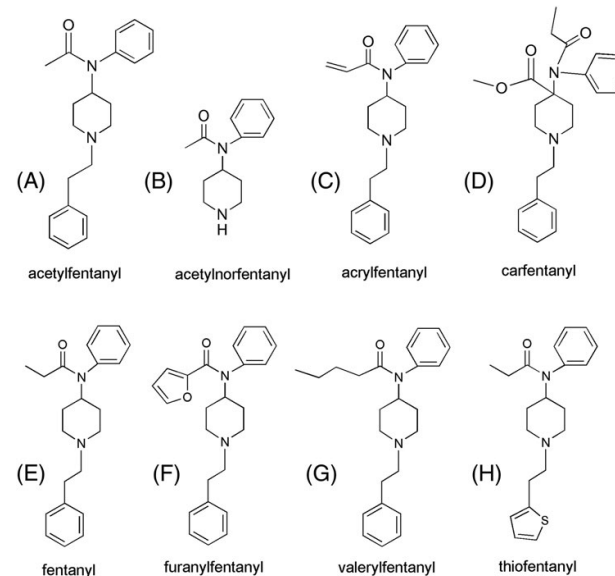


AIHCE 2022: F5, Opioids and Cannabis, Part 1 Workplace Drug Policy & Testing Concerns

Opioids: Concern in the Workplace and the Importance of Improved Drug Screening

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Agenda



Extent of opioid problem in the community and workplace

Current concerns and suggestions for improving workplace opioid screening

Importance of supportive workplace

Opportunities for industrial hygienists

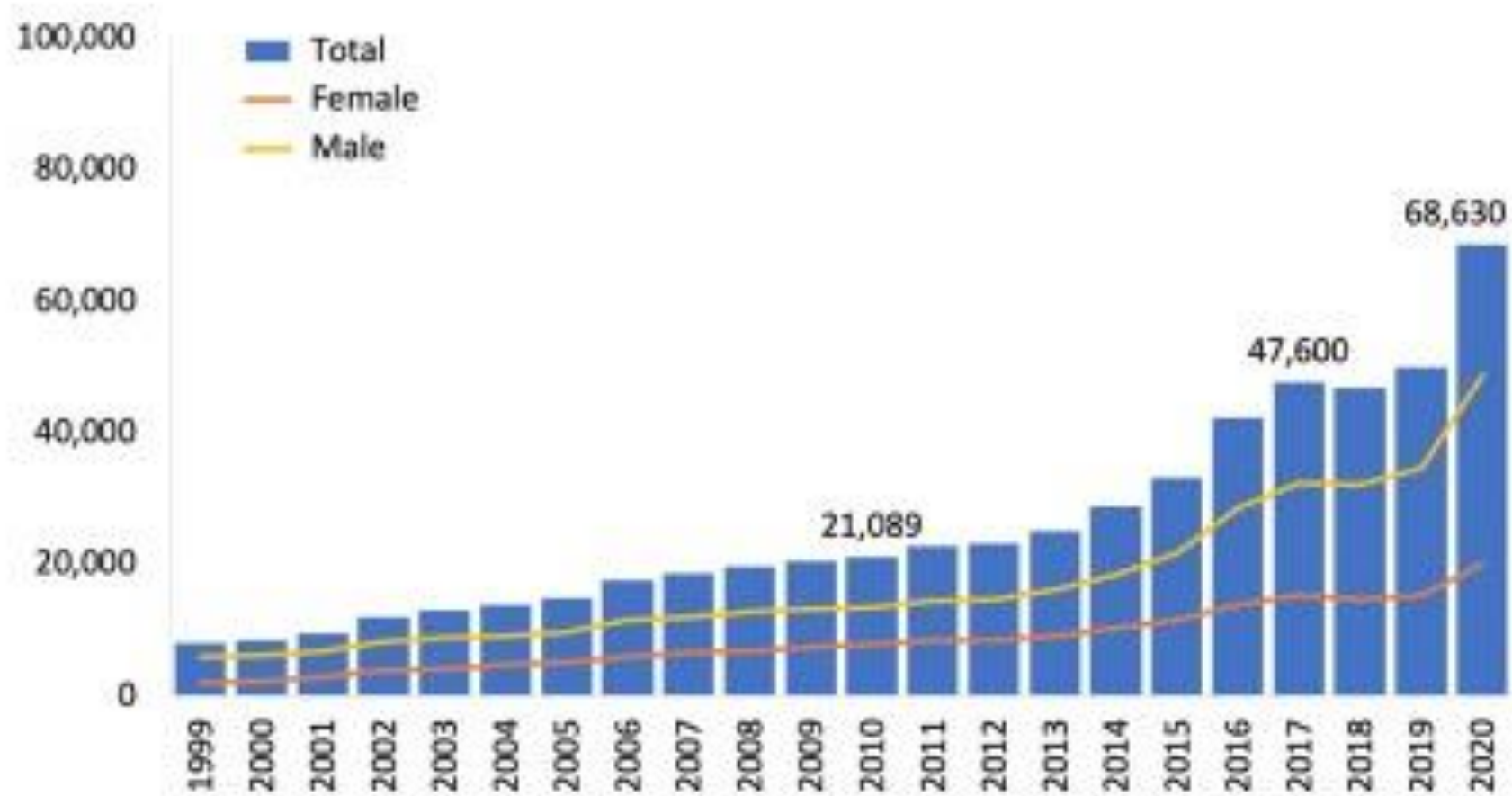
Extent of opioid problem in the community and workplace

