

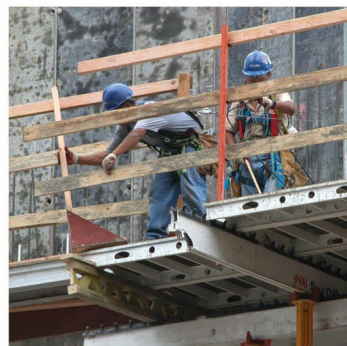
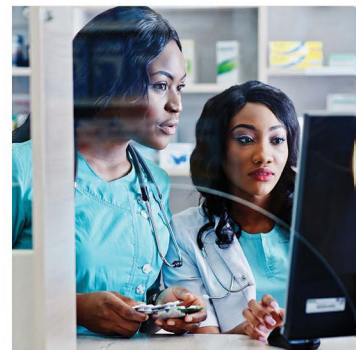
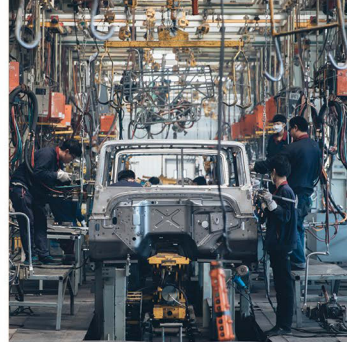


COVID-19 Pandemic's Impact on Worker Mental Health and Substance Use, Workplace Solutions

AUGUST 2022

This publication was made possible by contract number 75N96021D00008 from the National Institute of Environmental Health Sciences (NIEHS), NIH.

The content of this publication does not necessarily reflect the views or policies of HHS.





MODULE 1: OVERVIEW

- Objectives
- COVID-19 Pandemic Impact
- Opioids & the Brain
- Overdose Trends





Objectives

After attending this course, workers will be able to:

1. Explain the impact the COVID-19 pandemic had on worker mental health and substance use.
2. Recognize occupational factors that impact worker mental health and substance use.
3. Develop ideas for individual and workplace level actions that may reduce worker stress and substance use.
4. Describe a recovery supportive workplace.



This awareness level slide deck may be used to update existing opioid training, resilience training, or COVID-19 training

The NIEHS WTP has developed 3 opioid and the workplace training programs that may serve as core curricula:

1. Occupational Exposure to Fentanyl and Other Opioids
2. Opioids and the Workplace: Prevention and Response
3. Opioids and the Workplace Leadership Training

<https://tools.niehs.nih.gov/wetp/index.cfm?id=2587>



1. Small Group Activity



Workshop participant concerns during the pandemic

Time for activity: 20 minutes

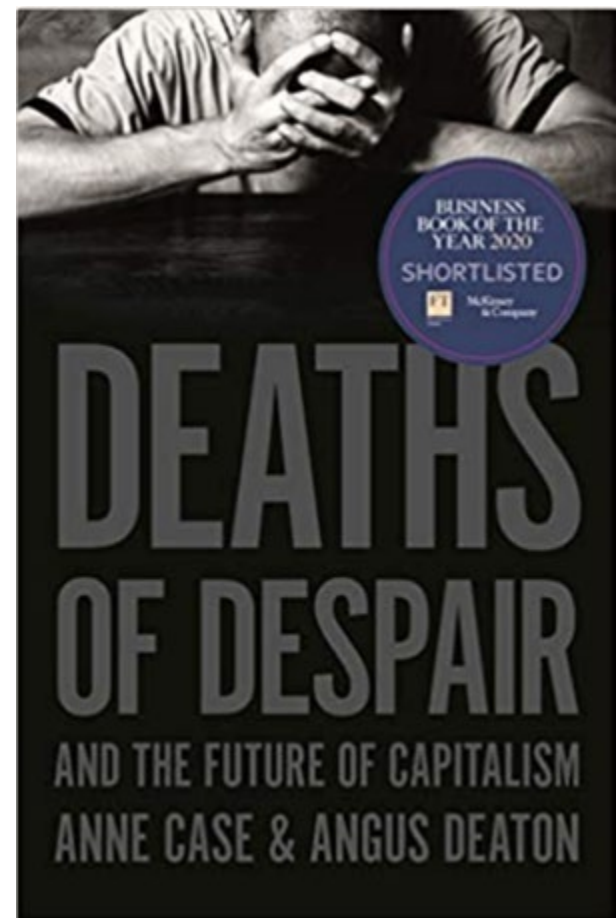
Objective: The goal of this activity is to learn from participants about their concerns and experiences with mental health and substance use in the workplace and community during the pandemic.

Task: Choose a recorder/reporter. Ask each participant what their concerns and experiences are with mental health and opioids/substance use in the workplace and community. Report back and discuss.



Roots of the Opioid/Substance Use Disorder (SUD) Crisis

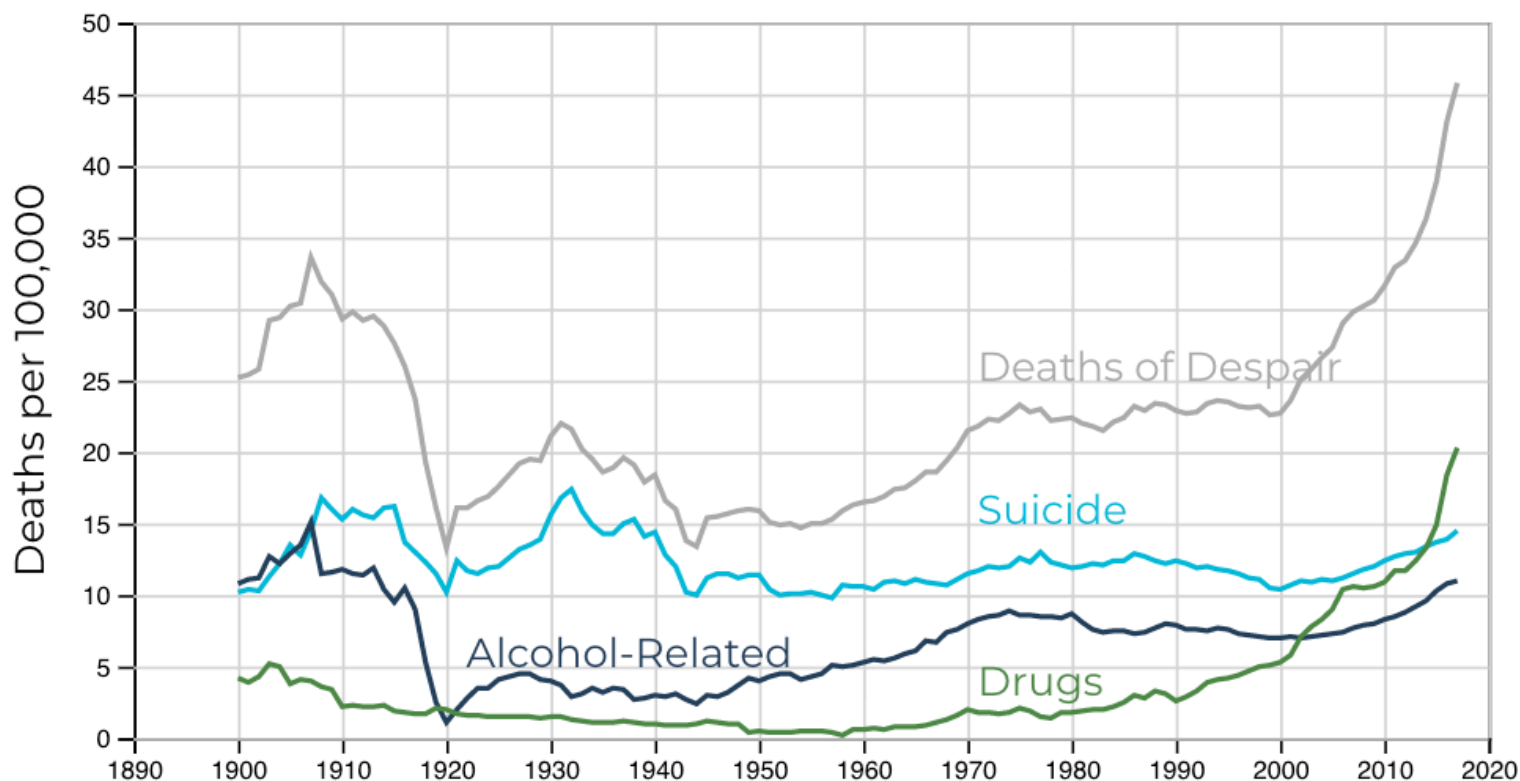
- Pharmaceutical industry unethical marketing of opioids for chronic pain treatment
- “Deaths of despair”: suicide, overdose, and alcohol have caused drop in U.S. life expectancy in 2016-2018 and 2020 – 2021
- Occupationally induced pain and injures due to job hazards and occupational stress
- Punitive workplace drug policies/ stigma





