

2019
Region 8
Summer School





Greetings from President Gary Jones

Matthew Uptmor- Coordinator,
UAW Health and Safety
Department

US Army Veteran

Asst. Fire Chief Kochville TWP.



National Institute of
Environmental Health Sciences
Worker Training Program



2019
Region 8
Summer School



Prevention and Response: Opioids in the Workplace



www.cdc.gov

From 1999 to 2017, 399,000 Americans have died from an opioid overdose (including Rx and illicit opioids).

THE NEW YORKER [Subscribe](#)


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


[f](#) [t](#) [✉](#)




THE SACKLER BROTHERS



RAYMOND



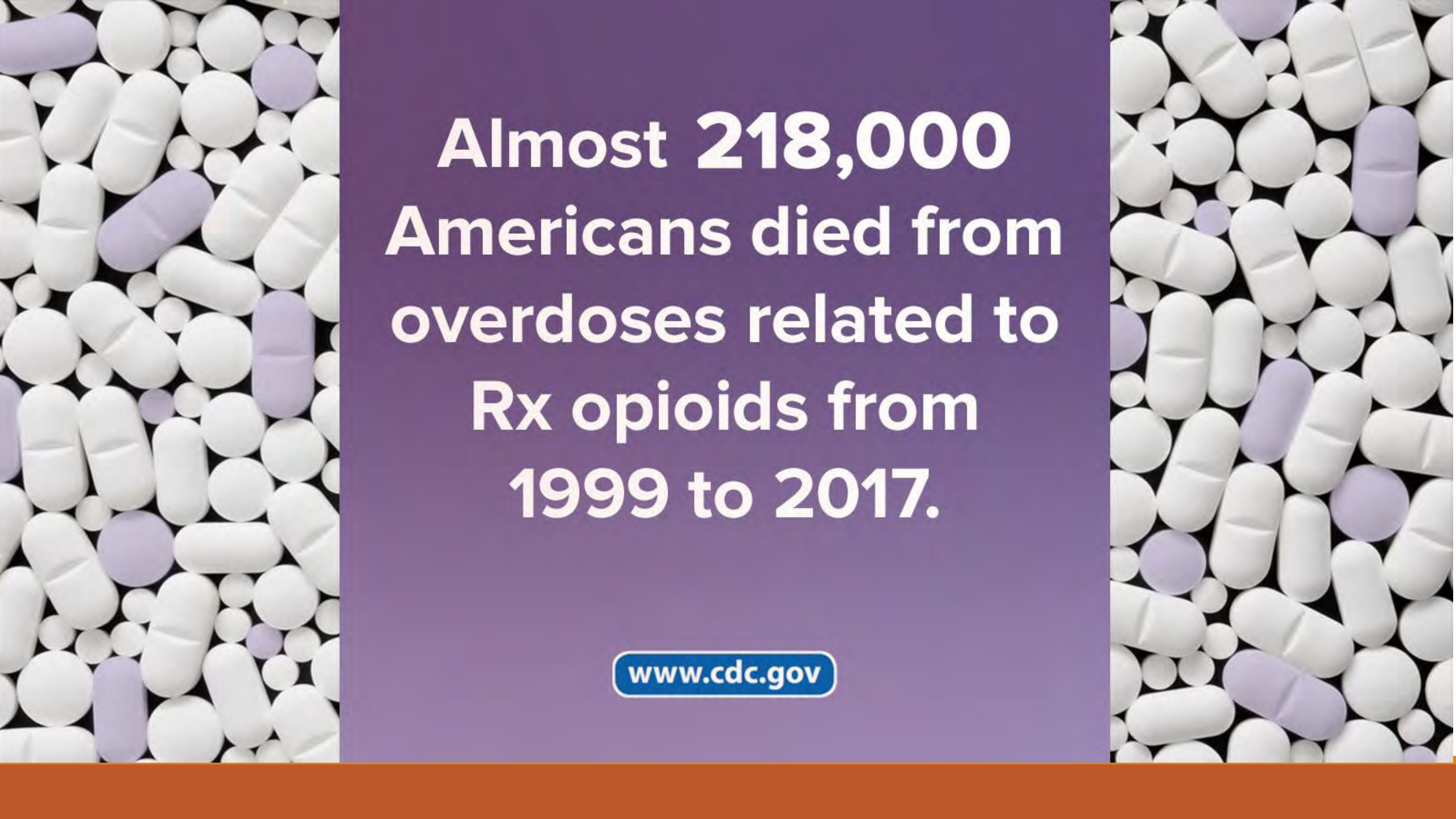
ARTHUR



MORTIMER



“...Purdue Pharma downplayed the risk of addiction associated with opioids,” “exaggerated the benefits” and “advised healthcare professionals that they were violating their Hippocratic Oath and failing their patients unless they treated pain symptoms with opioids...”

