Opioids and Mental Health:
Efforts to Combat the Opioid and Suicide Epidemics

NCCMP Meeting
September 20, 2022

Christina Cain
Executive Director
NABTU Opioid Task Force

NABTU President Sean McGarvey established

• 14 international union reps
• Employers and employer reps
• BTCs, Insurers, and Government partners

Adopted a public health model to address the problem
Public Health Model

- Primary Prevention
  - Prevent pain
  - Prevent Injuries
- Secondary Prevention
  - Treatment Alternatives to Opioids
- Tertiary Prevention
  - SUD Treatment and Recovery
NABTU 2020 Resolution

“Support for Efforts to Reduce Pain, Opioid Use, Opioid Overdose and the Number of Deaths by Suicide in the Construction Industry”

Resolution No. 4

BE IT RESOLVED, that North America’s Building Trades Unions and all Building Trades Councils fully endorse combating opioid-related deaths and deaths by suicide in the construction industry by taking measures to prevent pain, educate the industry, and provide support to members:

- Promote programs and ergonomic equipment on job sites that reduce musculoskeletal disorders and traumatic injuries—work shouldn’t hurt.

- Work to de-normalize substance use and mental health disorders through culturally and linguistically appropriate services, education and awareness, with members, leadership, and owners.

- Educate members about the problems and limitations of opioids for long-term treatment of injuries and chronic pain resulting from construction work—and informing them about non-opioid alternatives to pain management treatment.

- Mandate all apprentice and/or trainee members to complete a training program designed to increase awareness of work-related injuries associated with opioid use.

- Design International and Local Taft-Hartley health funds to provide members with best-in-class benefits to promote behavioral health and substance use disorder benefits and alternative treatment for pain. For example, evaluate benefit designs to ensure compliance with the Mental Health Parity Act and promote medication-assisted treatment (MAT), including opioid treatment programs (OTPs), that are combined with behavioral therapy and medications to treat substance use disorders. Consider covering services that are non-traditional but effective for pain management such as acupuncture, massage, and physical therapy. Ensure that pharmacy benefit managers are offering clinical management programs such as step therapy, quantity limits, and clinical prior-authorization to ensure that best practices are followed.

- Support Employee Assistance Programs.

- Develop peer educator programs to connect affected workers with substance use disorder treatment and mental health support.

- Publicize available behavioral health resources, inclusive of member/employee assistance programs, peer programs, and counseling and treatment resources, available through building trades unions and health and welfare funds.

- Support members at all stages in their path to recovery from substance use disorder or behavioral health issues. This includes pre-treatment, treatment, and long-term recovery.

- Educate members and provide resources on suicide prevention and awareness.

- Encourage organizations to help develop and support workplace policies and programs that promote rehabilitation and return-to-work opportunities.
CPWR Resources
Projects to Prevent Opioid Use

- Communications report on Primary Prevention
- Opioid Awareness Training
- Peer Advocacy Report
- Data Reports
- Physicians Alert
- Aids to reduce stigma
FrameWorks Communication Solutions

- Link **causes** and **consequences** to build support for structural solutions.
- Use the **Upstream/Downstream metaphor** to explain prevention.
- Appeal to the **Value of Investment** in messages to construction industry.
- Choose **concrete examples** to illustrate what effective interventions look like.
- Provide the **context** needed to interpret unfamiliar concepts and data.
- Explicitly **name who or what is responsible** for problem or taking action to fix it.
- Emphasize **systemic** solutions to expand thinking beyond **individual**-level interventions.
Opioid Awareness Training

- Created an opioid hazard awareness training on behalf of North America’s Building Trades Unions
  - Improve knowledge about opioids and related substance use and mental health
  - Inspire and motivate trainees to act

- Piloted and Evaluated
- Shortened and Online-optimized training in 2020, updated 2022
Peer Advocacy in the Construction Industry

• Interviewed Key Informants from the NABTU Opioid Task Force
  • Union Response to Opioid Crisis
• 7 of 13 Interviewees Discussed Peer Advocacy
  • Themes about Peer Advocacy Included:
    • Barriers -- Stigma, Buy-In, Trust
    • Planning
    • Design
    • Recovery
Data Center Reports

Overdoses
Opioid Use
Mental Health During COVID

Overdose Fatalities at Worksites and Opioid Use in the Construction Industry
Xuwen Sue Dong, DrPH, Raina D. Brooks, MPH, Chris Tahan Cain, CIH

Foreword
Construction workers are among the segments of the U.S. population who have the highest overdose death rates. Recent state-level studies of opioid overdose deaths show that construction workers are six to seven times more likely to die of an overdose than workers in other professions. The impact of opioids on our field led us to make it the focus of this Quarterly Data Report.

Section 1 examines a small subset of construction workers who died of an overdose who died on a worksite. These are figures for which we do not have national data, but there is national data about how many of the 136 Americans who die each day from an opioid overdose works in construction.