Lifetime Odds of Dying for Selected Causes in the US, 2019



Cause of Death	Odds of Dying
Heart disease	1 in 6
Cancer	1 in 7
Chronic lower respiratory disease	1 in 27
Suicide	1 in 88
Opioid overdose	1 in 92
Fall	1 in 106
Motor-vehicle crash	1 in 107
Gun assault	1 in 289
Pedestrian Incident	1 in 543
Motorcyclist	1 in 899

Figure 3. National Overdose Deaths Involving Any Opioid, Number Among All Ages, by Gender, 1999-2020



*Among deaths with drug overdose as the underlying cause, the any opioid subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2), methadone (T40.3), other synthetic opioids (other than methadone) (T40.4), or heroin (T40.1). Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

Growing Impact of synthetic opioids

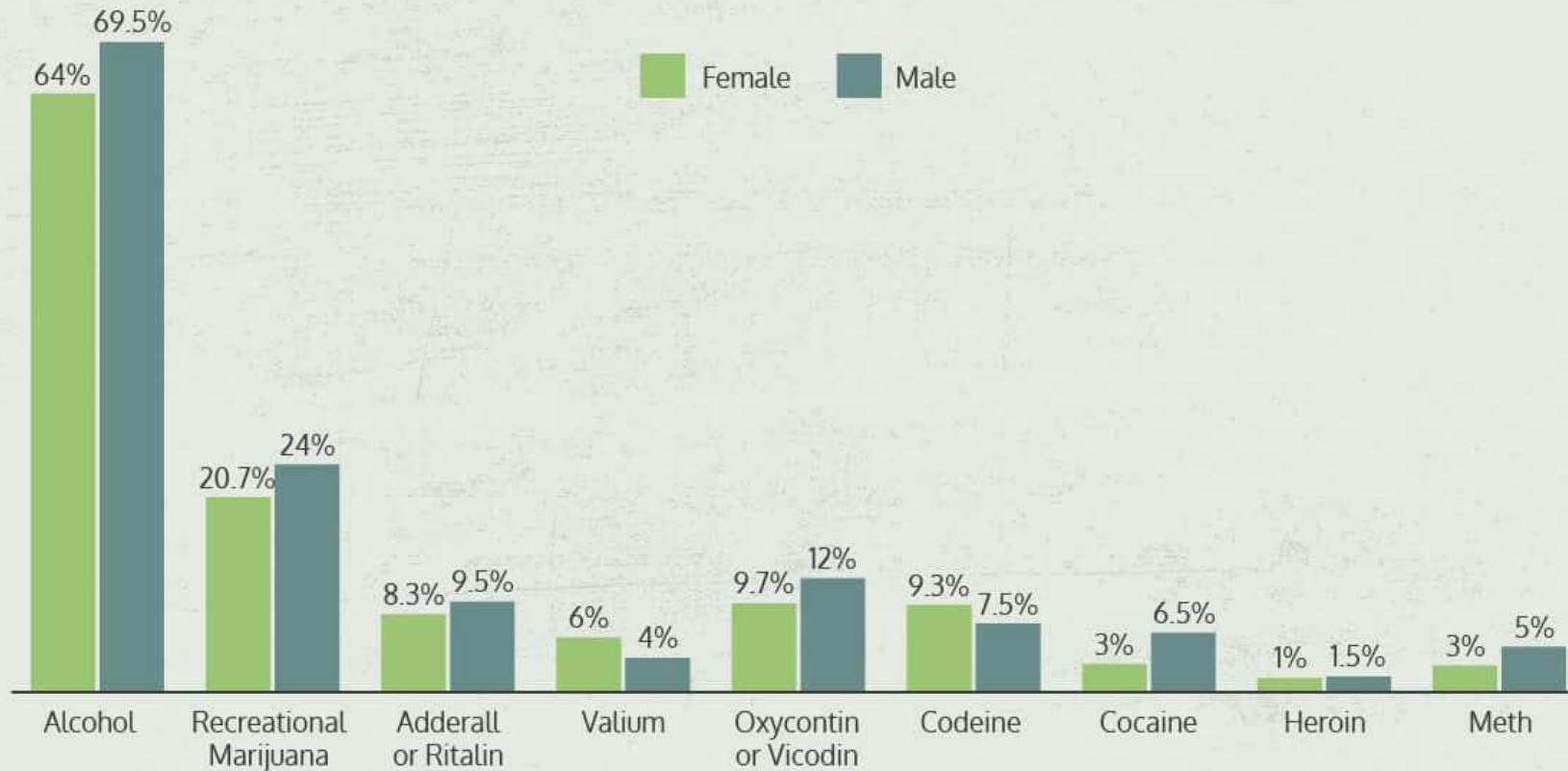
“Synthetic opioid-involved death rates increased by over 15% from 2018 to 2019 and accounted for nearly 73% of all opioid-involved deaths in 2019. The rate of overdose deaths involving synthetic opioids were more than 11 times higher in 2019 than in 2013.”