The image features a central purple rectangular area with white text. This central area is flanked on both the left and right sides by vertical strips showing a dense collection of white and purple pills and capsules. The pills vary in shape, including round tablets and oval capsules, some with visible score lines. The overall composition is visually striking due to the contrast between the purple background and the white text and pills.

**Almost 218,000
Americans died from
overdoses related to
Rx opioids from
1999 to 2017.**

www.cdc.gov

“The worst man-made epidemic in modern medical history”



- Hundreds of thousands of overdose admissions
- Millions addicted and/or dependent
- By late 1990s, 20 states passed laws, regs, or policies allowing opioid use without dosing guidance
- Laws were based on weak science



Over-Prescribing OxyContin

- Doctors were assured that patients would not become addicted and began to prescribe them at escalating rates.
- Led to widespread misuse and diversion of these medications.



Purdue Pharma made over \$30 billion!

- Just a few years after the drug's introduction in 1996, annual sales reached \$1 billion.
- Purdue Pharma gave out 340,000 free samples.
- Prescribers given gifts, free trips, wined and dined.
- Salesmen were paid \$60 million in bonuses.

Financial Ties: Manufacturers & Advocacy Groups

Drug companies provided more than **\$10 million** to patient and physician advocacy groups to promote opioids for chronic-pain treatment: 2012 - 2017.

Many of these groups championed increased opioid use.

Fueling an Epidemic

REPORT TWO



Exposing the Financial Ties Between
Opioid Manufacturers and Third Party
Advocacy Groups



Law suits

- In 2007, Purdue Pharma pleaded guilty to federal criminal charges that they misled regulators, doctors and patients about the drug's risk of addiction. Paid **\$600 million** in fines.
- In 2018, Purdue agreed to stop marketing opioid drugs to doctors.
- Currently, about 20 state and local law suits.

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
ABINGDON DIVISION**

UNITED STATES OF AMERICA

v.

**THE PURDUE FREDERICK
COMPANY, INC., ET AL.,**

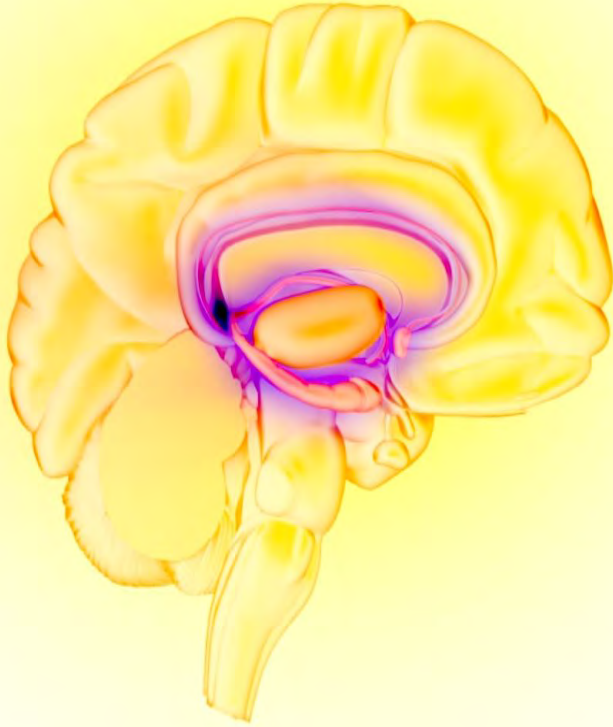
Defendants.

Case No. 1:07CR00029

OPINION AND ORDER

By: James P. Jones
Chief United States District Judge

John L. Brownlee, United States Attorney, Rick A. Mountcastle and Randy Ramseyer, Assistant United States Attorneys, Roanoke, Virginia, for United States; Howard M. Shapiro and Kimberly A. Parker, Wilmer Cutler Pickering Hale and Dorr LLP, Washington, D.C., for The Purdue Frederick Company, Inc.; Mark F. Damante, Paul Weiss Rifkind Wharton & Garrison LLP, New York, N.Y., for



Opioid Addiction is a Disease

- Opioid misuse **is not** a moral failing or caused by lack of willpower.
- It causes changes in the brain that lead to major problems.
- Quitting takes more than good intentions or good will.
- The drug changes the brain in ways that make quitting hard, even for those who want to.

What Is an Opioid?

- A class of drugs used to reduce pain.
- Prescription opioids are prescribed to treat moderate to severe pain, but have serious risks and side effects. Examples: oxycodone, hydrocodone, morphine, methadone, and fentanyl.
- Illegal opioid: heroin, illegally produced fentanyl and other synthetic opioids.



