NIOSH Responds to the Opioid Crisis

An Update on the Nation’s Opioid Overdose Epidemic from CDC

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2019 Fall Symposium
November 15, 2019
Oregon Institute of Occupational Health Sciences
Oregon Healthy Workforce Center
Portland State University Occupational Health Psychology Program

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“As your Surgeon General, I am committed to doing everything I can to educate the public about the severity of the opioid epidemic. Together, we can stop this crisis.”

-U.S. Surgeon General, Jerome Adams
A worker’s exposure to opioids can take many forms. Work itself can result in painful injuries for which an opioid can be prescribed by a physician. Chronic opioid use can lead to an Opioid Use Disorder—a treatable brain condition. Emergency workers can be exposed to opioids when responding to an opioid overdose, or working to detect and decontaminate an affected area. NIOSH has collected data, conducted research and field investigations, and is committed to the principles of *Total Worker Health*® to better understand the crisis and recommend policies, programs, and practices to help workers and employers face this challenge together.

-NIOSH Director, John Howard, M.D.
Why Do People Take Substances of Abuse?

- To feel good
- To feel better
- To do better
- Because others are doing it

NIDA, 2007
3 Categories of Opioids

• **Natural-occurring opioids**
  – Morphine and codeine

• **Semi-synthetic opioids**
  – Hydrocodone, oxycodone, heroin

• **Synthetic opioids**
  – Methadone, demerol, tramadol
  – Fentanyl
    • 50x to 100x more potent than morphine
  – Fentanyl analogues (>2000)
    • Carfentanil
      – Used in veterinary medicine for sedating elephants
      – 10,000x more potent than morphine

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**Morphine - chemical structure**
Pathophysiology

• Opioids increase activity at mu (μ), kappa (κ), and delta (δ) opioid receptors.

• Opioid receptors are activated by both endogenous (endorphins) and exogenous (opioids) compounds.

• Mu receptors are responsible for most of the clinical effects:
  – Regulate the perception of pain (analgesia)
  – Regulate the perception of pleasure (euphoria)

• Rewarding effects of opioids are accentuated mostly when the drugs are delivered rapidly to the brain through intranasal or intravenous routes.
Location of Mu-Opioid Receptors

- **Brain and Brain Stem**
  - High concentration in the thalamus, periaqueductal gray, insula, and anterior cingulate (regions involved with **pain perception**), in the ventral tegmental area and nucleus accumbens (regions involved with **reward**), in the amygdala (a region involved with emotional **reactivity to pain**), and in the locus ceruleus of the brain stem (nuclei that regulate **breathing**).

- **Spinal Cord**
  - High concentration of mu-opioid receptors located in the dorsal horn.

- **Peripheral Nervous System**
  - Modulate the perception of pain.

- **Intestine**
  - Regulates gut motility.
What does Overdose Look Like?

• Essential sign is respiratory depression

• Individual with a respiratory rate of 12 breaths/minute or less:
  – Who is not in physiologic sleep
  – Suggests acute opioid intoxication particularly when accompanied by miosis or stupor.
Understanding the Opioid Crisis in the US

- Drug overdose deaths, especially from opioids, continue to increase in the United States.

- From 1999 to 2017, more than 700,000 people died from a drug overdose.

- From 1999 to 2017, more than 399,000 Americans lost their lives to opioid overdoses from prescription and illicit opioids.

- Nearly 68% of the more than 70,200 drug overdose deaths in 2017 involved an opioid.

Sources: [https://www.cdc.gov/mmwr/volumes/67/wr/mm675152e1.htm?s_cid=mm675152e1_w](https://www.cdc.gov/mmwr/volumes/67/wr/mm675152e1.htm?s_cid=mm675152e1_w) and [https://www.cdc.gov/drugoverdose/epidemic/index.html](https://www.cdc.gov/drugoverdose/epidemic/index.html)
Understanding the Opioid Crisis in the US

- In 2017, the number of overdose deaths involving opioids (including prescription opioids and illegal opioids like heroin and illicitly manufactured fentanyl) was 6 times higher than in 1999.

