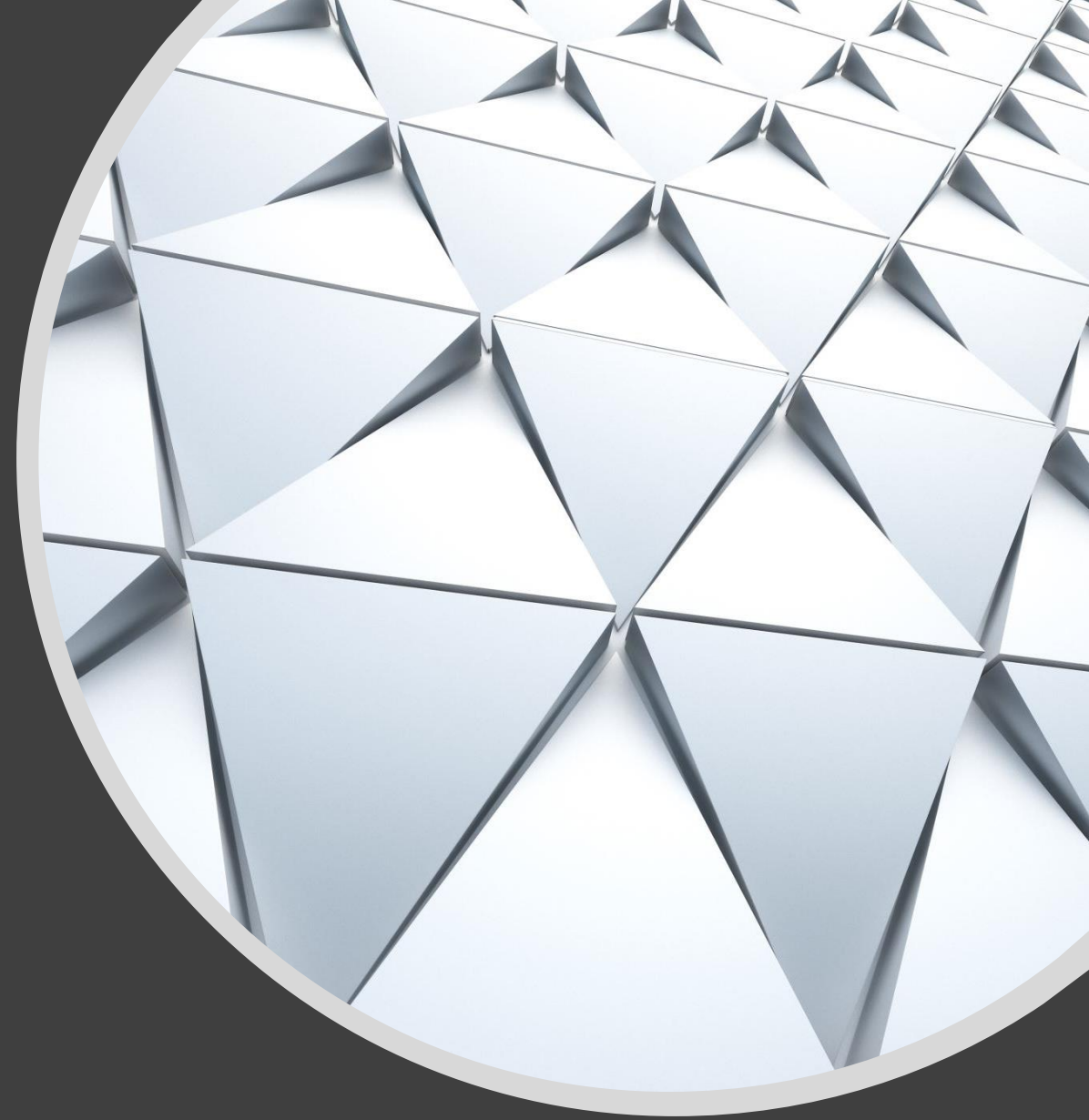
Insecure employment,
new employment
arrangements

