



Partnering to Reduce Opioid Stigma and Promote Employment in Recovery (Workplace PROSPER)

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Objectives

By the end of this presentation, participants should be able to:

1. Identify the 3 industries at highest risk for opioid overdose in Maryland.
2. Describe the workplace/cultural risk factors that put construction workers at the highest risk for opioid overdoses and suicides nationally.
3. Explain how new access to naloxone can provide an entry to working with businesses to develop recovery friendly approaches.



The PROSPER Projects

Operation PROSPER

Workplace PROSPER

PROSPER/Online

Naloxone for Construction



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Workplace PROSPER

(Partnering to Reduce Opioid Stigma and Promote Employment in Recovery)

Maryland Department of Health via CDC and CDC/NIOSH

Grant period July 2020 – November 2022

Funding Source: U.S. Centers for Disease Control and Prevention (CDC) with the Maryland Department of Health via NIOSH Cooperative Agreement 5 U60OH011154 and Overdose Data to Action Cooperative Agreement 1 NU17CE924961

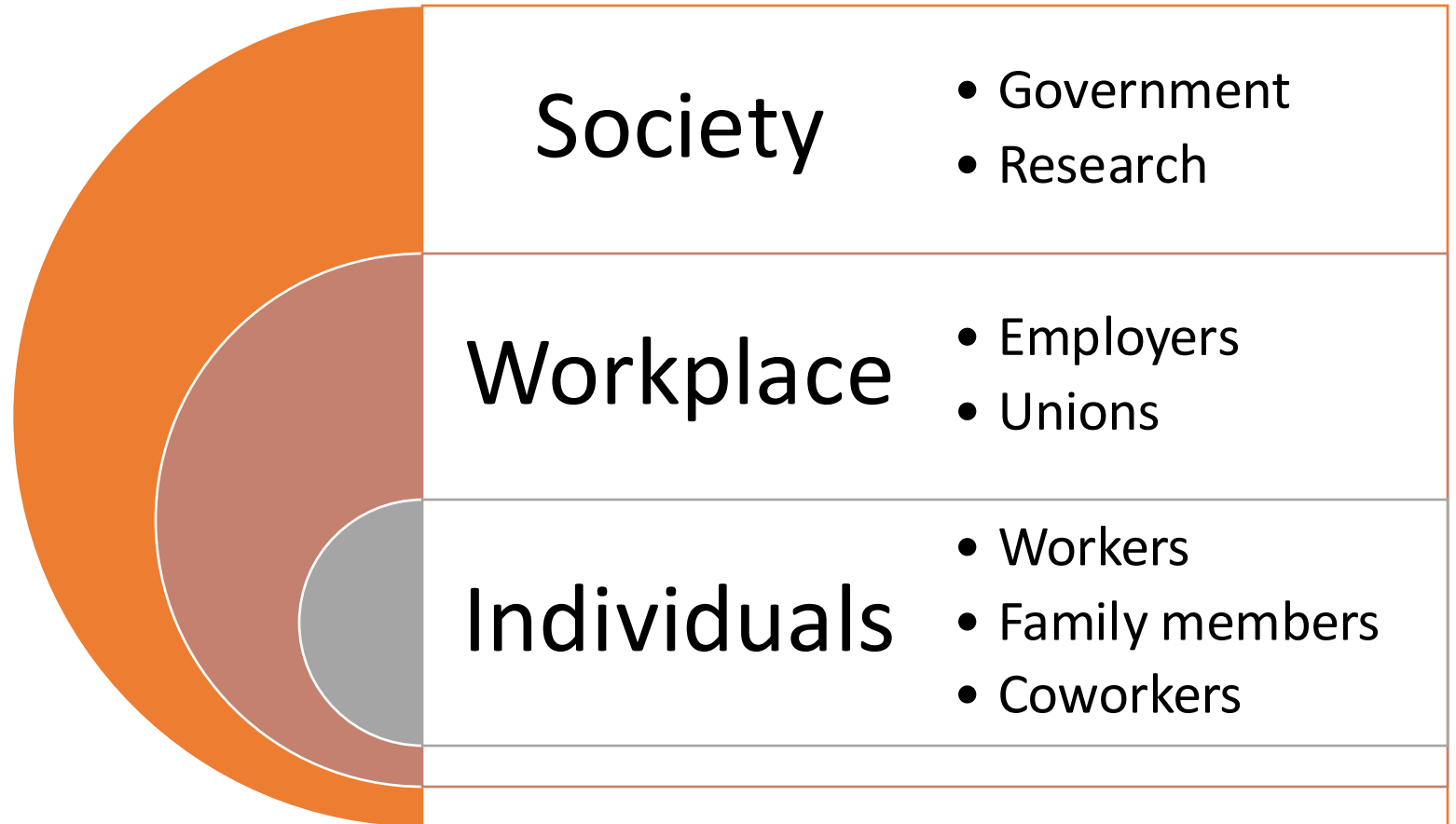
Grant Period October 2023 – June 2026

Funding Source: U.S. Centers for Disease Control and Prevention (CDC) with the Maryland Department of Health via NIOSH Cooperative Agreement 5 U60OH100054 and Overdose Data to Action Cooperative Agreement 1 NU17CE924961



Workplace PROSPER

***P**artnering to
Reduce
Opioid
Stigma and
Promote
Employment in
Recovery*





Workplace PROSPER 1 - Goals

Perform analysis that systematically identifies the needs of workers and employers related to opioids

Develop and disseminate tools to support the goals of:

- Safety at work

- Overdose prevention

- Access to treatment

Evaluate impact and effectiveness



Substance Use Disorder at Work

Substance Abuse and Mental Health Services Administration (SAMHSA):

- Most adults with an alcohol or illicit drug use disorder are employed
- This is about 13.6 million workers
- And it is about 9% of employed adults

<https://blogs.cdc.gov/niosh-science-blog/2022/11/30/workplace-supported-recovery/#:~:text=National%20U.S.%20data%20show2,important%20setting%20to%20address%20SUDs.>

