

# **Tailoring Opioid Prevention Resources for the Mining Industry**

## **Summary of Findings from Working Sessions**



**Carol Nixon, PhD**

Team members: Jerry Poplin,  
Brianna Eiter, Kristin Yeoman,  
Zoe Dugdale, Alex Johnson

# Project Context and Objectives

## **Objective:**

NIOSH/MSHA collaboration to share opioid prevention resources with the mining community

- Opioids awareness training for workers
- Prevention resource guide for operators

## **Roles:**

- MSHA: Tailor existing opioid prevention resources
- NIOSH: Collect feedback from mining community constituents to facilitate MSHA's work

# Working Session Methods

- Facilitated 7 working sessions
  - 23 participants: 12 from operators, 3 labor, 1 trade organization, 6 academic, 1 trade research center
- Identified key themes and implications
- Shared findings and suggestions with MSHA
- Held two debrief sessions with participants

# Today's Presentation Objectives

- Raise awareness of issues related to opioid prevention
- Assess if themes are reflective of your experiences
  - Do the themes resonate with you? If not, why?
  - What are the most important takeaways?
  - What additional suggestions do you have for the employer guide or worker training?

# Feedback: Four Areas

1. Worker opioid burden
2. Design of worker training
3. Prevention strategies
4. Process of planning and implementing substance use prevention

# 1. Worker Opioid Burden

*Do employers view worker opioid use as a problem?*

# Perceptions of Burden

- Less than half of OSH managers perceived opioids as a problem
- Lack of data on worker use and substance use disorder

## Participant Statements

*There is a big opioids problem in the community, but that hasn't translated frequently into positive tests in the workplace.*

*We don't see it a lot. We've thought about addressing prescription opioids, but it's not thought to be common because it's not appearing on random drug screens.*

# Implications

- Opioid use in the workplace is underestimated
- Diminishes management support for prevention



# To put it in perspective ...



1 in 5 workers have a substance use disorder



**Incident**



**Suicide**



**Overdose**

*Fatalities in Construction*

# Suggestions for Resources

- Dispel misperceptions that opioid use is infrequent in the workplace (thus leads to underestimation of use)
- Provide data to make a business (and human) case for prevention
  - Align messaging with evidence-based communication strategies (i.e., Frameworks Institute)
  - Develop infographic, talking points, and/or issue brief
  - Link to Substance Use Employer's Cost Calculator from the National Safety Council


# 2. Design of Worker Training

**OPIOID HAZARD AWARENESS**  
**FOR STONE, SAND, AND GRAVEL MINERS**

An MSHA Refresher Training Module  
Ver. 2.0 11/2020

**STONE, SAND & GRAVEL**  
OPIOID HAZARD AWARENESS


   

 National Institute of Environmental Health Sciences  
Worker Training Program

**Opioids and the Workplace:  
Prevention and Response**

July 2019

This publication was made possible by contract number HHSN273201800203P 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.



# Design and Delivery of Worker Training

- Training no longer than one hour, most 30 – 45 minutes
- Varied messages and strategies to reinforce learning

# Design and Delivery of Worker Training

## Topics to include:

- Facts about opioids
- Disproportionate burden in mining
- Risk factors
- How to access resources
- Company policies
- Alternative pain management
- Recognizing co-worker distress and how to respond

# 3. Prevention Strategies



# Prevention Strategies: Themes

- Most operations are not providing opioid awareness training for workers
- Opioid education and peer support programs reported as most needed
- Strategies should be linked across the continuum of care

## Participant Statement

*Aspects that are currently in place are policies, drug testing, EAP, and medical coverage, but it's not functional as a whole. Drug testing belongs to HR, and policies are under management. But there's no overarching program. It's too siloed.*

# Prevention Strategies: Themes

- There is tension between drug-free policies/programs and creating a culture of care.