The screenshot shows the CDC website with the article 'Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019'. The article is dated February 12, 2021, and is part of the Weekly Report (MMWR) issue 70(6):202–207. The authors listed are Christine L. Mattson, Lauren J. Tanz, Kelly Quinn, Mbabazi Kariisa, Priyam Patel, and Nicole L. Davis. The summary section highlights that deaths involving synthetic opioids other than methadone, cocaine, and psychostimulants have increased in recent years. It also notes that from 2013 to 2019, the age-adjusted rate of deaths involving synthetic opioids other than methadone increased 1,040%, and for psychostimulants increased 317%. During 2018–2019, the largest relative increase in synthetic opioid-involved death rates occurred in the West (67 MM) and the largest relative increase in non-synthetic opioid-involved death rates occurred in the West (67 MM). The article metrics section shows 540 total metrics, with the largest categories being News (41), Blogs (4), Twitter (275), Facebook (2), Reddit (1), Video (1), and Mendeley (309).

Mattson CL, Tanz LJ, Quinn K, Kariisa M, Patel P, Davis NL. Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019. MMWR Morb Mortal Wkly Rep 2021;70:202–207

WHAT SUBSTANCES PEOPLE USE

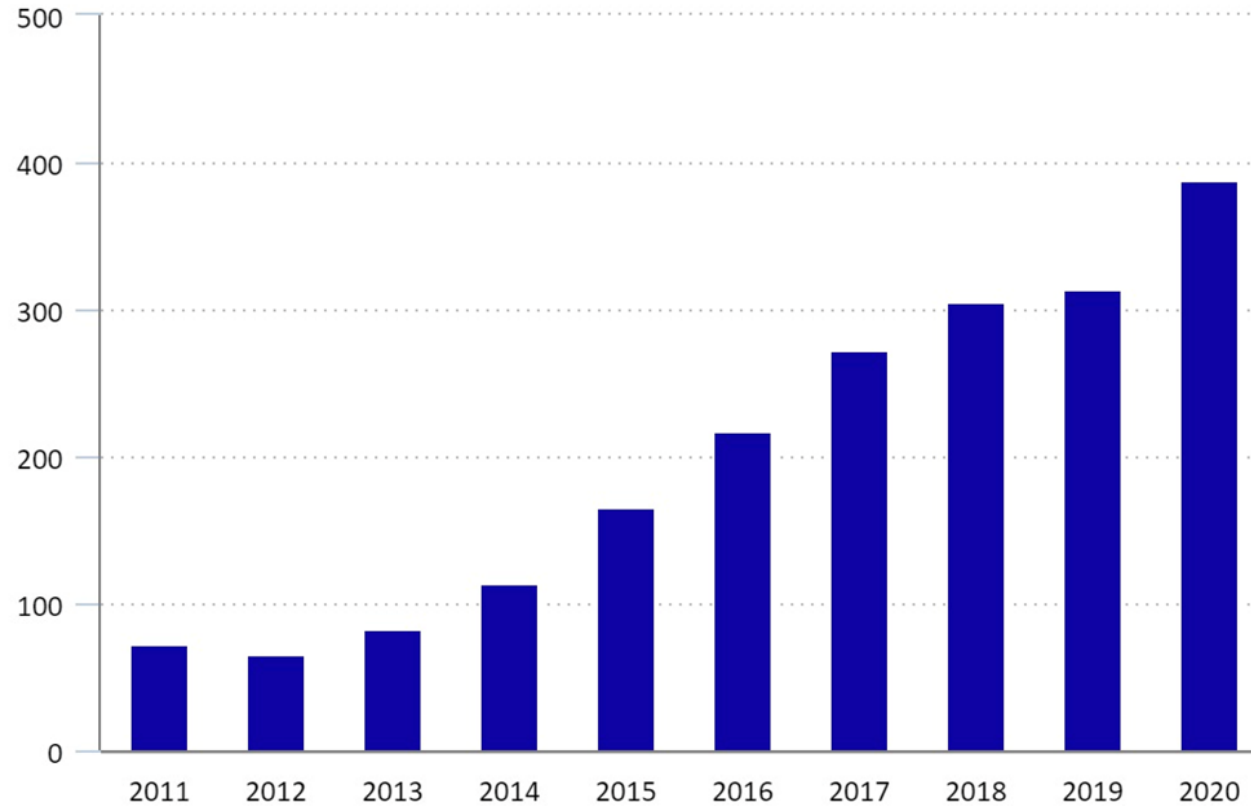
In the Workplace



Created by Drugabuse.com

Bureau of Labor Statistics, Workplace Overdose Fatalities, 2011 to 2020

Workplace deaths due to unintentional overdose from nonmedical use of drugs, 2011–20



Hover over chart to view data.
Source: U.S. Bureau of Labor Statistics.



