

Opioid Peer Training Pilot Project: *Initial Lessons Learned and Next Steps*



**Massachusetts Coalition for
Occupational Safety & Health**

Jodi Sugerman-Brozan, Executive Director

617-825-SAFE (7233)

www.masscosh.org

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.

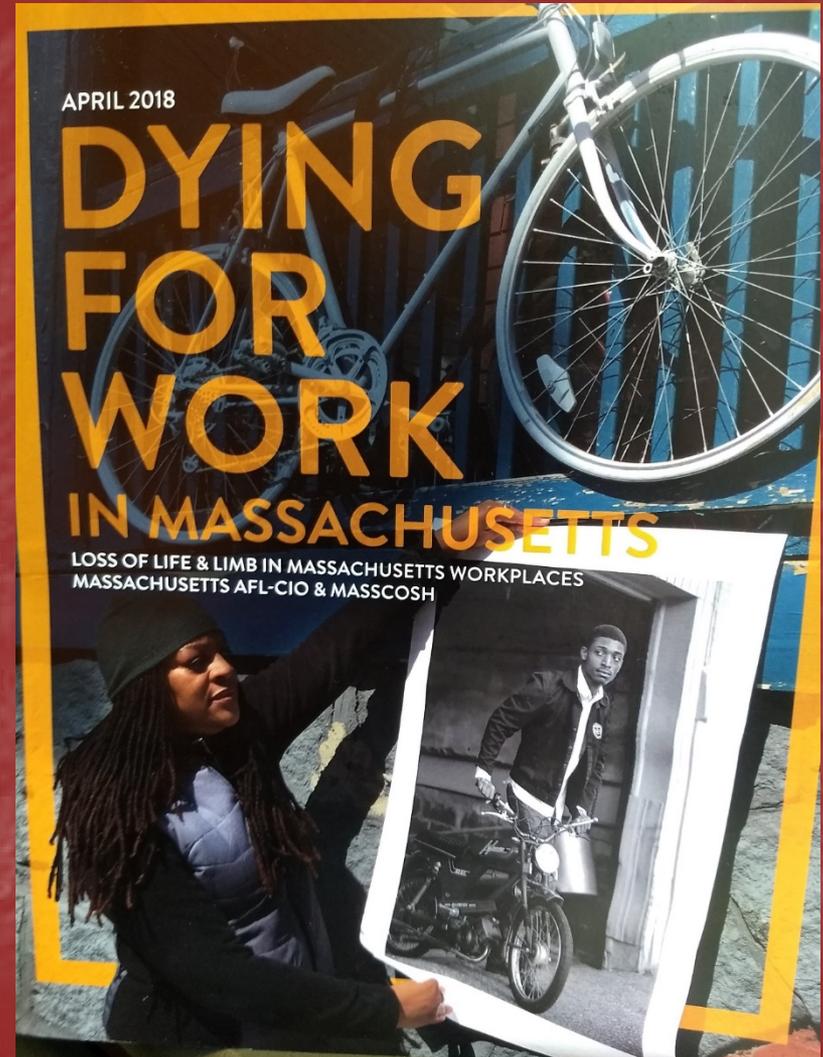
- Immigrant Worker Center
- Teens Lead @ Work
- Labor-Environment
- Family of Fallen Workers Support Services
- Health and Safety Training/The New England Consortium (TNEC)



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



The Numbers

	2014	2015	2016	2017	2018
Workplace Fatalities	49	63	70	74	69
Rates (deaths per 100,000 employees)	1.5	1.9	2	2.1	1.9
Workplace Overdose Fatalities	2	6	25	29	
Workplace Suicide Fatalities	11	5	18	10	

Sixty-nine workers lost their lives in Massachusetts in 2018. The rate of workers killed from fatal injuries and documented fatal illness in the Commonwealth has remained steady, continuing a troubling trend.