What Is Fentanyl?

- A powerful synthetic drug, similar to morphine and heroin.
- 50 to 100 times more potent than morphine.
- A rapid-acting synthetic opioid that alleviates pain.
- Acts quickly to depress central nervous system and respiratory function.
- Exposure may be fatal.



How Much Fentanyl Is Fatal?

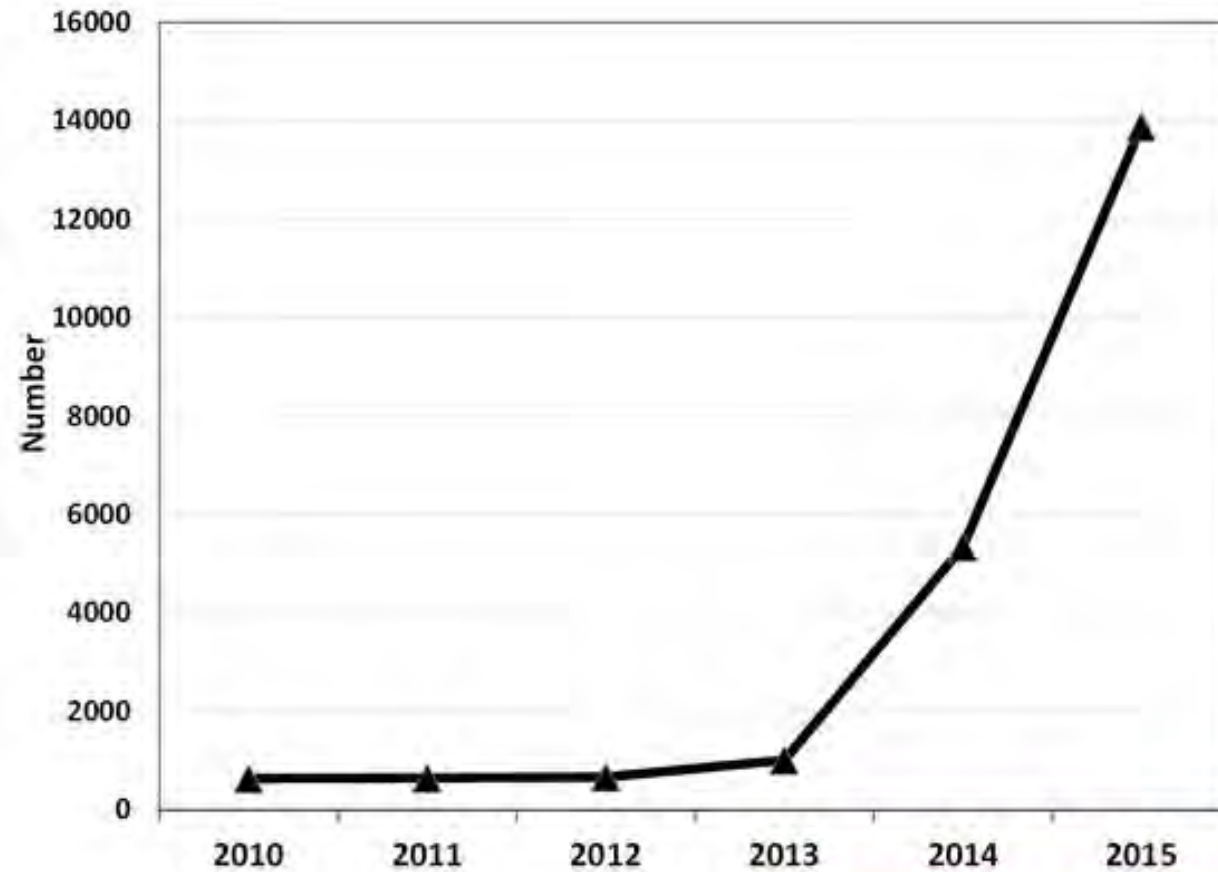
2-3 milligrams of fentanyl can induce respiratory depression, arrest, and death.

Comparable to 5-7 grains of salt!