Impact of Workplace Overdose Fatalities in United States

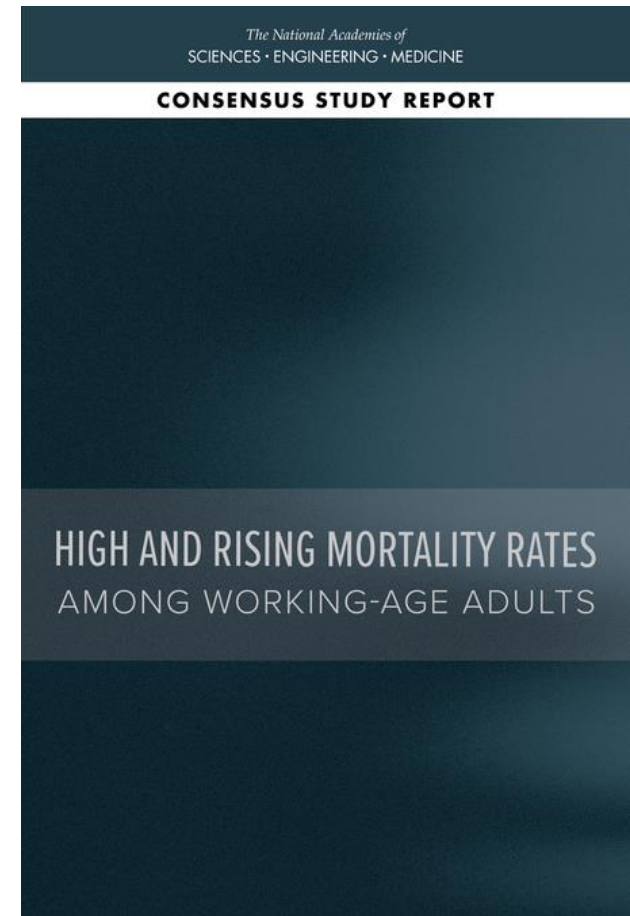
The recent decline in U.S. life expectancy appears primarily the result of two trends:

Increase in mortality among middle-aged and younger adults, defined as those aged 25-64 years (i.e., "working age"), which began in the 1990s for several specific causes of death (e.g., drug- and alcohol-related causes and suicide)

Slowing of declines in working-age mortality due to other causes of death (mainly cardiovascular diseases) after 2010.

The median age of an American dying from an opioid overdose is 40 years, while the median age at death due to COVID-19 is over 70 years.

<https://www.nationalacademies.org/news/2021/03/death-rates-rising-among-middle-aged-and-younger-americans-report-recommends-urgent-national-response>