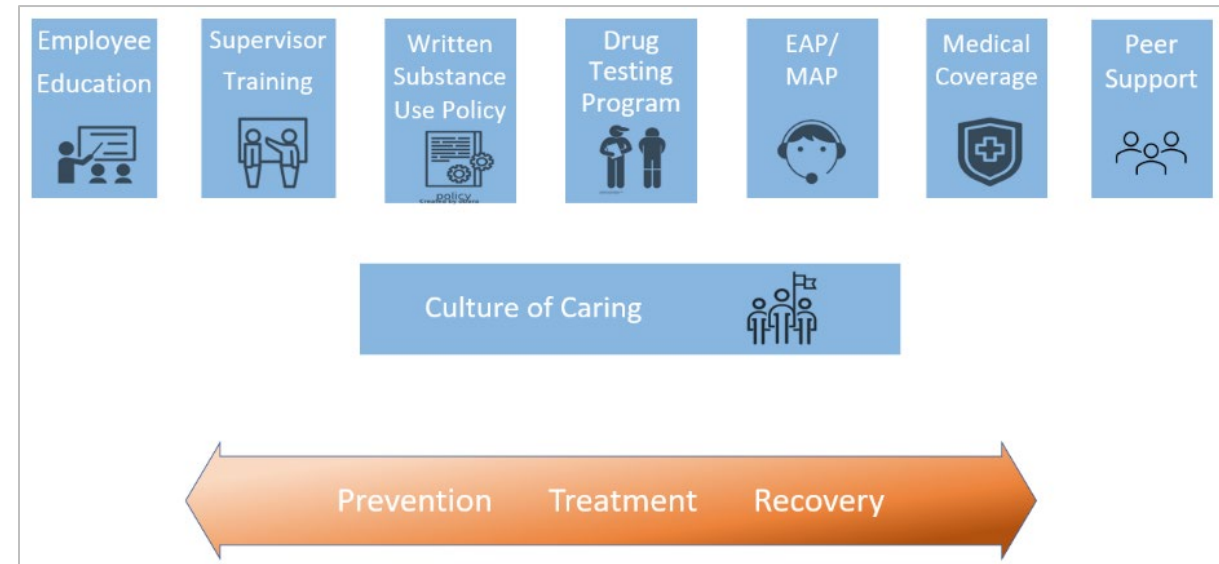
## Participant Statement

*Building a culture of care is the biggest challenge. There's not one thing you can point to in order to build a culture of caring between two goalposts, no narcotics/drug policy on one side and on the other side the services to assist the employee if they have an issue.*

