Diseases of Despair and the Workplace
Hazard Prevention Frameworks

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Life Expectancy Continues to Decline

“The number of deaths from alcohol, drugs and suicide in 2017 hit the highest level since the collection of this type of federal mortality data started in 1999.” NYTimes March 7, 2017
Prescription painkiller sales and death rates

SALES (kg. per 100,000)*

DEATHS (per 100,000)**

47,600 opioid deaths in 2017
17,030 from prescription opioids
“We believe that the United States is the main cause of the problem of the abuse of fentanyl in the United States,” he said, citing weak enforcement and a culture of addiction.
**WTP Workshop Description – Model of UnWellness**

**Contributing Factors**
- Organization of work
- Inadequate staffing
- Long hours
- Hierarchical management
- Lack of essential health and safety standards (ergonomics standard)

**Negative Health Effects**
- High blood pressure
- Obesity
- Burnout
- Depression
- PTSD
- Substance abuse/addiction
- Death

**Workplace “Un-Wellness”**
- Stress
- Fatigue
- Addiction

**Increased Occupational Injury and Illness**

**Goal: Prevent Harm and Promote Wellness**
Draft Conceptual Model of Work-Related Physical and Social Determinants of Health

Adapted from Eakin (1997) by Barbeau and Roelofs (2001) and by Roelofs (2017/18)

**Protective Factors (Modifiers)**
- Self-efficacy
- Collective efficacy
- Cultural values and beliefs

**Risk Factors (Mediators)**
- Work-related exposures
  - Job conditions: chemicals, ergonomic strain, job strain, violence/security, night work
  - Psychosocial organizational environment: supervisory relations, organizational commitment, social support & social norms, health and safety climate
  - Social relations of employment: multiple jobs/part-time jobs, wages and benefits, job insecurity, unionization

**Intermediate Outcomes**
- Disability
- Unemployment
- Work/family spillover
- Daily hassles (commuting)
- Reduced resources
- Discouragement
- Overwhelm/Stress

**Health Outcomes**
- Overall health status
- Acute and chronic physical and mental health
- Work-ending illnesses/injuries
- Health status after end of work

**Health Behaviors**
- Tobacco use
- Drugs and alcohol
- Diet
- Exercise
- Use of medical care

**Sociodemographic Position**
- Individual and social contextual factors/modifiers
- Skills, qualifications, and experience
- Individual resources and resilience
- Family/community resources (social capital)
<table>
<thead>
<tr>
<th></th>
<th>Knowledge</th>
<th>Norms/Attitudes (Culture)</th>
<th>Skills</th>
<th>Actions</th>
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<tbody>
<tr>
<td>Policy</td>
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<td>Community</td>
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1) the levels of influence on the outcomes of interest
2) the actors with power to influence the outcomes
3) the factors that might need to change to reduce risk factors

“safety efficacy” = knowledge, skills, and attitudes necessary to make and sustain positive change
Prevention Levels

• “Prevention at the Source”

• **Primary Prevention**: prevent hazards and/or risk of exposure to them

• **Secondary Prevention**: prevent exposures from turning into harmful outcomes; screening; reduce impact of injury

• **Tertiary Prevention**: prevent worse outcomes (harm reduction); coping; reversing
### Preventing opioid use, addiction, and overdose among high risk worker groups: Opportunities for moving upstream

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
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<tbody>
<tr>
<td><em>Before pain, injury &amp; opioid use</em></td>
<td><em>Post (at) injury</em></td>
<td><em>Post substance use disorder (SUD)</em></td>
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<tr>
<td>Prevent pain &amp; injuries</td>
<td>Appropriate and timely medical care/pain management</td>
<td>Access to SUD treatment and recovery support</td>
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<td>Health and safety Committees/Programs</td>
<td>Paid sick leave</td>
<td>Employee Assistance/Peer Support Programs</td>
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<td>Healthy workplace culture</td>
<td><em>Return to Work</em> accommodations</td>
<td>Overdose prevention training</td>
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Occupational Health Surveillance Program, MA Department of Public Health 5/18, modified by CR
Prevention Strategies:

- Prevent **acute** injury hazards: slips, trips and falls, violence, and motor vehicle accidents
- Prevent **chronic** injury hazards: overuse injuries/MSDs
- Prevent work stressors and adverse work organization factors
- Promote awareness of injury-addiction pathway
- Promote excellence in RTW/SAW and disability prevention
- Promote best practice medical/utilization management in health benefit plans
  - Prescription monitoring/restrictions
  - Non-opioid treatment first/alternative treatments for non-work injuries
  - Integrated mental/physical health
- Promote well-being through employer HR policies
  - Leave and flexibility
  - Safety culture/hazard reporting/non-retaliation policy
  - Drug-free and Recovery-Friendly Policies
  - EAPs/MAPs/Peer-Support
  - Reduce stigma and work consequences for seeking help
  - Healthy living/Health Promotion/Wellness values

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1 bullying, work/family conflict, productivity over safety, high demand/low control, understaffing, layoffs, independent contractor vs. employee, long work hours, shift work, piece work; working alone; job insecurity; seasonality; temporariness; cash/casual/day
“Simple Steps” to Prevent Addiction

- Prevent injuries -- don't cut corners, speak up about hazards
- Question your doctor
  - No long term opioid prescriptions
  - No combined prescriptions (tranquilizers, muscle relaxants, painkillers)
  - Advocate for good care including non-opioid treatment
- Take care of your body and your head and your problems
- Help someone who may be struggling
- Reduce stigma

Basic Worker Training
“Prevention Through Empowerment”
Actions

-- from Ironworkers Local 7
Opioid Awareness Training
Interventions to Modify Work-Related Determinants of the Diseases of Despair

- Modifiable
- Significantly work-related
- Potent
- Feasible
- Effective