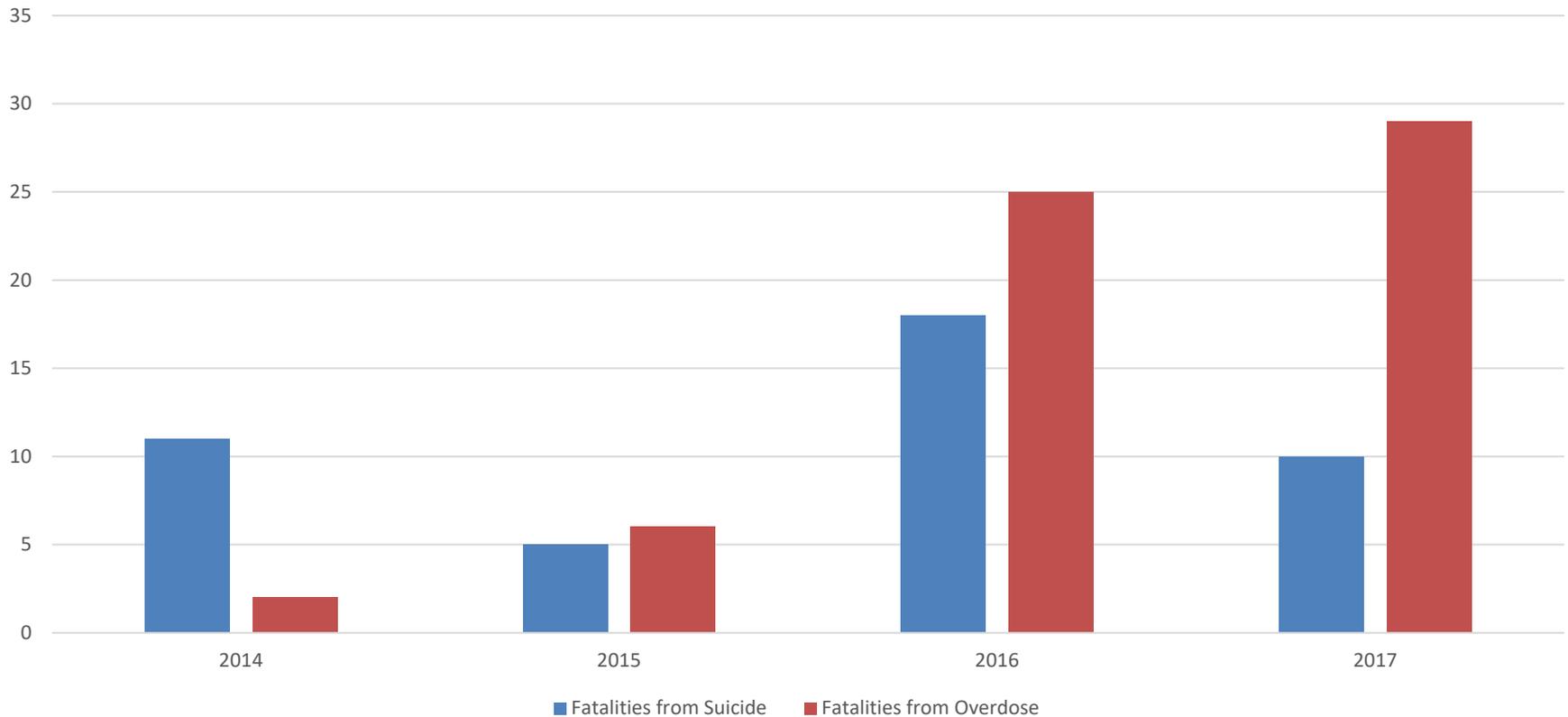
In addition to the 59 men and women who lost their lives from fatal injuries, ten firefighters died from occupational illness in 2018. Workers in other sectors who died from occupational illness are unaccounted for in this report. Work-related illnesses are estimated to kill 50,000 people in the United States every year. Despite the magnitude of that number, there is no comprehensive documentation of these workers or the illnesses that kill them.

Fatal overdoses and suicides on the job claimed 39 lives in 2017

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 or workplace fatality that must be studied and addressed.

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 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 occurred 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.

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.





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.
- Conduct one train-the-trainer session for 2 peer leaders from each site. Included motivational interview skills. Stories shared were incredibly powerful.
- 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



Teamsters Local 25



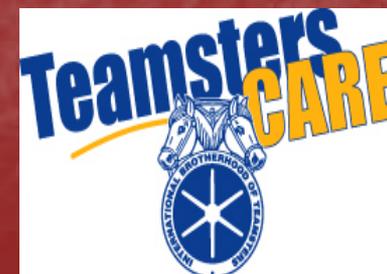
Partnered with their EAP to train shop stewards from each barn (convention center, UPS and Stop & Shop warehouse)

Opioid addiction has long been an issue. Used to have their own health insurance plan. EAP would do wellness calls after injury when they saw opioid prescriptions.

