It’s Time to Get Uncomfortable: Fighting the Substance Misuse and Mental Health Epidemic in the Construction Industry

By Ashley Dwyer, International Union of Operating Engineers Local 478

As the COVID-19 pandemic enters its second year, we can finally sense our hyper-alert status relaxing. Many of us missed out on important events, stayed away from our loved ones, and gave up any social life we were used to, in order to help fight the pandemic and keep everyone safe. Sadly, even despite so many efforts, over 600,000 people have died from COVID in the U.S.

The implications of COVID-19 on mental health will take time to come to the forefront. Through recent surveys, we have begun to see that about 4 in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder, up from one in ten adults who reported these symptoms from January to June 2019. There is also what has been termed as “COVID fatigue.” 34% of Americans have reported feeling depressed, worried or lonely, having a hard time getting motivated and just overall feeling more tired. Also, 13% of Americans reported an increase in substance use or started with substance use to combat these feelings.

One industry has suffered for decades with these issues, and that is the construction industry. Prior to COVID, 16.5 percent of construction workers reported heavy alcohol use and 11.6 percent of construction workers admitted to illicit drug use. Adding it all together, the construction industry has the second highest rate of substance abuse amongst all industries. The construction industry also has four times the national average for suicide. In a study by Quest Diagnostics of drug-screening samples from 2015 to 2017, positives for methamphetamine were highest in the construction sector in each year, and increased 15% during that period. Construction also ranked highest among industries for cocaine positivity – more than 33% higher than the general U.S. workforce.

Many of these substance use patterns can be related to construction workers’ inability or resistance to talk about what they are feeling and the lack of support systems they have at home and/or on the jobsite. The industry itself carries a lot of stressors/injuries, and as the data show, many people use substances to numb the stress or pain they are feeling. In addition, many construction workers have been prescribed an opioid for an injury and have not been properly weaned off the drug. These contributing factors pose safety issues for everyone on the jobsite. Sadly, the Coronavirus pandemic has only accelerated these issues.

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According to Bryan Northrop, Executive Vice President of Skanska USA, “If you do simple math, you’re 15 times more likely to die in construction from opioids than all the other hazards from a job site combined. That one statistic should really open everyone’s eyes, but you never see it printed anywhere.” The construction industry has been suffering for far too long.

The International Union of Operating Engineers (IUOE), Local 478 in Connecticut, has combated this issue from a “boots on the ground approach,” by developing a robust training program to train peers to assist struggling union members. This is only scratching the surface of what needs to be done to spread the message that help is available and that it is okay to seek help. Early intervention when dealing with substance abuse, behavioral health disorders and suicide can help save lives, and that is what a peer does. It is also important for company owners to receive education on this topic and consider giving employees the opportunity to get help without losing their job. Fear of losing their job is the most frequent reason we hear for someone not reaching out for help.

Within the IUOE Local 478 Members Assistance Program, we also do not focus on the statistics, we take them into consideration and respect them. However, treatment and recovery are not a one-size-fits-all program. What works for one person, may not work for the next. Far too often, well meaning organizations begin to focus on the statistical aspect of addiction, behavioral health and suicide and get lost in the numbers. For Local 478, its about saving lives and saving those lives quickly and getting our members back to work, safely. We also focus on getting the family of the person who is struggling help as without family support, no one heals.

While the world combats the COVID pandemic, the construction industry has been fighting an epidemic all along. The rapid rate at which construction members are dying from substance use and suicides is beyond concerning and the coronavirus created what we like to call “the perfect storm.” Isolation, economic stress and fear become a lethal combination, only pushing the epidemic farther. The various pathways to help exist, and peer programs have been on the rise in recent years and have proven successful. If you would like to learn more about the pathways to help and what a peer program is and does, please reach out to IUOE Local 478 Members Assistance Program Director Kyle Zimmer at 203-537-2207 or Members Assistance Program Coordinator Ashley Dwyer at 203-745-6389.

Fighting this epidemic is a communal effort and with the right approach, we can save lives.

Sources:

The Implications of COVID-19 for Mental Health and Substance Use
Mental health concerns rise as COVID fatigue deepens
Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic

Naloxone + Opioid Response App (NORA)

Naloxone is a medicine that rapidly reverses an opioid overdose. It attaches to opioid receptors and reverses and blocks the effects of other opioids.

In order to control and mitigate the impact of the opioid crisis, the U.S. Department of Health and Human Services has outlined key priorities to guide life-saving efforts, which include promoting the use of overdose-reversing drugs. Rapid access to naloxone can decrease the number of opioid-related deaths.