“Deaths of Despair” Increased during the Pandemic

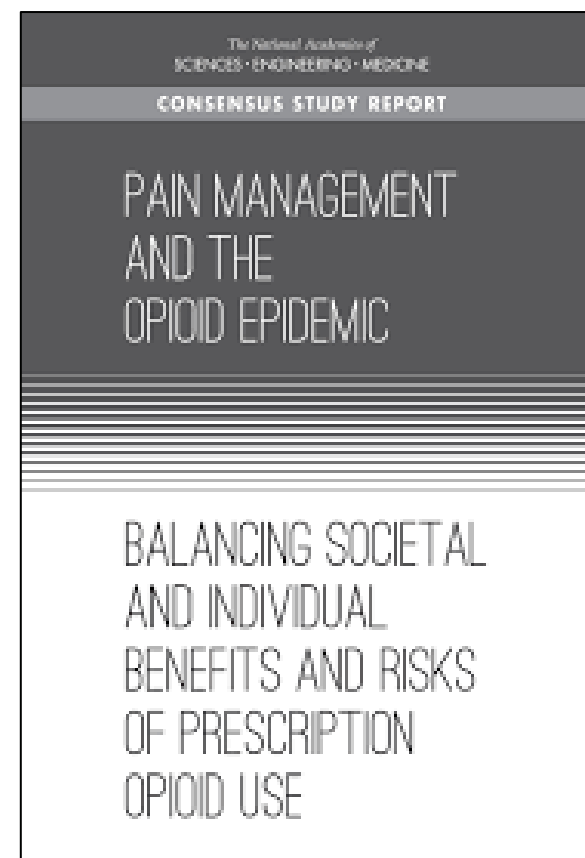
Between 2010 and 2019, more than one million Americans died from alcohol, drugs, and suicide





National Academy of Sciences Report

“While increased opioid prescribing for chronic pain has been a vector of the opioid epidemic, researchers agree that such structural factors as lack of economic opportunity, poor working conditions, and eroded social capital in depressed communities, accompanied by hopelessness and despair, are root causes of the misuse of opioids and other substances and SUD.”





What's Pain Got to Do with It?

- Management of physical and emotional pain is important
- **Healthy option:** self-care, building healthy relationships, exercise, and recreation
- Accessing medical and mental health services is key
- **Unhealthy option:** substance use is also a means of dealing with physical and emotional pain
- The **employer, co-workers, and unions** need to **respond to the person**, not the addiction



