



# **STONE, SAND & GRAVEL**

OPIOID HAZARD AWARENESS

## **Miners Health Partnership**

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# Overview

- Background and Development of the Training
  - Training Sample
- Training Experience, Evaluation and Dissemination
- Employer Guide



# Background

- Miners/extraction workers at greater risk of
  - Receiving opioids in comp claims for pain
  - Higher dose/longer term opioids
  - Opioid overdose deaths
- Previous experience with impactful opioid hazard awareness training for high-risk worker populations
- Consensus that opioid hazard awareness fits under MSHA Refresher required “Health” topic

# Background

- No comprehensive MSHA standard on drugs as mine hazards
  - §56.20001 (metal and non-metal): “Intoxicating beverages and narcotics: Intoxicating beverages and narcotics shall not be permitted or used in or around mines. Persons under the influence of alcohol or narcotics shall not be permitted on the job”
- In 2008, MSHA proposed a rule (since withdrawn)
  - to restrict possession of substances on mine property, except for those that are valid prescriptions
  - mine operators to establish an alcohol- and drug-free mine program
- Drug testing widespread in the sector, especially as a pre-employment screening tool
  - Valid opioid prescriptions = not a “fail”, although they may be excluded from “safety-sensitive” work
  - Virginia, West Virginia and Kentucky have mandated drug testing for miners
  - Any miner with a CDL is required have periodic drug testing and cannot take opioids, including methadone



# Project overview

- Three+ year project, 2019-2023
- Develop 30-minute opioid hazard awareness module for MSHA refresher training
  - Target knowledge, attitudes (stigma), and “skills”/self-efficacy
- Try it in Massachusetts, expand nationally
- Develop employers’ guide



# Training Slides (sample)

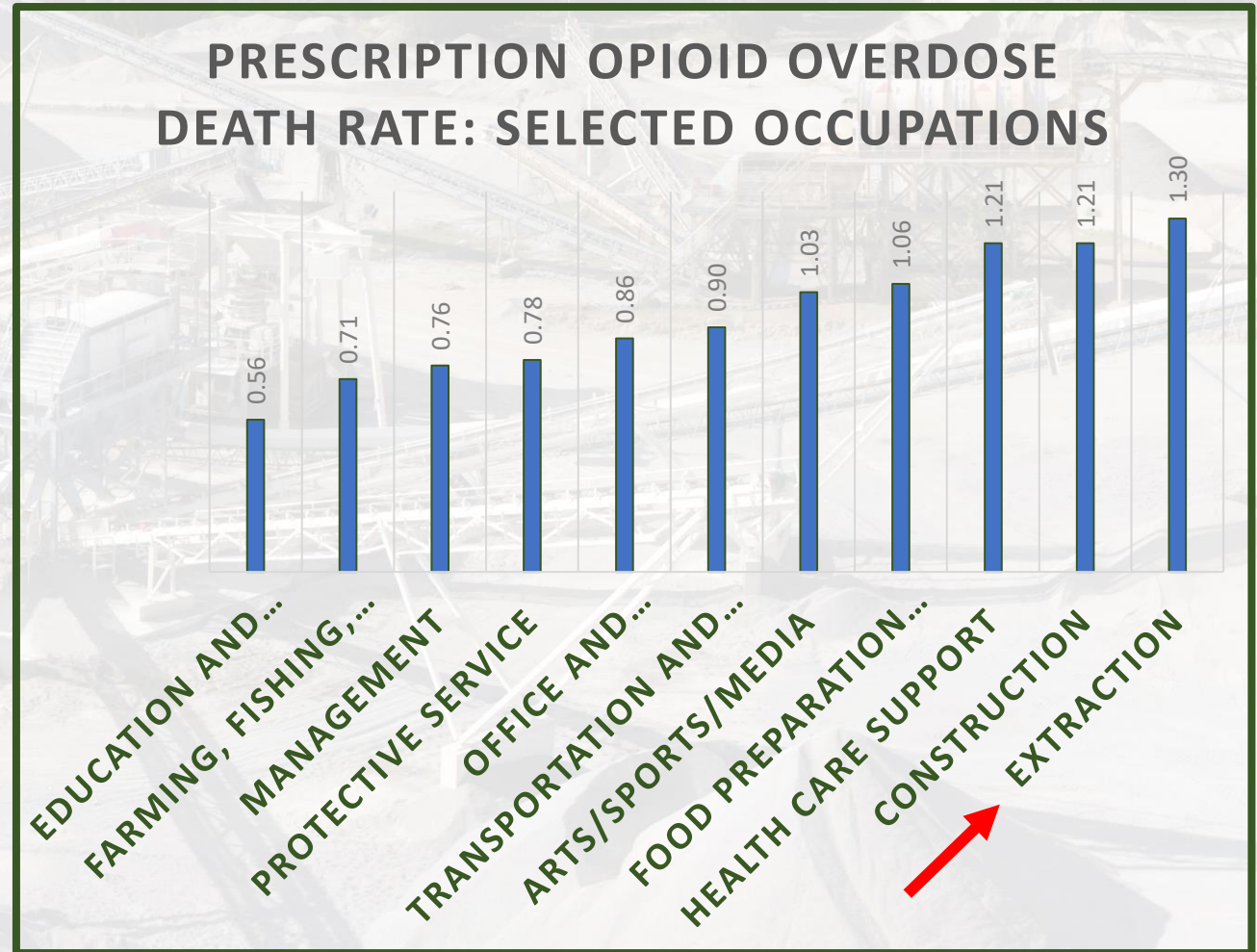
TRAINING AVAILABLE FOR YOUR USE --- email me: [Cora\\_Roelofs@uml.edu](mailto:Cora_Roelofs@uml.edu)