The Naloxone + Opioid Response App (NORA) is a free interactive educational tool that will expand the understanding of what naloxone is.

The app will:
- provide resources for people interested in learning about opioids,
- help people recognize the signs of an opioid overdose and how to respond,
- explain the protections offered by the Good Samaritan Law,
- provide information on proper storage and disposal,
- connect people with other resources to prevent overdose and
- to find treatment and recovery supports.

The App can be downloaded from the Connecticut Department of Public Health’s website here.
OPIOID DEATHS
IN CONSTRUCTION

Why Are Construction Workers at Risk?

- The construction industry has one of the highest injury rates compared to other industries.
- Opioids are often prescribed to treat the pain caused by these injuries.
- Long-term opioid use can make people more sensitive to pain and decrease the opioid's pain-reducing effects.

Injured Construction Workers Often…

- Cannot continue to work while injured.
- Suffer a loss in income. Even if an injured worker receives workers' compensation, it is often not enough to make up for lost pay.
- Experience anxiety, stress, and depression, which can add to the pain and are additional risk factors for addiction.

Overdose Deaths Are On the Rise.

- In 2020 alone, there were more than 93,000 overdose deaths in the U.S.—nearly 75% of which involved an opioid.1 Opioid-related overdose deaths increased 36.7% over 2019.2
- These increases were exacerbated by the COVID-19 pandemic because of isolation, loss of loved ones, stress, unemployment, precarious housing, decreased access to treatment services, and more.3
- Construction workers are significantly more likely to die from an opioid overdose than the average worker — studies in both Ohio and Massachusetts, for example, showed they were seven times more likely.4,5
- Additionally, a past study has shown that more than half of those who died from an overdose had suffered at least one job-related injury.6

According to the CDC, 1 out of 4 people prescribed opioids for long-term pain become addicted.

Protect Yourself!

1 Prevent Injuries

Work shouldn’t hurt. Your employer should be committed to a safe job site, and you should use safe practices. Together these reduce the risk of injuries and therefore the need for pain medication.

Talk to a Doctor

Opioids are addictive and can have side effects.

Ask about:

- Other forms of pain medication that are not addictive and have fewer side effects.
- Other forms of pain management such as physical therapy or acupuncture.

Opioids should be the last option to treat your pain. If opioids are prescribed they should be used for the shortest possible time. Safely dispose of any unused medications.

Get Help

Opioids change how your brain works, triggering one part of it to demand more opioids and changing another part of it so it’s harder to resist.2 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).

If you’re having trouble stopping using opioids, check with your union or your doctor for help to find the best addiction treatment option for you.

Remember addiction is an illness that can be treated. Call this confidential national hotline: 1-800-662-HELP (4357)

If you or someone you know needs help:

- Contact the Substance Abuse and Mental Health Services Administration at https://www.samhsa.gov or call their confidential national hotline: 1-800-662-HELP (4357).
- Contact your union.
- Find a list of common opioids at: https://bit.ly/common-opioids.

Find out more about construction hazards.

To receive copies of this Hazard Alert and cards on other topics: call 301-578-8500 email cpwr-r2p@cpwr.com

Sources:
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Note: 301-578-8500 is a toll-free number.

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# Training Schedule

<table>
<thead>
<tr>
<th>Course</th>
<th>Date</th>
<th>Details</th>
</tr>
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<tbody>
<tr>
<td>Safety &amp; Health Programs</td>
<td>8/10/21</td>
<td>Establishing a safety and health program in your workplace is one of the most effective ways of protecting your most valuable asset: your workers. Safety and health programs foster a proactive approach to “finding and fixing” workplace hazards before they can cause injury or illness. Employers who have implemented safety and health programs have also found that managing for safety results in higher-quality product or output and higher profits.</td>
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<tr>
<td>Permit-Required Confined Spaces</td>
<td>9/14/21</td>
<td>This workshop includes the basic requirements and procedures involved with permit-required confined spaces as detailed in 29CFR1910.146 Permit-Required Confined Spaces. This information is vitally important to all those who work in or have responsibility for those that work in permit-required confined spaces.</td>
</tr>
<tr>
<td>Control of Hazardous Energy (LOTO)</td>
<td>10/5/21</td>
<td>OSHA 1910.147 requires that all potentially hazardous energy sources be isolated and prevented from accidental re-energization. Although this is a fairly straightforward practice, it is very often the case that plant personnel cannot perform their job tasks with equipment in a zero energy state. This session will discuss comprehensive energy control protocols designed to protect workers performing minor servicing and other tasks while achieving maintenance, quality control and production goals.</td>
</tr>
<tr>
<td>Personal Protective Equipment</td>
<td>11/9/21</td>
<td>Protective equipment, including personal protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, shall be provided, used, and maintained in a sanitary and reliable condition wherever it is necessary by reason of hazards of processes or environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact. This workshop will discuss the requirements of 29 CFR 1910 Subpart I, Personal Protective Equipment.</td>
</tr>
<tr>
<td>Intro to OSHA</td>
<td>12/7/21</td>
<td>This class helps business owners gain an understanding of OSHA operations and how to prevent workplace injuries. Includes OSHA background, standards, the inspection process, implementing a safety &amp; health program, and available assistance.</td>
</tr>
<tr>
<td>Breakfast Roundtable</td>
<td>3rd Tuesday of the Month</td>
<td>These meetings cover subjects ranging from evacuation plans and fire extinguishers to air quality and ergonomics. The intent of these free 90-minute workshops is to discuss safety and health issues in a supportive and informal environment. The roundtable meetings are held from 8:15 am to 9:45 on the third Tuesday of the month.</td>
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Visit this link for more info and to sign up.
“Focus Five” in Construction