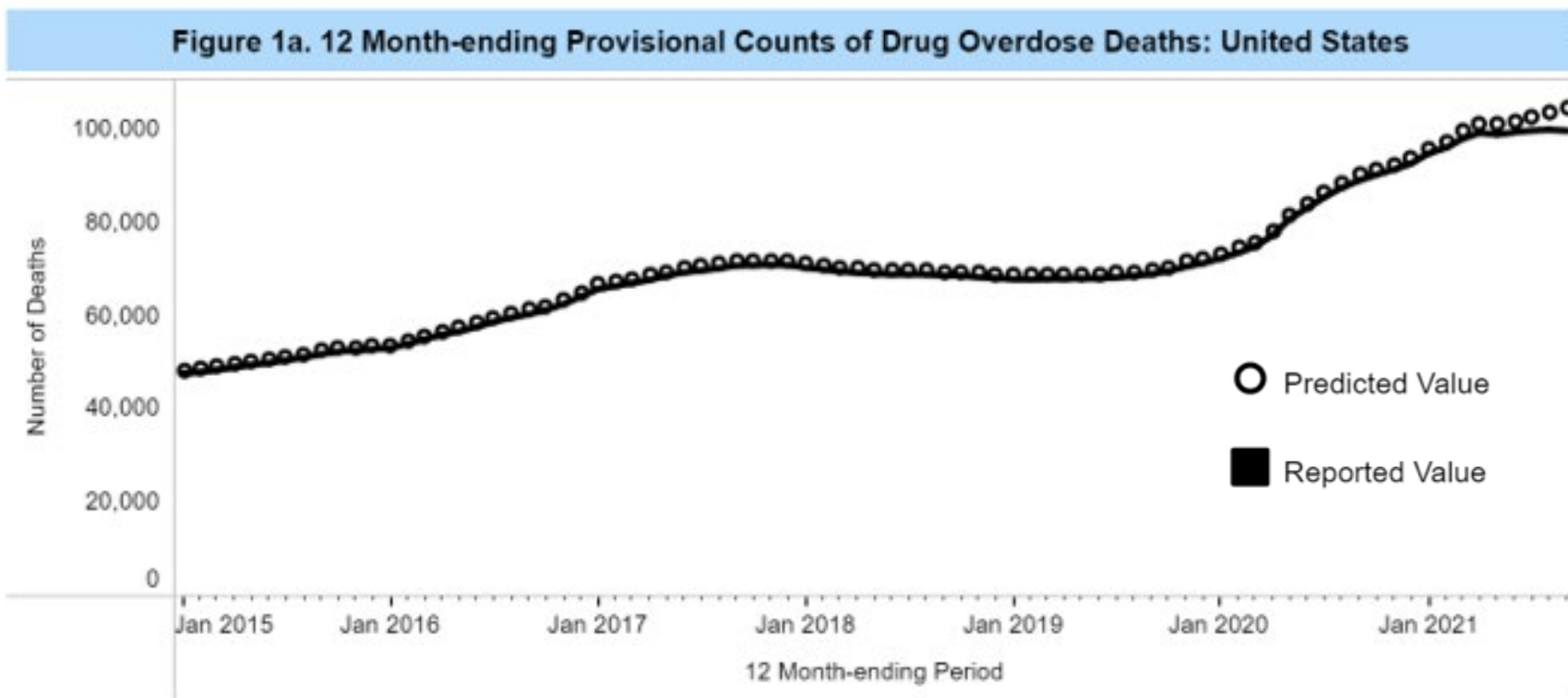
NSC's Video: Opioids and the Brain



Video: <https://youtu.be/baCPgy6YLS4>



About 100,000 Overdose Deaths, 12 Months Ending September 2021

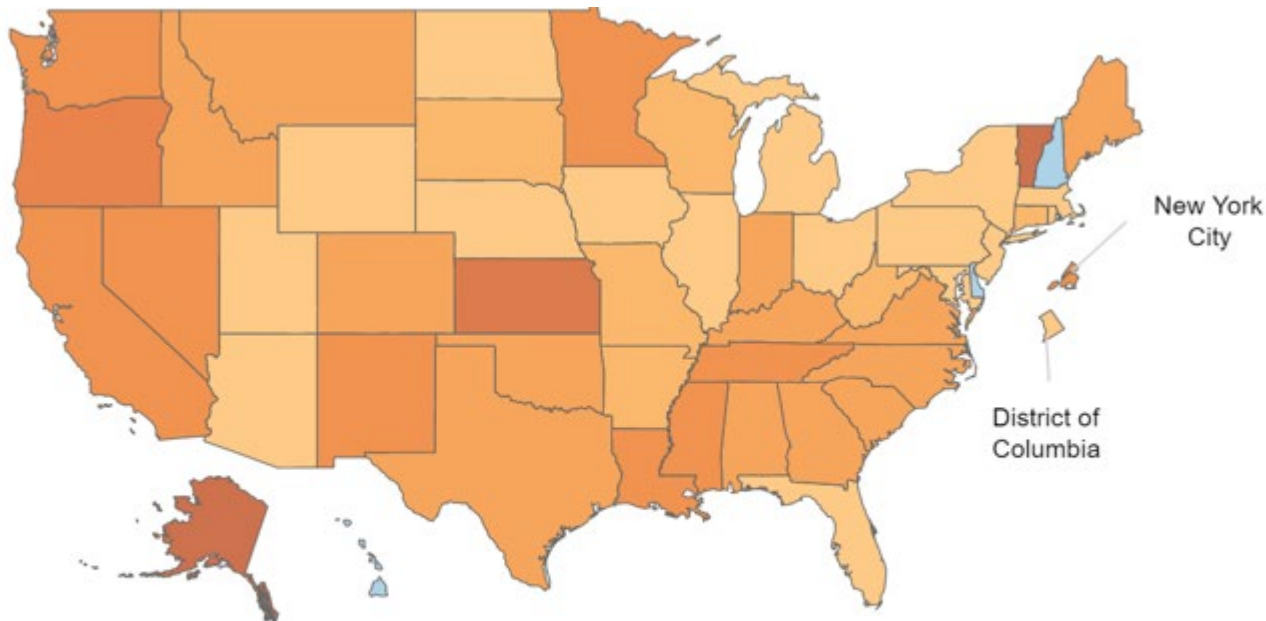




Percent Change in Predicted 12-month Drug Overdose Deaths through September 2021 by Jurisdiction

Percent Change for United States

15.9



Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods





CBS Chicago: Report on the increase in opioid-driven deaths during the pandemic.



Video: <https://chicago.cbslocal.com/2020/07/03/opioids-covid-19-coronavirus-overdose/>



MODULE 2: MENTAL HEALTH

- Impact of COVID-19 Pandemic
- Occupational Stress
- Depression
- Anxiety
- Trauma
- Mental Health and Substance Misuse





Mental Health During COVID-19 Pandemic

During late June, 40% of U.S. adults reported struggling with mental health or substance use^{*}

ANXIETY/DEPRESSION SYMPTOMS



STARTED OR INCREASED SUBSTANCE USE



TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS



SERIOUSLY CONSIDERED SUICIDE[†]



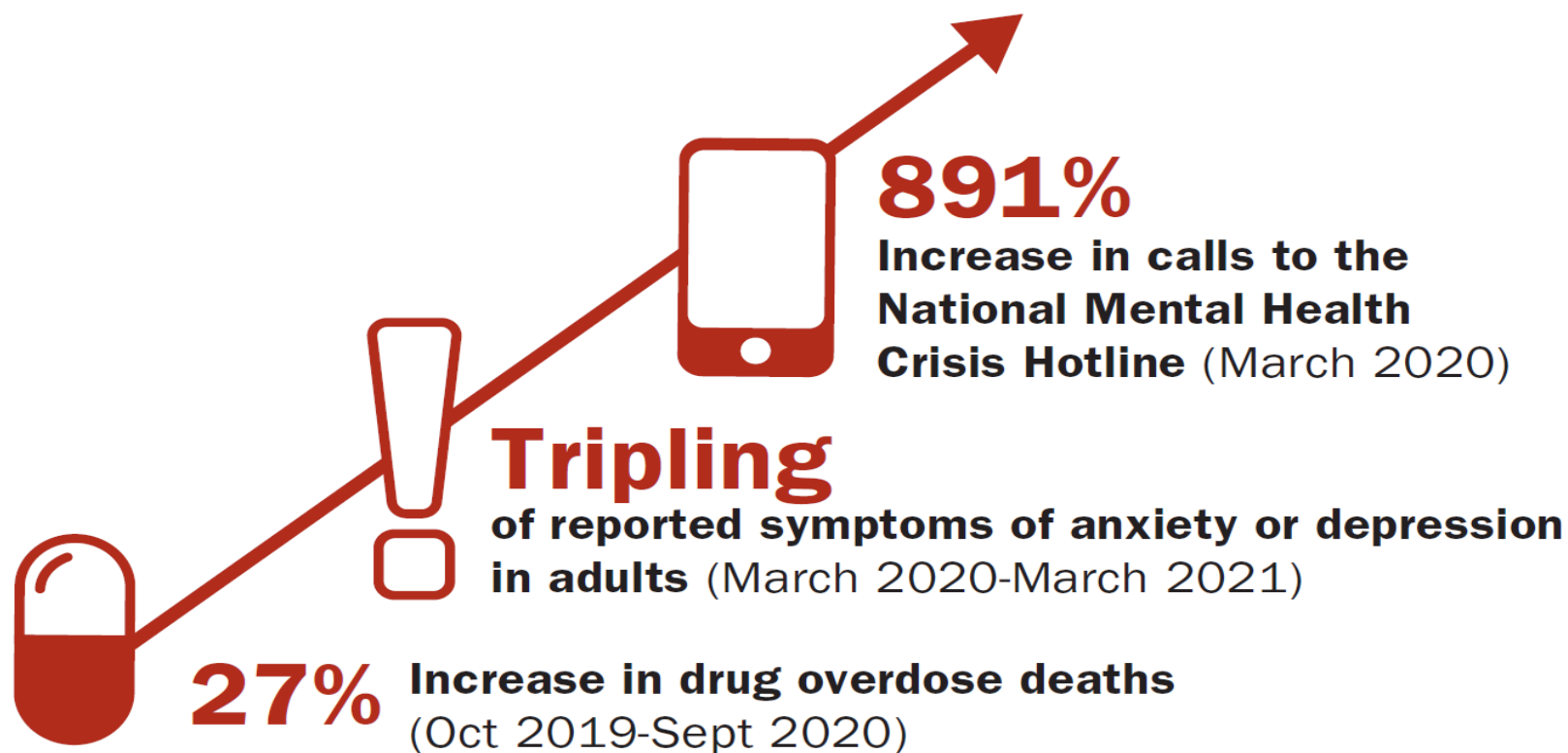
^{*}Based on a survey of U.S. adults aged ≥18 years during June 24-30, 2020

