



Reduce harmful work stressors.  
Improve job quality and health.

# Healthy Work Strategies

## Reducing COVID-19-related work stressors

### VI. Substance Use

COVID-19 has caused high rates of illness and death and has created uncertainty, anxiety, and stress, touching nearly every aspect of our lives.<sup>1</sup> In addition, during the pandemic, there has been an increase in substance use disorders (SUDs), and overdose deaths connected to prescription painkillers, heroin and fentanyl.<sup>2,3</sup> Since the beginning of the pandemic, 40 states have reported an increase in overdose deaths overall.<sup>2</sup> Twelve-month averages for overdoses have increased from 779 deaths pre-pandemic, to 2,198 deaths during the pandemic.<sup>4</sup> Hazardous alcohol use also increased for those under COVID-19 lockdowns.<sup>5</sup>

#### **Working conditions, work policies and opioids**

Before COVID-19, working conditions and work policies played an important role in the opioid epidemic<sup>6</sup>:

- 1) pain from work-related injury and illness led to misuse of prescription and/or illicit opioids and other substances, especially in industries with job insecurity and lack of paid sick leave, and thus pressure on workers to work while in pain;
- 2) emotional distress from stressful working conditions may lead to self-medication;
- 3) trade and employment policies that lead to job loss and economically distressed communities have been linked to opioid use and mortality; and
- 4) punitive workplace drug policies and lack of insurance coverage for drug treatment mean employees are less likely to ask for help when they need it.<sup>6</sup>

#### **COVID-19 stress creates extra challenges for workers with substance use disorders**

Pandemic related work stress may include fear of infection at work, changes in shifts and work hours, increased workload, loss of work, conflicts over mask usage, work-family conflict and greater social isolation.<sup>2</sup> The pandemic has also created extra challenges for

workers with substance use disorders (SUDs). Workers may be more likely to turn to substances for stress relief.<sup>2</sup> The pandemic has also “resulted in the shutdown of many treatment and recovery programs”, increasing social isolation<sup>2</sup>. Social interaction and support are keys to maintaining sobriety<sup>2</sup>. Lack of comprehensive substance use policies means that workers may fear punishment (such as losing their job) or being “stigmatized” (being thought about in a negative way) if they ask for help at work.<sup>2</sup>

### **Preventing substance abuse and injury before they occur (“primary prevention”)**

**Workplace injury prevention** involves the “evaluation and control of workplace hazards”, especially those that increase the risk of injury and illness, such as “ergonomic hazards, workplace violence, and slips, trips, and falls. The goal is to reduce workplace injuries, averting the need for an opioid prescription”.<sup>2</sup>

**Workplace stress prevention** involves reducing worker exposure to long hours, shiftwork, low job control, social isolation, work-family conflict, discrimination, bullying, harassment, or threats of violence.<sup>7</sup> Contract language, health and safety committees and training programs can help develop injury prevention and stress prevention programs.<sup>2,7</sup>

The National Institute of Environmental Health Sciences (NIEHS) Worker Training Program has developed comprehensive educational programs and resources available for free download at: [bit.ly/niehsopioids](https://bit.ly/niehsopioids).<sup>8</sup> The NIEHS information provides a way for managers, supervisors and employees to talk openly about injury prevention, stress, related physical and emotional pain, and their connection to mental health and substance use in the workplace.<sup>8</sup>

### **Preventing substance abuse after injury (“secondary prevention”)**

Prepare injured workers to “discuss opioid avoidance and alternative pain treatments with their healthcare providers”. Alternative pain treatments help workers avoid opioid misuse after injury and may include “over-the-counter nonsteroidal anti-inflammatory drugs (such as ibuprofen or naproxen sodium), physical therapy, chiropractic care, ice, and mindfulness”.<sup>2</sup>

Paid sick leave needs to be available so workers can recover, lessening the chances they will need opioid medication to enable them to work while in pain.<sup>6</sup> “Return to work” accommodations for the worker, such as making adjustments to the physically demanding parts of their job, can decrease the likelihood of the worker being re-injured.<sup>6</sup>

### **Providing treatment for people with substance use disorder (“tertiary prevention”)**

Develop comprehensive policies on SUDs, including education, Employee Assistance Program (EAP) referrals for drug treatment, health insurance coverage for drug treatment and job protection for workers who complete drug treatment.<sup>6</sup> One study reported a 72% decrease in the odds of workers using substances when employers created comprehensive policies which avoided punishment for substance use and focused on assisting workers with their SUDs.<sup>9</sup>

Reduce the stigma from using Medication Assisted Treatment (MAT) for SUD. Individuals taking methadone or buprenorphine to help decrease opioid cravings can be subjected to stigma not only from the general public, but from within the recovery community<sup>10</sup>. Taking these medications may be perceived as trading one habit for another, when in reality they help reduce the chances of relapse and improve the quality of life for those in recovery<sup>10</sup>. Emphasizing this information to people about to enter treatment will help them see MAT as a positive choice, not an undesirable option, or another form of “addiction”<sup>10</sup>.

“Peer” (co-worker) support can help workers in maintaining recovery, and dealing with stigma.<sup>11</sup> The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that peers can provide “non-judgmental” support that boosts the confidence of those working on “staying clean”, and can lead to less substance use, less hospitalization connected to substance use, and fewer problems with law enforcement.<sup>12</sup> The International Union of Operating Engineers Local 478 uses “peer support” for its Member Assistance Program (MAP), and they have the cooperation of 248 of 250 construction contractors under collective bargaining agreements.<sup>6</sup> Their MAP allows for more proactive support and takes advantage of peer relationships established through work.<sup>6</sup>

### **Reducing COVID-19 pandemic related work stress**

Please see the other case studies on [this web page](#) for other strategies to reduce COVID-19 related work stress. Policies, practices and interventions to reduce the work-related stresses from COVID-19 and their potential impacts on substance use, need to be evaluated. We plan to update this page as COVID-19-related substance use policies, practices and interventions are enacted or revised. Please share new information about COVID-19, stress and substance use with us, so that we can discuss it here.

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