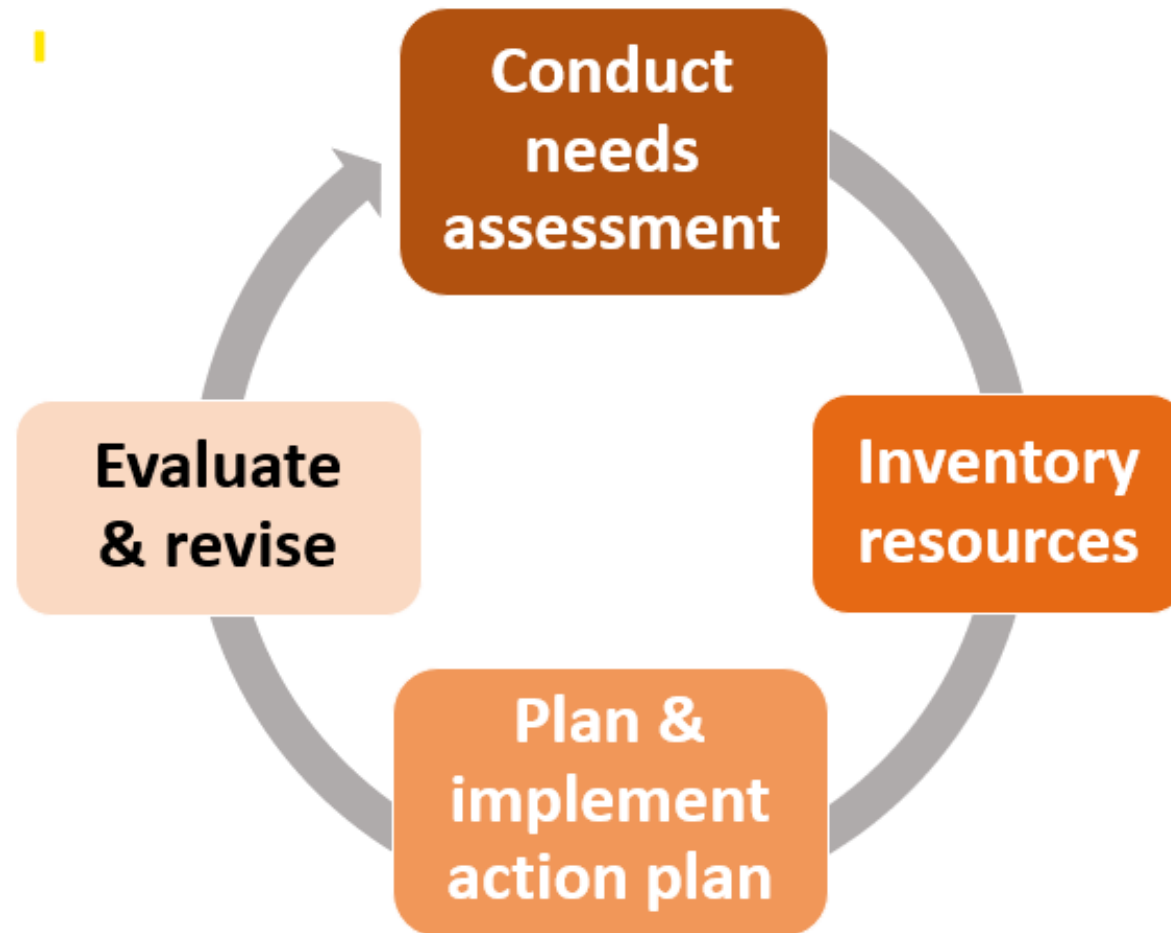


# Suggestions for Resources

- Include a graphic in the employer guide depicting prevention strategies linked to continuum of care
- Summarize issues related to drug-testing programs and provide model policies
- Provide links to exemplar programs

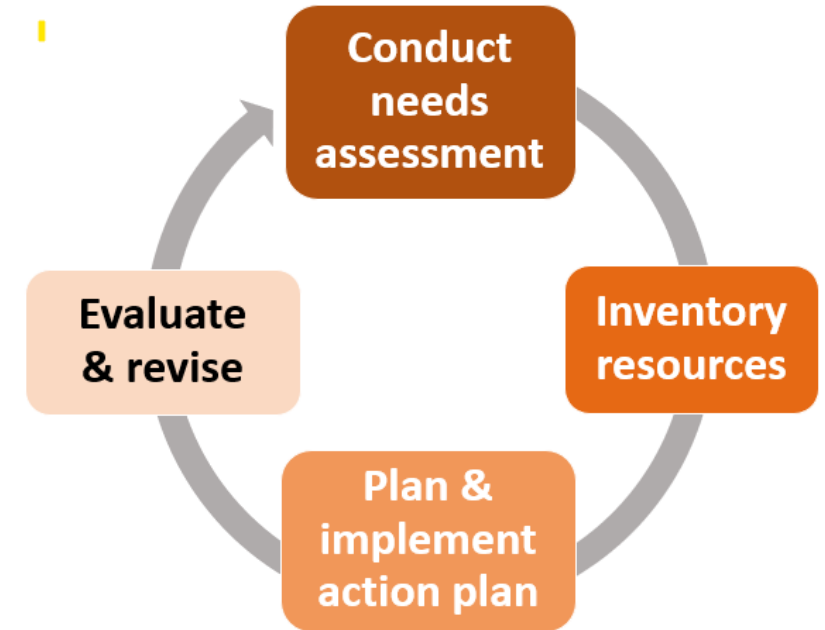


# 4. Process of Implementing Prevention



# Prevention Process: Themes

- None mentioned using a prevention planning model
- Needs assessment overlooked
- Uncertainty about what data can be used, e.g., EAP