[†]In the 30 days prior to survey

For stress and coping strategies: bit.ly/dailylifecoping



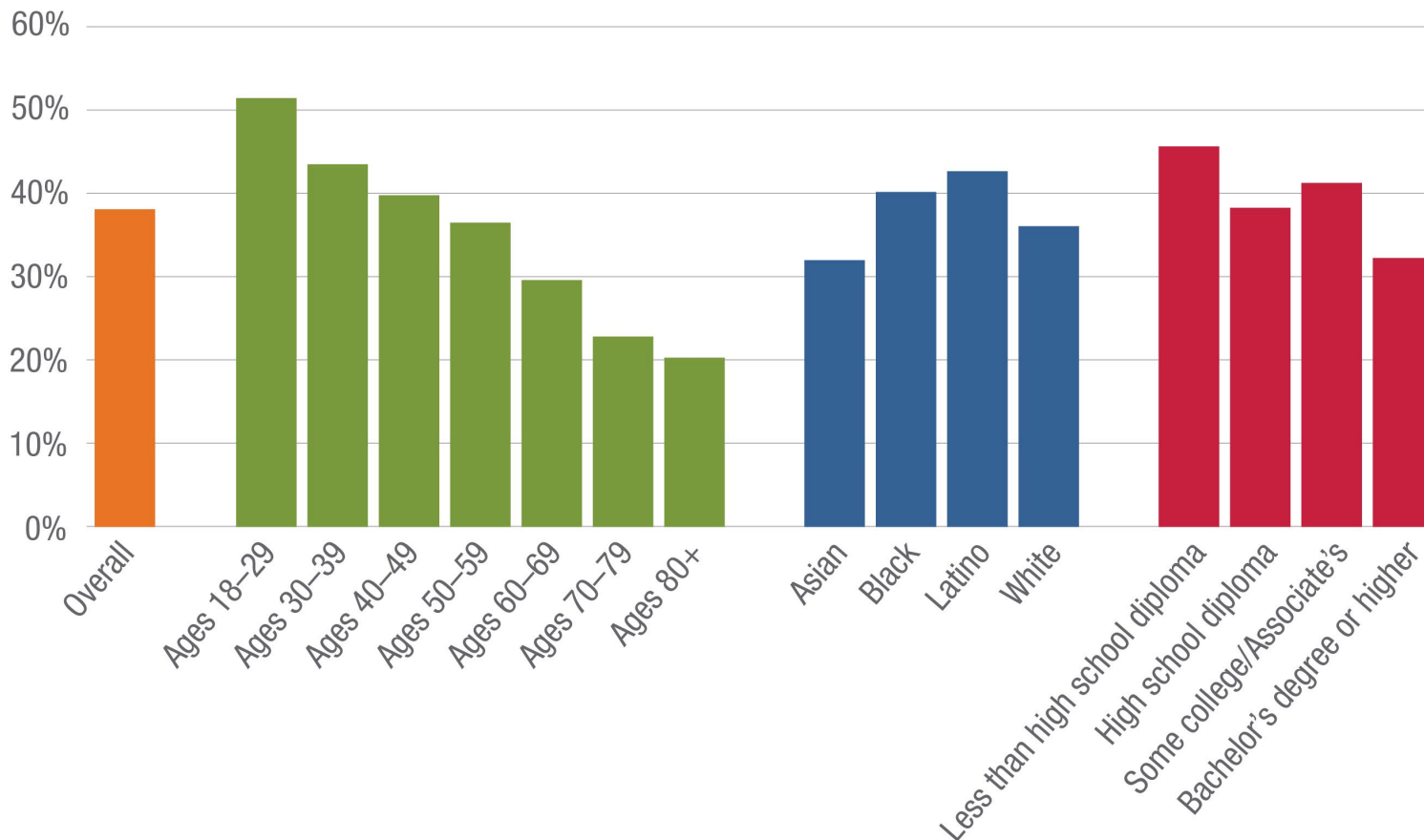
During the COVID-19 Pandemic, There Has Been...



Source: ABC News; Household Pulse Survey, National Center for Health Statistics



Average Percent of Adults Reporting Anxiety or Depression Symptoms in Prior Week, April 2020 – March 2021



Source: TFAH and WBT analysis of Household Pulse Survey data



Stress Can Cause the Flight, Fight, or Freeze Reaction

Sudden and severe stress produces:

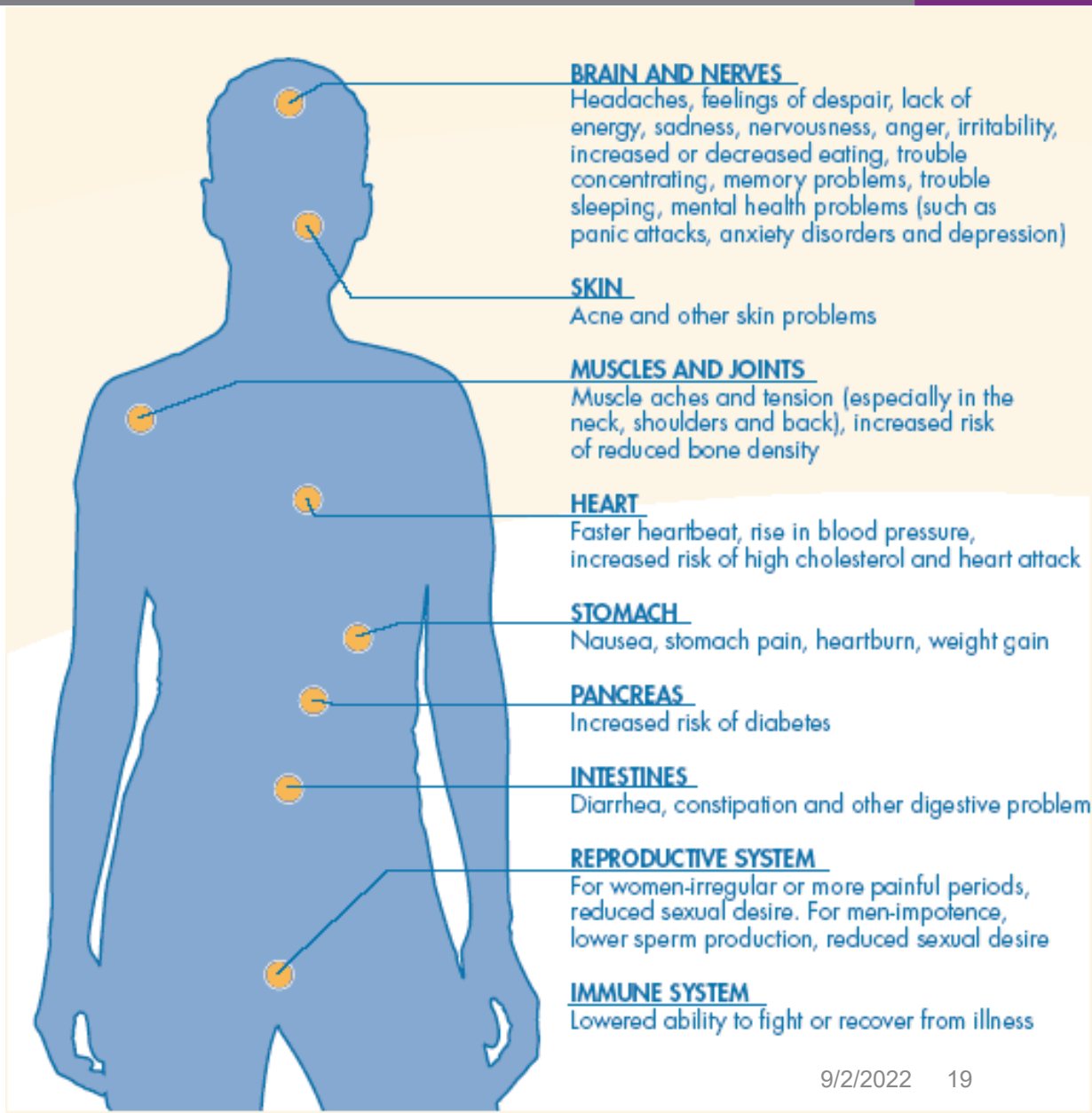
- Increase in heart rate
- Increase in breathing, lungs dilate
- Decrease in digestive activity, reduced feeling of hunger
- Reduced functionality of digestive and reproductive systems





Stress May Have Negative Effects on the Body

- Cardiovascular
- Respiratory
- Musculoskeletal
- Endocrine
- Immune
- Reproductive System





Cumulative Stress

- Grinding stress, hopelessness, that wears people down over time
- Destroys bodies, minds, and lives
- Produces negative changes in:
 - Mental and physical health
 - Performance
 - Relationships
 - Personality





Mental Health Impacted by the Pandemic?

