

**North America's Building Trades Unions' (NABTU)
Opioid Hazard Awareness and Prevention
Training Program
Facilitator Guide
V5: June 2022**

Course Goal

The goal of this one-hour module is to help union construction workers better recognize the risks associated with opioids and to encourage them to use the knowledge and resources this training provides to help themselves and others prevent opioid addiction and to seek help if they are struggling.

Course Objectives

1. Improve knowledge about opioids:
 - What are opioids and how they work
 - Why and how construction workers have been so affected by the epidemic
 - How to prevent, treat and recover from opioid use disorder
 - Point to helpful resources
2. Inspire and motivate trainees to take action:
 - Get more information and share it
 - Identify risk factors and take protective actions
 - Support our brothers and sisters in the trades who are struggling

Course Materials

- Facilitator Guide
- Participant Guide
- Whiteboard or large sticky poster paper with fresh markers
- Sticky notes (for the Stigma exercise)
- Internet connection
- Computer, projector and projection screen
- Speakers (audio capability)
- Microsoft PowerPoint software
- Adobe PDF reader

Course Preparation

1. Prepare any housekeeping notes (bathroom locations, emergency exits, course timing and breaks, and refreshments, etc.) and ground rules for the physical or virtual training space. What do you expect from the class with regard to their behavior during the training (e.g., cell phone use, cameras on)?

Ground rules should include the two points on **slide 3** regarding upsetting content and confidentiality. Some trainees may have deep personal experiences related to this topic, including having friends and relatives who may have died of an overdose. They may have feelings of sadness, discomfort, and/or anger. Expressing those feelings is appropriate in the training to some degree. After all, the course is giving the message that “it’s time to get uncomfortable”. However, some trainees may wish to take a break from the training to compose themselves. They may encounter negative opinions held by some in the training. In reviewing ground rules, trainees should know that they can step out without drawing a lot of attention to themselves. You may also wish to tell them at the beginning that you know that many construction workers are struggling and that this course will give them some ideas about how to get help. Please go to **page 35** of this guide to fill in some notes regarding those resources.

2. Prepare the “Support and Resources Available for Participants” template for use with slide 30 prior to beginning the course.

Because this is a training to be used with construction workers in diverse trades throughout the United States and Canada, we cannot anticipate what resources your community, union, or public health agencies provide. However, this information is critical to the training. **Please find out what are the best numbers to call or websites for these participants to get assistance.** Examples include union-sponsored Employee Assistance Programs (EAP) or Member Assistance Programs (MAP), community or public health agency-sponsored HelpLines, and benefit funds or health insurance behavioral health contact numbers. These resources may have info cards or flyers that you can gather ahead of time to distribute while you are teaching. If your union sponsors an AA meeting, you might want to mention when and where it meets. Please go to **page 35** of this guide to fill in this information. During the course, either write the information on a whiteboard, or handout info cards or flyers. **DO NOT PRESENT THIS COURSE IF YOU CANNOT PROVIDE THIS INFORMATION.**

3. CPWR Physicians’/Providers’ Alert document: Print out enough copies of the CPWR Physicians’/Providers’ Alert document so that you can provide one to each student. See **slide 22 (page 26)** for more information.

4. Review all slides and this facilitator's guide.

Make sure you are comfortable with all the course content. You may not be used to discussing these issues and your preparation time for teaching this course may be greater than for subjects in which you are already an expert.

5. Select which questions you will ask participants versus ones you will ask and answer by clicking through.

One feature of this course is that many of the slides in this presentation contain questions that you can ask trainees and gather their responses before the “prescribed” answers appear on the screen. If you do not wish to have a discussion based on the question on the slide, you can ask and answer the questions by directly referencing the bullet points on the screen, or you can pass over certain questions completely. Additionally, this guide contains supplemental questions in the Instructor Notes that you can ask if you have time. Most likely, you will not have time to discuss each question with the class. Prepare for teaching this course by noting in this guide which slides contain questions that you will ask participants in order to encourage discussion or participation, versus slides with questions that you will either review as lecture points or skip completely. **For your convenience and easy identification, all of the questions in this guide will be marked and highlighted with an “Optional Question:” label.**

6. Prepare optional materials: Review the following materials and determine if you would like to use them in your course presentation.

- 1. Optional Handout:** Common Names for Prescription Opioid Pain Medications (**slide 10 – page 14 of this guide**)
- 2. Optional Handout:** Opioid painkillers: How they work and why they can be risky (**slide 10 – page 14 of this guide**)
- 3. Optional Stickers:** Order “Warn Me” stickers from the National Safety Council (**slide 23 – page 27 of this guide**)

Course Time: This course is designed to be completed in a one-hour timeframe. Suggested times (per slide) to maintain the one-hour timeframe are provided. However, as the facilitator, you have the option of adjusting the pace at which you cover the material. As noted above, you can decide how to engage trainees in the content by selecting which questions you want to have for open discussion.

Slide Guide

Slide 01 - Welcome

(Time: 1 minute)

The slide features a header image of construction cranes against a sunset sky. The text on the slide is centered and includes the NABTU logo, the title of the training program, a welcome message, the date, and a website link for the latest version. A small number '1' is in the bottom right corner.

Welcome

North America's Building Trades Unions' (NABTU)

**Opioid Hazard Awareness and Prevention
Training Program**

Welcome

June 2022

Check for the latest version:
cpwr.com/opioids-training

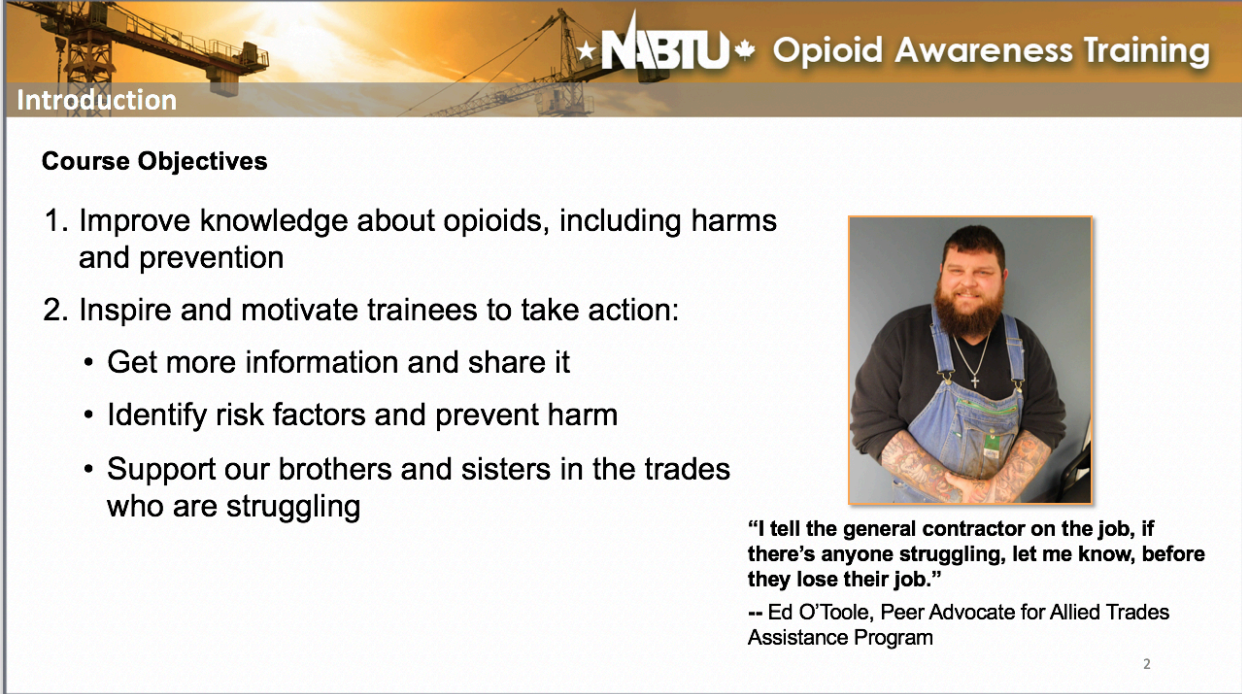
1

Instructor Note:

- Introduce yourself to the class and explain your qualifications as the facilitator.
- This is a one-hour Opioid Hazard Awareness and Prevention Training. A separate mental health training is available from CPWR. If you are interested in that material please contact Christopher Rodman: crodman@cpwr.com.