Why Employers Should Care About Opioid Misuse

Concerns for Both Employer and Employee

Mental Functioning

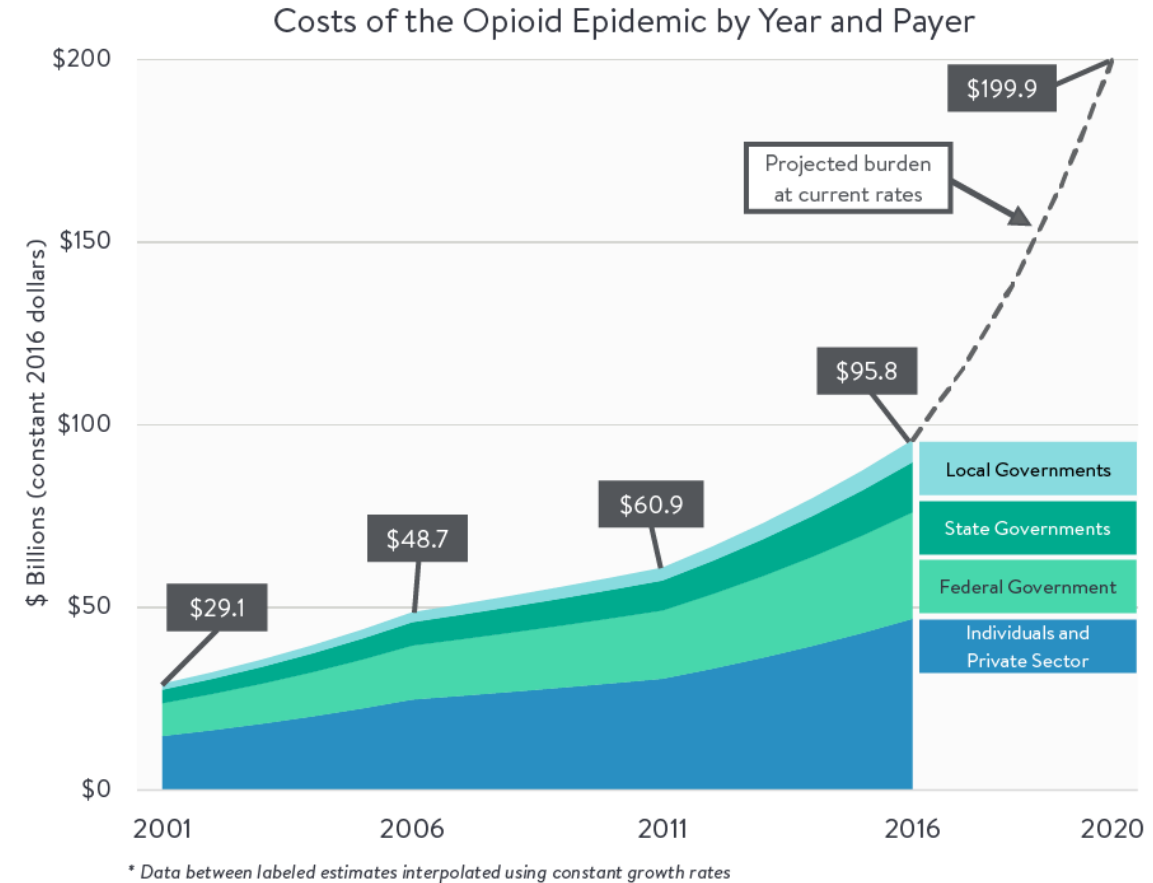
Diminished Productivity

Higher Rates of Absenteeism

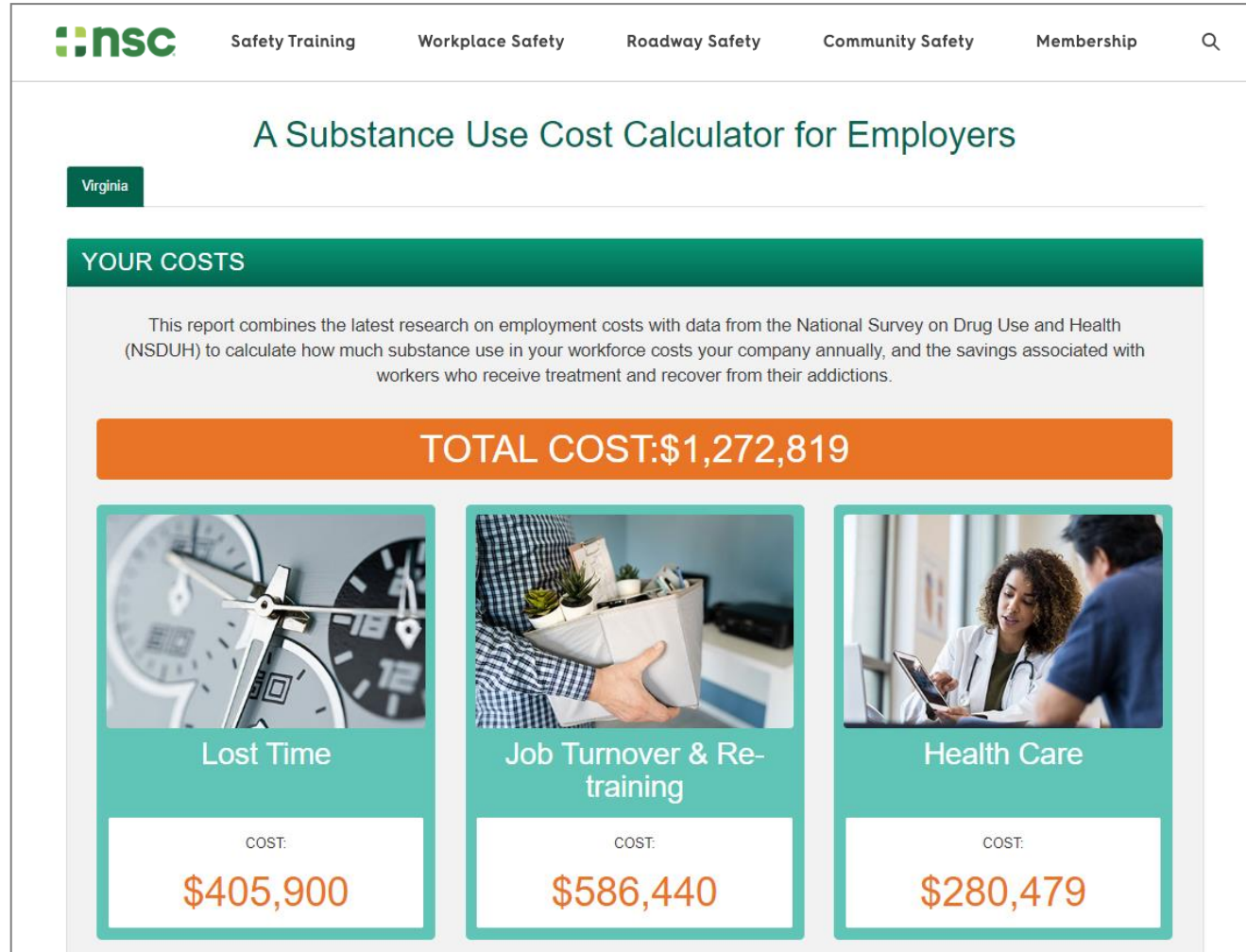
Higher Employee Turnover Rates

WC Claims Increased Insurance Coverage

Direct cost borne by employer of \$81 B/year



NSC substance use employer calculator, knowledge worker (white collar) company



SAMPLE OUTPUT

Based on 1,000 employees, Virginia, work sector – information and communications

(Knowledge worker – white collar)

NSC Substance Use Employer Calculator, Knowledge Worker (White Collar) Company

SUBSTANCES

It is important to note that individuals may be struggling with more than one substance use disorder. Click on the substance image for more information.



Alcohol

EMPLOYEES:

77

FAMILY:

84



Opioids & Heroin

EMPLOYEES:

6

FAMILY:

10



Cannabis

EMPLOYEES:

11

FAMILY:

18



Other Drugs

EMPLOYEES:

21

FAMILY:

39

Substance Use Disorder and Workplace Safety



The U.S. Department of Labor has reported that drug and alcohol misuse in the workplace causes **65 percent** of on-the-job accidents and that 38 percent to 50 percent of all workers' compensation claims are related to the misuse of alcohol or drugs in workplace.

