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CONSTRUCTION DATA

Construction Workers Most Likely to Misuse Opioids

Survey of professions highlights need for programs to prevent drug-related harm in construction.

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Construction workers are more likely to use drugs than workers in other professions, finds a study by the Center for Drug Use and HIV/HCV Research (CDUHR) at NYU College of Global Public Health.

The study, published in the journal *Drug and Alcohol Dependence*, shows that construction workers are the most likely of all occupations to use cocaine and misuse prescription opioids (taking them for nonmedical purposes), and the second most likely to use marijuana.

The construction, mining, and extraction industries are among the largest sectors in the United States. The hazards of this type of work—including falls, injuries from overexertion, and being struck by or caught in heavy machinery—result in high injury and fatality rates. In particular, injuries from repetitive, strenuous work can lead to treatment or self-treatment with pain medication such as marijuana or opioids.

“Construction workers are at an increased risk for drug use, which makes them vulnerable to work-related injuries or even overdose deaths,” said Danielle Ompad, associate professor of epidemiology at NYU College of Global Public Health, deputy director of CDUHR, and the study’s lead author. In Ohio and Massachusetts, recent studies have demonstrated that construction workers were six to seven times more likely than other workers to die from an opioid overdose.

Using a decade of data (2005-2014) from the National Survey on Drug Use and Health, a nationally representative samples of U.S. adults, Ompad and her colleagues analyzed responses from 293,492 participants. They compared 16,610 construction, extraction, and mining workers (who made up 5.6 percent of the sample) to those working in 13 other occupations. Participants were asked about their employment and workplace drug policies, as well as whether they used drugs including marijuana and cocaine within the past month. They were also asked about their use of opioids for nonmedical reasons, such as taking opioids not prescribed to them or taking them only for the experience of getting high.

The researchers found that, compared to all other professions, construction workers had the highest prevalence of misusing prescription opioids (3.4 percent vs. 2 percent) and cocaine use (1.8 percent vs. 0.8 percent). Construction workers also had the second highest prevalence of marijuana use after those in service jobs (12.3 percent vs. 12.4 percent, compared with 7.5 percent in non-construction occupations).

“It makes sense that we see higher rates of construction workers using pain-relieving substances such as opioids and marijuana, given the labor-intensive nature of their work and high rates of injuries,” said Ompad.

The researchers also observed that having unstable work or missing work was linked to being more likely to use drugs. Construction workers who were unemployed in the past week or working for three or more employers were more likely to use marijuana or misuse prescription opioids. Missing one or two days in the past month due to not wanting to go to work was associated with increased odds for marijuana, cocaine, and prescription opioid misuse, and missing three to five days of work in the past month due to illness or injury was associated with double the odds of opioid misuse.

Workplace drug policies were more “protective” against marijuana use than the use of cocaine or misuse of prescription opioids. Specifically, workplace alcohol testing, drug testing during the hiring process, random drug testing, and working for an employer that fires employees with a positive drug test were all associated with lower odds of marijuana use.

“In the high-risk settings of construction work, where safely handling hazardous equipment is critical for reducing harms for workers, drug testing and other workplace substance use policies may play a role in protecting workers. However, not all marijuana and opioid use is problematic and drug testing cannot distinguish recreational use from medical use. Thus, strict workplace drug policies also have the potential to harm companies and reduce employment opportunities for workers,” said Ompad. “Coupled with reports of high overdose mortality among construction

workers, our findings suggest that prevention and harm reduction programming is needed to prevent drug-related risks and mortality among this population.”

In addition to Ompad, study authors include Robyn Gershon and Simon Sandh of NYU College of Global Public Health, Patricia Acosta of the Department of Population Health at NYU School of Medicine, and Joseph Palamar of the Department of Population Health at NYU School of Medicine and CDUHR. Research reported in this publication was supported by the National Institute on Drug Abuse of the National Institutes of Health (P30DA011041, K01 DA038800, R01 DA044207).

The mission of the Center for Drug Use and HIV/HCV Research (CDUHR) is to end the HIV and HCV epidemics in drug using populations and their communities by conducting transdisciplinary research and disseminating its findings to inform programmatic, policy, and grass roots initiatives at the local, state, national, and global levels. CDUHR is a Core Center of Excellence funded by the National Institute on Drug Abuse (Grant #P30 DA011041). It is the first center for the socio-behavioral study of substance use and HIV in the United States and as of October 2018, is located at the NYU College of Global Public Health. For more information, visit www.cduhr.org .

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