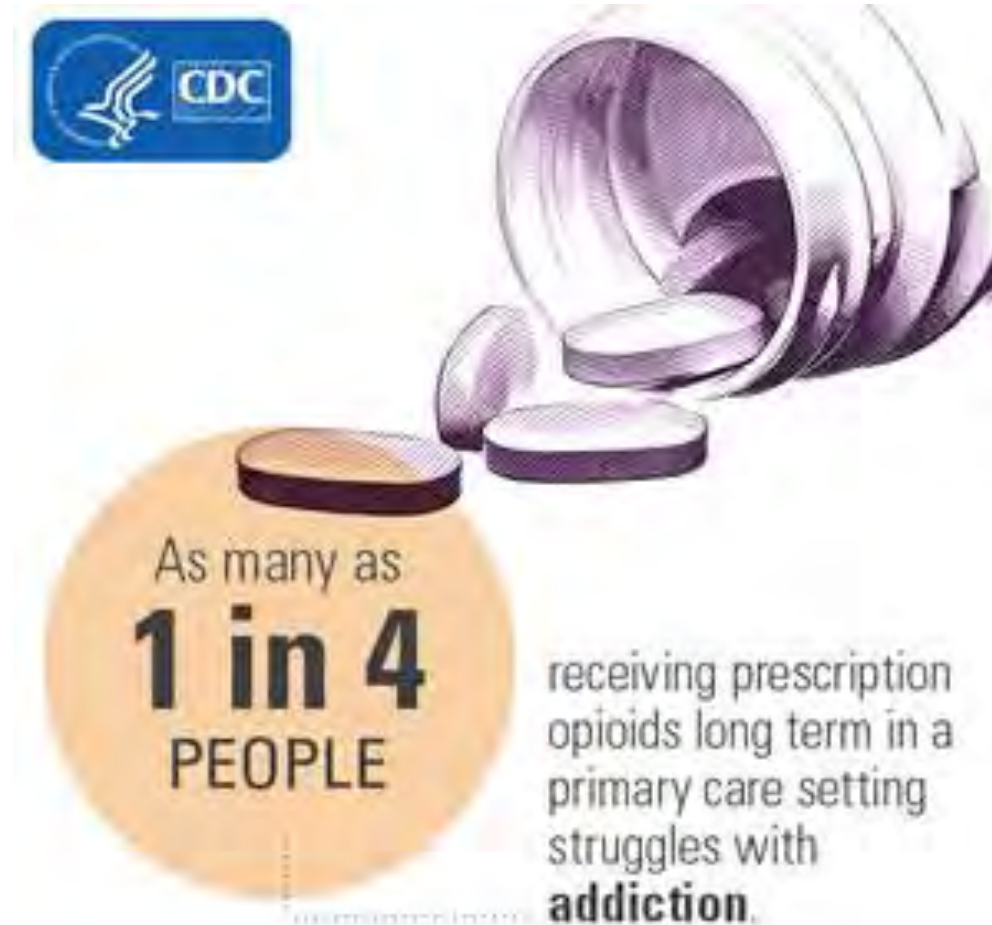
Prevention of Occupational Exposure to Fentanyl and Other Opioids

Number of Reported Law Enforcement Encounters Testing Positive for Fentanyl in the U.S. 2010–2015



www.cdc.gov
Your Source for Credible Health Information

Scope of the Problem





**From 1999 to 2017,
overdose deaths
involving Rx opioids
increased 5 times.**

www.cdc.gov





National Institute of
Environmental Health Sciences
Worker Training Program

Prevention of Occupational Exposure to Fentanyl and Other Opioids



130
AMERICANS

.....
:
:
**die every day from
an opioid overdose**

(including Rx
and illicit opioids).

www.cdc.gov

46
PEOPLE

... die every day from
overdoses involving
prescription opioids.

www.cdc.gov



Prescription Pain Killers



- In 2016, 11.5 million Americans abused or were dependent on prescription opioids.
- Providers wrote more than 191 million opioid prescriptions in 2017.
- Taking too many prescription opioids can stop a person's breathing—leading to death.

Background on the Epidemic

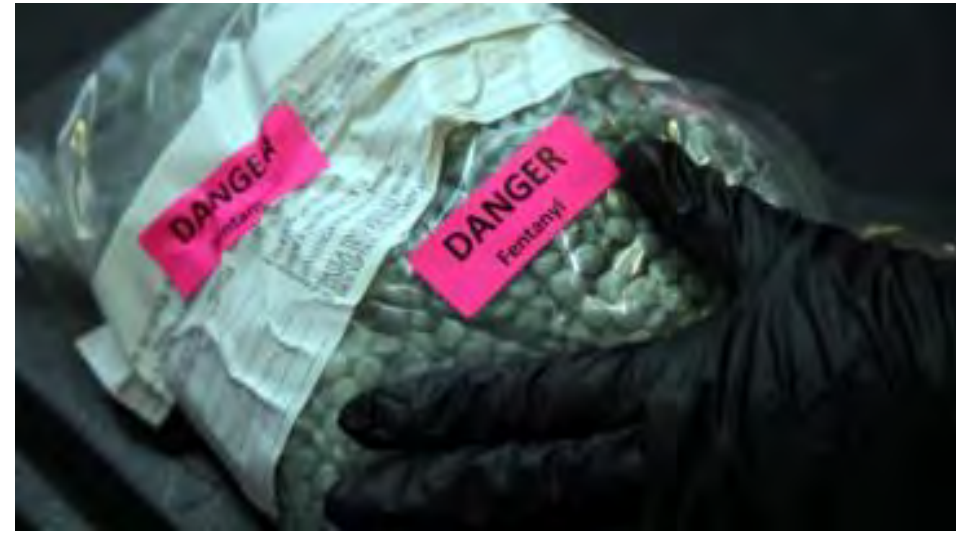
- Fentanyl overdoses up 540% in 3 years.
- Drug overdoses killed 72,000 in the U.S. in 2016.
- Leading cause of death for Americans under 50.
- Deaths from synthetic opioids, mostly fentanyl, increased from 3,000 (2013) to 20,000 (2016).