Current concerns and suggestions for improving workplace opioid screening

5 Panel Drug Screen with Expanded “Opiates”

5 panel drug urine screen is the drug screen most frequently used by government agencies and private employers.

Standard Panel 5 (Cocaine, Amphetamine/Meth, Marijuana, PCP, Opiates – codeine, heroin, morphine)

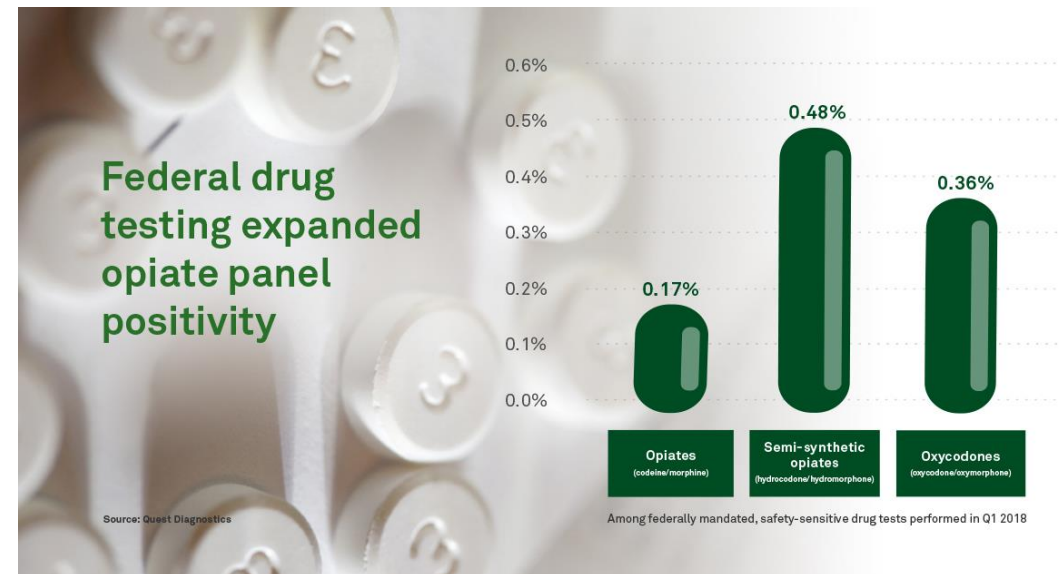
Methadone

Hydrocodone

Hydromorphone

Oxycodone

Oxymorphone



Presumptive positives by UDT confirmed by definitive liquid chromatography tandem mass spectrometry (LC/MS-MS).

Baltimore Area Emergency Department Study

Baltimore-area Emergency Departments (EDs) registered a decline in positive drug screens for opiates among patients admitted with apparent drug overdoses, despite increase in opioid-involved overdose deaths in the area. (2017-2018 period)

How can this be explained?

Baltimore Area Emergency Department Study, cont'd.

Morbidity and Mortality Weekly Report

Notes from the Field

High Prevalence of Fentanyl Detected by the Maryland Emergency Department Drug Surveillance System — Baltimore, Maryland, 2019

Zachary Dezman, MD¹; Bradford Schwartz, MD¹; Amy Billing, MSSA²;
Ebonie Massey, MA²; E. Erin Artigiani, MA²; Julie Factor²;
Eric D. Wish, PhD²

Baltimore Area Emergency Department Study, cont'd

The opiate screen was negative for 55% (186 of 340) of the fentanyl-positive specimens.

And yes, polydrug use was common- of the 340 fentanyl positive samples **only 44** were positive for only fentanyl.

During January–December 2019, 83% (340 of 408) of patients had positive test results for fentanyl, **making fentanyl the most commonly detected drug during 2019 among patients admitted to Baltimore EDs for apparent drug overdoses.**

Issues with self-reporting of drug use

Office-based addiction treatment has become a key strategy in combating the opioid epidemic in the United States.

For patients already being treated with buprenorphine for OUD, 57 percent of those positive for opioids (other than buprenorphine) did not self-report use on questioning by physician in the early weeks of recovery.

