



# TEAMSTERS Safety & Health FACTS

Safety and Health Department, International Brotherhood of Teamsters  
25 Louisiana Avenue, NW, Washington, DC 20001 ♦ 202/624-6960 ♦ [ibtsafety@teamster.org](mailto:ibtsafety@teamster.org)

## The Fight Against Opioids Employers Need to Make Workplaces Safer

### What Are Opioids?

Opioids are synthetic narcotics that have chemical properties similar to those found in opium. They are the most powerful pain relievers on the market. Opioids like hydrocodone (Vicodin) and oxycodone (OxyContin, Roxicodone) make it possible for many people dealing with injuries and chronic illness to work and lead productive lives. In the United States, these drugs top the list of most prescribed medications.

### Connection between Opioids and Dangerous Work

There is a strong connection between workers being injured on the job and the increased risk for opioid use and abuse. According to the Centers for Disease Control and Prevention (CDC) overdoses related to prescription opioids to relieve pain claimed the lives of 33,000 Americans.<sup>1</sup> The Bureau of Labor Statistics (BLS) reported that overdoses from the non-medical use of drugs or alcohol while on the job increased from 165 in 2015 to 217 in 2016, a 32-percent increase. Overdose fatalities have increased by at least 25 percent annually since 2012.<sup>2</sup>

Unfortunately, this paints a very troubling picture for workers. Transportation and construction workers consistently rank among the most dangerous occupations in the U.S., with fatal injuries involving transportation accounting for 40 percent (2,083) of the total 5,190 fatalities in 2016. It makes sense that workers are more likely to be in pain given their routine/non-routine job tasks and seek relief from that pain. It has been difficult to pin down the extent of this increased risk, however. In some of the areas that have been hit hardest by the opioid epidemic, that data is now emerging.

In an effort to control the opioid epidemic, the CDC released guidelines aimed at reducing the number of opioid prescriptions for chronic pain.<sup>3</sup> While there is evidence that efforts like these are working –

<sup>1</sup> <http://www.safetyandhealthmagazine.com/articles/16129-opioids-and-the-workforce>

<sup>2</sup> <https://www.bls.gov/iif/oshcfoi1.htm>

<sup>3</sup> <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

opioid prescriptions peaked in 2010 and have been on the decline since – doctors still prescribed three times as many opioids in 2015 as they did in 1999. In fact, 73 percent of construction workers injured in 2016 were still prescribed a narcotic painkiller. This shows that doctors are still leaning heavily on prescription opioids following serious injuries. While opioids may be necessary to treat pain in some cases, their use still creates a real risk for workers, especially when acute pain later becomes chronic pain.<sup>4</sup>

## **Finding Solutions That Support Workers**

First, it is important to recognize that there is no single, simple solution. Successful interventions will likely have to support workers in at least three different phases of exposure to opioids.

Stopping workplace injuries from happening in the first place is obviously the best possible solution. One key way to prevent incidents from reoccurring is to make it a practice to perform root cause investigations after workplace injuries and near misses. The goal of these investigations is not to place blame, but to understand the circumstances that led to the injury so it does not happen again. If we were to do a root cause investigation of opioid addiction, the most effective solution would likely be to keep workers from experiencing pain in the first place. We know that the vast majority of occupational injuries can be prevented. Decades of research and results in the field have proven it. But preventing pain goes beyond stopping serious on-the-job injuries like falls; it must also include the prevention of chronic injuries, namely musculoskeletal disorders (MSDs), caused by overexertion and other factors.<sup>5</sup>

For workers who are prescribed opioids, education about the risks, signs of opioid dependence and non-opioid alternatives should certainly be part of the equation. Unfortunately, it is the workers who are already addicted to opioids who need help the most, and it is also where help is falling short.<sup>6</sup>

The Ohio Bureau of Workers' Compensation launched a program that offers injured workers with active claims up to 18 months of addiction treatment if they were prescribed opioids at a level that could cause dependence and if their doctor agrees the treatment is necessary.<sup>7</sup> If successful, this type of approach could be a model for other states to follow. Other substance abuse professionals have suggested that physical rehab following an injury should include a plan for how patients will stop using opioids.