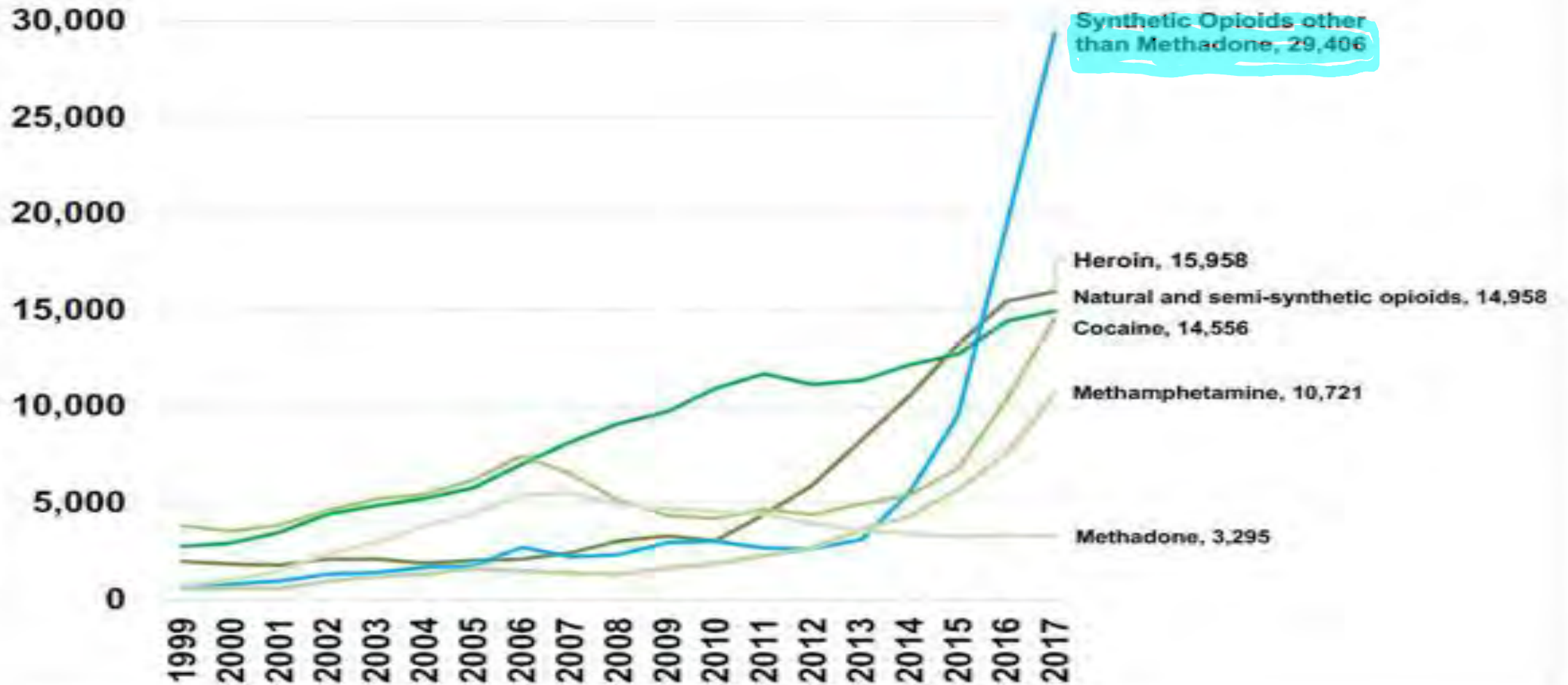
Lethal doses of heroin, fentanyl, and carfentanil.
(U.S. DEA photo)

Illicit Opioids Contribute to the Crisis

- Synthetic opioids are often mixed with heroin and other illicit drugs.
- Formulated into tablets that look like therapeutic drugs.
- Frequently, users don't know that the drug they are using has fentanyl in it.