This report also reveals other gaps in our understanding of the impact of opioids on construction workers. For example, Section 2 contains the surprising finding that the percentage of construction workers who used prescribed opioids, on average, is slightly lower than workers in all industries combined. Our assumption before conducting this analysis was the reverse, given that construction has one of the highest injury rates of all industries, particularly musculoskeletal disorders that often result in chronic pain and long-term pain management. One possible explanation for this counter-intuitive finding: construction workers are less likely to have health insurance than workers in other major industry sectors, and as they may be less likely to receive a prescription for opioids than workers in other sectors.

While the impact of opioids on the construction industry and its workers is becoming clearer, there remains much we need to learn to understand and respond to the damage they are causing. We look forward to receiving your feedback on this important report and working collectively to minimize the impact of opioids on our workers, their families, the industry, and society.

Chris Tahan Cain
Executive Director
CPWR

OVERVIEW
Anxiety and depression symptoms significantly worsened nationwide during the COVID-19 pandemic. Construction workers already suffer from an increasing and alarmingly high suicide rate, making it particularly important to understand mental health in the industry during the pandemic. To support that goal, this Data Bulletin examines self-reported symptoms among workers in the population screened for the National Health Interview Survey (NHIS) from 2011 to 2018 and in 2021, focusing on patterns and changes during the pandemic. Anxiety and depression were measured for construction workers by % feeling of anxiety or depression at least once a month, and % feeling of anxiety or depression at least once a week, or associated medication use. (see the Definitions section at the end of the report for detailed criteria). Differences in the frequency or level of anxiety/depression between 2018 and 2020 were measured in a subsample of construction workers who were interviewed in both years. Anxiety depression was compared among% worker demographics, socioeconomic status, and health indicators (i.e., health status, smoking, opioid use, and health insurance coverage). Due to the survey methodology changes in 2021, and fewer respondents during the pandemic, the sample size of some subgroups is relatively small.

KEY FINDINGS

Construction workers feeling anxious or depressed at least once per month rose 20% between 2011 and 2018. Chart 1
In 2020, the prevalence of anxiety/depression (based on feelings or medication) in workers was 15%, and was particularly high in those who were not insured (24%), living below the poverty line (24%), or working part-time (19%). Charts 4-6
In 2020, symptoms of anxiety or depression were almost three times higher in workers who were not insured (24%) compared to those who did not (8%). Charts 7
Among workers who were surveyed in both 2018 and 2020, 83% had a lower cultural or depressive feelings between years, with increases more common in those who were age 18-44 (66% female 50%) or had a family income below the poverty line (67%). Charts 8-10

Learn about the warning signs and how to start a conversation at openpr.org/outside-prevention.

#Construction #MentalHealth #Overdose #OpioidUse

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LEVEL 2 Prevention: Avoid Opioids

- Avoid long-term opioid prescriptions
- Avoid combined prescriptions (tranquilizers + muscle relaxants + painkillers)
- Advocate for good care, including non-opioid treatment
Jobsite Opioid Resources

**Opioid Deaths in Construction**

**Construction work can result in painful injuries that are sometimes treated with prescription opioids. One in four people prescribed opioids for long-term pain became addicted and opioid-related deaths are on the rise.**

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**Chris’ Story**

Chris strained his back after lifting heavy materials. He tried to ignore the pain, but it wouldn’t go away. Chris went to the doctor and was prescribed an opioid to treat the pain. The pills reduced the pain, but his back never got better. Chris found that he needed the pills to make it through the day. Eventually, his doctor refused to give him another prescription. Chris went to another doctor and got a new prescription. Over time his job performance and family life began to suffer. Chris went back to his doctor and asked for help. His doctor helped him to find treatment for his opioid addiction. Chris is now in recovery and using a non-addictive treatment for his pain.

**Have you known someone addicted to opioids?**

**If a worker is injured and in pain, what should he or she do to avoid becoming addicted to opioids?**

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**How can we stay safe today?**

**What will we do at the workplace to prevent an injury?**

1. __________

2. __________

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*Opioid Deaths in Construction is an initiative of the Center for Construction Research and Training (CPWR). The initiative is supported by the Dolan Family Foundation and the Robert W. Woodruff Foundation, with additional support from the construction industry. WorkSafeBC, a leading provincial construction safety organization, was a key partner in the development of this resource.*

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**Opioid Deaths in Construction**

**Remember This**

- Your employer must provide a safe work environment to prevent injuries. If you see a hazard on the job, report it to your supervisor or foreman.
- Follow safe work practices to prevent injuries, such as getting help when lifting heavy materials.
- If you are injured, talk to your doctor about non-addictive medications or physical therapy to treat the pain.
- Opioids should be the last option, and if prescribed used for the shortest time possible.
- Addiction is an illness that can be treated. Get help if you find you are dependent on pain medication to get through the day.
- Check with your union or employer to find out if they have a program to help, such as an employee assistance program (EAP) or member assistance program (MAP).
- Call this confidential national hotline to find out about treatment options near you: 1-800-662-HLPF (4573) or go online at https://resourcesFacingAddiction.org.
Infographic

Construction work can result in painful injuries that are often treated with prescription opioids. Opioids are addictive and should be the last option to treat your pain. Talk to your doctor about non-addictive medications.