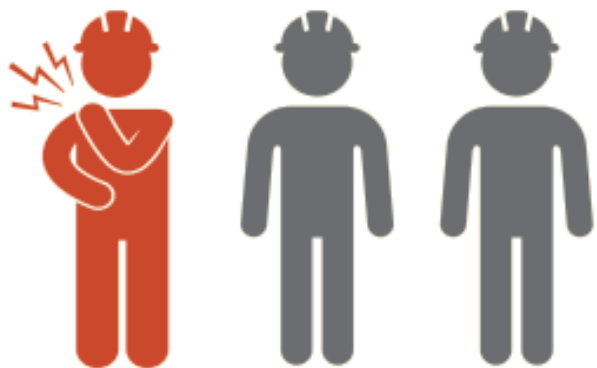


Construction Worker Risks

- Louisiana - about 4x rate of opioid overdose death compared to other workers
- Massachusetts – highest rate and number of opioid related overdose deaths
- Ohio – 7x more likely to die of opioid overdose than other workers
- National Safety Council: 1 in 5 construction workers has a SUD
- Suicide rate of construction workers is 45 per 100,000 (compared to 14.1 national average)



Why Construction?



1 out of 3 construction workers have a musculoskeletal disorder (MSD).³



Prescription opioid use **3 times** higher among construction workers with MSDs.³



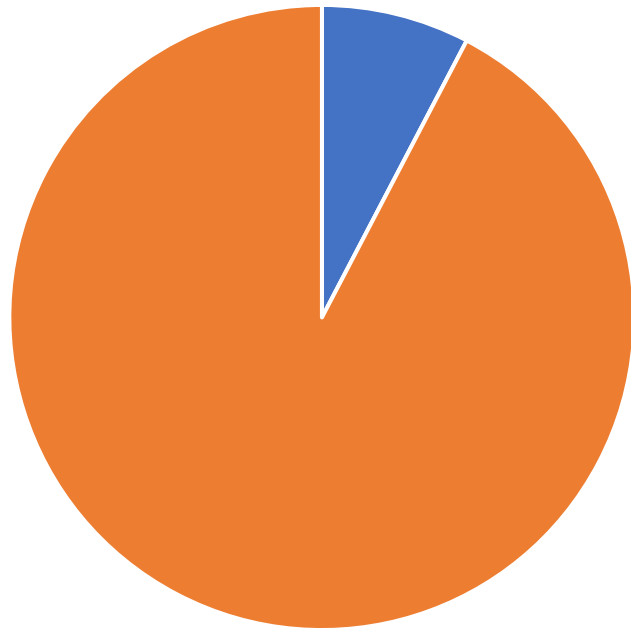
Overdose deaths in construction increased **9 times** from 2011–2018.⁴

Source: https://www.cdc.gov/niosh/construction/pdfs/Opioid-Disorder-infographic_1.pdf



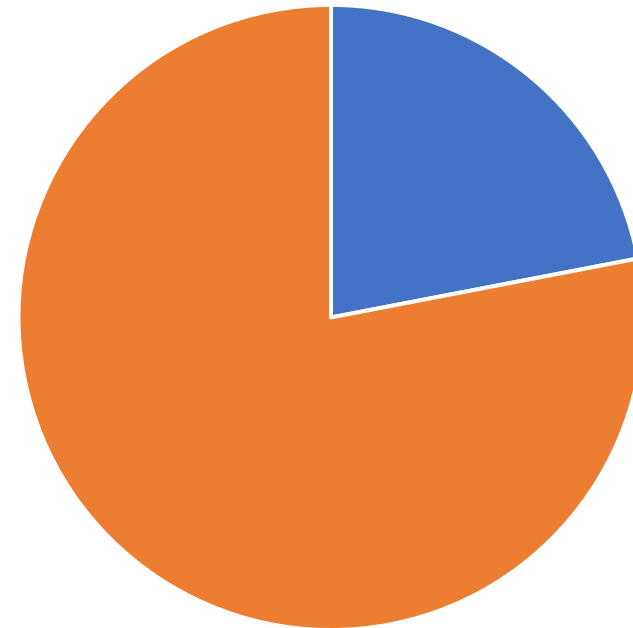
Maryland Construction Worker Risks

Maryland Workers



■ Construction Workers ■ Other Workers

Maryland Opioid Overdoses



■ Construction Workers ■ Other Workers

[https://msa.maryland.gov/msa/mdmanual/01glance/economy/html/labor.html#:~:text=%2C%20Private%20Sector%20goods%20producing%2C%20natural%20resources,103%2C592%2C%202019%2C%20285%2C341%20\(10.6\)%2C%207%2C189%2C%20165%2C865%2C%20112%2C287%2C](https://msa.maryland.gov/msa/mdmanual/01glance/economy/html/labor.html#:~:text=%2C%20Private%20Sector%20goods%20producing%2C%20natural%20resources,103%2C592%2C%202019%2C%20285%2C341%20(10.6)%2C%207%2C189%2C%20165%2C865%2C%20112%2C287%2C)

<https://stopoverdose.maryland.gov/wp-content/uploads/sites/34/2021/10/Data-Informed-Overdose-Risk-Mitigation-DORM-2020-Annual-Report-%E2%80%93-Revised-9-20-2021.pdf>



State Unintentional Drug Overdose Reporting System (SUDORS)

Research question – Do opioid-related overdose death (OROD) rates differ by industry throughout Maryland?

Sample (N=2123)

- Majority male (73%)
- Majority White (62%) followed by Black (34%)
- Almost 100% in working age years 20-64

Industry information on death certificates for all OROD were coded

Data is from Maryland 2018

Study Uncovers Industries and Occupations in Maryland with Highest Rates of Opioid Overdose Deaths

Compared MD industries and occupations using the 2018 State Unintentional Drug Overdose Reporting System (SUDORS) and Current Population Survey (CPS) to estimate workers.



CONSTRUCTION



MANUFACTURING



TRANSPORTATION & WAREHOUSING



Within construction, there are age and gender differences. Programs and policies should be tailored both to the individual and industry and occupational workplace culture.