Or check out: <https://www.uml.edu/Research/CPH-NEW/education-training/Opium-Hazard-Awareness/>



# We can do something

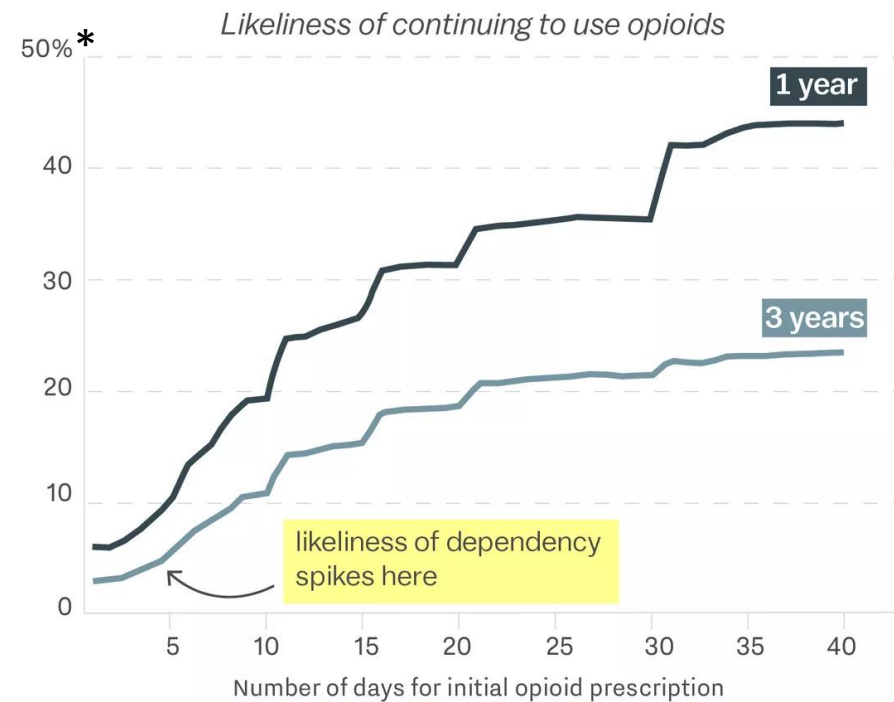
- Opioid addiction and overdose are preventable
- Stone, sand and gravel workers face opioid risk factors and are higher risk for overdose death
- Everyone can become aware of risks and help others



# Who gets addicted?

- Anyone who takes prescription opioids can become addicted
- Taking them for more than 4-5 days greatly increases the risk of dependency and addiction...
- Exposure to opioids = risk of addiction

## Risk of continued opioid use increases at 4-5 days



Source: Centers for Disease Control and Prevention

Credit: Sarah Frostenson

\* Percent of people with R<sub>x</sub>

Vox



# Safety Risks

In 2013, Carl J. Clinton, a 27-year miner, age 46, was killed while operating a haul truck. The truck went over an embankment and rolled on its side into a settling pond and he drowned.

Earlier in his shift, he'd been found sleeping in the truck.

Toxicology report showed several prescription drugs that cause drowsiness including muscle relaxants.