For employers, it can be difficult to reconcile a zero-tolerance policy for onsite drug use or impairment with the desire to help workers get the treatment they need. Some employers are starting to consider amending zero-tolerance policies to make room for a middle ground that maintains safety on the jobsite while allowing workers to receive addiction treatment. Implementing these policies will be complicated, but they do acknowledge a need to better support workers.

## **What The Teamsters Have Done?**

Due to this devastating opioid use cycle, the International Brotherhood of Teamsters led an investor effort calling for changes to corporate governance and compensation practices. The Teamsters are long-

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<sup>4</sup><https://www.lhsfna.org/index.cfm/lifelines/march-2018/how-likely-is-it-a-construction-worker-will-die-from-opioids/>

<sup>5</sup><https://www.lhsfna.org/index.cfm/lifelines/january-2018/preventing-opioid-addiction-starts-with-preventing-pain/>

<sup>6</sup><https://www.lhsfna.org/index.cfm/lifelines/october-2016/non-drug-approaches-to-managing-chronic-pain/>

<sup>7</sup><https://www.bwc.ohio.gov/downloads/blankpdf/ProvE-newsSept2016.pdf>

term shareholders in McKesson, Cardinal Health, and Amerisource Bergen—collectively known as the “Big Three” that distribute a vast majority of the country’s prescription opioids.<sup>8</sup> The Teamsters called on the boards of the Big Three to set up an independent committee to investigate their company’s opioid sales practices, sales incentives, and compliance programs.<sup>9</sup>

For example, in November 2017, Ken Hall, IBT’s General-Secretary Treasurer, and other Teamster representatives addressed Cardinal Health shareholders during its annual meeting asking them to establish an independent committee that investigates the company’s business practices. They also asked Cardinal Health to take greater accountability for the companies’ role in what the Ohio Attorney General says is fueling the opioid crisis in Ohio. The Teamsters played a role in highlighting a shareholder proposal asking the company to separate the positions of chairman and CEO, and to make the chairman post an independent director. Cardinal officially opposed the proposal but then in an announcement took precisely the steps the Teamsters asked for.<sup>10</sup>

### **For More Information:**

National Safety Council Painkiller Page:

<http://www.nsc.org/learn/safety-knowledge/Pages/safety-at-home-poisoning.aspx>

<http://www.nsc.org/RxDrugOverdoseDocuments/NSC-Painkillers-Employers-Infographic.pdf>

Safety + Health Magazine:

<http://www.safetyandhealthmagazine.com/articles/16129-opioids-and-the-workforce>

Fact Sheets:

<http://www.ndwa.org/wp-content/uploads/2017/01/Prescription-Drugs-and-the-Workplace-2017.pdf>

<http://www.marshmma.com/Blog/TheOpioidCrisisWhyEmployersNeedtoPayAttention.aspx>

[http://www.pewtrusts.org/~media/assets/2017/07/highpriceofopioidcrisis\\_infographic\\_final.pdf?la=en](http://www.pewtrusts.org/~media/assets/2017/07/highpriceofopioidcrisis_infographic_final.pdf?la=en)

For additional information, please contact the IBT Safety and Health Department, 25 Louisiana Avenue, NW, Washington, DC 20001. Email: [ibtsafety@teamster.org](mailto:ibtsafety@teamster.org); Phone: 202-624-6830; Fax: 202-624-8740.

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<sup>8</sup><https://teamster.org/news/2017/10/hall-big-3-are-fueling-opioid-epidemic>

<sup>9</sup><http://fortune.com/2017/10/20/60-minutes-opioid-crisis-big-three/>

<sup>10</sup><https://teamster.org/news/2017/11/teamsters-ohioans-join-opioid-vigil-cardinal-health>