Industries at greatest risk:
Construction (212 deaths per 100,000 workers)
Manufacturing (99 deaths per 100,000)
Transportation & Warehousing (85 deaths per 100,000)

Opioid-related overdose deaths in Maryland, by industry and occupation

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Why?

Opioid prescription for musculoskeletal pain → higher risk for long-term opioid use and OUD

- Annually 15% of workers prescribed opioids become long-term users
- Long-term users had 10X the risk of developing OUD, compared to those prescribed few opioids

Less access to paid sick leave, health insurance, treatment benefits

Psychosocial job stressors—such as the combination of high job demands, low job control, and low social support

Culture discourages help seeking



Preliminary Workers' Compensation Data

Opioid prescribing decreased over the years studied 2008-2016

Opioid prescription rates higher for MINOR injuries where not indicated than for more severe injury conditions

People working in the following industries were more likely to receive opioid prescriptions, after adjusting for diagnostic groups, gender and year:

- Construction
- Transportation/material moving
- Production/manufacturing
- Personal care
- Service and grounds maintenance

Preliminary data not yet published and subject to change.

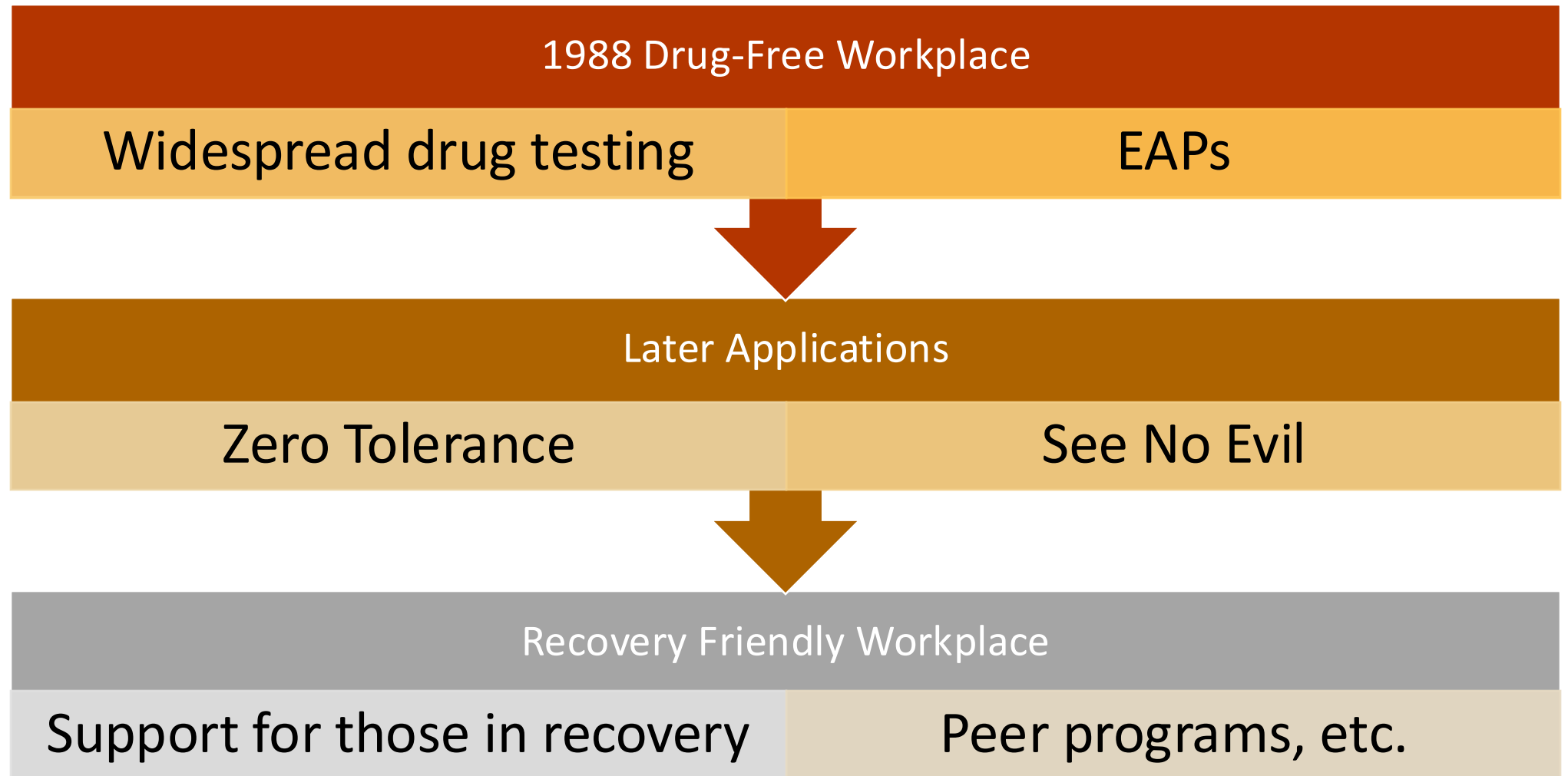


Potential Root Causes – All Common in Construction

- ✓ Illicit drug use by employees at work
- ✓ Illicit drug use by employees while not at work
- ✓ Use of prescription opioids affecting work performance
- ✓ Overdoses at work
- ✓ Naloxone (Narcan) not readily available at work
- ✓ Workers' comp injuries treated with opioids
- ✓ Employees in opioid recovery treated differently
- ✓ Lack of support for employees in recovery
- ✓ Company culture promotes alcohol or drug use
- ✓ Employees with substance-related problem are afraid to ask for help
- ✓ Treatment for opioid use disorder is not included in health benefits



National Trends



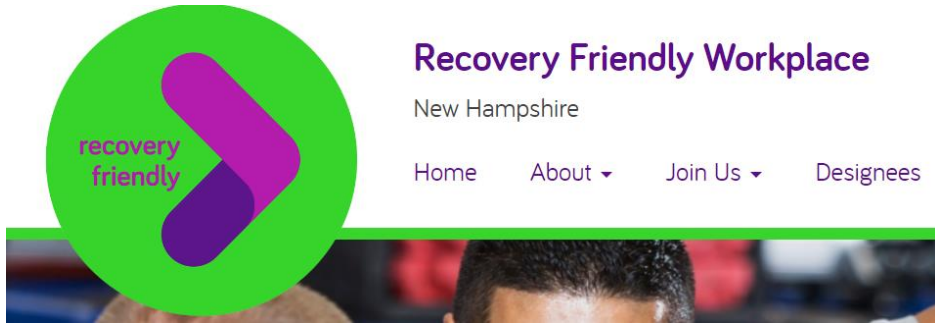


Quick Poll

- Have you heard of “Drug-Free Workplace”?
- Have you heard of “Zero Tolerance” policies in relation to substance use?
- Have you heard of “Recovery Friendly Workplace” approaches?