- On average, 130 Americans die every day from an opioid overdose.

- The number of opioid overdose deaths increased from 42,000 in 2016 to more than 49,000 in 2017

Source: https://www.cdc.gov/drugoverdose/epidemic/index.html
Drug overdose death rates by sex: Persons aged 15 and over

NOTE: Drug overdose deaths are identified using International Classification of Diseases, 10th Revision (ICD–10) underlying cause of death codes X40–X44 (unintentional drug poisoning), X60–X64 (suicide by drug poisoning), X85 (homicide by drug poisoning) and Y10–Y14 (drug poisoning of undetermined intent).

SOURCE: NCHS, Health, United States, 2017, Figure 26. Data from the National Vital Statistics System (NVSS), Mortality.
Long-Term Trends in Opioid Overdose Deaths

Age-adjusted drug overdose death rates by state: All persons

NOTES: Drug overdose deaths are identified using International Classification of Diseases, 10th Revision (ICD–10) underlying cause of death codes X40–X44 (unintentional drug poisoning), X60–X64 (suicide by drug poisoning), X85 (homicide by drug poisoning) and Y10–Y14 (drug poisoning of undetermined intent). In 2006, the drug overdose death rate for North Dakota was unreliable, therefore, the percent change could not be calculated.

SOURCE: NCHS, Health, United States, 2017, Figure 27. Data from the National Vital Statistics System (NVSS), Mortality.
Understanding the Opioid Crisis among US Workers

- 95% – In 2017, 95% of the 70,067 US drug overdose deaths occurred among the working age population, persons aged 15-64 years.

- 4.3% – According to the National Survey of Drug Use and Health, an estimated 4.3% of respondents age 18 years or older reported illicit opioid use in the past year. An estimated 66.7% of these self-reported illicit opioid users were employed full- or part-time.

Source: https://www.cdc.gov/niosh/topics/opioids/data.html
Understanding the Opioid Crisis among US Workers

- **25%** – The Bureau of Labor Statistics reported that overdose deaths at work from non-medical use of drugs or alcohol increased by at least 25% annually between 2013 and 2017. Workplace overdose deaths reported in 2016 accounted for 5.3% 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.

Source: https://www.cdc.gov/niosh/topics/opioids/data.html
## Lifetime odds of death for selected causes, United States, 2017

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Odds of Dying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>1 in 6</td>
</tr>
<tr>
<td>Cancer</td>
<td>1 in 7</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>1 in 27</td>
</tr>
<tr>
<td>Suicide</td>
<td>1 in 88</td>
</tr>
<tr>
<td>Opioid overdose</td>
<td>1 in 96</td>
</tr>
<tr>
<td>Motor Vehicle Crash</td>
<td>1 in 103</td>
</tr>
<tr>
<td>Fall</td>
<td>1 in 114</td>
</tr>
<tr>
<td>Gun Assault</td>
<td>1 in 285</td>
</tr>
<tr>
<td>Pedestrian Incident</td>
<td>1 in 556</td>
</tr>
<tr>
<td>Motorcyclist</td>
<td>1 in 858</td>
</tr>
</tbody>
</table>

Source: National Safety Council
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, 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
Exploring the Link: Opioids and Work

- 75% of employers say their workplace has been impacted by opioids
- Only 17% of employers feel extremely well prepared to deal with it
- 31% report an overdose, arrest, near miss or injury due to opioid use
- Only half are very confident they have the appropriate HR policies and resources to deal with opioid misuse
- Only 4 in 10 employers would return an employee to work after he/she receives treatment for misusing prescription opioids
- Despite effective treatment, only 1 in 5 receive any treatment for OUD, fewer than that receive the gold standard (medication-based treatment)