Drugs Involved in U.S. Overdose Deaths, 1999 to 2017



Activity



Affected worker populations and job tasks

Objective: The goal of this activity is to brainstorm which industries and job tasks have potential exposure to fentanyl and other synthetic opioids.

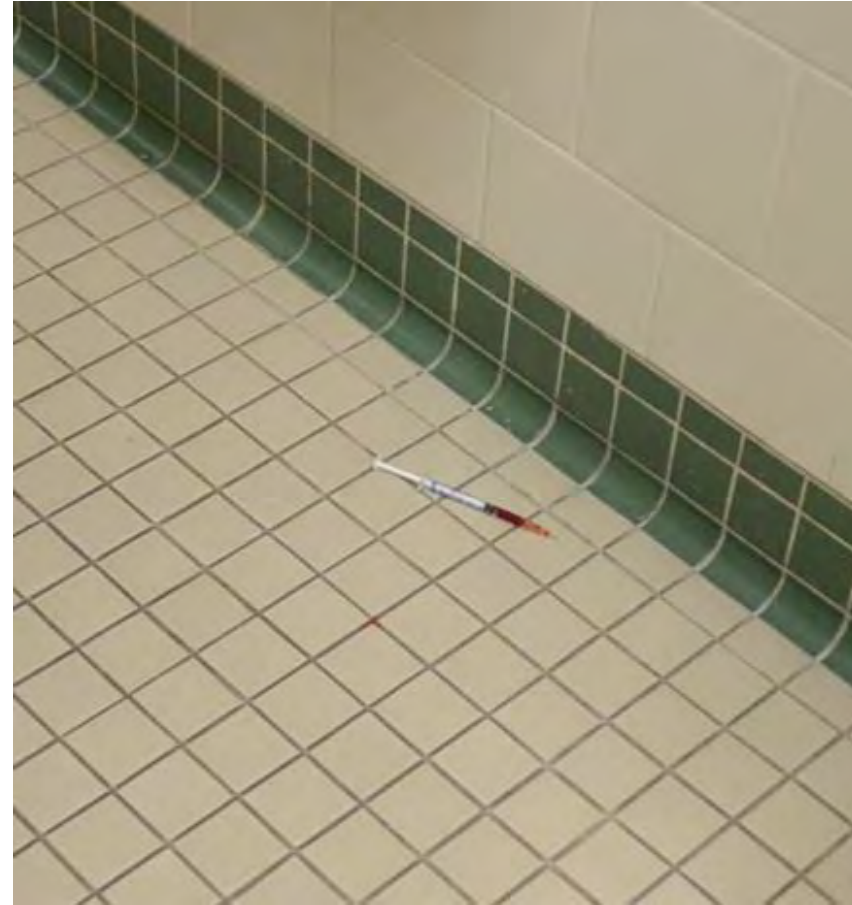
Task: List industries and job tasks that have potential exposure. Report back and discuss.

Prevention of Occupational Exposure to Fentanyl and Other Opioids

Worker Populations with Potential Exposure

Industry	Job Tasks
Pre-hospital (EMS)	911 calls involving treating, stabilizing, and transporting overdose cases. Exposure to needles and drug paraphernalia.
Law enforcement	Investigating, frisking, arresting, transporting people with drugs or who have overdosed.
Crime laboratories	Evidence handling and laboratory evaluation of confiscated drugs and drug paraphernalia.
Health care	Emergency department treatment of overdose cases. Use of Illicit opioids in patient rooms.
Environmental services, response and cleanup workers	Cleaning of affected crime scenes, spills, or abandoned drug labs.
Fire service	Fire suppression at contaminated locations.
Public employers (DOT, Highway Maintenance, Parks, Environmental Conservation, Corrections & Parole Officers)	Removal of needles/ drug paraphernalia from public roads, highways, and parks. Confiscation of contraband, searching, arresting.

New York State Department of Transportation Photos



Discarded syringes left in public parks and roadside rest stops.

Worker Populations with Potential Exposure



What Are the Routes of Occupational Exposure?

Inhalation of
powders and
aerosols

Skin, eye, and
mucous
membrane
absorption

Incidental
ingestion
(hand to
mouth)

Accidental
inoculation
with sharps
or needles

Leading science organizations advise that incidental skin contact with dry products is not likely to cause overdoses.

Skin contact with liquid or gel can be highly toxic.

Post-exposure Treatment

- Naloxone (Narcan®) should always be on hand when there are potential exposures!
- Naloxone doesn't work with drugs other than opioids
- Naloxone is safe and effective



Prevention of Occupational Exposure to Fentanyl and Other Opioids

Naloxone (Injectable and Nasal Spray)

Sometimes multiple doses are required.