Recovery Friendly Workplace Movement



Recovery-Ready Workplace Resource Hub

National Recovery Friendly Workplace Institute



About Workplace Supported Recovery



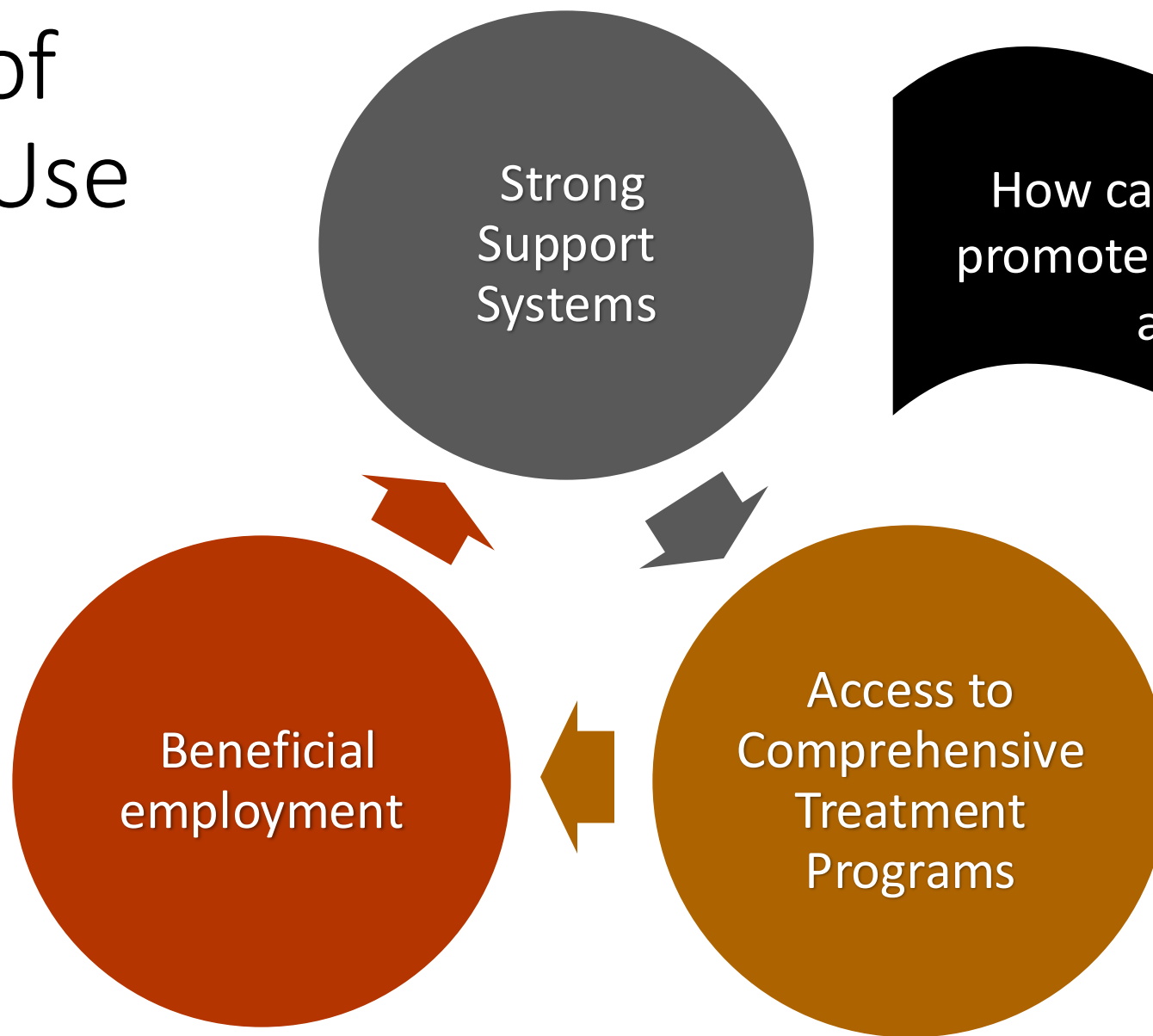
Recovery Friendly Workplace
Landscape Analysis

August 2023





Predictors of Substance Use Disorder Treatment Success



How can employers promote each of these areas?



Recovery Friendly Workplace Definition:

A "Recovery Friendly Workplace" (RFW) is a place of work in which the employer, in collaboration with employees, establishes, maintains, and continually enhances policies, practices, and a culture and work environment that are supportive of current and prospective employees in recovery from, or otherwise affected by, substance use disorders.

<https://rfwinstitute.org/>



U.S. DOL Explanation

Recovery-ready workplaces adopt policies and practices that:

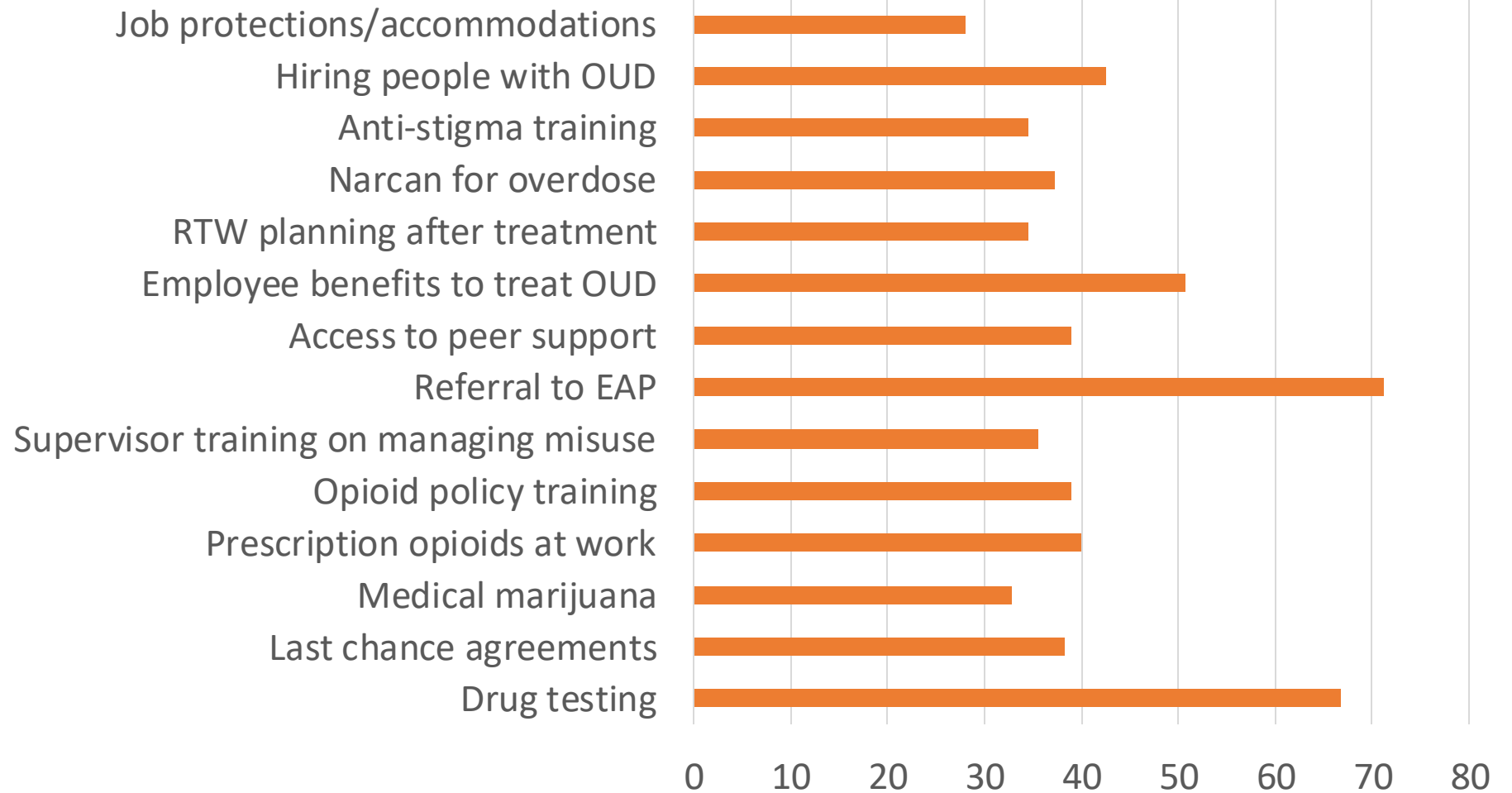
- expand employment opportunities for people in or seeking recovery;
- facilitate help-seeking among employees with substance use disorder (SUD);
- ensure access to needed services, including treatment, recovery support, and mutual aid;
- inform employees in recovery that they may have the right to reasonable accommodations and other protections that can help them keep their jobs;
- reduce the risk of substance misuse and SUD, including through education and steps to prevent injury in the workplace;
- educate all levels of the organization on SUD and recovery, working to reduce stigma and misunderstanding, including by facilitating open discussion on the topic; and,
- ensure that prospective and current employees understand that the employer is recovery-ready and are familiar with relevant policies and resources.



Survey of Maryland Employers

Percent Reporting Current Policy or Program

Thinking about **your organization/workplace**, which of these do you have?





naloxone

Save a life!





Decreasing Opioid Overdoses by Increasing Naloxone Distribution to Maryland Construction Workers

We acknowledge the support of the Maryland Opioid Operational Command Center

Project period: July 2023-June 2024



Maryland's Office of
Overdose Response



Naloxone for Construction Workers

Project Objectives

Engage Maryland construction industry leaders to provide information about naloxone training for workforce – using academic detailing approach

Connect construction industry leaders with naloxone training

Coordinate training and distribution

Get naloxone into construction worker hands

Document barriers, facilitators to uptake



Advisory Board Members

Maryland Center for Construction Education and Innovation (MCCEI)

Center for Construction Research and Training (CPWR)

NABTU: North America's Building Trades Unions

Associated General Contractors of America (AGC)

Associated Builders and Contractors (ABC)

SAFE Project – Stop the Addiction Fatality Epidemic

Maryland Department of Labor (DOL)

Other construction leaders



Project Goals

Goal 1: Increase access to naloxone by engaging construction industry employers and union stakeholders in naloxone training for construction workers, using detailing meetings by an outreach specialist with construction background.

Goal 2: Document barriers and facilitators to naloxone uptake among construction industry employers and unions.



Approach

- Contact construction employers
 - Pitch the need for naloxone
 - Methods
 - Cold calls from database
 - Presentations at construction safety events
- Connect them with local Overdose Response Programs for training and naloxone distribution
- Your guesses about what worked and what did not?