Slide 02 - Course Objectives

(Time: 1 minute)




The slide features a header with a construction crane against a sunset background, the NABTU logo, and the title "Opioid Awareness Training". Below the header, the word "Introduction" is written. The main content area is titled "Course Objectives" and lists three primary goals. To the right of the list is a portrait of Ed O'Toole, a man with a beard and tattoos wearing blue overalls. Below the portrait is a quote from him and his title as a Peer Advocate for the Allied Trades Assistance Program. A small number "2" is in the bottom right corner of the slide frame.

Introduction

Course Objectives

1. Improve knowledge about opioids, including harms and prevention
2. Inspire and motivate trainees to take action:
 - Get more information and share it
 - Identify risk factors and prevent harm
 - Support our brothers and sisters in the trades who are struggling



"I tell the general contractor on the job, if there's anyone struggling, let me know, before they lose their job."

-- Ed O'Toole, Peer Advocate for Allied Trades Assistance Program


2

Instructor Note:

- Review the course objectives.

Slide 03 - Course Content Sensitivity and Confidentiality

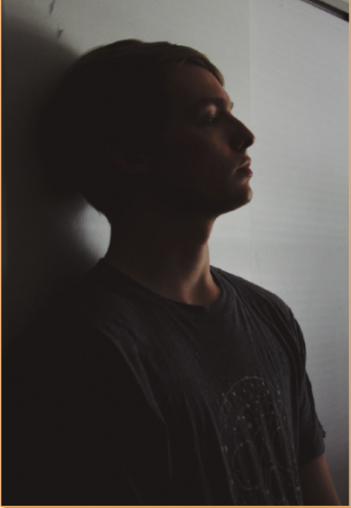
(Time: 2 minutes)



Introduction

Course Content Sensitivity and Confidentiality

- **TRIGGER WARNING** – this is an upsetting topic. If you find the content overwhelming, take a break.
 - **BUT, know that help is available**
- **“KEEP IT IN THE ROOM”** – let’s use this class to talk honestly about an important topic. Please don’t talk about what someone shared.



3

Instructor Notes:

- Review the housekeeping, ground rules and confidentiality information with the trainees.

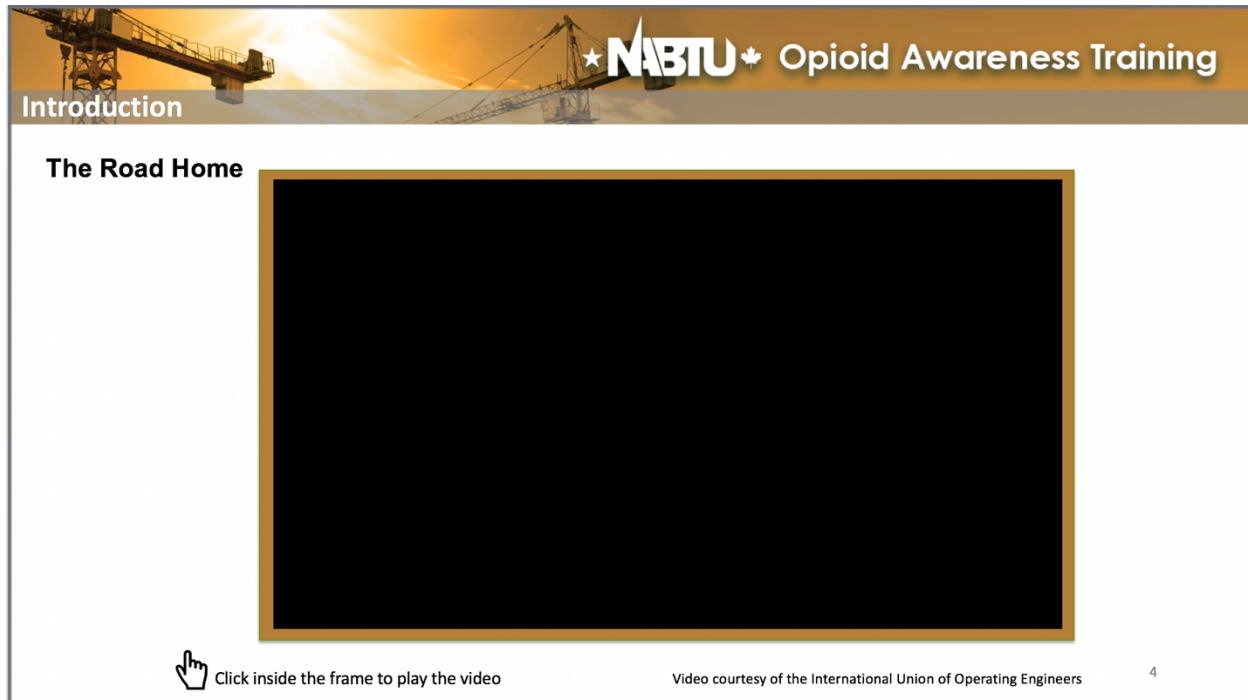
A. Ground rules:

B. What you will say to trainees regarding sensitive course content:

C. Plan of action – what they can do if they are having a hard time during or after the training:

Slide 04 - The Road Home

(Time: 3 minutes)



The slide features a header with a construction site background and the text "NABTU Opioid Awareness Training". Below the header is a section titled "Introduction" containing the video title "The Road Home". A large black video player frame is centered on the slide. At the bottom left of the frame is a hand cursor icon and the text "Click inside the frame to play the video". At the bottom right is the text "Video courtesy of the International Union of Operating Engineers" and a small number "4".

Instructor Notes:

- Play the video clip “The Road Home” presented by the International Union of Operating Engineers (IUOE).
- This video will be used to gain the attention of the class by showing construction workers talking openly about their addictions and recovery. This helps create an environment where people who need assistance will be more likely to talk about their issues.
- You may wish to reinforce the points:
 - Many of us have been personally impacted
 - Everybody can do something to help
 - It’s uncomfortable, but the first step is to talk about it

Slide 05 - Introduction

(Time: 1 minutes)

NABTU Opioid Awareness Training

Introduction

'The Ignorance Is Still Out There': Is Construction Fighting Hard Enough Against Opioid Addiction?

May 25, 2020 | Cameron Sperance

Facebook Twitter LinkedIn Email Print

No industry has been hit harder by the opioid epidemic than construction, and even after years of data and investigations exposing how rampant drug use is on the job site, experts say it's still taking a toll on the lives of their workers.

Workers Overdose on the Job, and Employers Struggle to Respond

Metro

Ohio construction workers seven times more likely to die of an opioid overdose in 2016

Updated Jan 11, 2019; Updated Nov 05, 2017

Construction Work Can Be Dangerous. Now There's Evidence Of Another Risk: Addiction

"It's absolutely out of control, but there is no reason why we can't do something about it," Director of Substance Use Services Dr. Antje Barreveld said, "But it takes a lot of people."