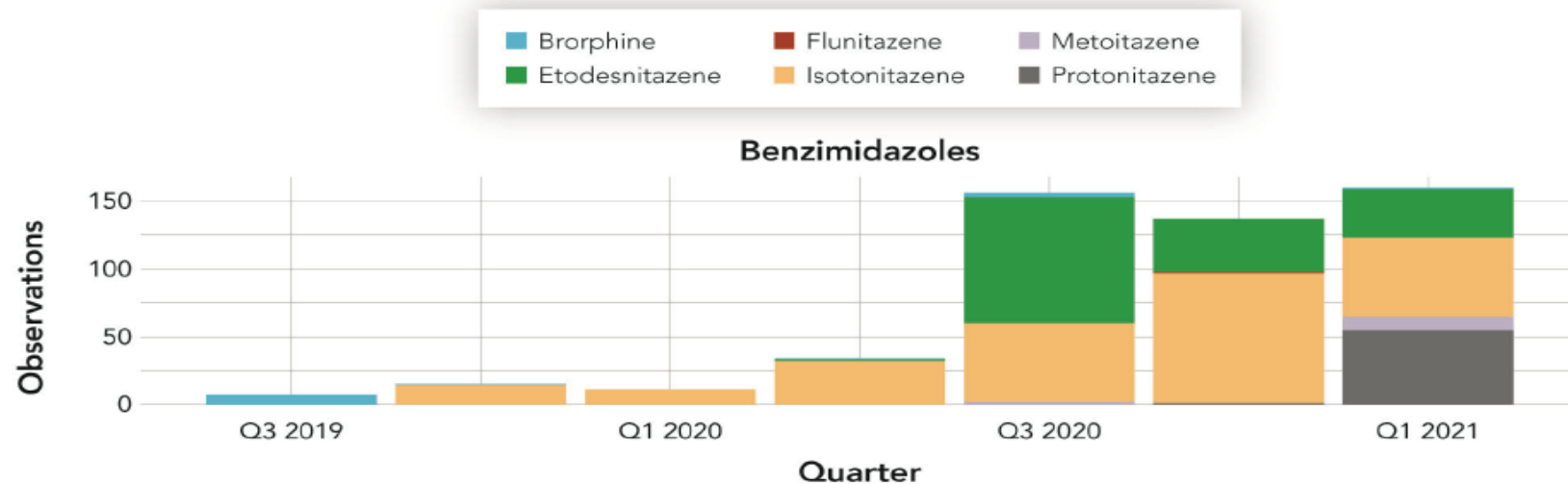


Sarah M. Bagley, Debbie M. Cheng, Michael Winter, Daniel P. Alford, Colleen LaBelle, Alexander Y. Walley, Jeffrey H. Samet. Opioid and cocaine use among primary care patients on buprenorphine—Self-report and urine drug tests. *Drug and Alcohol Dependence*, 2018; 192: 245 DOI: 10.1016/j.drugalcdep.2018.08.010

Cat and Mouse Game

HHS/SAMHSA mandatory drug screening guidance

Needs to be dynamic and not static in nature. As an example, a new group (benzimidazoles) of synthetic opioids is increasingly present in seized street drugs. Demonstrates potency similar to fentanyl.

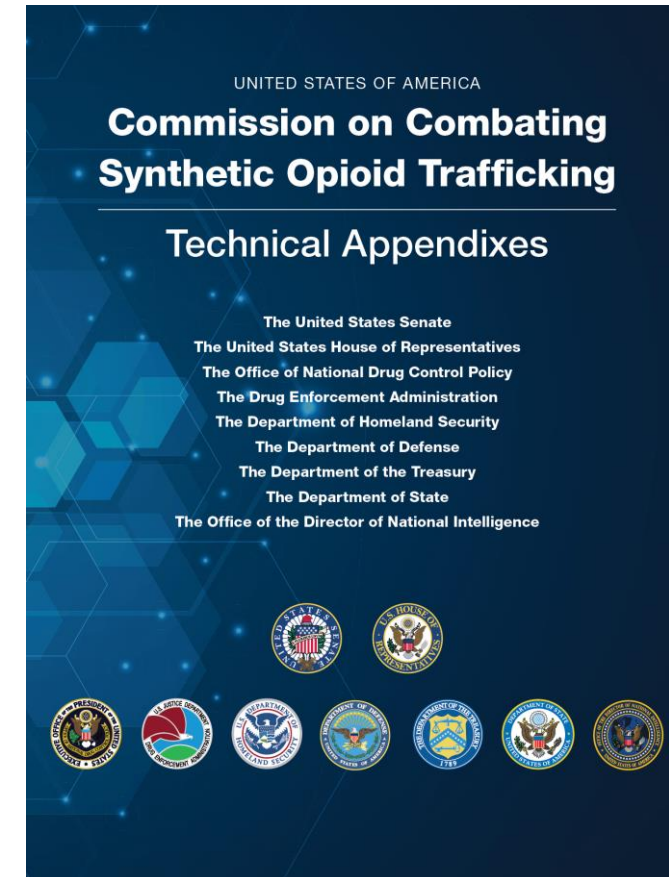


SOURCE: Analysis of data from the Drug Analysis Service (Drug Analysis Service, Health Canada, "Drug Analysis Service," modified December 7, 2021b).

NOTE: Q1 = quarter 1. Q3 = quarter 3.

AIHce 2022

May 23-25/Nashville, TN



Value of comprehensive opioid screening

Help employees with an opioid use disorder (OUD)

Urine drug screening for employees in early recovery provides a fuller window into potential (and current unknown) opioid use concerns. **Timely knowledge** of opioid use may help employees return to recovery and may help keep some of these employees alive.

Help employees with long-term opioid prescriptions

Provide an “early warning system” to identify employees who may have supplemented their current legal opioid prescriptions with illicit opioids and allow for timely intervention. This is consistent with the CDC Guideline for Prescribing Opioids for Chronic Pain. (August 2019, <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>)



FIGHTING OPIOIDS IN TRANSPORTATION ACT OF 2018 PL 115-271

Fentanyl

- HHS: The Secretary of Health and Human Services must determine whether a revision to the Mandatory Guidelines for Federal Workplace Drug Testing Programs to expand the opiate category to include fentanyl is justified.
- DOT: If fentanyl is added to the testing panel by HHS, the Secretary of Transportation must publish a final rule revising part 40 of title 49, Code of Federal Regulations, to include fentanyl in DOT's drug-testing panel, consistent with the Mandatory Guidelines for Federal Workplace Drug Testing Programs.

