

demonstrate consistent elevated risks for occupations in construction and trades (p: HR=1.57, 95% CI=1.48–1.67, mb: HR=1.59, 95% CI=1.51–1.68), forestry and logging (p: HR=1.45, 95% CI=1.09–1.94, mb: HR=1.70, 95% CI=1.34–2.16), materials handling and related (p: HR=1.32, 95% CI=1.22–1.43, mb: HR=1.22, 95% CI=1.13–1.31), processing (mineral, metal, chemical) (p: HR=1.27, 95% CI=1.14–1.42, mb: HR=1.26, 95% CI=1.14–1.39), among other occupations.

Conclusions Results suggest opioid-related harms cluster among certain occupational groups in the Ontario workforce, some of which are consistent with fatality data. Identification of high-risk subgroups by occupation will help inform targeted prevention and harm reduction activities.

Occupational epidemiology in unorganised sectors: agriculture, construction, service sectors

O-147

OCCUPATIONAL HEALTH AND SAFETY IN THE CALIFORNIA, USA CANNABIS (MARIJUANA) INDUSTRY

Marc B Schenker. *Department of Public Health Sciences, University of California Davis School of Medicine, USA*

10.1136/OEM-2023-EPICOH.26

Introduction Cannabis (*Cannabis sativa*, marijuana) is the most valuable crop in California. Approximately 10% of cannabis is grown and sold on the legal market, with combined legal and illegal revenues exceeding \$10 billion per year. There are approximately 58,000 legal cannabis jobs in the state, but the total size of the workforce is unknown. There has been little research on the health and safety of cannabis workers; none includes seasonal immigrant workers.

Material and Methods We performed a qualitative study of Northern California cannabis cultivation and processing workers' experiences and perception of workplace hazards based on four focus group discussions including 32 cannabis workers and nine key informant interviews. Transcripts were analyzed to identify major themes of exposures and health effects. We briefly report results of a pilot study of respiratory and dermal symptoms among 29 workers at two legal cannabis farms in the Sacramento, California area.

Results Most (56%) focus group participants were Latino, and 50% were women. They were exposed to physiological hazards including respiratory and dermal exposures, 10–12 hour work shifts of repetitive tasks at uncomfortable workstations, and substandard worker housing. Immigrant workers reported experiences of discrimination and violence due to immigration documentation status, race, and gender. Psychosocial stress due to production pressure and geographic and social isolation was common. Pilot study participants were mostly white (58%) men age ≤ 30 years. Work-related symptoms of any

type were reported by 38% of participants, and 38% reported symptoms suggestive of asthma.

Conclusions This is the first study of seasonal cannabis worker health. Some physiological exposures were consistent with previous studies of cannabis worker health, but other concerns were identified that have not previously been characterized including structural and interpersonal violence and stress. The high proportion of pilot study with work-related symptoms including those suggestive of asthma raises concern.

Cardiovascular disease

O-150

MYOCARDIAL INFARCTION INCIDENCE RATES AMONG NIGHT WORKERS IN THE DANISH HEALTH CARE SECTOR: EXPOSURE-RESPONSE RELATIONS

¹Jesper Medom Vestergaard, ¹A Dalbøge, ²JP Bonde, ³AH Garde, ⁴Miguel Angel Alba Hidalgo, ⁵ÅM Hansen, ⁶A Larsen, ³M Härmä, ⁷S Costello, ⁸M Böttcher, ¹Miguel Angel Alba Hidalgo. ¹Department of Occupational Medicine, Danish Ramazzini Centre, Aarhus University Hospital, Aarhus, Denmark; ²Department of Occupational and Environmental Medicine, Bispebjerg and Frederiksberg Hospital, Denmark; ³The National Research Centre for the Working Environment, Denmark; ⁴The Danish Cancer Society Research Center, Denmark; ⁵Department of Public Health, University of Copenhagen, Denmark; ⁶Finnish Institute for Occupational Health, Finland; ⁷Environmental Health Science, School of Public Health, University of California, Berkeley; ⁸Department of Cardiology, Gødstrup Hospital, NIDO, Herning, Denmark

10.1136/OEM-2023-EPICOH.27

Introduction Night shift work has been associated with cardiovascular disease. We examined the exposure-response relation between number of monthly night shifts, other quantitative night work characteristics and myocardial infarction.

Material and Methods We followed a cohort of 100 784 nurses, physicians and other health care workers working night shifts at Danish public hospitals in Denmark (80% women), 2007–15, with day-by-day work hour information from a national payroll register. First time hospital admission rates for myocardial infarction were identified. We analysed data with Poisson regression adjusting for register-based potential confounders (age, diabetes, obesity, hypercholesterolemia, hypertension, family-history of cardiovascular disease, occupation, education, and evening work).

Results and Conclusions During follow-up, 397 night workers (56% women) were diagnosed with first time myocardial infarction. For female night shift workers, we observed exposure-response relations for number of monthly night shifts, cumulative night shifts, and consecutive night shifts, but not for years with rotating night shifts or years with any night shifts. For male night shift workers, we observed no exposure-response relations. Several measures of increasing extent of night shift work were among women night workers related to an increasing risk of myocardial infarction. No such patterns were observed among men. This may indicate a sex specific effect of night shift work.