Hazardous work and
increased risk of work-
related injury

Wages, working
conditions that can
predispose to chronic
health problems or
pain

Lack of benefits/paid
sick leave

Industry/occupational,
cultural, and
geographic differences



Substance Use Disorders in Workers



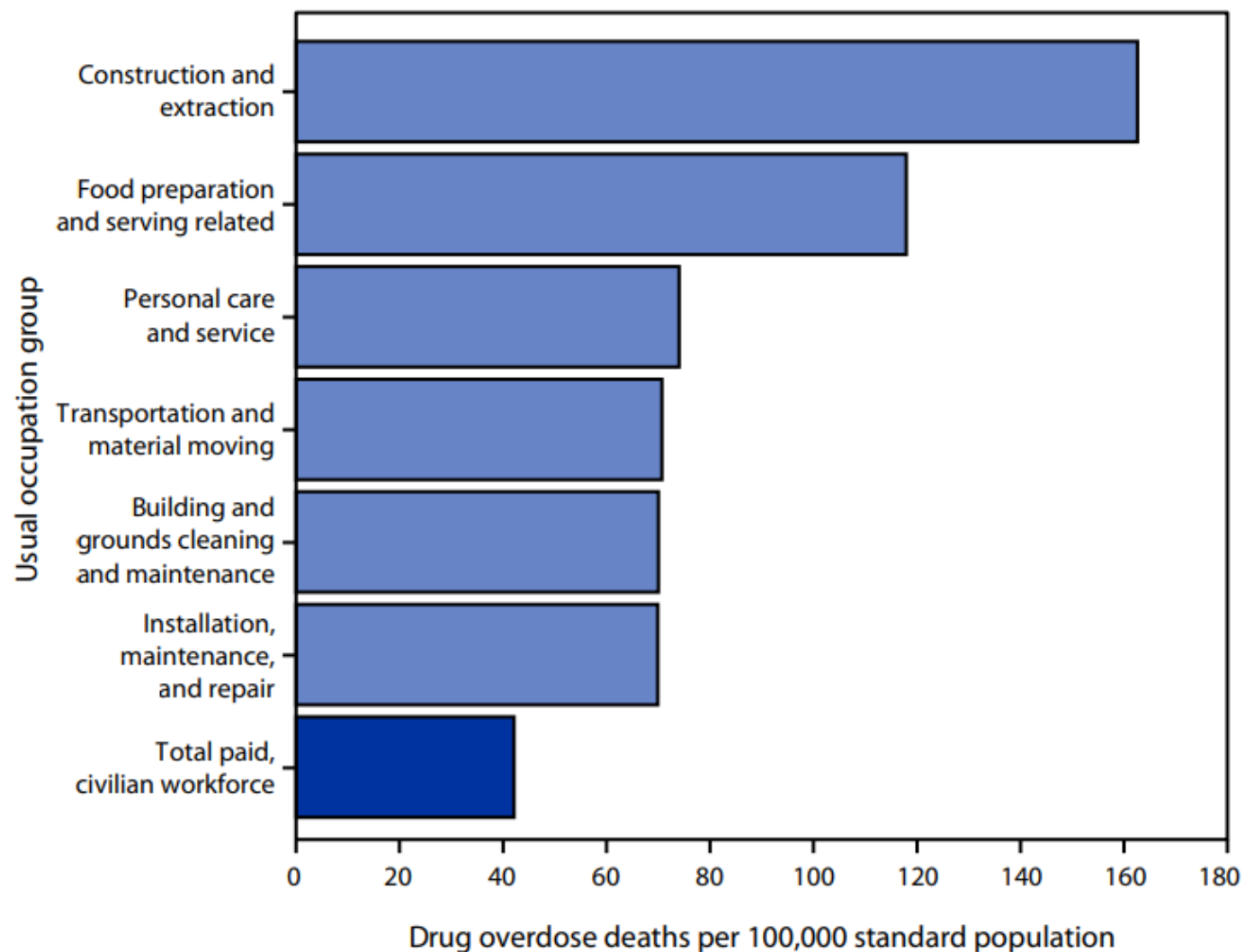
- **1 in 12** workers has an untreated substance use disorder (SUD).
- Construction, mining, and service occupations have the highest rates of alcohol and other drug use disorders – and jobs in these industries are often safety-sensitive positions.
- Industries with higher numbers of workers with alcohol use disorders also have more workers with illicit drug, pain medication, and marijuana use disorders.

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%.)

