

# Worker-focused Approaches to Reducing Opioid Addiction and Overdose



**Massachusetts Coalition for  
Occupational Safety & Health**

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# MassCOSH:

**Our mission is to ensure that all workers can earn a fair wage, be treated with respect and dignity, and return home to their families alive and well.**

- **Immigrant Worker Center** – network of immigrant workers who, with tools and support of peers/allies, join together to defend right to safe, decent jobs and change public policy.
- **Teens Lead @ Work** – teens lead efforts to protect youth from injury and death & educate their peers across the country
- **Labor-Environment** – workers, community groups, unions find common ground to support union campaigns and address toxics/hazards/unsafe workplaces in communities, includes Health Schools Initiative
- **Family of Fallen Workers Support Services** - provide resources and assistance to families who have lost a loved one on the job; organize Workers' Memorial Day /report and advocate for life saving protections at city, state and federal level
- **The New England Consortium (TNEC)** – provide safety and health trainings (HAZWOPER, OSHA 10, 30, Construction) to private and public employers – with UMASS Lowell, CSEA & 5 COSH groups

# MassCOSH Organizes and Empowers Workers

Safety & Health Training



Actions



Campaigns  
and  
Coalitions



Media & reports





**Participatory,  
worker-led  
research**



**Opportunities for  
workers to tell their  
stories to decision-  
makers**

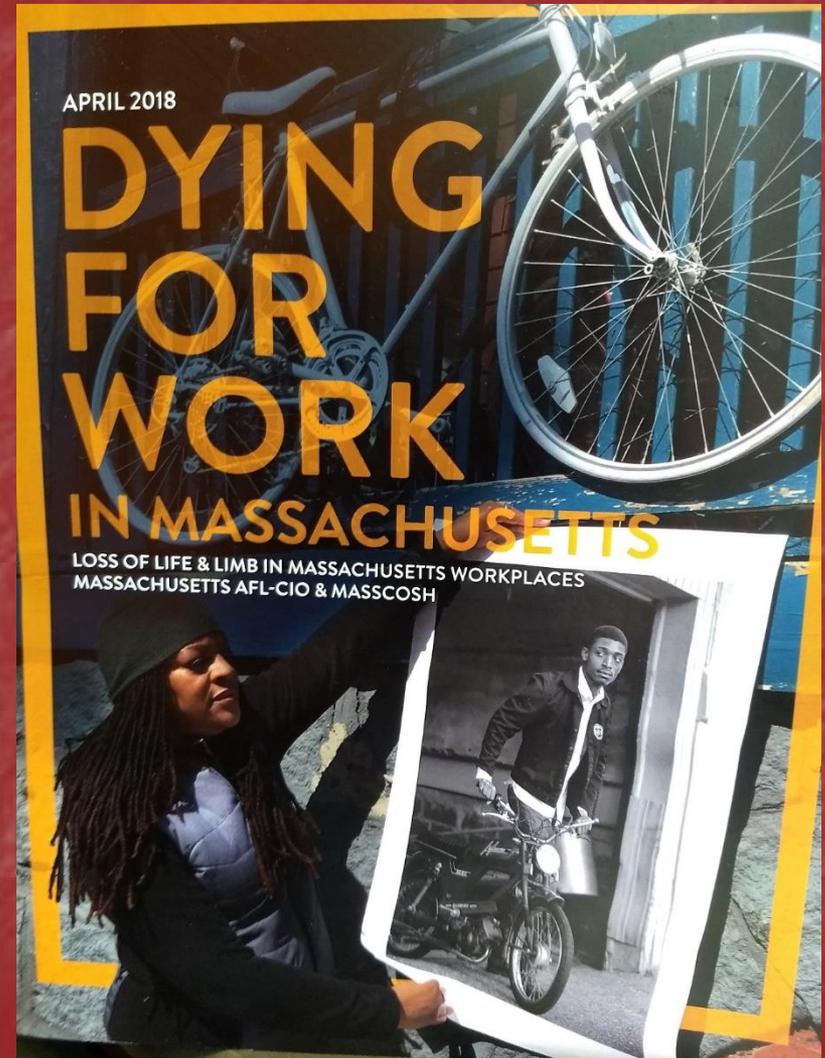


**Access to Legal and  
other Resources**

# Dying for Work

Each year, MassCOSH releases a report in conjunction with our observance of Worker Memorial Day:

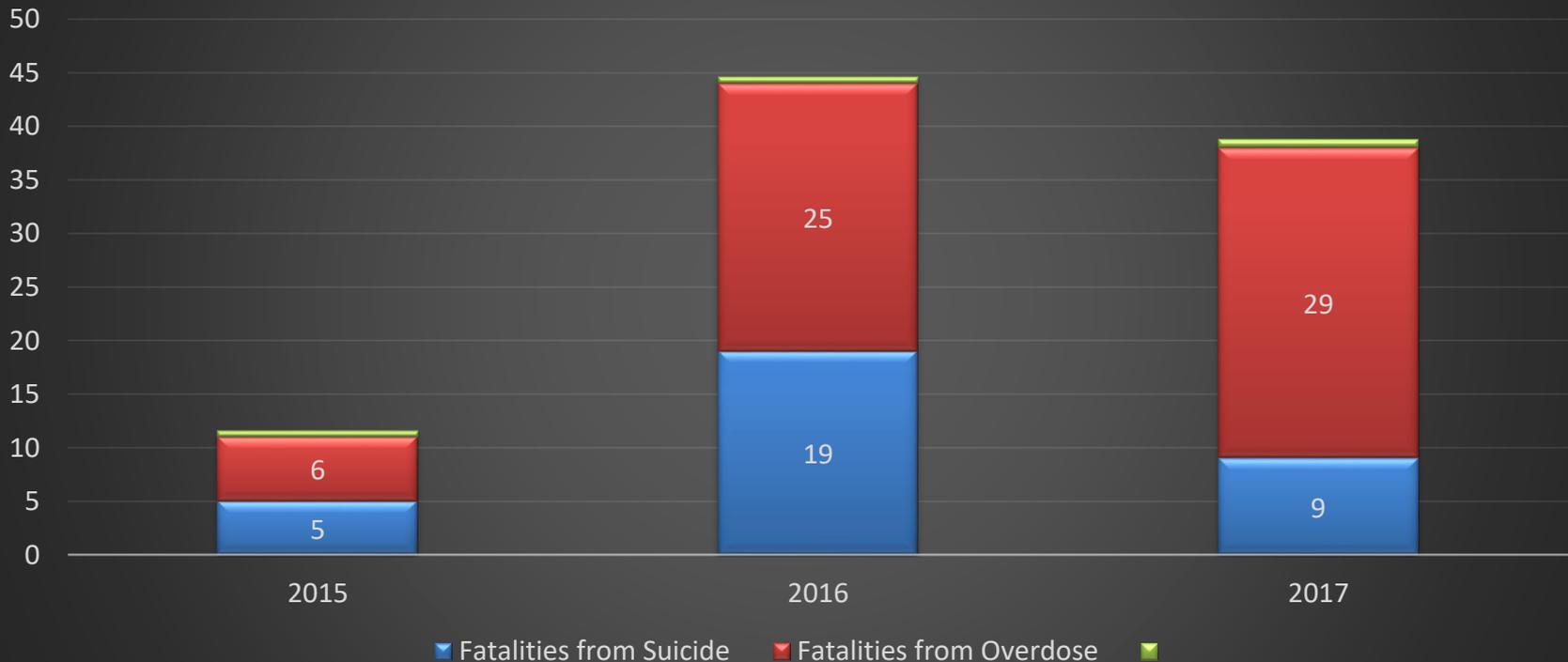
- Details worker fatalities in the previous year
- Identifies who is dying from work and what is killing them
- Articles and themes are determined by a committee of experts in occupational health and safety (Health Tech Committee)
- Our goal is to use the report to highlight MassCOSH campaigns



# Changing Data: Changing our Report

For the first time, MassCOSH retroactively adjusted the total number of fatalities for 2016 in our report on 2017 data because we can no longer ignore the impact of opioid addiction on workers. It is an important cause of workplace fatality that must be studied and addressed.

## Workplace Fatalities from Suicide and Overdose



# MA DPH study finds that rates of fatal overdose are higher in occupations known to have high rates of work-related injury

Construction is among the hardest hit:

- According to the MA DPH study, the opioid-related death rate for those employed as construction and extraction workers was six times the average rate for all Massachusetts workers
- In an earlier analysis of opioid deaths by occupation, the Mystic Valley Public Health Coalition found that 43% were in the building trades and/or laborers.

**Boston Globe**  
THURSDAY, AUGUST 9, 2018

Workers in jobs with high injury risk, low job security, and little sick leave have much higher rates of opioid-related deaths.

**24%** of opioid-related deaths occurred among construction workers

**4%** of construction workers in Mass. were injured on the job in 2015

**74%** of workers on a large construction site reported recent bodily pain

There is a lot of pressure to work in pain.

JODI SUGARMAN-BROZAN, executive director, Massachusetts Coalition for Occupational



DAVID L. RYAN/GLOBE STAFF

In addition to the risk of injury, the report cited other aspects of construction work, including a lack of sick pay, that were linked to a higher rate of overdose deaths.

## Opioid deaths tied to workplace injuries

### Need to stay on job while hurt cited in Mass. report

By Felice J. Freyer  
GLOBE STAFF

Relying on skill and strength to raise up skyscrapers and spruce up homes, construction workers routinely face difficult and dangerous working conditions. Now a Massachusetts study has identified an overlooked hazard linked to their jobs: fatal opioid overdoses.

The report by the Massachusetts Department of Public Health found that nearly a quarter of overdose deaths in a five-year period oc-

The common factor: Workplace injuries occur frequently in these occupations.