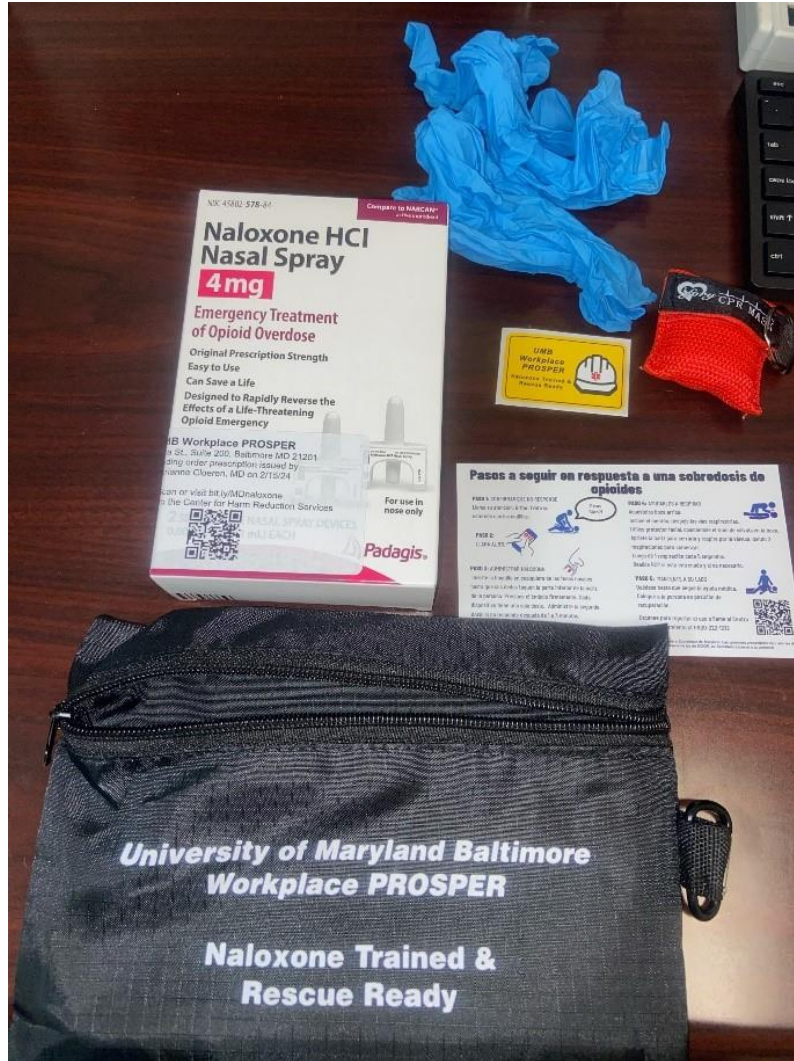


We Found Our
Champions



Pivot in Plan

- Targeted local construction safety events
- Became a workplace facing overdose response program
- Training construction safety professionals to train workers under our authority and get naloxone out – so far, about 100
- Continuing this work under recent MDH Workplace PROSPER grant after MOOR grant ended
- Goals
 - 5,000 kits distributed to construction workers (currently at 3000)
 - Get naloxone training integrated into construction operations





What does a construction worker do?

Who does a construction worker
work for?



Finishing
(Floors, Painting, Driveways, Landscaping)

Insides
(Electric, HVAC, Plumbing)

Building
(Framing, carpentry, beams, elevator
construction, roofing)

Site preparation
(Demolition, Excavation, Paving,
Foundation)



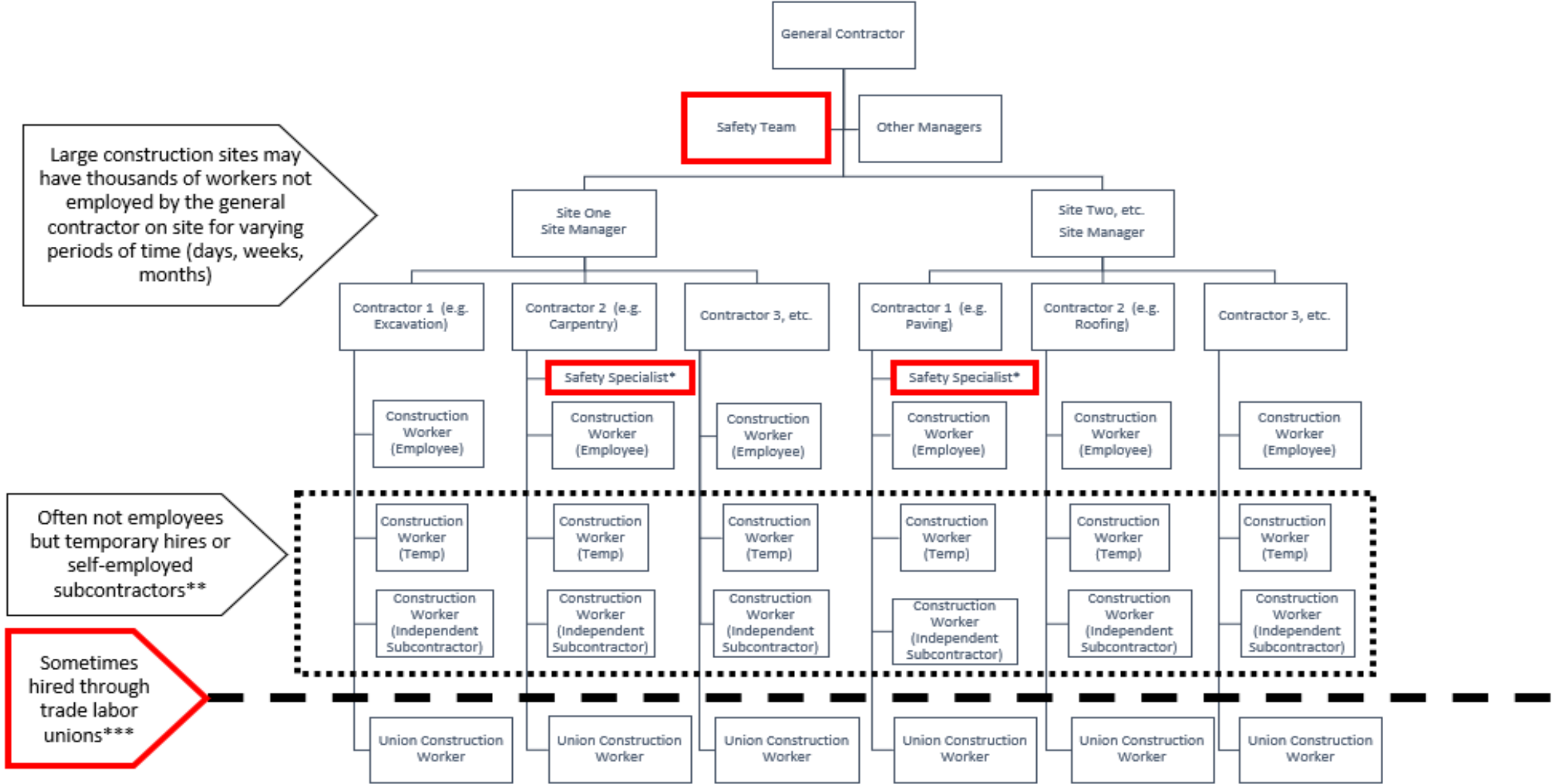


Some Important Organizations





GET READY TO



Large construction sites may have thousands of workers not employed by the general contractor on site for varying periods of time (days, weeks, months)