The NIOSH Framework to Address Opioid Misuse
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
- Prevention and intervention require comprehensive, integrated solutions
- Coordinated “systems approaches” vital

Sources:
https://www.cdc.gov/niosh/topics/opioids/default.html
https://www.cdc.gov/niosh/twh/totalhealth.html
Establish workplace policies, practices and programs that grow health

Create Worker Well-being
Hierarchy of Controls Applied to TWH

- **Eliminate**: Eliminate working conditions that threaten safety, health, and well-being.
- **Substitute**: Substitute health-enhancing policies, programs, and practices.
- **Redesign**: Redesign the work environment for safety, health and well-being.
- **Educate**: Educate for safety and health.
- **Encourage**: Encourage personal change.
NIOSH’s Ongoing Work to Address the Crisis

- Examine work-related factors and exposures as risk factors for opioid use
- Better understand the crisis through important occupational lenses
  - Industry/occupation, age, gender, geographic region, workplace culture
  - Surveillance coordination and optimization
  - Workers compensation partnerships
- Protect workers who respond to the crisis as part of their job
- Conduct health hazard evaluations
- Develop recommendations for exposure prevention for first responders, healthcare workers, and other frontline groups
- Create information, guidance, resources, and educational materials for workers and employers
- Coordinate with intramural and extramural partners addressing this crisis
NIOSH Field Investigations

- NIOSH Health Hazard Evaluation Program (HHE)
- 14 projects assessing hazards to emergency responders and other groups of workers
- Example of Findings
  - It is difficult to examine emergency response situations retrospectively
  - Possibility of multiple types of substances present at any response
  - Ill effects were related to work activities and impacted the ability to perform job duties
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.

Fentanyl is a powerful synthetic drug that is similar to morphine and heroin but is 50 to 100 times more potent. Fentanyl and other Schedule II narcotics are considered controlled substances. Illegal use of fentanyl may be fatal. The Drug Enforcement Administration (DEA) classifies fentanyl and some of its analogues as schedule II prescription drugs to treat patients with severe pain or to manage pain after surgery. They are sometimes used to treat patients with chronic pain or other opioids, however per the CDC Guideline for Prescribing Opioids for Chronic Pain, only clinicians who are familiar with the use of these drugs and the risks of abuse and addiction should prescribe opioids for chronic pain treatment. Due to the risks of abuse and addiction, opioids are generally not considered a first-line treatment option for patients with chronic pain. Fentanyl is a potent opioid analgesic used to manage severe pain, including cancer pain and pain from injuries such as burns or surgery. It is also used to treat acute pain associated with medical procedures or surgeries. Fentanyl can be administered intravenously, subcutaneously, or intramuscularly. It can also be administered through a transdermal patch, inhalation, or as a nasal spray. Fentanyl has a rapid onset of action and is highly effective in relieving pain. However, it can be addictive and can lead to tolerance and withdrawal symptoms. The high potency of fentanyl makes it a dangerous drug that can be fatal if misused. It is important to use fentanyl only as prescribed by a licensed healthcare provider and to follow the recommended dosing guidelines to avoid overdose and related risks.
Naloxone

- What is it?
  - Naloxone hydrochloride (also known as naloxone, NARCAN® or EVZIO®) is a non-addictive, life-saving 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

Source: https://www.cdc.gov/media/releases/2015/p0424-naloxone.html
Naloxone: Establishing a Program

- **Risk assessment**: Conduct a risk assessment before implementing the naloxone program.
- **Liability**: Consider liability and other legal issues
- **Records Management**: Include formal procedures for documenting incidents and managing those records
- **Staff Roles**: Define clear roles and responsibilities for all persons designated to respond to a suspected overdose
- **Training**: Train staff to lower their risks when providing naloxone
- **Purchasing and storing Naloxone**: Naloxone is widely available in pharmacies, follow manufacturer instructions for storing, keeping it near all other PPE (gloves, etc.)
- **Follow-up care planning**: Develop a plan for immediate care, referral, and ongoing support for any worker who has overdosed
- **Maintenance**: Re-evaluate your program periodically, assessing for new risks