The report, released Wednesday, paints a disturbing picture of workers hurt on the job, taking addictive painkillers, and needing those painkillers to keep working at jobs they would otherwise lose.

A lack of job security and sick pay — often the case in high-injury occupations — were also factors linked to higher rates of overdose deaths, the study found.

# Working in pain is not new:

Working in pain is not a new phenomena. MassCOSH partnered with UNITE HERE to on a study looking at injury and pain in hotel housekeepers in 2006



A high percentage of hotel housekeepers experience workplace pain, ranging from 77% to 91%.

Workplace pain is so severe that over 65% of hotel housekeepers who reported workplace pain took pain medication and over 60% visited a doctor.

**The changing nature of work has made it worse: fear of losing their job, lack of sick time, and lack of access to real injury treatment causes workers to work in pain. This leads to a high use of painkillers. While these may have been benign in the past, opioid painkillers can be addictive and deadly.**

**It was no accident. The makers of opioids knew the dangers, and specifically marketed to lower income, less educated communities with high rates of workplace injury.**



The screenshot shows a mobile browser interface. At the top, the status bar displays "Mail", signal strength, Wi-Fi, "8:27 PM", location services, Bluetooth, "93%", and battery level. Below the status bar, the address bar shows "newyorker.com". The New Yorker logo is centered, with a menu icon on the left and a "Subscribe" link on the right. The article title is "THE FAMILY THAT BUILT AN EMPIRE OF PAIN" in large, bold, black letters. Above the title, it says "A REPORTER AT LARGE" and "OCTOBER 30, 2017 ISSUE". Below the title is a quote: "The Sackler dynasty's ruthless marketing of painkillers has generated billions of dollars—and millions of addicts." The author's name, "By Patrick Radden Keefe", is listed below the quote. At the bottom of the article preview, there are icons for Facebook, Twitter, and email. The bottom of the screenshot shows a dark image with a red pill and a red object, likely a syringe or needle.

Mail 8:27 PM 93%  
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A REPORTER AT LARGE  
OCTOBER 30, 2017 ISSUE

# THE FAMILY THAT BUILT AN EMPIRE OF PAIN

*The Sackler dynasty's ruthless marketing of painkillers has generated billions of dollars—and millions of addicts.*

By Patrick Radden Keefe

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# **How do we create a workers' rights approach to preventing and treating opioid addiction?**

**Prevent injuries from happening in the first place.**

**If injuries occur, make sure that workers are aware of the risks of opioid painkillers, can get the treatment they need to heal and return to work, and access to effective alternative pain treatment.**

**If a worker becomes addicted, ensure they have access to effective substance abuse treatment without stigma.**

# Learning from the MassCOSH Immigrant Worker Center Injured Workers Committee

Access to legal support for workers compensation claims.

Support from MassCOSH staff and other injured workers to navigate the system from start to finish.

Training on workplace hazards.

Empowerment approach designed to build the leadership capacity of injured workers as leaders in efforts for safer workplaces.



# **The Changing Nature of Work is taking its toll on Workers – Policy Change is Needed Too**

- All workers need paid sick time
- Improvements to the Workers Compensation System – delayed treatment (or inadequate treatment) can lead to long-term chronic pain.
- Compassionate drug testing that helps workers gain access to needed services without stigma, and that allows them to return to work when they are ready (MAT).
- The on-demand labor force of the “Gig Economy” are often misclassified of independent contractors making them exempt from minimum wage protections and making their employers exempt from paying taxes, providing workers compensation and any liability.



# Opioid Awareness Peer Training Pilot September 2018 – June 30 2019

*Thanks to support from the Massachusetts Department of Public Health and partnership with CPH-NEW Total Worker Center at Umass Lowell*

## Goals:

- Educate workers to better understand the risks of opioid painkillers used for chronic conditions and alternative pain treatments available that are more effective and less dangerous
- Empower workers to be able to advocate for themselves before an injury occurs, during and after medical or dental treatment and when they return to work, to ensure accommodations are made so they can return to work safely.
- Educate workers about addiction treatment services that are available to them and their family and friends and how to utilize these services without stigma or risking their job.

# Partner with three Unions to provide opioid awareness training BEFORE injuries even occur.

- Conduct a brief needs assessment to customize training and support to each Union or worksite. Working with other local partners in Mystic River Valley and Barnstable County to develop curricula.
- Conduct one, full-day train-the-trainer session for 2 peer leaders from each site to build their capacity as peer trainers to train and support their fellow workers on the issue.
- Provide technical assistance and support to each peer leader to conduct 2 trainings
- Evaluate the pilot project to identify factors that promote or inhibit participation of unions and worker centers, the effectiveness of peer-to-peer model for educating workers, and the potential for the model's dissemination through a wider workforce.
- Also incorporate the training into our Immigrant Worker Center and Teens Lead @ Work programs



# WHEN WE FIGHT TOGETHER



... WE WIN TOGETHER

**Go Red Sox!!!!**