Age-Adjusted Drug Overdose Death Rates* Among Workers Aged 16–64 Years in Usual Occupation[†] Groups with the Highest Drug Overdose Death Rates — National Vital Statistics System, United States,[§] 2020



QuickStats: Age-Adjusted Drug Overdose Death Rates Among Workers Aged 16–64 Years in Usual Occupation Groups with the Highest Drug Overdose Death Rates — National Vital Statistics System, United States, 2020. MMWR Morb Mortal Wkly Rep 2022;71:948. DOI: <http://dx.doi.org/10.15585/mmwr.mm7129a5>

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.
- Less than **50%** were very confident they had appropriate HR policies and resources to deal with prescription drug misuse or abuse.
- Less than **50%** would return an employee to their position after the employee receives appropriate treatment.

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

The Cost of Substance Use Disorders (SUDs)



- 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 SUD have ***risen 30% in just three years.***
- Employers spend an average of **\$8,817** annually on each employee with an *untreated* SUD.

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.

Increase in Fatal Drug Overdoses Across the United States Driven by Synthetic Opioids Before and During the COVID-19 Pandemic



- The recent increase in drug overdose mortality began in 2019, prior to the declaration of the COVID-19 National Emergency in the United States in March 2020, and has continued.
- The increases in drug overdose deaths appear to have accelerated during the COVID-19 pandemic.
- **Synthetic opioids** are the primary driver of the increases in overdose deaths. State and local health department reports indicate that the increase in synthetic opioid-involved overdoses is primarily linked to illicitly manufactured **fentanyl**.



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.



A memorial service in Baltimore last year for a man who died of an overdose. Overdose deaths have more than doubled since 2015. Andrew Mangum for The New York Times

- 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.”

Total Worker Health is defined as policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness-prevention efforts to advance worker well-being.

The Promise of *Total Worker Health*[®]

- Reduction in workplace injuries and illnesses
- Improved workers' job satisfaction
- Enhanced organizational culture of trust, safety, health
- More energizing, meaningful work
- Reduction in work-related stress
- Improved health opportunities, more informed decision-making
- More productive employees
- Reduction in healthcare costs
- Family, community, and societal gains

[What is Total Worker Health? | NIOSH | CDC](#)

NIOSH Recommends *Total Worker Health*® Strategies to Combat Substance Use 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



Workplace Supported Recovery

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.

- [Workplace Supported Recovery Program | NIOSH | CDC](#)
- [New NIOSH Research Addresses an Evolving Crisis | Blogs | CDC](#)
- [Recovery-Ready Workplace Resource Hub | U.S. Department of Labor \(dol.gov\)](#)



NIOSH Resources for Employers

[illegible]

WORKPLACE SOLUTIONS

From the National Institute for Occupational Safety and Health

Medication-Assisted Treatment for Opioid Use Disorder

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Medication-Assisted Treatment for Opioid Use Disorder

Summary

The opioid overdose epidemic continues to claim lives across the country with a projected 2018 death toll in excess of 52,000. (This number represents 67.8% of the 70,237 overdose deaths from all drugs) (CDC 2018a). More Americans now die every year from drug overdoses than in motor vehicle crashes (CDC 2016). The toll is exacting an especially devastating toll on certain parts of the United States. High rates of opioid overdose deaths have occurred in industries with high injury rates and physically demanding working conditions such as construction, mining, or fishing (Massachusetts Department of Public Health 2018; CDC 2018b). Certain job factors such as high job demands, job insecurity, and working overtime have been associated with a link to opioid use (Kowalski-McGregor et al. 2017). Medication-assisted treatment (MAT) (also known as medication-based treatment^a) has been shown to be effective for many people with opioid use disorder (SAMHSA 2014).

affect individual workers, their families, and both large and small businesses. In a 2017 National Safety Council survey, 70% of employers reported suffering the negative effects of prescription drug misuse; noting positive drug tests, absenteeism, injuries, accidents, and overdoses [Hersman 2017]. In 2013, the total U.S. societal costs of prescription opioid use disorder (OUD) and overdoses were \$78 billion. Of that, about \$2.8 billion was for treatment [Florence et al 2016].⁹

In 2016, individuals with insurance coverage received \$2.6 billion in services to treat substance use disorders and overdose, a dramatic increase from \$0.3 billion in 2004 (based on claims data from large employers). Of that \$2.6 billion, \$1.3 billion was for outpatient treatment, \$911 million was for inpatient care, and \$435 million was for prescription drugs [Cox et al 2018].

Employers may save up to \$2,607 per worker annually (based on 2012–2014 data) by getting workers into treatment [NSC et al. 2016; NORC].

Treatment

What is medication-assisted treatment (MAT)?