*Starting Prevention Program*

## Participant Statement

*I'm in a quandary right now. We're probably putting resources out right now without having done the needs assessment. We may need to take a step backwards to figure that out and then move forward. Not sure of how to do a needs assessment for opioids.*

# Prevention Process: Themes

- The process of developing effective prevention is ongoing and iterative

## Participant Statement

*I suggest caution against delaying until you have all the answers. Start and learn so you can show the complexity of the issue that we are tackling.*

# Prevention Process: Themes

- Taking a systems approach facilitates prevention planning and implementation
  - May be value in using a holistic health framework (e.g., Total Worker Health)
- Engage all constituents and perspectives

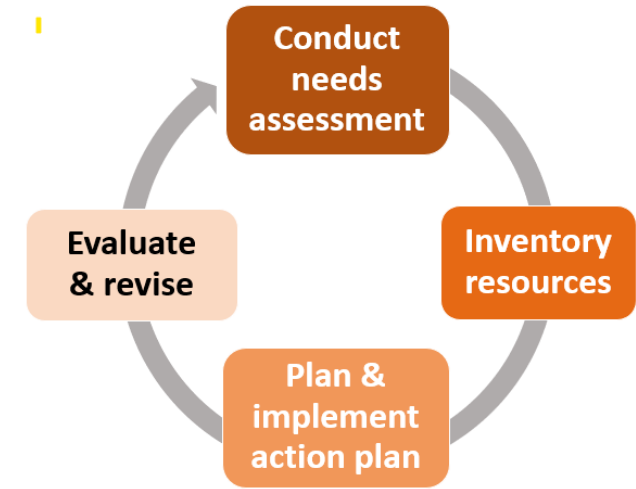
## Participant Statements

*What stood out for me was the lack of engagement of frontline supervisors and HR in implementing Total Worker Health.*

*The sustainability of programs depends on integration throughout the organization.*

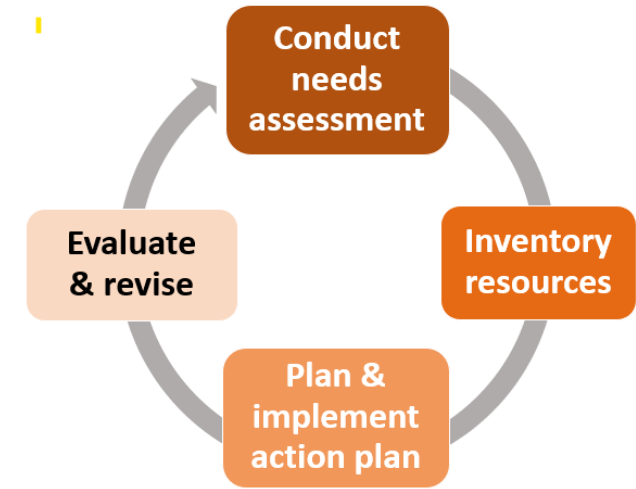
# Suggestions for Resources

- Include a section detailing a process model for developing a prevention program



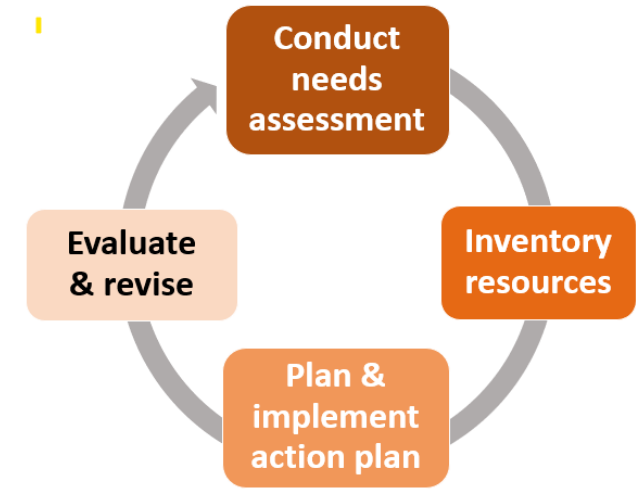
# Suggestions for Resources

- Include a section detailing a process model for developing a prevention program
- Include a needs assessment template and list of data sources