Often not employees but temporary hires or self-employed subcontractors**

Sometimes hired through trade labor unions***

* Some of the larger construction contracting companies have their own safety professionals.
 ** An estimated 20% of construction workers are not employees but are self-employed subcontractors, usually without benefits.
 *** An estimated 10% of workers are hired via local trade unions. Trade unions also have safety professionals and offer training.



Common Scenario

Non-union

Not employee of general contractor

Not employee of trade contractor

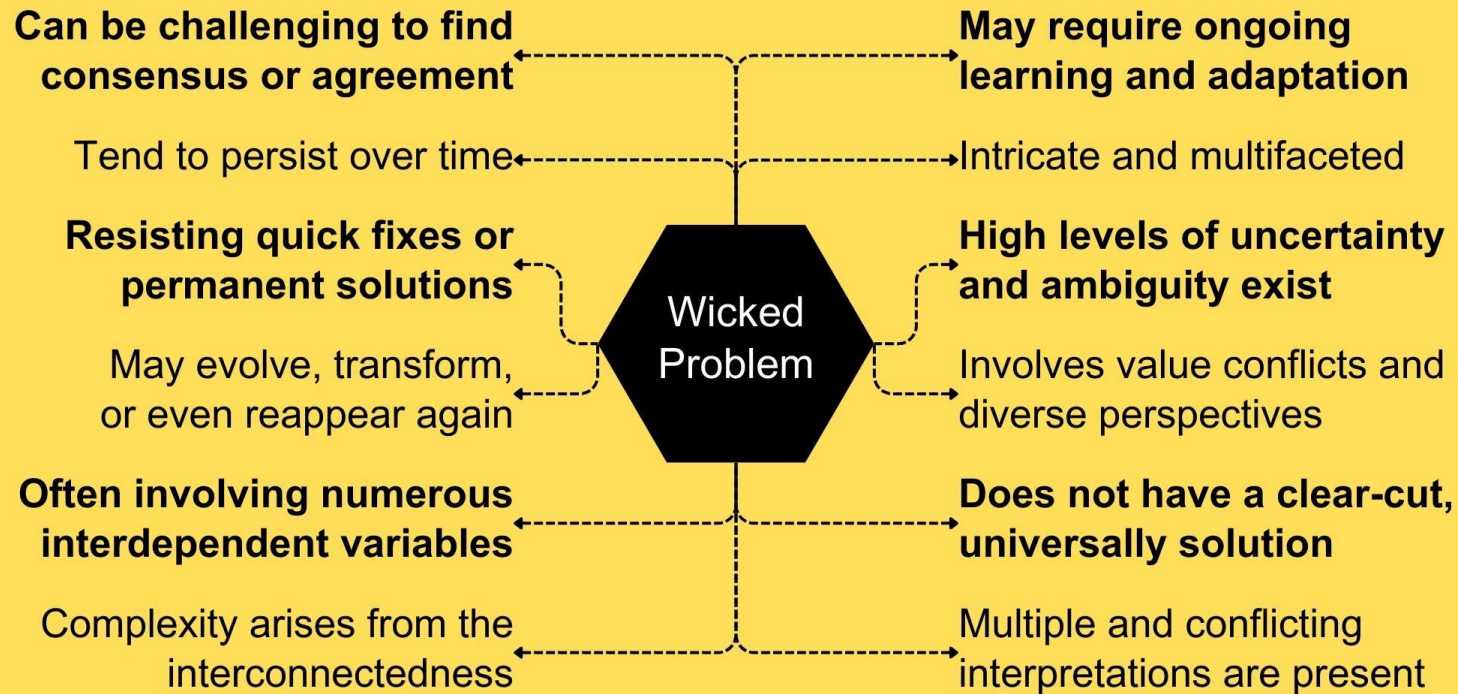
“Self-employed independent contractor”

- Workers’ comp?
- Health insurance?
- Sick days?



What is a Wicked Problem?

Typically characterized by the following attributes.



www.stephanhitchins.com.au



Suicide and Overdose – a Syndemic?