- Are you having trouble sleeping, eating, or focusing?
- Are you getting into more frequent conflicts with loved ones or coworkers?
- Are you no longer able to enjoy pleasurable activities?
- You are not alone

Nearly half of Americans report the coronavirus crisis is negatively impacting their mental health.



What makes it so hard for people to get mental health care in America?

>33%

wait more than a week to access a mental health clinician

~50%

drive more than one-hour round trip to mental health treatment locations¹

50%

of counties with no psychiatrist

111 million

people live in areas with mental health professional shortages²

10%

with an identified substance use disorder (SUD) received care

A mental health office visit with a therapist is

5x as likely to be out-of-network

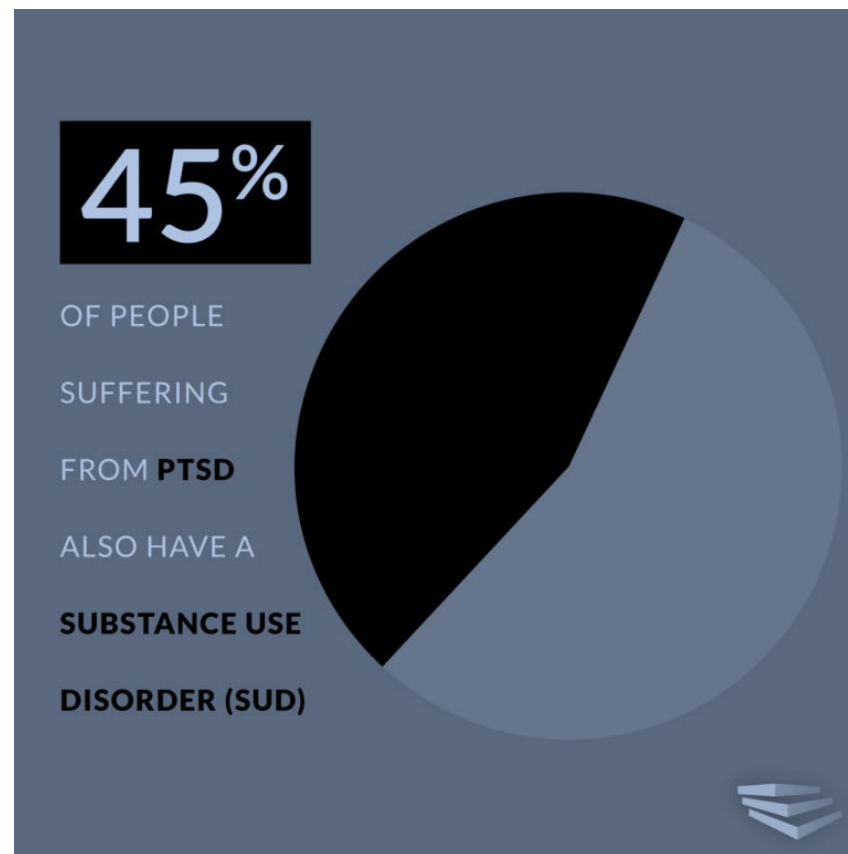
when compared to a non-mental health office visit³



What Is the Association between Traumatic Stress and Substance Use?

Research shows a strong link between exposure to traumatic events and substance use problems

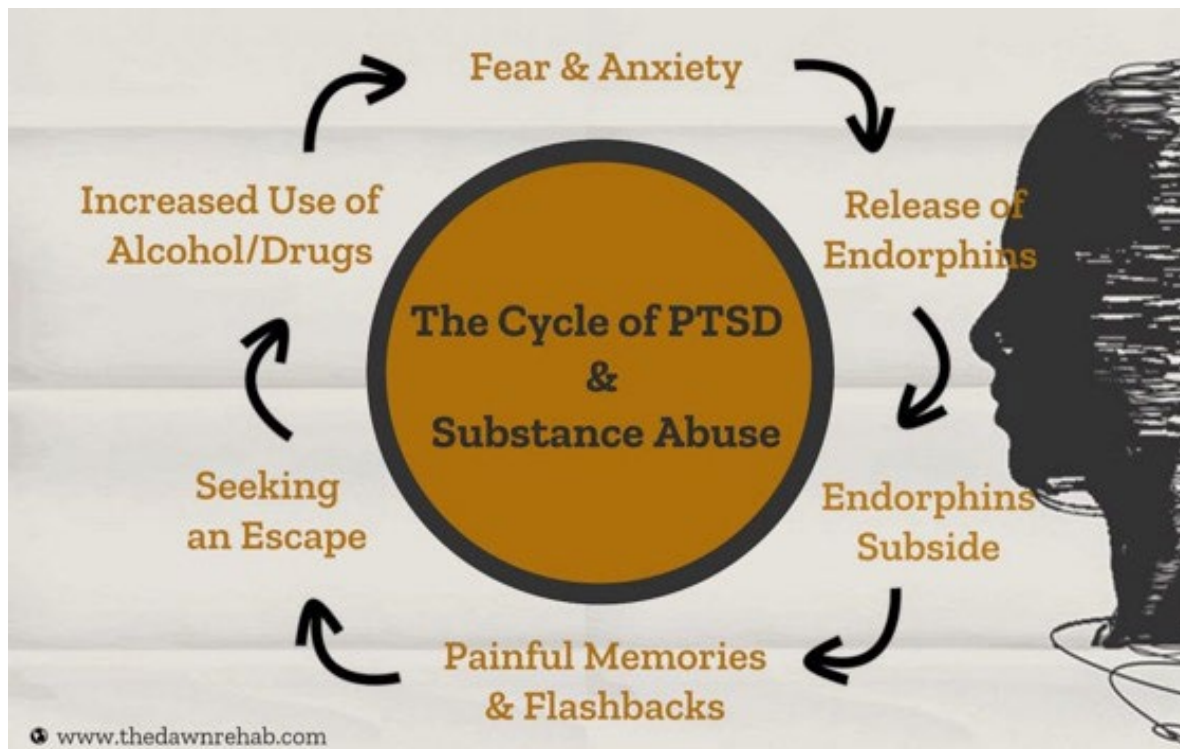
- Examples: child abuse, assault, disasters, war, workplace injury, bullying
- Substances are used to deal with emotional pain, bad memories, poor sleep, guilt, shame, anxiety, or terror





People with Substance Use Problems Are More Likely to Experience Trauma

This can lead to a vicious cycle in which exposure to trauma leads to increased substance use, which leads to more trauma.