# Prevention and Harm Reduction

## **LEVEL 1 Prevention:**

Reduce/eliminate the risk factors for pain.

## **LEVEL 2 Prevention:**

If someone is injured or in pain (job- or not job-related), encourage them to get care that doesn't include opioids.

## **LEVEL 3 Prevention/Harm Reduction:**

If they are taking opioids, help them reduce their use and stop.



# LEVEL 3: Reduce the Harms of Opioid Addiction

- Offer those who are struggling support
- Share resources for help
- Don't ignore warning signs -- communicate directly about your concern
- Eliminate stigma and judgment, including about treatment
- Be ready to reverse an overdose



# 2020 Training Experience in Massachusetts



Mining, Metallurgy & Exploration  
<https://doi.org/10.1007/s42461-021-00515-7>

Results of an Opioid Hazard Awareness Training Intervention  
for Stone, Sand, and Gravel Miners

<http://rockproducts.com/2020/12/17/opioids-aggregates/>



# Training Stats

- 6 Trainers
- 20 MSHA Refresher Training Days in January and February 2020 in Massachusetts
  - 14 sponsored by the Massachusetts Department of Labor Standards (MA DLS)
  - 6 “private” company trainings
- At least 800 workers were trained
- 762 miners and others attended trainings with pre- and post-surveys
  - 598 pre-surveys and 623 post-surveys were returned (participation rates of 78% and 82%)

# Pre- to Post-Training Survey Responses

KNOWLEDGE DOMAIN	Pre-Training		Post-Training		Change
	n	%	n	%	
<b>How would you rate your knowledge about the side effects of opioid-based pain medications?^</b>	n= 590		n= 619		
Very good knowledge	138	23%	242	39%	67%*
Good knowledge	325	55%	321	52%	
Poor knowledge	92	16%	42	7%	
Very poor knowledge	35	6%	14	2%	
<b>Opioids work by reducing the causes of pain in the body</b>	n= 575		n= 613		
TRUE	333	58%	239	39%	
FALSE	242	42%	374	61%	45%

\* Chi-square test showed statistically significant change/improvement

^ Those age 50 or younger more likely to report good/very good knowledge pre or post



## STIGMA DOMAIN

<b>Opioid addiction can happen to anyone*</b>	n=	594	n=	616	
TRUE	573	96%	592	96%	
FALSE	21	4%	24	4%	10%
<b>People with opioid addiction can never recover</b>	n=	585	n=	614	
TRUE	32	5%	33	5%	
FALSE	553	95%	581	95%	

\* CDL holders more likely to answer “TRUE”

## KNOWLEDGE+ATTITUDE+SKILLS/SELF-EFFICACY

<b>If a Dr gives you a prescription for opioid-based pain medication, you know that it's safe to take while working</b>	n= 576		n= 614	Changes	
TRUE	33	6%	40	7%	
FALSE	543	94%	574	93%	
<b>How confident would you feel talking to a Dr about safety concerns of opioids?</b>	n= 583		n= 613		
Very high confidence	267	46%	297	48%	
High confidence	263	45%	249	41%	
Low confidence	39	7%	47	8%	15%
Very low confidence	14	2%	20	3%	36%
<b>How comfortable would you feel talking to a co-worker about your own use of opioids?</b>	n= 562		n= 602		
Very high level of comfort	189	34%	208	35%	
High level of comfort	187	33%	219	36%	
Low level of comfort	95	17%	106	18%	
Very low level of comfort	91	16%	69	11%	-29%



### KNOWLEDGE+SKILL

<b>If a co-worker asked you about where to get help for someone struggling with opioids, do you know at least one good resource you could refer them to?</b>	n= 587		n= 616		Change
Yes	396	67%	541	88%	30%*
No	191	33%	75	12%	

\* Chi-square test showed statistically significant change/improvement

# Training Evaluation

Training increased my awareness of the hazards of opioids	n= 614		I can apply what I learned in this training to protect myself and others from opioid hazards	n= 605	
Strongly Agree	124	20%	Strongly Agree	118	20%
Agree	407	66%	Agree	439	73%
Disagree	30	5%	Disagree	18	3%
Strongly Disagree	53	9%	Strongly Disagree	30	5%
The training helped me understand what can be done to prevent opioid addiction	n= 606		I would recommend this training	n= 604	
Strongly Agree	113	19%	Strongly Agree	148	25%
Agree	433	71%	Agree	418	69%
Disagree	29	5%	Disagree	11	2%
Strongly Disagree	31	5%	Strongly Disagree	27	4%