Suicides in Construction

5x

HIGHER

than all construction
deaths

45.3

SUICIDES

per 100,000 workers

4x

HIGHER

than the general
population

source: CDC



CPWR

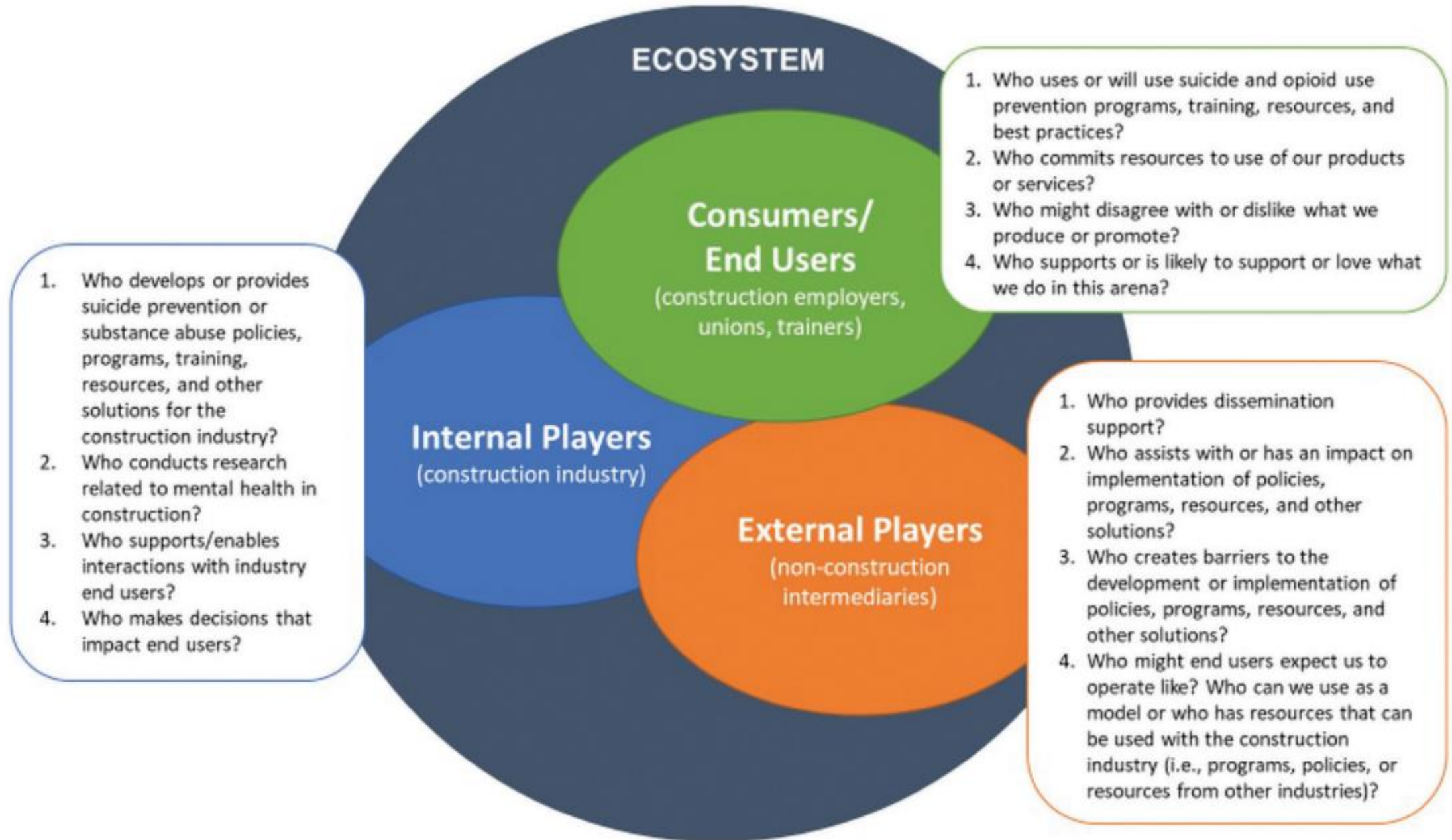


THE CENTER FOR CONSTRUCTION
RESEARCH AND TRAINING

WHITE PAPER

CPWR WORKSHOP ON COMBATING
SUICIDE AND OVERDOSE FATALITIES
AMONG CONSTRUCTION WORKERS

August 1-2, 2022





Who Has Responsibility

- Policies
- Training
- Benefits
- Peer support
- Naloxone
- Implications for Recovery Friendly Workplace programming



Current Projects

- Workplace PROSPER 2
 - Naloxone train-the-trainer continues
 - Evaluating Maryland DOL RFW program
 - Promoting Maryland DOL RFW program
- UMB CARES grant
 - Combining suicide prevention (Query/Persuade/Refer) with naloxone training
 - Construction workers
- Stigma/intervention literature review – grew out of CPWR workshop
- Several grant proposals to study peer interventions, workplace programming



Related Study Citations

- [Examining Employment and Employment Barriers Among a Sample of Patients in Medication-Assisted Treatment in the United States.](#) Ware OD, Frey JJ, Cloeren M, Mosby A, Imboden R, Bazell AT, Huffman M, Hochheimer M, Greenblatt A, Sherman S. *Addictive Disorders & Their Treatment*, 20(4): 578-586, December 2021.
- [Workplace Support for Employees in Recovery From Opioid Use: Stakeholder Perspectives.](#) Imboden R, Frey JJ, Bazell AT, Mosby A, Ware OD, Mitchell CS, Cloeren M. *NEW SOLUTIONS: A Journal of Environmental and Occupational Health Policy*. 2021;31(3):340-349.
- [Poor Sleep Quality and Other Risk Factors for Unemployment Among Patients on Opioid Agonist Treatment.](#) Huffman M, Cloeren M, Ware OD, Frey JJ, Greenblatt AD, Mosby A, Oliver M, Imboden R, Bazell AT, Clement J, Diaz-Abad, M *Substance Abuse*. 2022. May 21;16:1-10.
- [Work and people with opioid use disorder: Psychosocial barriers to work predict lower odds of seeking employment.](#) Tan M, Cloeren M, Frey JJ, Imboden R, Mosby A. The IOTOD (Improving Outcomes in the Treatment of Opioid Dependence) virtual conference. May 11-May 12, 2022.
- **Barriers to Employment Success Inventory (BESI) and Customized Employment Supports (CES) as Tools to Measure Obstacles to Employment in Individuals with Opioid Use Disorder (OUD).** Frey JJ, Cloeren M, Mosby A, Patel P, Bazell AT, Imboden R, Tan M, Ware O, Unick G. Poster presented at the American Occupational Health Conference, April 16, 2023; Philadelphia, PA.
- **What about work?** In: Chapter 30 Prevention and Early Treatment in the Workplace Setting. Cloeren M, Frey JJ, Jetton I. *Principles of Addiction Medicine*. American Society of Addiction Medicine. 2024.
- [Decreases in employer referrals to first-time substance use treatment for adults from 2004 to 2020.](#) Ware O, Hussong A, Frey J, Daughters S, Cloeren M, Gryczynski J, Lister J, Jordan R.. *J Occup Environ Med* 2024; Mar 1;66(3):e87-e92
- [Opioid-related overdose deaths in Maryland \(2018\), by industry and occupation.](#) Frey JJ, Unick GJ, Phillips DR, Imboden R, Mosby A, Ware OD, Mitchell CS, Cloeren M. *J Occup Environ Med*. 2024 Jun 1;66(6):495-500.



Questions?