What Is Depression?

Major depressive disorder is a common and serious medical illness that negatively affects how you feel, the way you think and how you act.

It causes feelings of sadness and/or a loss of interest in activities you once enjoyed.

It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home.



ACTIVITY: Depression



1. What are “**feelings**” associated with depression?
2. What are “**thoughts**” associated with depression?
3. What “**social behaviors**” are associated with depression?
4. What are “**physical**” symptoms of depression?



Depression: What You Need to Know



Depression
is serious.

Depression
can affect
anyone.

Depression
doesn't just
go away.

Talk to
a provider.

Find help—and give treatment time to work www.nimh.nih.gov/findhelp.

Get help right away if you are thinking about hurting yourself.
Call the National Suicide Prevention Lifeline at 1-800-273-TALK
(8255) or text the Crisis Text Line (HELLO to 741741).





What Is Anxiety?

- A feeling of fear, dread, and uneasiness
- It might cause you to sweat, feel restless and tense, and have a rapid heartbeat
- It can be a normal reaction to stress





Generalized Anxiety Disorder

GAD = Excessive anxiety or worry, most days for at least six months about several things, such as personal health, work, social interactions, and everyday routine life circumstances.



Anxiety disorders involve more than temporary worry or fear.

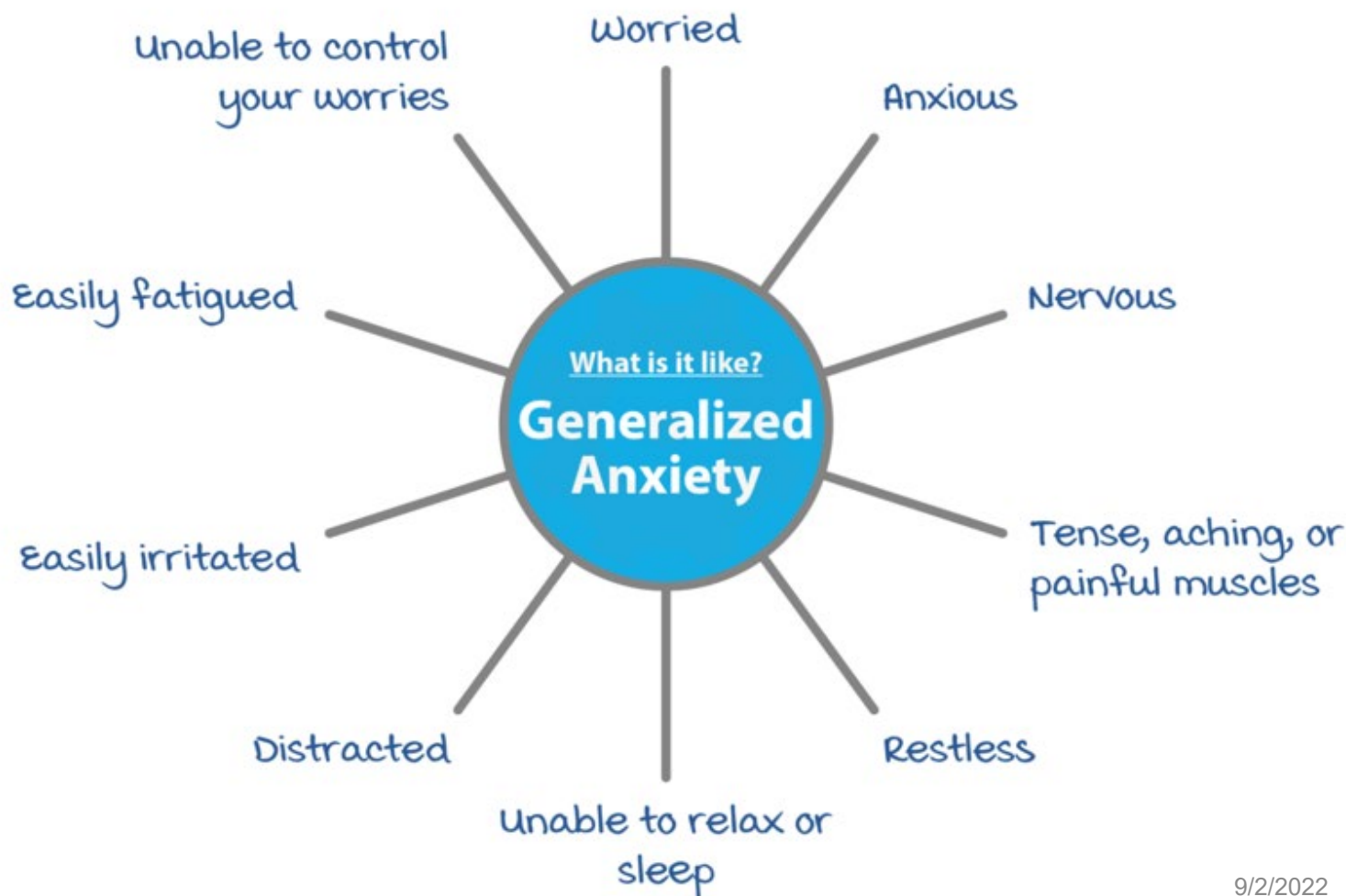
Learn about the different types of anxiety disorders.

 **NIH** National Institute of Mental Health

www.nimh.nih.gov/anxietydisorders



GAD Symptoms





MODULE 3: HEALTH EQUITY

- Unequal Impact of Substance Use Disorder Among Affected Groups of Workers





Unequal Impacts in Diverse Communities

African Americans

African Americans have similar rates of opioid misuse as the general population.

From 2014-2017, they experienced the greatest increase in rates for overdose deaths from synthetic opioids.

In 2018, 8.7 percent of African American adults received mental health services compared with 18.6 percent of white adults.





Unequal Impacts in Diverse Communities

Hispanic Americans

In 2018, 8.8 percent of Hispanic adults received mental health services compared with 18.6 percent white adults

6.8 percent of Hispanic adults received prescription medication for mental health services compared with 15.4 percent of white adults

In 2018, 4.6 percent of Hispanic adults reported serious psychological distress.





Inequity

As of April 15, 2020, African Americans comprised 13% of the U.S. population but 34% of COVID-19 deaths.

People of color often work in jobs that are not easily worked from home and have greater use of public transportation = increased risk for exposure to COVID-19.



Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity • CDC, February 1, 2022

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.5x	0.7x	1.0x	1.5x
Hospitalization ²	3.2x	0.8x	2.5x	2.4x
Death ³	2.2x	0.8x	1.7x	1.9x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers.