# Suggestions for Resources

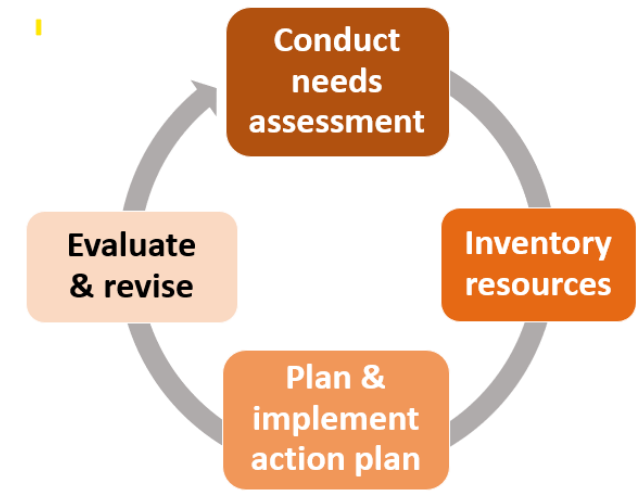
- Include a section detailing a process model for developing a prevention program
- Include a needs assessment template and list of data sources
- Key constituent worksheet with examples, how, and when to engage





# Suggestions for Resources

- Include a section detailing a process model for developing a prevention program
- Include a needs assessment template and list of data sources
- Key constituent worksheet with examples, how, and when to engage
- Develop sharable industry stories (i.e., case studies) of prevention planning and strategies



# Wrap-Up & Summary of Themes Across Areas

<p><b>Worker Opioid Burden</b></p> <ul style="list-style-type: none"><li>• Less than half of OSH managers perceived opioids as a problem</li><li>• Lack of data on worker use and substance use disorder</li><li>• Use is likely underestimated</li></ul>	<p><b>Design of Worker Training</b></p> <ul style="list-style-type: none"><li>• Training should be less than one hour</li><li>• Repeat messaging and delivery strategies</li><li>• Empower workers to make better decisions and help co-workers</li></ul>
<p><b>Prevention Strategies</b></p> <ul style="list-style-type: none"><li>• Most not providing opioid training</li><li>• Education &amp; peer support most needed</li><li>• Link strategies across continuum</li><li>• Tension between drug-free policies/practices and culture of care</li></ul>	<p><b>Process of Building Prevention Programs</b></p> <ul style="list-style-type: none"><li>• A prevention planning model is needed</li><li>• Needs assessment was overlooked</li><li>• Uncertainty about data to use</li><li>• Process is ongoing and iterative</li><li>• Systems perspective facilitates impact</li></ul>

# Next Steps

- MSHA/NIOSH collaboration
  - Continue to gather feedback (e.g., site visits)
  - Includes potential co-branding
- Informing MHP strategic planning and research in the next 12 – 18 months
- Explore continued Partnership engagement

# Discussion Questions

Do the findings reflect your perspective and/or experience?

# Discussion Questions

Did any of the themes surprise you?

# Discussion Questions

Are there any themes that do not reflect your experience?

# Discussion Questions

What are the most important components or content of in the employer resource guide?

Are there additional topics or resources that you want covered in the employer resource guide?

# Discussion Questions

What stands out as the most important takeaways?



# Additional Questions & Comments

- Address questions from the chat
- What additional questions and comments do you have?

# Contact Information

Carol Nixon, PhD

CNixon2@cdc.gov

Alex Johnson

Minerhealth@cdc.gov