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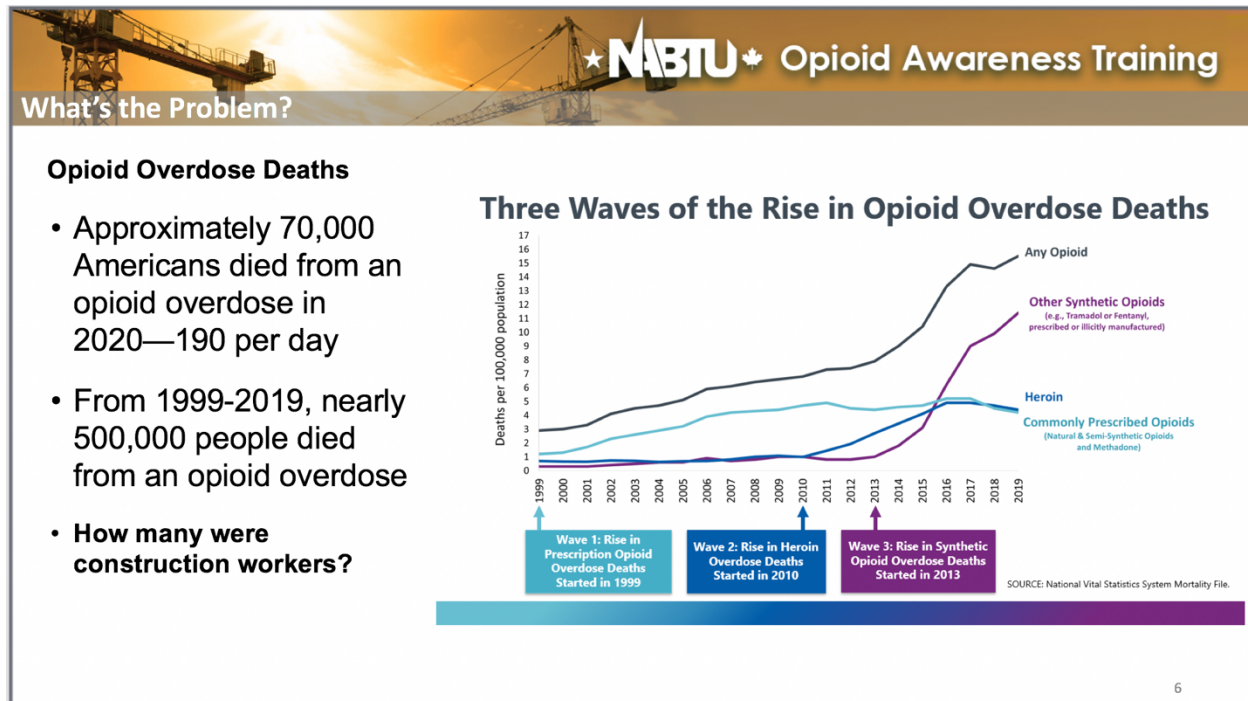
Instructor Notes:

- Explain that some of us have seen the headlines or know from personal experience, that the construction sector has been hit hard by the opioid epidemic. It can seem overwhelming when we see the statistics, but we can all play a part in preventing addiction and overdose.
 - We can make job sites safer so we don't get hurt.
 - We can speak up in the doctor's office to get good care that doesn't rely on opioids.
 - If we are struggling, we can get help ourselves and we can help others.

This training will help you be one of the people in construction who can make a difference.

Slide 06 - Opioid Overdose Deaths

(Time: 1 minute)

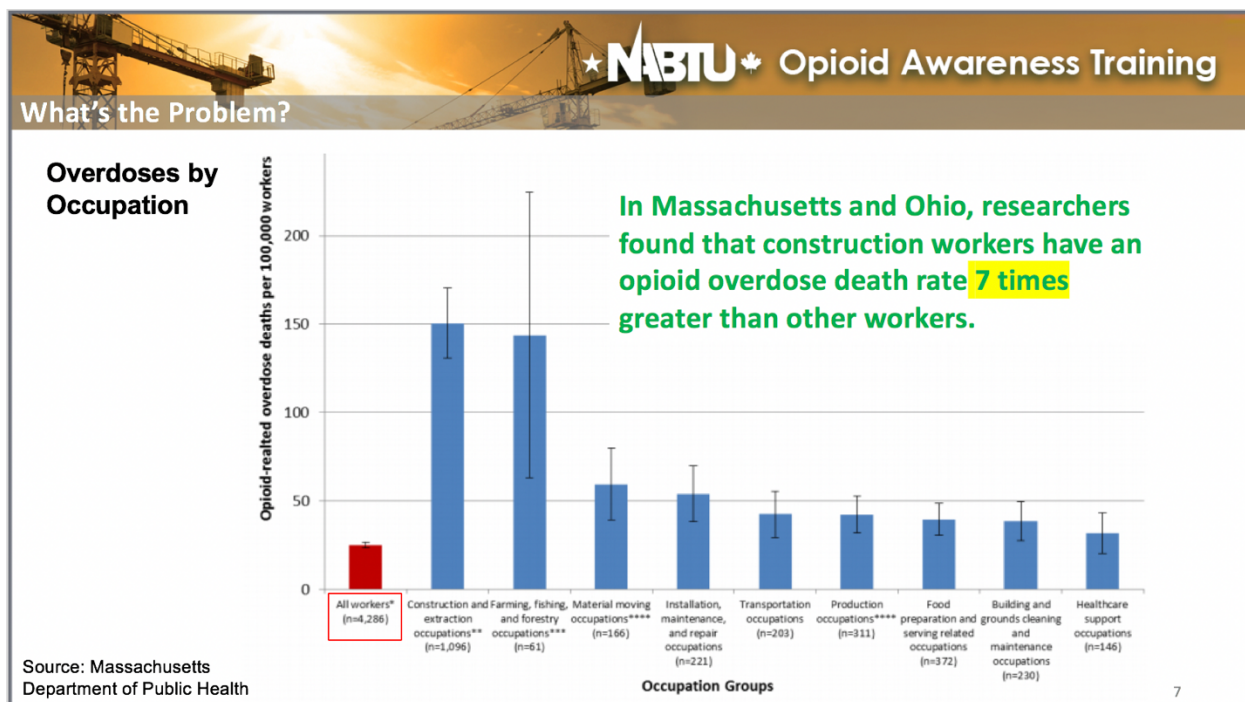


Instructor Notes:

- This slide includes basic statistics on opioid overdose deaths and displays a graph of how they have changed over time – in particular how the death rates have gone up sharply and how the type of opioids involved has shifted.
- Explain that the cause of these shifts had to do with first, the easy access to prescription pills, and then the restriction on “pill mills” and getting access to them, which caused people who were addicted to seek heroin which was cheaper and more available. Lastly, heroin became laced with fentanyl (a highly potent and cheap synthetic (made in a lab) opioid that is used by dealers to cut the cost of heroin production). Fentanyl is extremely deadly in small doses.
- **Optional Question:** Ask the trainees, how many of these deaths do you think were construction workers?
 - Discuss their responses or simply move to the next screen where the question is answered.
- **Source:** https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20210714.htm
- **Source:** <https://www.cdc.gov/opioids/data/analysis-resources.html>
- **Graphic source:** National Vital Statistics System Mortality File (via the CDC website: <https://www.cdc.gov/drugoverdose/epidemic/index.html>)

Slide 07- Overdoses by Occupation

(Time: 1 minute)



Instructor Notes:

- This slide shows a graph indicating that construction workers are at much greater risk for opioid overdose death. The statistic is based on the occupations listed on death certificates from people who died of overdoses. We do not know how many of these construction workers were union versus non-union. Some union construction workers struggling with addiction may turn to non-union work where drug testing is less likely.
- **Graphic source:** Massachusetts Department of Public Health
(<https://www.mass.gov/doc/opioid-related-overdose-deaths-in-massachusetts-by-industry-and-occupation-2011-2015/download>)
- **Other source:** Center for Disease Control (CDC)
(<https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a3.htm>)
- **Other source:** Cleveland.com (Rachel Dissell, The Plain Dealer)
(https://www.cleveland.com/metro/2017/11/ohio_construction_workers_seven_times_more_likely_to_die_of_an_opioid_overdose_in_2016.html)

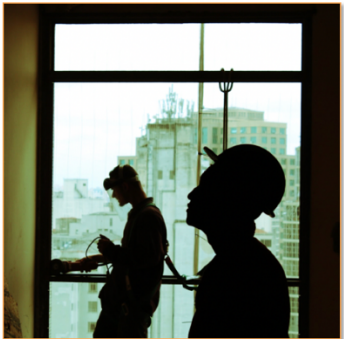
Slide 08 – Why Are Construction Workers at Greater Risk?

(Time: 2 minutes)

What's the Problem?