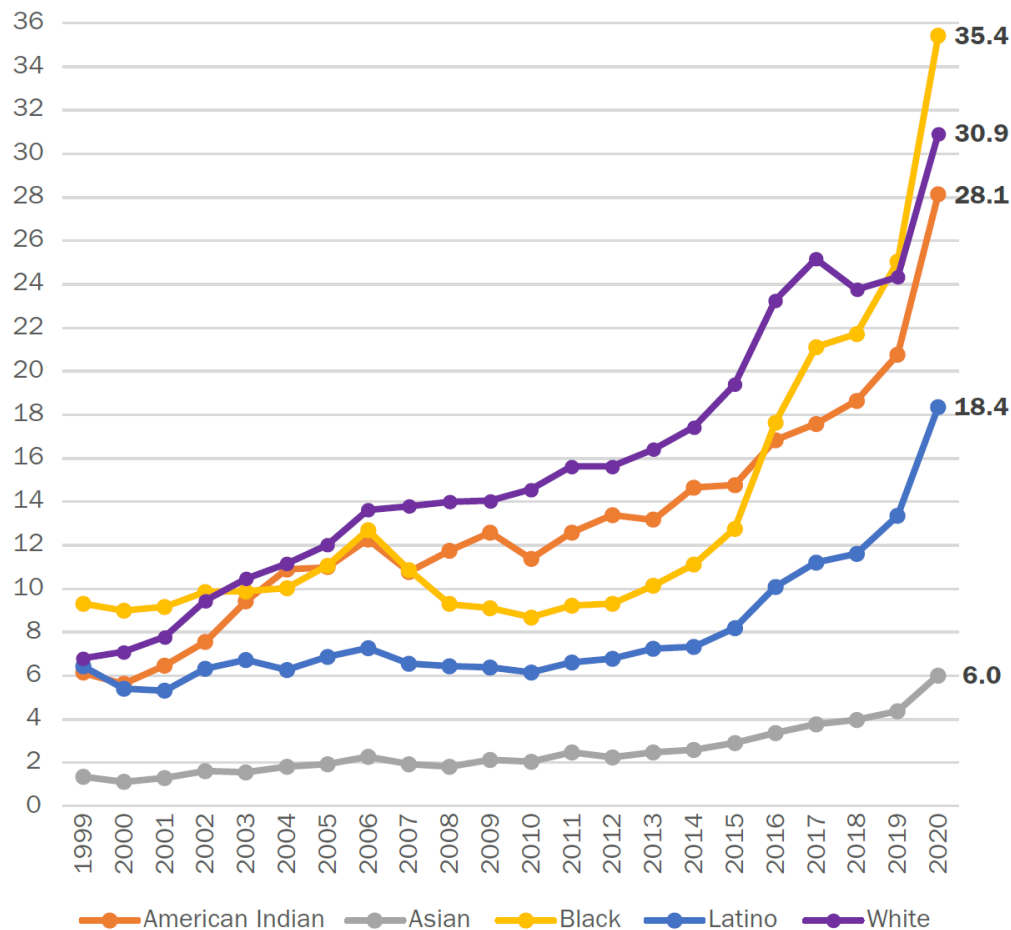
What Factors Affecting Health Equity Intensified during the Pandemic?

- Discrimination
- Healthcare access and use
- Occupation
- Educational, income, and wealth gaps
- Housing





Annual Age-Adjusted Drug-Induced Death Rate (Deaths per 100,000) By Race/Ethnicity, 1999–2020



Source: TFAH and WBT analysis of National Center for Health Statistics data



MODULE 4: WORKPLACE SOLUTIONS AND PREVENTION STRATEGIES

- Primary, Secondary, Tertiary Prevention
- Recovery Supportive Workplace
- Benefits to Workers and Employers
- Support for Injured Workers
- Peer/Member Assistance Programs
- Action Planning





POLLING QUESTION: My Workplace Provides Training that Includes Information About:



1. Stress, trauma, resilience, and self-care.
2. Substance misuse prevention and response.
3. Suicide and mental health problems among co-workers.
4. Mental health and substance use problems among family or community members.
5. None of the above.



Prevention Strategy

Primary: Identify and reduce work hazards and stressors associated with prescription or self-medication with opioids and/or other substances

Secondary: Provide injured workers information to avoid opioid misuse, speak to their healthcare providers, and seek alternative pain treatment

Tertiary: Amend punitive workplace drug policies to be supportive of recovery and work to eliminate stigma at all levels



What Does “Recovery” Mean?

- “Recovery” means returning to a better condition
- It applies to workers who suffer accidents and injuries and manage chronic diseases
- It applies to those who are recovering from substance misuse as well





Member Assistance Programs

- Train peers within the workplace, industry, or union
- Provide support and referrals to co-workers who are struggling
- Complimentary to the traditional Employee Assistance Program





NIOSH Definition of Recovery

- Recognizes SUD is a chronic condition that people can recover from with treatment and support
- Recovery is a voluntary, long-term, ongoing process that may involve cycles of treatment, remission, and recurrence

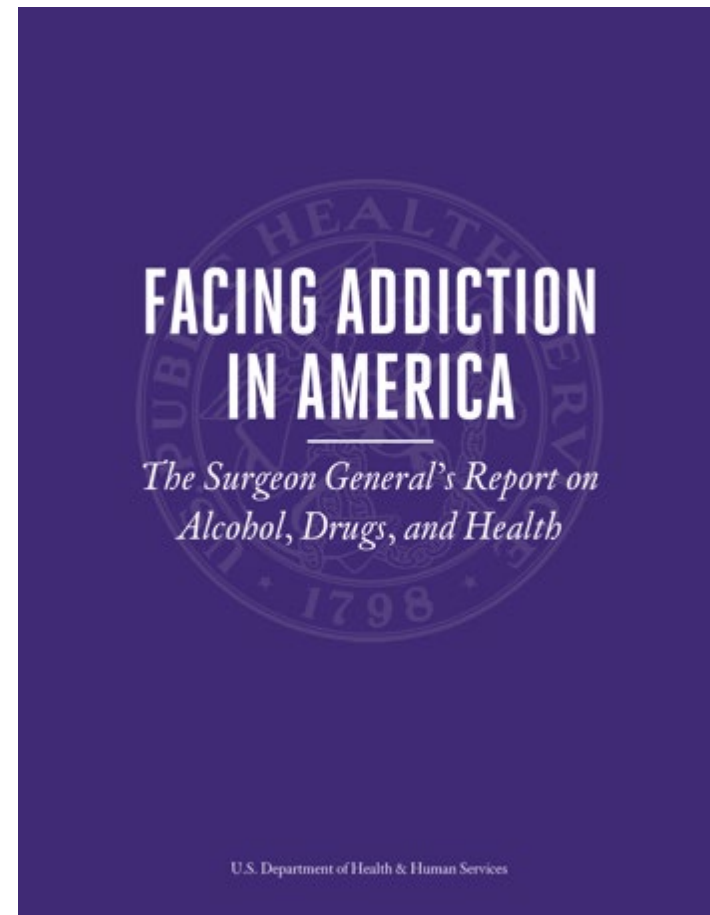




Office of the Surgeon General

Defines recovery as:

“a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential”.





What Can Be Done If a Co-worker Is Struggling?



- Ask, “How are you doing?”
- Listen! You shouldn't give advice
- Let the person who is struggling decide whether, when, and where they want to talk
- Make referrals to EAP, member assistance, or community resources, as needed
- Share information





Workplace Supported Recovery Program (WSRP)

- A WSRP aims to **prevent exposure** to workplace factors that could cause or perpetuate a substance use disorder
- **Lowers barriers** to seeking and receiving care and maintaining recovery
- Educates its management team and workers on SUDs to **reduce stigma**
- **Changes** punitive workplace policies into supportive ones





What Is a Recovery Friendly Workplace?



Video: <https://youtu.be/nfIVNOj3mYY>



Recovery Capital = resources that support a person's initiation and maintenance of recovery

- Internal: self-esteem, motivation, functionality, coping, spirituality, and mental health
- External: housing, education, training, employment, income, social support from family, friends, co-workers, employers, and support groups





Recovery Friendly Workplace (RFW)

- RFWs are committed to making foundational change in the way they hire, treat, and support workers living in or seeking recovery from substance use and mental health disorders
- RFW means moving from a “zero tolerance” policy emphasizing disciplinary action to a “recovery” policy emphasizing help, hope, and realizing the economic potential of healthy employees
- Google “recovery friendly workplace” to see what’s happening in your state!