Source: CDC NIOSH Naloxone Fact Sheet
Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers

Introduction

Opioid misuse and overdose deaths from opioids are serious health issues in the United States. Overdose deaths involving prescription and illicit opioids doubled from 2010 to 2015, with an estimated 66,000 overdose deaths in 2016 (CDC 2016a). Provisional data show that there were more than 60,000 opioid overdose deaths in 2017 (CDC 2018b). In October 2017, the President declared the opioid overdose epidemic to be a public health emergency.

Naloxone is an effective and safe treatment for reversing opioid overdoses. Police officers, emergency medical services providers, and non-emergency professional responders carry the drug for that purpose. The Surgeon General of the United States is also urging others who may encounter people in need for opioid overdose to have naloxone available and to learn how to use it to save lives (NGO 2017).

The National Institute for Occupational Safety and Health

Background

What are opioids?

Opioids include three categories of pain-relieving drugs: (1) natural opioids (also called opiates) which are derived from the opium poppy; such as morphine and codeine; (2) semi-synthetic opioids, such as the prescription drugs hydrocodone and oxycodone and the illicit drug heroin; (3) synthetic opioids, such as methadone, tramadol, and fentanyl. Fentanyl is 50 to 100 times more potent than morphine. Fentanyl analogs, such as carfentanil, can be 10,000 times more potent than morphine. Overdose deaths from opioid analgesics continue to accelerate, with the introduction of highly-manufactured fentanyl entering the drug supply (CDC 2016a; CDC 2018b). The National Institute for Drug Abuse (NIDA 2018) has more information about types of opioids.

What is naloxone?

Naloxone hydrochloride is also known as naloxone, NARCAN or EVOCYD, is a drug that can temporarily stop

Opioid overdose are occurring in workplaces. The Bureau of Labor Statistics (BLS) reported that on-the-job overdose deaths at work from non-medical use of drugs or alcohol increased by at least 38% annually between 2013 and 2016. The drug fentanyl overdose deaths rose 88% in 2016 compared to 2015 (BLS 2017). That large increase in overdose deaths in the workplace (from all drug types) parallels a surge in overall overdose deaths from opioids reported by CDC (2017). Workplaces that serve the public (e.g., bars, restaurants, and parks) may also have victims who overdose while onsite.

Workplace risk factors for opioid use

Opioids are often initially prescribed to manage pain arising from a work injury. Risky workplace conditions that lead to injury, such as slip, trip, and fall hazards or heavy workloads, can be associated with prescription opioid use (Rodwell-McClure et al., 2017). Opioid use, in such environments, especially at high-demand or control-related jobs, may also be associated with prescription opioid use (Rodwell-McClure et al., 2017). Some people who use prescription opioids may misuse them or/and develop dependence. Prescription opioid misuse may also lead to heroin use (Cicero et al., 2017). Recent studies show higher opioid overdose death rates among workers in industries and occupations with high rates of work-related injuries and illnesses. Rates also were higher in occupations with lower availability of past sick leave and lower job security, suggesting that the need to return to work soon after an injury may contribute to high rates of opioid-related overdose death (MIDH 2018; CDC 2018c).

Considering a Workplace Naloxone Use Program

Anyone at a workplace, including workers, clients, customers, and patients, is at risk of opioid overdose. Call 911 immediately for any suspected overdose. Overdose without immediate intervention can quickly lead to death. Consider implementing a workplace naloxone program to make naloxone available in the workplace in the event of an overdose. The following considerations can help you decide whether such a program is needed or feasible:

Do the staff know who your workplace is located and where to call in case of a medical emergency? Do they know what to do if they witness someone in distress? Do they feel comfortable calling 911 in the presence of others? Do they know what to do if they see someone having trouble breathing? Are they comfortable giving naloxone? Do they feel comfortable giving naloxone to someone they do not know? Do they feel comfortable giving naloxone to someone they do not know? Do they feel comfortable giving naloxone to someone they do not know? Do they feel comfortable giving naloxone to someone they do not know? Do they feel comfortable giving naloxone to someone they do not know? Do they feel comfortable giving naloxone to someone they do not know?