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*Note that some experts recommend the term "medication-based treatment" or MBT instead of MAT. This change in nomenclature aligns with the premise that OUD is a chronic disorder for which medications are first-line treatments (often an integral part of a person's long-term treatment plan) rather than complementary or temporary aids on the path to recovery (National Academies of Sciences, Engineering, and Medicine 2019).

[†]The White House Council of Economic Advisers [CEA 2017] estimated the economic cost of these deaths related to opioids "using conventional economic estimates for valuing life routinely used by U.S. Federal agencies." The CEA report "also adjusts for underreporting of opioids in overdose deaths, includes heroin-related fatalities, and incorporates nonfatal costs of opioid misuse." CEA estimates that in 2015, the economic cost of the opioid crisis was \$504.0 billion, or 2.8 percent of GDP that year."

Background

Background

NIOSH First Responder Tool-Kit

Reducing Illicit Drug Exposure: Safety Measures for First Responders

WHEN YOU SUSPECT ILICIT DRUGS ARE PRESENT:

DO

- Wear your personal protective equipment.
- Wash your hands with soap and water.

DO NOT

- Touch your eyes, nose, and mouth.
- Use hand sanitizer, cell, clock, mirror, or use the bathroom.

Reducing Illicit Drug Exposure: Safety Measures for First Responders

EXPOSURE CAN HAPPEN. PROTECT YOURSELF.

DO NOT:

- Do not touch or disturb white powder or liquid.
- Do not eat, drink, smoke, or use the bathroom while working in the area.
- Do not use hand sanitizer or hand mirror while in the scene.

DO:

- Wear proper PPE to prevent exposure.
- Use respirator or NIOSH approved illicit drug protection (e.g. NIOSH).
- Wear emergency services as standard.
- Follow with personal decontamination PPE to perform field testing.

Guidance to Protect First Responders

Don't take it home with you. Protect your family from exposure to illicit drugs, including fentanyl.

When leaving a scene where illicit drugs were present or suspected to be present:

- Take off your gloves and dispose of them properly.
- Wash your hands with water and soap.
- Remove use hand sanitizer.
- Don't wear and launder your clothing if contaminated.
- Shower if necessary.
- Decontaminate equipment (radio, utility belt, etc.) according to your department's policies.
- Dispose of single use respiratory protection, and
- Decontaminate reusable PPE (i.e. respirator) according to the manufacturer's recommendations.

Learn more: www.cdc.gov/niosh/topics/fentanyl

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A black silhouette icon of a house with a chimney. Inside the house, there is a family silhouette consisting of two adults and two children.

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Recovery-Ready Workplace Resource Hub

Resources



Benefits of Recovery-Ready Workplace Policies

[Impact of Substance Use on the Workplace](#)

[How much is substance use costing your organization?](#)

[Business case for Recovery-Ready Workplace policies](#)



Getting Started

[Assessment, Planning, and Implementation \(Graphic\)](#)

[Recruitment and Employment](#)

[Second Chance Protocol \(Graphic\)](#)

[Preventing Substance Use in the Workforce](#)

[Addressing Stigma](#)

Get Help



988 Suicide & Crisis Lifeline

Call or text 988

TTY: 1-800-799-4889

Free and confidential support for people in distress, 24/7.



National Helpline

1-800-662-HELP (4357)

TTY: 1-800-487-4889

Treatment referral and information, 24/7.



Coming Soon!

[Recovery-Ready Workplace Toolkit](#)



Additional Resources

[Federal Resources](#)

[State Models & Resources](#)

[Local Resources](#)

[Union and Trade Association Resources](#)

[Other Materials](#)

Disaster Distress Helpline

Disaster Distress Helpline

1-800-985-5990

TTY: 1-800-846-8517

Free and confidential support for people in distress, 24/7.

Find Treatment

FindTreatment.gov

FindTreatment.gov is an online source of information for persons seeking substance use and/or mental health treatment facilities in the United States or U.S. Territories.

Enter a starting location:

Enter your address, city, or zip code

Search

[Recovery-Ready Workplace Resource Hub | U.S. Department of Labor \(dol.gov\)](https://www.dol.gov/recovery-ready-workplace-resource-hub)



*“COVID-19 has cracked stigma’s armor;
it’s put a foot in the door that has,
for so long, shut people off from
seeking and receiving help”*

Thank you!

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

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