Question: Why are construction workers at greater risk?

- **High risk for pain and injuries = High risk for painkillers**
 - Health insurance + Doctors willing to write scripts for opioids
 - Pharma Companies marketed to construction workers
- Boom/bust cycles in construction work
- Long days, weeks of work without enough rest time or sick days
- “Heavy drinking/drugging is normal” culture?




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Instructor Notes:

- **Optional Question:** Ask the trainees to give possible explanations as to why construction workers are at greater risk of opioid overdose.
 - **Optional:** If you have a whiteboard or using the Whiteboard on Zoom or poster paper you may write their answers.
- Click through the recognized risk factors. They may argue with these and add others.
- Explain that pharmaceutical companies aggressively marketed opioid painkillers as the solution to work-related pain. They convinced doctors, with bad evidence, that the chances of addiction were low and that they were safe to prescribe. They paid doctors to convince other doctors that pain was undertreated, and they needed to ask every patient if they had pain.
 - **Optional:** Play the video “Anatomy of an Epidemic: The Opioid Movie.”
<https://www.youtube.com/watch?v=10ZISSXiuP4> Though the video covers several individuals, you should play up to 02:05 of the video which tells the story of Johnny Sullivan, a construction worker, who was a “poster child” for Oxycontin (a brand of opioids). He appeared in two Purdue Pharma promotional videos saying that he got his life back and could work now that he was using Oxycontin. Unfortunately, he became addicted, unemployed, and died in an opioid-related car crash.
- **Optional Question:** Ask the question whether drinking and drugging is accepted among construction workers, or if that is changing.

Slide 09 - Risk Factors: The Job - The Pain - The Prescription

(Time: 1 minute)




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What's the Problem?

Risk Factors: The Job → The Pain → The Prescription

- Studies show:
 - Over 1/3 of construction workers report back pain
 - Almost 40% of construction workers older than 50 report chronic back pain
 - Construction workers are more likely to receive opioids for injuries compared to other workers (at higher doses and for longer periods of time)



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Instructor Notes:

- Explain that the construction trades have some of the highest rates of fatal and nonfatal occupational injuries compared to other occupations.
- Occupations with heavy physical demands and high injury rates are also the ones with the highest risk of opioid overdose deaths.
- Researchers find that construction workers report a lot of painful injuries, especially back pain, and that rates of back pain increase with age. Many construction workers take opioids for this pain so that they can continue to work. Many construction workers are working in pain with or without medication.
- Explain that according to a recent study of workers' compensation insurance claim data from 27 states, compared with workers in other industries, workers in the construction and mining industries were more likely to receive opioids for their injuries. They were also more likely to receive high-dose opioids and for a longer time period.
- **Information source:** Hawkins D, Roelofs C, Laing J, Davis L. Opioid-related Overdose Deaths by Industry and Occupation — Massachusetts, 2011-2015. *Am J Ind Med.* 2019;1-11 (<https://onlinelibrary.wiley.com/doi/abs/10.1002/ajim.23029>)

Slide 10 - Understanding Opioids - What are opioids?

(Time: 2 minutes)

The slide is titled "Understanding Opioids" and features the NABTU logo. It includes a section "What are opioids?" with a bulleted list of types and effects. A table titled "EXAMPLES OF OPIOID CONTAINING MEDICINES" lists generic and brand names for short-acting and long-acting opioids. A link for "Common Names for Prescription Opioid Pain Medications" is also present.

What are opioids?

- Prescription opioids: painkillers, narcotics
- Non-prescription (illicit opioids): heroin, opium, illegally-produced fentanyl (other synthetic opioids)
- Both the same chemically and how they act on the body
 - Change the brain to react differently to “noxious” stimulus (things that cause pain)

[Common Names for Prescription Opioid Pain Medications](#)

EXAMPLES OF OPIOID CONTAINING MEDICINES		
	Generic	Brand Name
SHORT-ACTING	morphine	MSIR, Roxanol
	oxycodone	OxyIR, Oxyfast, Endocodone
	oxycodone (with acetaminophen)	Roxicod, Roxicet, Percocet, Tylox, Endocet
	hydrocodone (with acetaminophen)	Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco
	hydromorphone	Dilaudid, Hydrostat
LONG-ACTING	morphine	MSContin, Oramorph SR, Kadian, Avinza
	oxycodone	Oxycontin
	fentanyl	Duragesic patch

Source: SAMHSA 10

Source: <https://store.samhsa.gov/system/files/sma17-5053-12.pdf>

Instructor Notes:

- Explain that all opioids are painkillers and narcotics. Whether they come from the opium poppy or are made in a laboratory (synthetic opioids), they all work the same way. Chemically, prescription opioids and heroin are basically the same.
- Explain that other examples of prescription opioids not listed on the screen include Tramadol, buprenorphine (bu·pre·nor·phine) (e.g., Suboxone®), codeine and Dsuvia™ (de·soo·vee·a), a new and even more addictive prescription.
- **Optional Question:** Ask the trainees for other examples of opioids, or more likely, what other names do they know for opioids – street names.
 - **Note:** Select the link on the screen to show a SAMHSA document that lists various generic names, brand names and street names for opioids.
- **Optional Handout:** (Substance Abuse and Mental Health Services Administration) Common Names for Prescription Opioid Pain Medications (<https://www.mhanet.com/mhaimages/SQI/SUD/SAMHSA%20-%20Common%20Names%20For%20Rx%20Opioid%20Pain%20Medications.pdf>)
- **Optional Handout:** (National Safety Council) Opioid painkillers: How they work and why they can be risky (https://www.ndsc.org/wp-content/uploads/2020/09/EC_Opioid-Painkillers-How-They-Work-and-Why-They-Can-be-Risky.pdf)
- **Graphic source:** National Safety Council - Opioid painkillers: How they work and why they can be risky

Slide 11 - Side Effects of all Opioids



(Time: 2 minutes)

NABTU Opioid Awareness Training

Understanding Opioids

Side Effects of All Opioids

- Drowsiness
- Constipation and nausea
- Changes in the brain
- Physical dependence
- Addiction / Substance Use Disorder
- Withdrawal symptoms (dope sick)
- Respiratory suppression (overdose death)



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Instructor Notes:

- Explain that prescription opioids' intended effects are to help with pain. The “side” or unintended effects that are commonly experienced when using opioids are listed on the screen.
- Explain that overdose = taking too much of the drug. An overdose of an opioid causes the lungs to stop breathing. That is technically called “respiratory suppression.”
- Explain that there is a great risk of overdose when opioids are taken at the same time as benzodiazepines (“bennies”). Bennies are tranquilizers used to sedate, induce sleep, prevent seizures, and relieve anxiety. Muscle stimulants can also enhance the chance of overdose.
- Explain that there is a difference between physical dependence on opioids (experiencing withdrawal symptoms if the drug isn't taken) which is very common, and addiction. It isn't known who will develop an addiction -- it can happen to anyone. Addiction is defined as problematic drug-seeking behaviors.
- Explain that people with legitimate long-term high dose opioid prescriptions are almost certainly physically dependent, but because they have reliable prescriptions, they don't do crazy things looking for the drug and may not be considered to have an addiction. This may still be problematic for the person and they will have the same treatment as someone who is diagnosed with a substance use disorder (SUD). They may also need pain management while reducing or eliminating their use of opioid medications.