Limitations

Naloxone will not reverse overdoses from other drugs, such as alcohol, benzodiazepines, cocaine, or

Review the above questions periodically even if your program is not established yet. Finally, a naloxone program is but a part of a more comprehensive workplace program for opioid awareness and misuse prevention.
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”

Source: [https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a3.htm?s_cid=mm6733a3_e](https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a3.htm?s_cid=mm6733a3_e)
Data to Characterize and Address the Crisis


- Researchers analyzed data from National Vital Statistics System-Mortality files linked to text information from death certificates and ICD-10 codes

- Among drug overdose deaths that mentioned at least one specific drug, the 10 most frequently mentioned drugs during 2011–2016 included fentanyl, heroin, hydrocodone, methadone, morphine, oxycodone, alprazolam, diazepam, cocaine, and methamphetamine.


Data to Characterize and Address the Crisis: Prescription Opioids

- December 2018 JAMA Editorial: Increasing Evidence for the Limited Role of Opioids to Treat Chronic Noncancer Pain
- In 2017, an estimated 11 to 12 million people in the United States (4.2% of the total population) misused opioids (including heroin).¹
  - 92% of people who misuse opioids do so by taking prescription opioids,¹
  - 75% of individuals who use heroin report that they started misusing opioids through the misuse of prescription opioids.²
- 34.6% of the individuals who misused prescription opioids reported that they obtained the drug they misused via prescription from 1 prescriber.¹
- Overprescribing opioids to treat acute pain is associated with increased risk of long-term opioid use.³
- 53.1% of individuals who misused prescription opioids obtained these opioids from a friend or relative.¹

Source: https://jamanetwork.com/journals/jama/fullarticle/2718775
Data to Characterize and Address the Crisis: Opioids and Women

- Women have higher rates of chronic pain, anxiety, depression, and disability than men, changing the opioid use patterns and risks
- They are more likely to be prescribed opioids than men
- Heroin addiction rates in men and women are now similar, a significant change from previous decades
- Women have quicker onset of addiction, and greater risk at lower doses
- Women have greater withdrawal symptomatology and more frequent relapse
- They have different family/parenting risks and loss, and other psychosocial outcomes

Source: https://doi.org/10.1186/s13293-018-0215-5
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.

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.

NIOSH Webpages on Opioids: Resources

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

Opioids in the Workplace

Resources related to the Opioid Crisis

Tools for Workplaces

- Medication-Assisted Treatment for Opioid Use Disorder
- Using Naloxone to Reverse Opioid Overdose in the Workplace
  - Responding to a Suspected Opioid Overdose
  - Fentanyl
  - Prescription Drug Overdose Prevention
  - SAMHSA Opioid Overdose Prevention Toolkit
    - [es Español]
    - [Opioid Use Disorder Facts]
    - Five Essential Steps for First Responders
    - Information for Prescribers
    - Safety Advice for Patients & Family Members
    - Recovering from Opioid Overdose
  - CDC National Center for Injury Prevention and Control Opioid Overdose
  - The Opioid Crisis and Connecticut’s Workforce

Research on Workplaces

- Drug overdose deaths at work, 2011-2016
  - Opioid-related Overdose Deaths in Massachusetts by Industry and Occupation, 2011-2015
  - Landscape Study of Field Portable Devices for Presumptive Drug Testing
  - A NIOSH Role in Prescription Drug Abuse Prevention
  - The Opioid Overdose Epidemic and the Workplace
  - Fentanyl and the safety of first responders: Science and recommendations
  - NIOSH Science Blog
  - MMWR Occupational Patterns in Unintentional and Undetermined Drug-Involved and Opioid-Involved Overdose Deaths
  - National Safety Council Prescription Drug Employer Toolkit