Occupational Exposure Case Reports

- Law Enforcement: Police, Probation, Corrections Officers.
- EMS and Fire Fighters.
- Emergency Department Staff.
- Crime Lab Analysts.
- “Sniffer” Dogs.
- The specific routes of exposure were not identified.
- All were administered naloxone and recovered.



Is occupational injury and pain a pathway to opioid misuse, abuse, addiction?

- 2.9 million work injuries and illnesses reported in 2017.
- How many of the opioid deaths began as treatment for work injury?
- Often insurance companies and self-insured employers challenge causation and the necessity of treatment under state workers' compensation systems, causing delays and continued pain for affected workers that may lead to abuse and addiction.



The NIOSH framework:

“...details the approach of examining workplace conditions that can be risk factors for medically prescribed opioid use becoming opioid misuse.”

“We all have an important role in preventing opioid overdose deaths through education, partnership, and collaboration.”



What is Stigma?

- ❑ Stigma is the shame or disgrace attached to something regarded as socially unacceptable.
- ❑ Language matters, such as calling people “junkies” or “addicts”.
- ❑ Stigma interferes with people coming forward for help.
- ❑ The key to recovery is support and compassion. People who are in pain and have a substance use disorder need comprehensive treatment, not judgment.

Assisting brothers and sisters in crisis



Time to get uncomfortable and talk about substance abuse, mental health, and suicide.

A large, light gray watermark of the UAW logo is centered in the background. It features a circular gear-like border with the text "UNITED AUTOMOBILE, AEROSPACE AND AGRICULTURAL IMPLEMENT WORKERS OF AMERICA" around the perimeter. In the center of the watermark is the acronym "UAW".

2019 Special Bargaining Convention Resolution

Opioid Crisis and Addiction in the Workplace

Opioid addiction is a shockingly common problem, and it can affect anyone, including highly functioning and successful workers. Addiction takes a massive toll on workers, their families, communities, and our society. Chemical dependence can impact an employee's job performance and threaten the safety and well-being of both the employee and their co-workers. Supporting workers to get treatment is not only right for them, it is also right for the company saving money in the long term. Regrettably, many employers do not recognize addiction as a common illness that affects a wide array of people. It is often treated with judgement and bias. However, addiction is a disease like any other and should be treated as such.

Opioid Crisis and Addiction in the Workplace

Opioid abuse, both prescription and illicit, was involved in more than 35,000 deaths in 2015 and increased to nearly 64,000 deaths in 2016. There are now more deaths from drugs, two thirds of which are opioid related, than from car accidents and gun violence in the U.S. annually. Clearly opioid addiction is a societal crisis. The estimated cost to the economy of this crisis \$400 billion per year, most of that in the workplace.

Opioid Crisis and Addiction in the Workplace

In the past 15 years, sales of prescription opioids have nearly quadrupled, with approximately 1 in 3 Americans having a prescription for an opioid. A National Survey on Drug Use and Health found that 4.3 million Americans engage in nonmedical use of an opioid each month. In industries where workers have physically demanding jobs, performing repetitive motions, or spend long time on their feet, opioid abuse rates are even higher. Contractual language is needed to address ongoing opioid abuse.

Opioid Crisis and Addiction in the Workplace

Therefore, we will seek.....

- ☐ The creation of “Optimal Care Plans” through the expansion of employer funded, Union administered Employee Assistance Programs (EAP’s) for the prevention of dependency and addiction caused by chronic use of opioids or other potentially addicting chemicals.

Opioid Crisis and Addiction in the Workplace

Therefore, we will seek.....

- ☐ Increased education and awareness related to the complexities of opioid and other substance abuse addictions for workers and their families.
- ☐ Enhanced and expanded treatment programs.
- ☐ Treatment, rather than punishment, for workers with addiction.

Opioid Crisis and Addiction in the Workplace

Therefore, we will seek.....