By Marko Kaar, Director of Safety Operations at Bartlett Brainard Eacott, Inc.

Early on, Kyle Zimmer, IUOE Local 478, and I began to refer to the “Focus Five” – putting a spin on OSHA’s Focus Four outreach, highlighting the four primary killers in construction – Falls, Caught In Between, Struck By, and Electrocution. We think there should be another seat at the table – Mental Health. Focus Five.

Most of us know that a successful safety program focuses attention where it’s most needed. Lagging indicators tell us about the Focus Four, they are evident in statistics annually. But many of us know as well that measuring the past doesn’t entirely help us address the future – statistics are important, and help us build a framework, but true success in safety comes from leading indicators – planning, preventive measures, employee engagement.

With Focus Four, we can get stuck in the “what are you doing” component of the plan. We boil it down to compliance-related factors (“are you tied off, you’re over 6’”). With Focus Five, we also address the “how are you doing” component of worker safety. I think it’s safe to say that a distracted worker is more likely to miss the important cues that may occur on a job…and mental stressors are distracting.

Asking “why aren’t you tied off” is likely more effective than a statement such as “you have to tie off”. If you ask why, you will learn more about the obstacles an employee faces, and you can adapt safety measures to meet the situation. Quite simply, a change in approach (use a scissor lift instead of a scaffold, for instance) can frequently make the work safer. But if an employee answers “I’m sorry, I forgot…,” there is an opportunity for a conversation.

We don’t have to be psychiatrists or psychologists, or even trained counselors. But we really should listen – and be prepared with resources that can help, if necessary. I think we’ve all had experiences where, after talking to an employee about an unsafe act, you get the feeling in your gut that he or she really wants to do the right thing, but really was simply distracted. Many times, that conversation can have a profound effect on an employee’s future behavior. Keep it positive.

A successful safety program establishes expectations, trains and supports to those expectations, and gives employees the tools they need to be successful.

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By addressing the Focus Five:
• Can you fall?
• Can you get caught in between?
• Can you get struck by?
• Can you get electrocuted?
• Are you fully prepared for work today?
We can all be more successful.

Here is a little exercise and guidance on a way you can breathe and center, if even for just a moment:
What makes you smile?
For me…
The smell of:
• Fresh cut grass
• First paving job of the season
• Garlic
• Bacon
• Coffee
• The ocean
• Johnson’s Baby Shampoo – babies!
The sound of:
• Baseball off the bat – when you just KNOW it’s going to go
• The snap of a baseball into the glove
• AC Cobra 427 https://youtu.be/HkKdK3ud7We
• The first boat engine start of the season
• Waves
• My kids – the simple word “dad”

The sight of:
• Sunrise
• Sunset
• Rainbows
• Sea Glass

Hokey? Maybe. But there IS science behind it…

I have written many number of times about mental health. It’s a real issue. We are all very stressed. Sometimes it takes just a minute to stop, regroup, conjure up a positive image…

Heard about this the other day:
www.npr.org/joy

Posted a couple of weeks ago:
https://youtu.be/TfmPi5OX7B4

What is your joy?

Here are two good places to start your research if you need help:
https://www.samhsa.gov/
https://suicidepreventionlifeline.org/

Contact Marko Kaar at:
MKaar@bbeinc.com
www.bbeinc.com