Key Elements: Recovery Friendly Workplace (RFW)

1. Commit to establishing an RFW.
2. Collaborate with employees, unions, and communities.
3. Develop a culture that reduces stigma.
4. Improve safety and support injured workers.
5. Proactively identify and address work stress and mental health issues.
6. Offer comprehensive benefits covering SUDs, MOUD, aftercare, and counseling.
7. Acknowledge recovery from SUD and OUD as a strength.





What Are the Benefits to the Employer of Becoming an RFW?

Money saved through:

- Reduced absenteeism
- Healthier work environment
- Greater productivity
- Lower health care costs
- Greater workplace safety
- Employee retention and reduced recruitment and hiring costs
- Reputation in the community





Recovery Generates Cost Savings

Workers in
recovery help
employers

AVOID
\$4,088

in turnover and
replacement
costs

Each employee
who recovers
from a substance
use disorder

SAVES
a company
\$8,500
on average

Workers in
recovery miss
13.7 days

LESS

per year
than workers
with an
untreated SUD



Do You Have Ideas on How to Introduce RFW in Your Employment?



1. List ideas, then discuss steps involved in how to pursue them.
2. Who, what, where, and when?
3. What information would help make the case?
4. Who can you join with to promote RFW?



Support for Injured Workers

Ask your health care provider questions before accepting opioids. Factsheet includes:

- List of opioids, generic and brand names
- Questions to ask the prescriber
- How to seek alternative pain treatment



Ice therapy machine as an alternative pain treatment

Factsheet for Injured Workers to Take to Their Providers to Seek Alternative Pain Treatment: How can this information be made available to your co-workers?

OPIOIDS AND THE WORKPLACE:
PREVENTION AND RESPONSE

INJURED ON THE JOB OR AT HOME? ASK YOUR HEALTH CARE PROVIDER THESE QUESTIONS BEFORE ACCEPTING OPIOIDS.

It is estimated that as many as 25% of people who are prescribed opioids become addicted. Therefore, be sure to talk to your provider about the following:

- Are there nonopioid alternatives that could help with pain relief?
- Why do I need this medication? Is it right for me?
- How long should I take this medication?
- Could this treatment interact with my other medicine I am taking?
- How should I store my opioid medication to prevent other people from taking it?
- How can I reduce the risk of potential side effects from this medication?
- What if I have a history of addiction with tobacco, alcohol, or drugs?
- What if there is a history of addiction in my family?
- What should I do with unused opioid medicine?
- Can I have a prescription for Naloxone (overdose antidote)?

Discuss possible alternative pain treatments such as physical or vocational therapy; nonprescription medications such as naproxen sodium, ibuprofen, and acetaminophen; psychology; and others.

OPIOIDS AND THE WORKPLACE:
PREVENTION AND RESPONSE

Opioids	
Generic name	Brand names
Buprenorphine	Belbuca, Probuphine, Butrans, Buprenex, Subutex, Suboxone (contains Naloxone)
Codeine	Tylenol-Codeine No.3, Tylenol-Codeine No.4, Vopac
Dipheoxylate	Lomotil
Dsuvia	Sufenta
Fentanyl	Duragesic, Abstral, Subsys, Ionsys
Hydrocodone	Vicodin, Norco, Hycet, Zamicet, Lortab Elixir, Xodol 7.5/300, Vicodin HP, Xodol 10/300, Vicodin ES, Lorcet HD, and more
Hydromorphone	Dilaudid, Exalgo ER
Meperidine	Demerol
Methadone	Methadose, Diskets, Methadone Intensol, Dolophine
Morphine	Duramorph, MorphaBond ER, Infumorph P/F, Arymo ER, MS Contin, Astramorph-P
Naltrexone	Revia, Vivitrol
Oxycodone	OxyContin, Xtampza ER, Roxicodone, Oxaydo
Oxymorphone	Opana
Tramadol	ConZip, Ultram

- Never share medications with another person and be sure to store opioids in a secure location, preferably a locked cabinet.
- If your injury or illness is a workers' compensation claim, there may be specific guidelines for prescribing opioid pain medication that treating providers must follow. Consult your state workers' compensation board for details.

9/2/2022 55



What Happens When Opioids Are Taken Over Time

- May not continue to provide pain relief, even if they work well initially
- Tolerance develops and more is needed over time to achieve the same effect
- Side effects may lead to greater pain and taking more medications to treat them





Even When Taken as Prescribed, Opioids Can Cause:

- Sleep disturbances and sleep apnea
- Lowered testosterone and fertility problems
- Constipation
- Increased pain sensitivity
- Impairment of natural opioid system may interfere with mood, social engagement, and motivation
- Risk of dependence and of developing opioid use disorder



NOTE: Smoking makes opioids even less effective. Smoking also makes pain worse.



Alternatives?

NSAID = non-steroidal anti-inflammatory drugs relieve pain and reduce inflammation

- Aspirin
- Ibuprofen (Advil, Motrin)
- Naproxen (Aleve, Anaprox DS, Naprosyn)
Dosage lasts for 12 hours
- Celecoxib (Celebrex) Requires prescription

NOTE: Long term use of these medications can have significant side effects.





Other Alternatives

- Relaxation techniques
- Meditation
- Yoga
- Walking
- Cold ice therapy
- Acupuncture



Reducing stress = reduced pain symptoms!



National Safety Council's Employer Toolkit

- <https://safety.nsc.org/rxemployerkit>
- Contains factsheets, videos, sample policies directed to HR, S&H Professionals, Supervisors, Managers, Unions, and employees
- Order “Warn Me Labels”:
<https://safety.nsc.org/stop-everyday-killers-supplies>





**Prevention
before
Initiation!**



Resources

1. NIEHS WTP: Opioids & Substance Use: Workplace Prevention & Response
<https://tools.niehs.nih.gov/wetp/index.cfm?id=2587>
2. NIEHS WTP: Responder & Community Resilience
<https://tools.niehs.nih.gov/wetp/index.cfm?id=2528>
3. NIOSH Workplace Supported Recovery Resources
<https://www.cdc.gov/niosh/topics/opioids/wsrp/resources.html>

NEW SOLUTIONS

A Journal of Environmental and Occupational Health Policy

Special Edition Volume 31, Issue 3

<https://journals.sagepub.com/home/new>

Opioids and the Workplace - Risk Factors and Solutions

20 articles on key topics
including:

- Primary prevention
- PPE for first responders
- NIOSH research initiatives
- Training
- Peer assistance
- Recovery Friendly Workplace





CAN/CSA-Z1003-13/BNQ 9700-803/2013

Psychological Health and Safety in the Workplace

Quebec standard for creation and continuous improvement of a psychologically healthy and safe workplace:

- Identifying and eliminating workplace hazards that pose of a risk of psychological harm to workers
- Evaluating and controlling workplace risks associated with hazards that cannot be eliminated
- Introducing structures and practices that promote and support psychological safety in the workplace
- Promoting a culture that fosters psychological health and safety at work

Healthy Work Campaign Survey:
<https://healthywork.org/employers/>
(Also Versions for Individuals and Unions/Advocates)



Video: <https://youtu.be/uaruVhvX8dc>



Action Planning



- As a result of today's training do you have ideas for action at the workplace?
- Actions can be on an individual basis or for organizational changes



Acknowledgments

This training was made possible with funding from the NIH Office of Disease Prevention and NIEHS Worker Training Program under contract number 75N96021D00008, from the NIEHS Worker Training Program.