REMEMBER: Addiction is an illness that can be treated. Call this confidential national hotline: 1-800-662-HELP (4357)
Visit: Facing Addiction — https://resources.facingaddiction.org/

1 out of 4 people prescribed opioids for long-term pain become addicted.*


In 2017 alone, more than 72,000 people died in the U.S. from an overdose — over 45,000 of which involved an opioid.*


Overdose deaths that occur on the job are on the rise.**

Help Prevent Suicide...

1. Reach Out
If you notice warning signs of suicide in someone you know, talk to them — start a conversation. Ask from a place of caring for what you might hear. The most likely talk will happen when a lot of time and energy are put into it, while we are under stress, and I am concerned. You may feel uncomfortable, but it is the best tool we have to prevent suicide in their lives. It is not about “thinking about suicide.” Asking for help will put a learning tool that they need to make it.

2. Respond
When speaking with someone who may be thinking about suicide, take what they say seriously. Listen without judgment, and express concern and support. In times of crisis, speak openly about feelings with suicide. Do not ask questions, discourage them to keep feeling, such as “are we thinking about suicide?”

3. Connect
Encourage the person to see a mental health professional. Call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), or a therapist now is the best time to talk to and get help. At the end of the road, I have discovered and said that it is a very important issue, the best way to move forward.

Find out more about construction hazards.

To remove concrete of the Hazard Alert and other topics, visit the CPWR website at www.cpwr.com.

Jobsite Suicide Prevention Resources

The Data
Suicide rates in the U.S. have increased in recent years, and I have been the 10th leading cause of death since 2000. In 2017, there were

43,794 suicide deaths — an average of 119 per day — or every 11 minutes.

Suicide can be prevented. According to the Centers for Disease Control and Prevention (CDC), construction has one of the highest suicide rates among all industries. In 2017, there were a total of 322 suicide deaths among construction workers, accounting for 5.1% of all suicide deaths among construction workers. This is a significant problem, and an increase in construction suicide rates in recent years, particularly among construction workers. However, there are steps that workers and employers can take to recognize the warning signs and help prevent suicide.

Recognize the Warning Signs
According to mental health professionals, the following are warning signs that someone you know is thinking about suicide:

- Talking about wanting to die or being planful about suicide, including making a plan to die, including some physical changes, or thinking about suicide.
- Avoiding contact, including wanting to be left alone, avoiding social interactions, or withdrawing from others.
- Changes in mood, including negative or pessimistic mood swings, or a change in general behavior, including changes in appetite, sleep, or energy levels.
- Changes in normal activities, including stopping participation in activities that were once enjoyed.

Helpful Resources

- The National Suicide Prevention Lifeline: 1-800-273-TALK (1-800-273-8255)
- The Crisis Text Line: Text “HELLO” to 741741 to connect with a crisis counselor.
- American Foundation for Suicide Prevention (AFSP): www.afsp.org

If you or someone you know needs immediate help, contact the National Suicide Prevention Lifeline at 1-800-273-TALK, the online Lifetime Chat, or text “HELLO” to 741741 to connect with a crisis counselor. They provide free and confidential support with trained counselors 24/7.
Infographic

Together, we can help prevent Suicide in Construction.
Reach Out
Respond
Connect

If you or someone you know needs immediate help, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or text "HELLO" to 741741 to connect with a crisis counselor.

Reach Out
Respond
Connect

Together we can help Prevent Suicide in Construction.

The construction industry has one of the highest suicide rates.

Learn about the warning signs and how to start a conversation at tinyurl.com/cpwsuicideprevention.

Remember,
You are not alone.

If you or someone you know needs immediate help, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or text "HELLO" to 741741 to connect with a crisis counselor.
Ongoing Work
Map

Map organizations and programs focused on preventing opioid overdose and suicide in construction, and relationships among them.

Identify

Identify opportunities for innovation, incubation, collaboration, and increased investment.

Create

Highlight actions for targeted data collection, evaluation, research, and learning. Create Topic Area Work Groups.
Workshop Outcome

Four Ongoing Workgroups

• Training and Education
• Changing the Culture and Stigma Reduction
• Injury Prevention and Workplace Stress
• Peer Support

CPWR will support the workgroups and coordinate with the NABTU Opioid Task Force moving Forward
CPWR.com

- All CPWR free Resources and more
- SAMHSA Treatment Locator
- National Suicide Hotline Phone Number
- CIASP Website Links
- NIOSH
- CDC
Questions?

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