6

Importance of supportive workplace

Exploring the Link: Opioid Use, Overdose and Work

Lack of employment

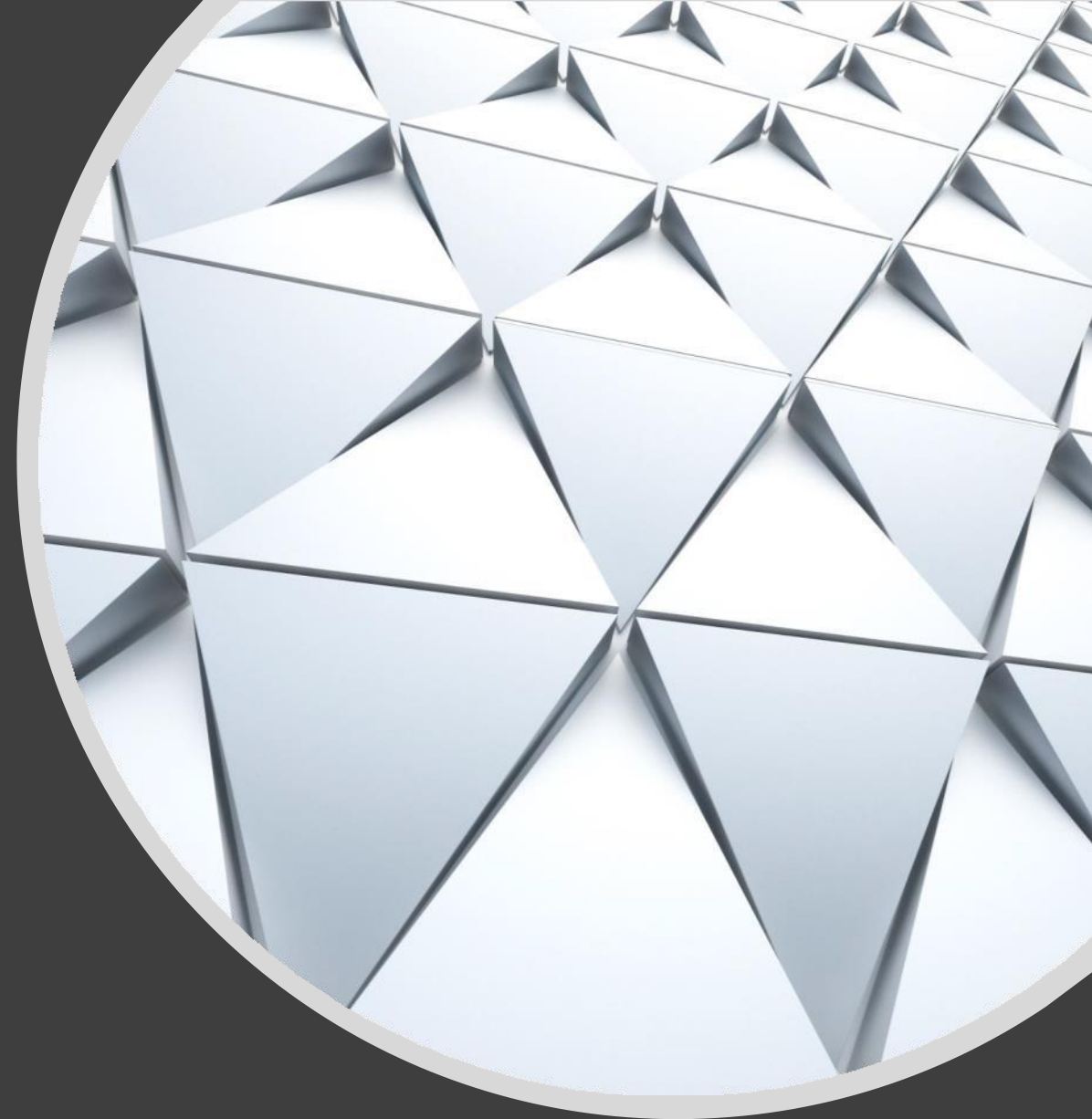
Insecure employment, new employment arrangements

Hazardous work and increased risk of work-related injury

Working conditions that can predispose to chronic health problems or pain

Wages, lack of benefits such as paid sick leave

Industry/occupational, and geographic differences



Workplace Supported Recovery

Reduce stigma and send the right message



- Stigmatization (negative attitudes and stereotypes)
- Frequently experienced by individuals with SUD or in recovery
- Visible educational materials and consistent discussions of the actual nature of SUDs, treatment, and recovery may help reduce stigma and encourage others to enter treatment

NSC, Addressing Opioids at Work December 15, 2021 PPT, CDC/NIOSH presentation

Opportunities for industrial hygienists

Opportunities for Industrial Hygienists

Form and be part of multidisciplinary team to develop a workplace action plan for opioid misuse prevention.

Ensure process to provide fact sheet is in place for injured employees prescribed opioids.

Review and update drug policies so that they are supportive (not punitive).

Review and consider the adequacy of sick leave policies.

Rosen J and Harnett P. Confronting Two Crises: The COVID-19 Pandemic, the Opioid Epidemic, and the Industrial Hygienist. *New Solut.* 2021 Nov;31(3):384-389. doi: 10.1177/10482911211029580. Epub 2021 Jul 7. PMID: 34233539.