Worker Wellness & Safety: How Health-Behaviours Affect Incident Risk Fatality File



Drug and alcohol overdoses accounted for 410 U.S. workplace deaths in 2024 as substance use and fatigue remain leading behavioral contributors to occupational fatality

What Happened

In 2024, the U.S. Bureau of Labor Statistics recorded 5,070 fatal work injuries. Of those, 687 were attributed to exposure to harmful substances or environments — and drug or alcohol overdoses accounted for 410 of those deaths, representing 59.7 percent of all fatalities in that category. More than one worker died every day in 2024 from substance-related causes while on the job — in warehouses, on construction sites, in vehicles, and across every major industry. Alongside this sits a parallel, less-counted crisis: fatigue. The National Safety Council attributes 13 percent of all U.S. workplace injuries to fatigue, and OSHA links worker fatigue directly to the 2005 Texas City BP refinery explosion, the Space Shuttle Challenger disaster, and the nuclear accidents at Chernobyl and Three Mile Island.

What Went Wrong

Substance use and fatigue impair the same cognitive and physical functions that safety depends on — and they do so invisibly. A fatigued or impaired worker does not trigger an inspection or a visible alarm. The worker themselves may not recognize the degree of their own impairment. Employers who do not actively manage fatigue risk, adjust schedules for extended shifts, or support workers with substance use disorders are allowing a known and measurable hazard to remain uncontrolled in their workforce.

The Bottom Line

Worker health is not separate from worker safety — it is one of its foundations.

A worker who arrives fatigued, impaired, or managing an unaddressed health condition is already a different risk profile than the job hazard analysis assumed. Addressing wellness is not a benefit program — it is a safety control.

Source: https://www.bls.gov/news.