Source: https://www.cdc.gov/niosh/topics/opioids/resources.html
NEW NIOSH Resource

- Workplace Solutions: Medication-Assisted Treatment for Opioid Use Disorder
- Suggested Citation:

New NIOSH Science Blog

- Titled, “Injured Workers More Likely to Die from Suicide or Opioid Overdose”
- Study published in the *American Journal of Industrial Medicine* 
  “Suicide and drug-related mortality following occupational injury”
  - Workplace injury raises a person’s risk of suicide or overdose death.
- Link between work injury, opioids, addiction, and suicide
- The following may substantially reduce deaths following injuries:
  - Improved working conditions
  - Improved pain treatment
  - Better treatment of substance use disorders
  - Treatment of post-injury depression
- Read more about [Opioids](#) on the NIOSH Science Blog share your comments.

**NIOSH Science Blog**

**Injured Workers More Likely to Die from Suicide or Opioid Overdose**

Posted on August 8, 2019 by Katie M. Applebaum, ScD; Abay Asfaw, PhD; Paul K. O’Leary, PhD; Andrew Busey, BS; Yorgos Tripodis, PhD; and Leslie I. Boden, PhD

Drug overdoses and suicides have been rising since 2000 and are major contributors to a recent decline in US life expectancy. The opioid crisis is largely to blame, with a record 47,600 overdose deaths in 2017.[1] Suicide rates in 2016 have increased 30% from 1999.[2] Case and Deaton have called these “deaths of despair.”[3]

In the study, "Suicide and drug-related mortality following occupational injury," published in the *American Journal of Industrial Medicine*, researchers found that workplace injury significantly raises a person’s risk of suicide or overdose death. Earlier studies have shown that injured workers have elevated rates opioid use and depression. In fact, depression is among the most well-documented health consequences of workplace injury.[4][5] However, no studies have measured increased deaths related to opioid use and depression among injured workers.

Injured workers often receive powerful prescription pain medication, including opioids. In one study, 42% of workers with back injuries were prescribed opioids within a year after injury.[7] Approximately 16% of those prescribed opioids continued taking them for four quarters, with doses increasing substantially over time.
New Blog from the National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH)

- Titled, “Suicide Deaths Are a Major Component of the Opioid Crisis that Must Be Addressed”
- Directors of NIDA and NIMH discuss the “links between opioid use, opioid use disorder, and suicide.”*
- “A 2017 study using national survey data showed that people who misused prescription opioids were 40-60% more likely to have thoughts of suicide...”*

*Suicide Deaths Are a Major Component of the Opioid Crisis that Must Be Addressed https://www.drugabuse.gov/about-nida/noras-blog/2019/09/suicide-deaths-are-major-component-opioid-crisis-must-be-addressed
New Update Report from the Massachusetts Department of Public Health

- Unintentional overdose in the workplace was the leading single cause of fatal injury at work in 2016-2017
- Unintentional overdose, drugs or alcohol, resulted in 54 fatalities (25%) during those two years.*
- For more details visit: https://www.mass.gov/info-details/fatal-injuries-at-work

Stories of Hope

- Police Assisted Addiction and Recovery Initiative (PAARI)
  - Opioid drug users able to voluntarily turn themselves in for treatment at participating police departments
  - Police officers assist with getting users enrolled in treatment and rehabilitation programs

- Gloucester, Massachusetts ANGEL program
  - 417 treatment eligible patients in Gloucester in first year of program (June 2015-May 2016)
    - 94.5% were offered direct placement and 89.7% enrolled in detox or other recovery services
  - Those numbers compared with less than 60% of direct referrals from hospital-based programs

Sources:
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