Slide 12 – Addiction and the Brain: How Opioids Hijack the Brain

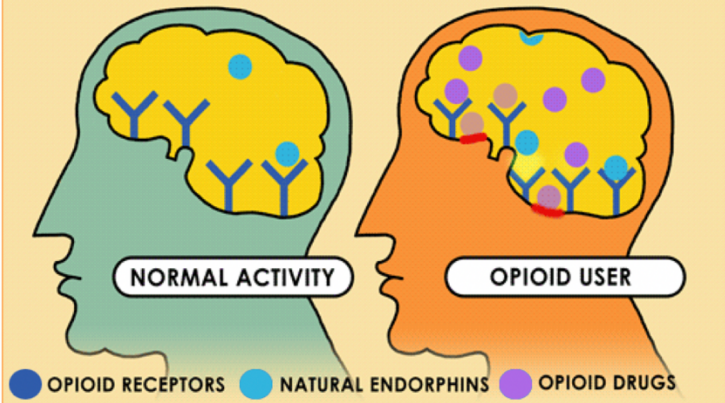
(Time: 2 minutes)

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Understanding Opioids

Addiction and the Brain: How Opioids Hijack the Brain

- Pain “killing” = Opioids increase the brain’s ability to feel more pleasure than it would naturally.
- Then, the re-wired brain demands more opioids to satisfy “the new normal.”
- If it doesn’t get them, it sends out chemicals to make the addicted person feel anxious and sick.
- The re-wired brain even shuts down the part of itself that can help make good decisions.



Source: Danny Miller/Yahoo News
Courtesy of NIEHS

Instructor Notes:

- Explain to the trainees that this animation illustrates how opioids increase the number of opioid receptors in the brain and therefore the flow of chemicals (endorphins and dopamine) that cause the body to experience pleasure.
- Explain that these endorphins interact with the receptors in your brain that reduce your feeling of pain by allowing you to experience more pleasure than you would naturally.
- However, those receptors are waiting for the pleasure chemicals. If they don’t get them, they signal the body to go get them. Those signals are experienced as withdrawal symptoms or being “dope sick.”
- **Animation source:** Danny Miller/Yahoo News via the NIEHS Opioids and the Workplace Prevention and Response Program (2019)

Slide 13 – Addiction/Substance Use Disorder is a Disease

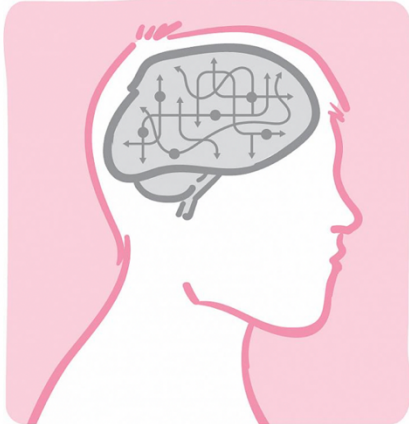
(Time: 2 minutes)

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Understanding Opioids

Addiction/Substance Use Disorder is a Disease

- **Substance Use Disorder (SUD):** An on-going brain **disease*** where the sufferer will look for and use drugs, despite harmful consequences.
 - ***Disease =** A condition that changes the way the body functions.
- Opioids cause addiction in the brain by **rewiring it.**
- A person is diagnosed with SUD when they tell a medical professional that they **can't stop using even though they want to.**



Source: NIH

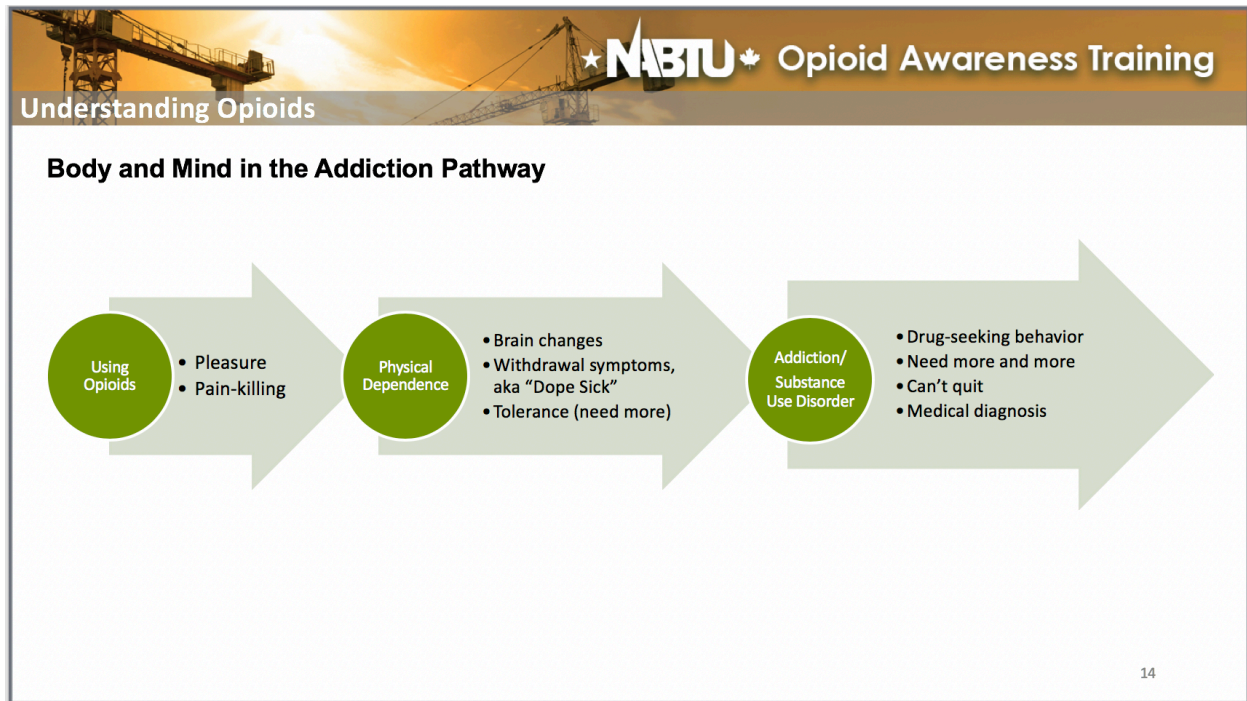
13

Instructor Notes:

- This slide introduces the idea that addiction – technically called substance use disorder (SUD) – is a brain disease that is caused by the drug re-wiring the person's brain to get them to keep taking the drug.
- Opioid use disorder (OUD) is a specific form of SUD.
- Explain that many people believe that addiction is a choice or that only “addicts” get addicted. However, for the most part, the drug works the same on everyone and it is not known why some people are able to fight addiction more easily than others.
- Explain that understanding addiction as a brain disease does not take the responsibility off a person for getting well. We all need to take responsibility for our health, whether it's dealing with asthma or diabetes or back pain or a SUD. But understanding SUD as a disease does help us understand why people most often need help to stop taking the drug.
- **Graphic source:** <https://newsinhealth.nih.gov/2015/10/biology-addiction>

Slide 14 – Body and Mind in the Addiction Pathway

(Time: 1 minute)



Instructor Note:

- This slide shows the path from the good feelings the drug gives, to the brain being re-wired to demand more drug (physical dependence – withdrawal), to developing a tolerance (needing more and more for the same effect), to a SUD characterized by problematic drug seeking behavior.

Slide 15 – Who Can Get Addicted?

(Time: 1 minutes)

NABTU Opioid Awareness Training

Understanding Opioids

Who gets addicted?

- Anyone who takes opioids (legal or illicit) can become dependent
- Taking them for more than 4-5 days greatly increases the risk of long-term use
- Exposure to opioids = risk of addiction

Risk of continued opioid use increases at 4-5 days

Likelihood of continuing to use opioids

50%
40%
30%
20%
10%
0%

1 year
3 years

likelihood of dependency spikes here

Number of days for initial opioid prescription

Source: Centers for Disease Control and Prevention
Credit: Sarah Frostenson

Vox

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Instructor Note:

- Explain that anyone can who is prescribed opioids is at risk of developing a physical dependence on them. A key factor is how long someone takes them. The chart shows that after taking opioids for 5 days, the risk of continued opioid use increases dramatically. Almost half the people who took opioids for 30 days are still taking them 1 year later.
- Explain that the best way to avoid the potential hazards of opioids is to avoid being exposed to them.
- It could be helpful to point out that dependence does not necessarily mean addiction, but that those who are dependent are at greatly increased risk for addiction—see further background below for more information.
- **Information Source:** <https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm>
- **Graphic source:** <https://www.vox.com/2017/3/18/14954626/one-simple-way-to-curb-opioid-overuse-prescribe-them-for-3-days-or-less>
- **Further Background:** to see this slide explained and please go minute 15:50 of the following video: <https://tools.niehs.nih.gov/wetp/index.cfm?id=2623>. The presenter talks about the relationship between dependence and addiction, which can be a useful distinction when using this slide.