In house EAP played a key role in supporting the peer trainers through the training, and will continue to provide support. Unique to this partner.

Goal of training was to arm stewards with information to be able to hold breakroom/parking lot meetings and “individual encounters”

Union President started the training, referred to workplace injury as a key pathway to addiction, demonstrated the urgency of the situation Very proud of project.



Ironworkers Local 7

Partnership started with MassCOSH Board member, Shawn Nehiley, Business Agent who himself is in recovery.

Injury and pain a major issue. Iron work is HARD.

Needs Assessment identified one potential intervention before we even started designing the training: Yoyo harness puts constant strain on their bodies. UMass Lowell exploring opportunities for adjustments.

Trainers, Dan and Bobby, both in recovery. Dan's pathway addictions started when his father, an ironworker, was fatality injured on the job.

Incorporated into their apprentice program and ended up with their apprentice coordinator as well as Bobby and Dan.

125 apprentices came to the training, all after work.

Training alone reduces stigma – peer trainer received two calls from apprentices asking for help after the training.



Massachusetts Nurses Association



Lead by Judith Pare: Director Nursing Education, Workforce Quality & Safety and Carol Mallia, Peer Assistance Program.

Part of their Labor School – nurses participating received continuing education credits

Mandatory reporting to Board of Registration in Nursing (BORN) makes very tricky for nurse to help their peers. A lot of the training was focused on navigating these challenges, even down to specific language to use when reaching out to peers.

While stigma is a major barrier for the other partners, fear of losing their livelihood is real for nurses. Nurses who seek substance abuse treatment lose their license for up to 3 years so stakes are high.

Workplace violence a major cause of injury, and of course workload.



Other Lessons Learned and Next Steps

More than a curriculum, we are going to evaluate and document the process.

However, there are some commonalities: health and safety committees (or another tool for preventing injury and illness), data and science on addiction, information on opioids, strategies to empower workers to be able to advocate themselves when injury occurs (it is OK to say no to your doctor), and motivational interviewing

Injuries as a touchstone

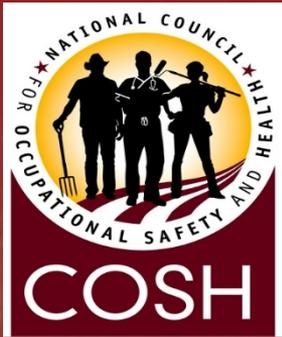
Emotional and on-going support for trainers is critical. Teamsters Local 25 have that built into their model because of the EAP. Need to ensure that support either internally or externally.

Empowerment = Resilience

Stigma is real – fear of appearing weak – and basic awareness training helps.\

Need to ensure pathways back to work that are supportive – and that workers know they exist. Community of workers in recovery – Teamsters wear a pin or button. Ironworkers Local 7 partnership with Karas & Karas Glass provides

How do we apply this model to non-union workers including immigrant workers – partnering with the Harvard Total Worker Health Center to interview immigrant workers this summer on their experience with pain and pain management.



Opiates and Work Injury: Lessons on the Ground

Webinar hosted by National COSH

Thursday, May 23
11am PT / 2pm ET

- Learn about efforts from around the country that are striving to prevent and address work-induced opiate addiction and overdose
- Hear the stories and experiences of workers and unions impacted by opiate use and overdose
- Discuss ways to maximize our collective impact and promote shared resources to stem this epidemic

Please use this link to register:

tinyurl.com/COSH-Opioids-Work-Injury

Contact marcy@nationalcosh.org with questions

Will be convening a work group to develop COSH policy recommendations.

A Policy Agenda for COSH

- Requiring and funding opioid awareness training, especially for at-risk workers. Included in Senator Warren's CARE Act.
- Improved health and safety, especially ergonomics and workplace violence
- All workers need paid sick time, and insurance that covers substance abuse treatment
- Fix the “famine or feast” of work— pressure to work when work is available means people are working in pain, working exhausted
- Improvements to the Workers Compensation System – delayed treatment (or inadequate treatment) can lead to long-term chronic pain. And substance abuse treatment should be included in all plans.
- End punitive practices (like BORN) and ensure 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) with support.
- Model language for resolutions (UAW) collective bargaining and “fitness for duty”

WHEN WE FIGHT TOGETHER



... WE WIN TOGETHER