# TRAINING NOW AVAILABLE!

- Revised training available for a national audience
- [Plug n' play \(video\) module](#) for your MSHA refreshers
- Training Guide and Slide Deck Available
- More than 20 state trainers have requested
- <https://www.uml.edu/Research/CPH-NEW/education-training/Opioid-Hazard-Awareness/>



# EMPLOYER GUIDE

TO PREVENTING OPIOID HARMS IN THE STONE,  
SAND AND GRAVEL MINING SECTOR



- Combination of public health best practices + input from industry
- Tailored to sector concerns
- Emphasizes practice and feasible approaches for small and medium sized operators

[Employer Guide to Preventing Opioid Harms in the Stone, Sand, and Gravel Mining Sector](#) (pdf)



# Aggregates Employers Guide to Opioid Hazard Program Planning Needs Assessment

1. What's happening with the epidemic? What can employers do to combat the epidemic in their workplaces and communities?
2. How to manage workers who may be returning to work, but still in pain, and/or returning to work while taking opioid medications.
3. How to monitor and control opioid prescriptions paid for by employer-provided health insurance or workers' compensation insurance. How to help employees avoid disability and receive good medical care that conforms to guidelines and best practices.
4. How to be prepared to respond to an overdose.
5. How to craft a strong drug-free workplace policy and how to run a helpful and legal drug testing program.

6. **How to recruit and retain employees despite the challenges presented by a world where drug use is common and mining work is demanding and dangerous. How to recognize if someone has a problem with opioids and how to address it.**
7. What is in a basic program that hits the highlights of opioid hazard awareness and is cost-effective to run.
8. How to create a positive workplace culture that encourages healthy behaviors and supports employees who may be struggling.
9. What are the basic, affordable benefits that I can offer? How can I find additional resources to supplement what I can offer?



## CONTENTS

Background and Basic Steps.....	1
Employer Opioid Hazard Awareness Program Checklist .....	3
Glossary – What’s the Difference?.....	4
Drug-Free Workplace Policies .....	4
Opioid Hazard Awareness Programs for Your Company .....	8
Recovery Friendly Workplaces .....	10
What are the Elements of Recovery Friendly Workplaces?.....	11
Return to Work Policies .....	12
Prescription Management and Disability Prevention.....	14
Overdose Prevention and Response .....	15
Employee Benefits .....	17
Selected Bibliography.....	18
Appendix.....	19
<i>Drug-Free Workplace Policy</i> .....	20
<i>(Enhanced) Drug-Free Workplace Policy</i> .....	21
<i>Model Medications Policy</i> .....	22
<i>Drugs of Concern</i> .....	23

## Employer Opioid Hazard Awareness Program Checklist

Program Element	In Place	In Development	Priority
Drug and alcohol policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Assistance Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid hazard awareness training for employees and supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overdose prevention and response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment for people in recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury prevention and return to work programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits and prescription drug program management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connection to local recovery community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### **Q: Can I ask employees about prescription drug use?**

It is legal to ask potential or current employees about use of any prescription medications that may interfere with necessary job duties. While the Privacy Rule of the [Health Insurance and Patient Protection Act \(HIPAA\)](#) protects employees from having their health information revealed to you by health providers or insurers, you can ask the employee directly about medical conditions and treatments that may interfere with work or safety. Reassuring your employees that you will keep their personal medical information confidential (and doing so) will help establish the trust necessary to encourage frankness.

## Opioid Hazard Awareness Programs for Your Company

What are the components of a basic, cost-effective opioid hazard awareness program?

Companies with limited resources and tight production schedules face challenges in introducing new worker health and wellness programs. However, an opioid hazard awareness program can fit within your current health and safety program. For example, the recommended training fits within required MSHA health and safety refresher and new miner training. Any **health and safety program**, including one for opioid hazards, should include the following elements:

- Management Leadership
- Employee Participation
- Find and Fix Hazards
- Training

**Management Leadership** in addressing opioid hazards means using this guide to build a strong program with resources to back it up such as robust Employee Assistance Programs. It also means top company leadership speaks publicly about opioids and reinforces your company's commitment to help employees, their families, and your community. For example, your company could sponsor a team in a **Clean & Sober Softball League** and participate in prescription drug **take back** events.



# Conclusion

Thank you!  
Questions?  
Suggestions?

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