Slide 16 - Story of Pain Into Power


(Time: 3 minutes)


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Understanding Opioids

Story of Pain Into Power

**Bobby MacNeil,
Past President,
Ironworkers Local 7**



 *Hover over the speaker icon to open the audio controls and play the clip.*

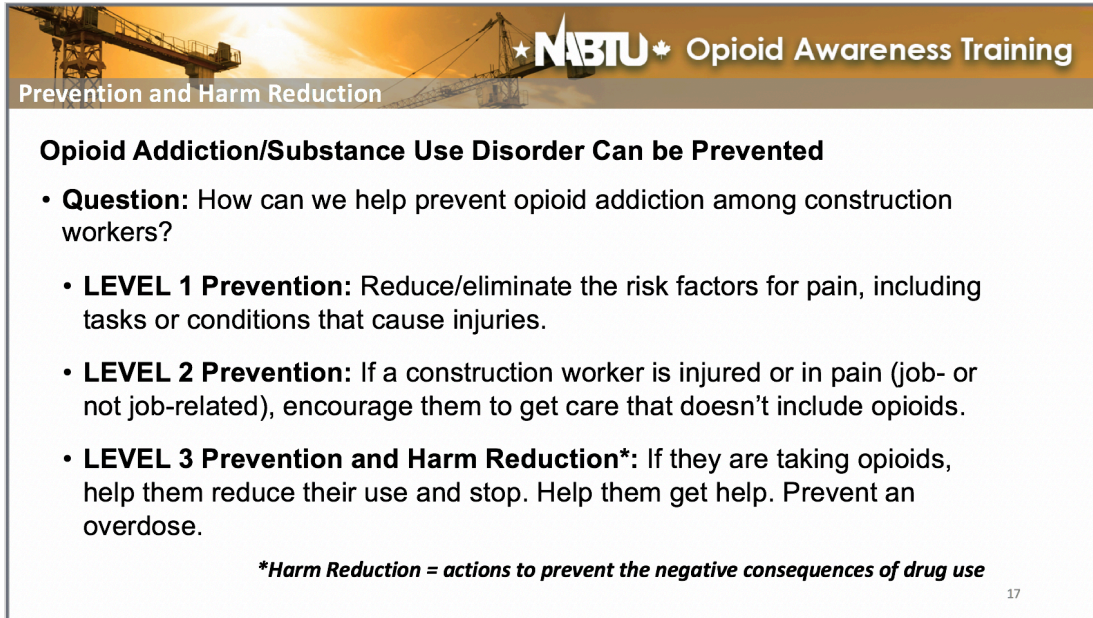
16

Instructor Note:

- Play the audio clip which is Bobby McNeil, the Vice President of the Ironworkers Local 7 taking about how he went from prescription pills to heroin while working on the World Trade Center in NYC. He has been in recovery for four years and is now a leader in his union and a fierce peer advocate for anyone in the trades who needs help. Bobby gives hope to many ironworkers who are struggling with addiction.

Slide 17 - Three Components: Prevention and Harm Reduction

(Time: 2 minutes)



Prevention and Harm Reduction

Opioid Addiction/Substance Use Disorder Can be Prevented

- **Question:** How can we help prevent opioid addiction among construction workers?
 - **LEVEL 1 Prevention:** Reduce/eliminate the risk factors for pain, including tasks or conditions that cause injuries.
 - **LEVEL 2 Prevention:** If a construction worker is injured or in pain (job- or not job-related), encourage them to get care that doesn't include opioids.
 - **LEVEL 3 Prevention and Harm Reduction*:** If they are taking opioids, help them reduce their use and stop. Help them get help. Prevent an overdose.

**Harm Reduction = actions to prevent the negative consequences of drug use*

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Instructor Notes:

- **Optional Question:** Ask trainees to give some ideas on how we can prevent opioid addiction among construction workers.
 - **Note:** The slide will share the overall framework for thinking about points of prevention.
- Explain that there are three levels of prevention and harm reduction and the goal is to go “upstream” – to go to the source or root of problem if possible.
 - In **Level 1 Prevention** we try to prevent the harm or injury that would cause someone to take an opioid.
 - In **Level 2 Prevention** we try to prevent the person from relying on opioids to deal with the pain.
 - In **Level 3 Prevention, also called “Harm Reduction”** we try to reduce the harm that is caused by taking opioids, usually by getting someone help to stop taking them or, in the worst case scenario, saving their life with Narcan (nar-can), the overdose reversal medication. Harm reduction means that we want to reduce the negative consequences for the person who is taking opioids
- **Note:** These components will be examined more closely in the remainder of this section.
- **Note:** All this involves talking about uncomfortable topics, such as reporting hazards, or talking with peers about personal struggles.

Slide 18 - LEVEL 1 Prevention: Prevent the Causes of Pain

(Time: 2 minutes)

★ **NABTU** ★ Opioid Awareness Training

Prevention and Harm Reduction

LEVEL 1 Prevention: Prevent the Causes of Pain

- **Question:** What are some examples of ways to prevent painful injuries on construction job sites?
 - Ergonomically designed tools
 - Safety and health committees to identify and address hazards
 - Report hazards
 - Housekeeping to prevent slips, trips and falls
 - Proper personal protective equipment
 - Positive safety culture and program
 - Ergonomics = “Fitting the task to the worker” to prevent musculoskeletal injuries



NATIONAL SAFETY STAND-DOWN
TO PREVENT FALLS IN CONSTRUCTION
MAY 2-6, 2022

Stop Falls Stand-Down

- ▶ Plan a toolbox talk or other safety activity
- ▶ Take a break to talk about how to prevent falls
- ▶ Provide training for all workers

For more information:
osha.gov/PreventFalls
#StandDown4Safety
1-800-321-OSHA (6742) • TTY 1-877-889-5627

Source: OSHA

18

Instructor Notes:

- **Optional Question:** Ask the trainees to answer the question on the screen.
 - Discuss their responses and then reveal the answers provided.
- Explain that construction sites that have strong “**safety culture**” -- for instance, workers are encouraged to take the time they need to do a job safely – are more likely to have fewer injuries.
- **Optional:** Select the photo to show the OSHA – Stand-Down to Prevent Falls in Construction website (<https://www.osha.gov/StopFallsStandDown/>)


Slide 19 -

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Prevention and Harm Reduction

Musculoskeletal Disorders (MSDs)

- **Musculoskeletal disorders:** injuries or pain in the human musculoskeletal system, including the joints, ligaments, muscles, nerves, tendons, and structures that support limbs, neck and back
- **Injury risk factors:** repetitive motion, lifting materials and tools, working in awkward postures, forceful exertion (gripping, pushing and pulling), combination of risk factors



19

Musculoskeletal Disorders (MSDs)

(Time: 1 minute)

Instructor Notes:


- Explain the definition of musculoskeletal disorders (MSDs) and the injury risk factors for them.
- **Optional Question:** Ask trainees to give examples of tasks that could cause MSDs in their trade?

Slide 20 - Examples of Ergonomics in Construction

★ **NABTU** ★ Opioid Awareness Training


Prevention and Harm Reduction

Examples of Ergonomics in Construction




Old Way


Source: Laborers' Health and Safety Fund of North America




Overhead Drill Press (New Way)



Old Way



J-handle (New Way)



[CPWR: Manual Materials Handling Planning Tool and Resources](#)

20

(Time: 1 minute)

Instructor Notes:

- This slide shows two examples of ergonomics in construction. The examples show how the task (overhead drilling and carrying drywall) was done before the equipment was changed, and how new equipment made the same task easier on the body.
- Explain that the body has limits and that helpful equipment and task design can reduce injuries and make the body last longer without injury.
- **Optional Question:** Ask the trainees for their ideas about how these new tools would make the job easier on the body and what the tools limitations may be.
- **Optional Question:** Ask the trainees for other examples of ergonomics in construction.
- **Optional:** Select the link on the screen to show the CPWR: Manual Materials Handling Planning Tool and Resources page on the CPWR website (<https://www.cpwr.com/research/research-to-practice-r2p/r2p-library/other-resources-for-stakeholders/best-built-plans/>)
- **Graphic source (overhead drill press):** Laborers' Health and Safety Fund of North America (<https://www.lhsfna.org/index.cfm/lifelines/may-2010/new-device-takes-strain-out-of-overhead-drilling/>)

Slide 21 - Stretch and Flex Program

(Time: 1 minute)

★ **NABTU** ★ Opioid Awareness Training
Prevention and Harm Reduction

Question: What are the benefits of a stretch and flex program?