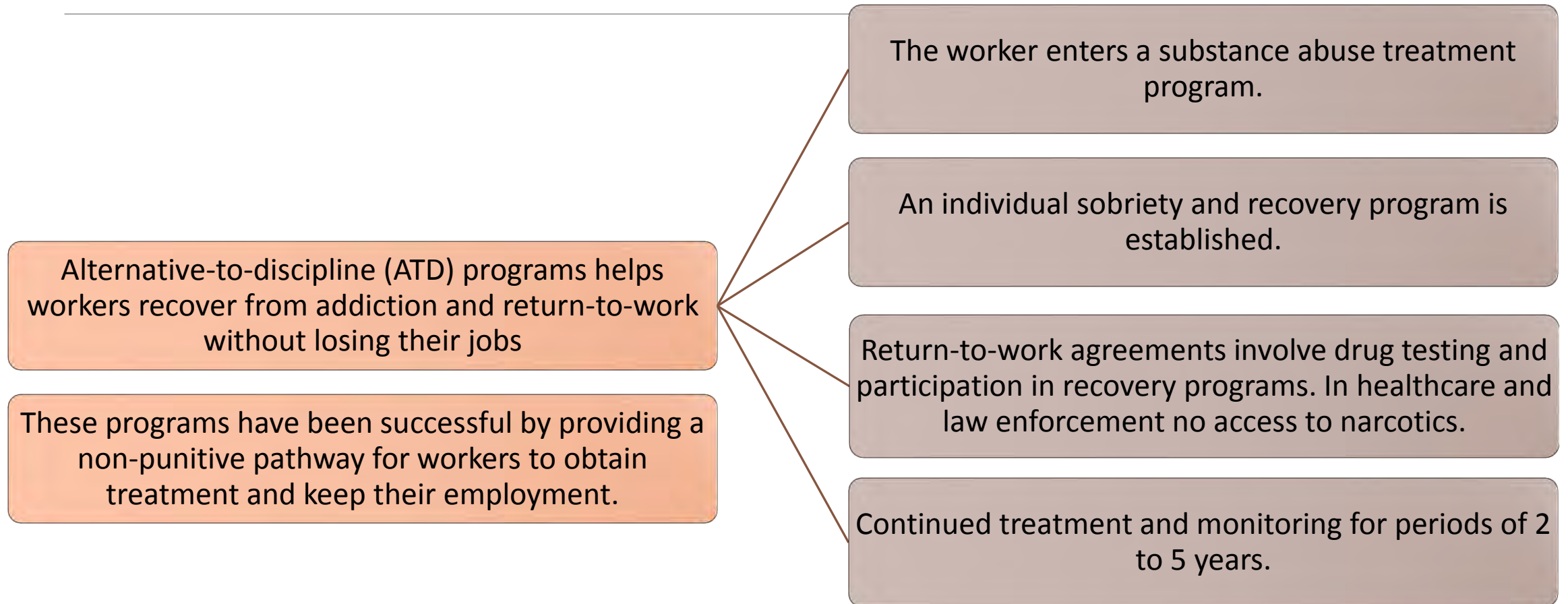
- ☐ Continually updated training for entire worksite populations, including supervisor training.
- ☐ The inclusion of appropriate UAW representatives in developing objective written workplace policies related to addressing, treating, or testing formats that are confidential medical information.

Opioid Crisis and Addiction in the Workplace

Therefore, we will seek.....

- ☐ Written policies, where necessary, that are non-punitive and administered in a manner consistent with labor contracts and both state and federal law.

Substance Abuse Support for Workers



Occupational
Patterns in
Unintentional and
Undetermined
Drug-Involved and
Opioid-Involved
Overdose Deaths
— United States,
2007–2012
MMWR/ August
24, 2018 /
67(33);925–930



NIOSH used data from the National Occupational Mortality Surveillance (NOMS) system to examine overdose deaths within 26 occupation groups in 26 states, from 2007–2012



57,810 overdose deaths (heroin=7,463; opioids=25,058)



Death rates from opioids were especially high among construction, extraction, food preparation and serving, health care practitioners and technical, health care support, and personal care and service

What can be done?

1. Place on Safety & Health Committee or Workers' Compensation Committee agendas.
2. Leverage to increase action to prevent work-related injuries and illnesses.
3. Educate managers and workers about the connection between work injury and opioid abuse and opioid use disorder.
4. Provide worker training and connect it into safety and health program activities such as OSHA training.
5. Potential data sources: workers' compensation data, worker surveys, focus groups, death certificates, healthcare prescription drug utilization data.

continued...

6. Educate workers about alternative pain treatment such as wellness programs, physical therapy, massage therapy, acupuncture, mindful meditation, yoga, non-prescription or alternative prescription pain medications, chiropractic, psychology, etc...
7. Provide information and tools to injured workers such as a factsheet or checklist to use with healthcare providers.
8. Expand and improve access to mental health and substance abuse treatment and recovery programs: health benefits coverage, EAP, MAP, Peer Assistance, Alternative to Discipline Programs.
9. Help develop systems/legislation to help reduce/ eliminate delays in treatment for work injuries with Workers' Comp Carriers.



Prevention of Occupational Exposure to Fentanyl and Other Opioids

Lets remember that the UAW has a great opportunity to be the leader in fighting the Opioid Epidemic in our workplaces, our communities and in our homes. We must change the narrative and remove the stigma.

Thank you for your time this afternoon.