Answer: Good for loosening up and team building...**No scientific evidence that stretch and flex programs prevent injuries.**

- Why? They don't reduce or eliminate the hazards that cause them.




Photo by Amanda Creel


21

Instructor Notes:

- **Optional Question:** Ask the trainees to answer the question on the screen. Discuss their answers.
- Explain that doing stretch and flex exercises isn't a bad thing, but many people believe that these exercises can prevent injuries. However, there isn't evidence (in the form of research studies) that show that they do. Safety and ergonomic programs and tools as shown on the previous screen reduce hazards that can cause injuries.
- **Information source:** Linda M. Goldenhar and Pete Stafford - Journal of Safety Research (<https://doi.org/10.1016/j.jsr.2015.08.002>)
- **Graphic source:** Amanda Creel (used with permission)

Slide 22 - LEVEL 2 Prevention: Avoid Exposure to Opioids

(Time: 2 minutes)



Prevention and Harm Reduction

LEVEL 2 Prevention: Avoid Exposure to Opioids

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

CPWR Physicians'/Providers' Alert Document

Complete the "To My Doctor" form (page 2) and give it to your doctor to include in your medical records.

Physicians'/Providers' Alert

Pain Management for Construction Workers

This alert was developed to help ensure that all construction workers who visit a doctor or other healthcare provider because of pain from an injury are aware of treatment options and understand the potential risks of addiction associated with using prescription opioids. Please:

- (1) read and give this alert;
- (2) keep the "Tips for Talking with Your Doctor"; and
- (3) fill in the "To My Doctor" form and give it to your doctor to include in your medical records.

Tips for Talking with Your Doctor: What You Need to Know Before Accepting an Opioid Prescription

Opioids, such as fentanyl (Duragesic[®]), hydrocodone (Vicodin[®]), oxycodone (OxyContin[®]), morphine (Oxycodone), hydromorphone (Dilaudid[®]), meperidine (Demersol[®]), diphenoxylate (Lomotil[®]), tramadol, buprenorphine (e.g., Suboxone[®]), morphine, and codeine are often prescribed to help manage pain. In addition, new drugs are entering the market place, such as Oxylin[®], which are considered even more addictive. Since these medications can be addictive, they should only be used if other treatment options are not effective. When prescribed, they should be used for the shortest time possible, be closely monitored, and include counseling.

Talk to your doctor about treatment options and how the medication may affect you. Remember to tell your doctor:

- ✓ if you have been or are being treated for another health issue or have been prescribed other medications by another doctor.
- ✓ if you have a history of addiction to tobacco, alcohol or drugs, or if there is a history of addiction in your family.
- ✓ About your work environment. Let your doctor know that 1) taking opioids on the job can be a safety hazard because they can make you drowsy, and 2) testing positive for some drugs, even when prescribed for pain, can negatively impact employment opportunities. Some employers have expanded panels of drugs they test employees for, which are regularly reviewed and updated. The Department of Transportation's drug test panel, for example, includes:
 - Opioids (codeine, morphine, 6-AM (heroin), hydrocodone, hydromorphone, oxycodone, or morphine)
 - Phencyclidine
 - Marijuana (THC)
 - Cocaine
 - Amphetamines (amphetamine, methamphetamine, MDMA, MDA)

Before accepting a prescription for one of the medications listed earlier or another opioid, ask your doctor/healthcare provider:

1. Can my condition be effectively treated without opioid medication? If yes, what would the treatment involve?
2. If prescribed an opioid and am taking other medications, will one opioid medication interfere with other medications that I'm currently taking?
3. Are there potential side effects from the opioid medication prescribed? If yes, how can I reduce the risk of side effects?

Remember:

- NEVER share medications or store medications where others will have access.
- ALWAYS safely dispose of medications. Look for a medicine disposal center near you (often at your local pharmacy).

To learn more visit:

- CPWR Opioid Resources website <https://www.cpwr.com/resources/opioid-resources>
- Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov/> or call their confidential national hotline 1-800-662-HELP (4357)
- Facing Addiction's online Addiction Resource Hub <https://www.facingaddiction.com/>

*Source: U.S. Department of Transportation, 2016, DOT 3 page notice https://www.transportation.gov/sites/dot/_assets/media_2016

Source: CPWR 22

Instructor Notes:

- Explain that most people first encounter opioids after a visit to a doctor's office.
- **Resource Document:** Hand out a copy of the CPWR Physicians'/Providers' Alert document to each student and discuss.
 - **Note:** Click on the graphic to see the full document.
- Review the main points of the document listed on the screen.
- Explain that doctors are much more aware of the problems of overprescribing opioids than in the recent past, but you MUST be your own advocate and avoid opioids if possible.
- **Graphic/document source:** CPWR Physicians'/Providers' Alert document (https://www.cpwr.com/sites/default/files/publications_handouts-and-toolbox-talks_physicians-alerts_opioids.pdf)

Slide 23 - Tips for the Doctor's Office

(Time: 2 minutes)



Prevention and Harm Reduction

Tips for the Doctor's Office

- Ask if prescribed medication is an opioid
- Talk about substances you or your family members may struggle with
- Describe your work and ask if medications could be unsafe at work
- Ask about alternatives to opioids, including physical therapy and skills for pain management



WARN ME LABELS

Tell medical professionals you take opioids seriously when you add this label to your insurance card. This can spark a conversation about your prescriptions, risks and options.

ASK THESE QUESTIONS:

- Am I being prescribed an opioid?
- If so, is there a non-addictive alternative?
- If not, is a short-term prescription possible?
- Do I have any medical conditions that could increase my risk?

STOPEVERYDAYKILLERS.ORG

Source: National Safety Council

23

Instructor Notes:

- This slide contains more suggestions for self-advocacy to avoid unnecessary opioid prescriptions.
- **Optional Stickers:** You may elect to order these “Warn Me” stickers from the National Safety Council so that you can hand them out during class (<https://safety.nsc.org/stop-everyday-killers-supplies>).
- **Graphic source:** National Safety Council

Slide 24 - But what about my pain?

(Time: 1 minutes)

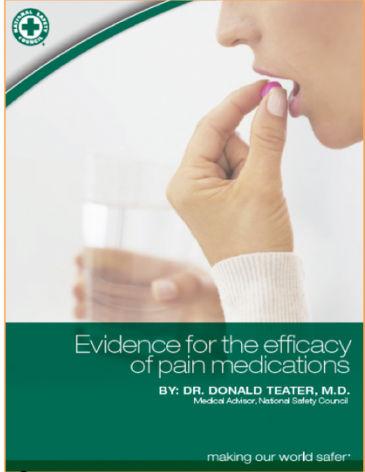
★ **NABTU** ★ Opioid Awareness Training

Prevention and Harm Reduction

But what about my pain?

Study after study shows that **opioids aren't effective painkillers.**

Opioids didn't work as well as acetaminophen (Tylenol) and ibuprofen and other ways of controlling pain in studies that looked at dental pain, pain after accidents, post-surgical pain, severe pain from kidney stones, back pain, and chronic pain. And they cause tremendous harm...



Source: National Safety Council

24

Instructor Notes:

- Explain that the evidence for opioids' effectiveness as a pain medication just doesn't add up.
- **Optional:** Select the graphic on the screen to show the trainees where they can sign up for a new report on the Evidence for the Efficacy of Pain Medications.
([https://www.nsc.org/getmedia/8ecdc0e5-ae58-43e8-b98b-46c205e1c2b2/evidence-
efficacy-pain-medications.pdf](https://www.nsc.org/getmedia/8ecdc0e5-ae58-43e8-b98b-46c205e1c2b2/evidence-efficacy-pain-medications.pdf))
- **Graphic source:** National Safety Council

Slide 25 - LEVEL 3 Prevention: Reduce the Harms of Opioid Addiction

(Time: 2 minutes)



★ NABTU ★ Opioid Awareness Training

Prevention and Harm Reduction

LEVEL 3 Prevention: Reduce the Harms of Opioid Addiction

- **Question:** How can we reduce the harms of opioid addiction among construction workers?
- Offer support and help:
 - Communicate directly about your concern.
 - Eliminate stigma and judgement, including about treatment.
 - Share resources for help.
- Be ready to reverse an overdose. Make sure Naloxone (Narcan®) is in the site first aid kit.



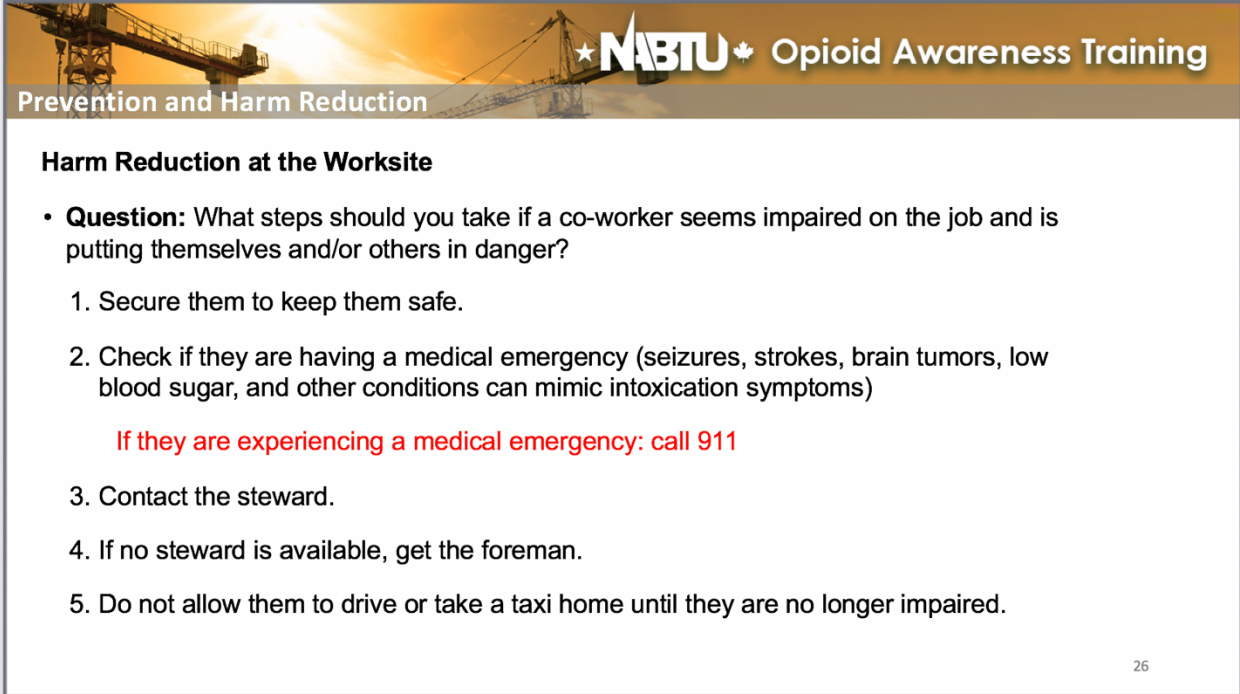
25

Instructor Notes:

- **Optional Question:** Ask the trainees the question on the screen and discuss their answers.
- Explain that after someone has developed an SUD or physical dependency, we can take action to prevent more harm from happening to them and their families.
- Review the three main strategies on the screen.
- Narcan is a safe and effective way to reverse an opioid overdose. Construction site first aid responders should know where it is on the site and how to use it. Unfortunately, more and more overdoses are occurring on construction sites.

Slide 26 - Harm Reduction at the Worksite

(Time: 2 minutes)



Harm Reduction at the Worksite

- **Question:** What steps should you take if a co-worker seems impaired on the job and is putting themselves and/or others in danger?
 1. Secure them to keep them safe.
 2. Check if they are having a medical emergency (seizures, strokes, brain tumors, low blood sugar, and other conditions can mimic intoxication symptoms)
If they are experiencing a medical emergency: call 911
 3. Contact the steward.
 4. If no steward is available, get the foreman.
 5. Do not allow them to drive or take a taxi home until they are no longer impaired.


26

Instructor Notes:

- **Optional Question:** Ask the trainees to answer the question on the screen.
- Explain to the trainees that if they encounter someone who is impaired (or they themselves are impaired) and a danger to themselves or others on the worksite, they should take action.
- **Optional:** Use the points below to elaborate on the discussion.
 - Best- and worst-case scenarios:
 - **Best case scenario:** the union will be help them to get access to resources and fully support them in their recovery and will do its best to save their job and thus their health insurance.
 - **Worst case scenario:** there is reasonable suspicion drug-testing and dismissal, lose income, health insurance, etc.
 - Other concerns:
 - They go home and do themselves/yourself more harm.
 - They stay at work because everyone ignores it and covers for them/you.
 - They get injured or cause an injury.
 - They sleep it off in the truck while everyone does their work and nothing changes.

Slide 27 - LEVEL 3 Prevention: Understanding and Reducing the Harms of Stigma


(Time: 1 minute)



Prevention and Harm Reduction

LEVEL 3 Prevention: Understanding and Reducing the Harms of Stigma

- **Question:** Why do we react negatively to someone struggling with addiction or mental health problems?
- **Stigma** - shame or disgrace attached to something regarded as socially unacceptable.
- Believing only bad people have problems or they deserve to be punished for making bad choices



Source: Bridges of Hope/Studio L Online

27

Instructor Notes:

- **Optional Question:** Why do we react negatively to someone struggling with addiction or mental health problems?
- The answers relate to understanding the concept of stigma.
- **Note:** Many trainees may continue to hold negative attitudes towards those struggling with addiction. In fact, it is possible to have a negative attitude and still be compassionate and helpful.

Slide 28 - Stigma Harms

(Time: 2 minutes)

Stigma Harms

Question: How does stigma cause harm?

- It stops people who are struggling coming forward for help.
- Millions struggle with substance use. Few receive treatment. Stigma is one of the largest reasons for the gap.
- It's a hope killer.

HELLO,
I AM

Not my addiction

28

Instructor Notes:

- **Optional Question:** Ask the trainees to answer the question on the screen.
- Explain that expression of negative attitudes toward people with SUDs or mental health issues is very harmful because it prevents them from getting help that could allow them to get better. People can and do get better all the time. People who are struggling need compassion and encouragement rather than ridicule.
- Explain that hope is a really important motivator for entering recovery and staying there, and that feeling worthless is a major reason why people don't get help.

Slide 29 – Reducing and Eliminating Stigma

(Time: 2 minutes)

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Prevention and Harm Reduction

Reducing and Eliminating Stigma

- Create an environment where people can speak openly about substance use.
- Show empathy instead of casting judgement.
- Recognize that SUD is a disease that needs treatment.
- Support people in taking action for their health.
- Encourage those in recovery to assist others.
- Support a “recovery-friendly” workplace (e.g., social activities that do not include drinking/drugs).


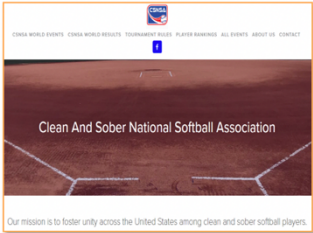


Photo by Ty Empey

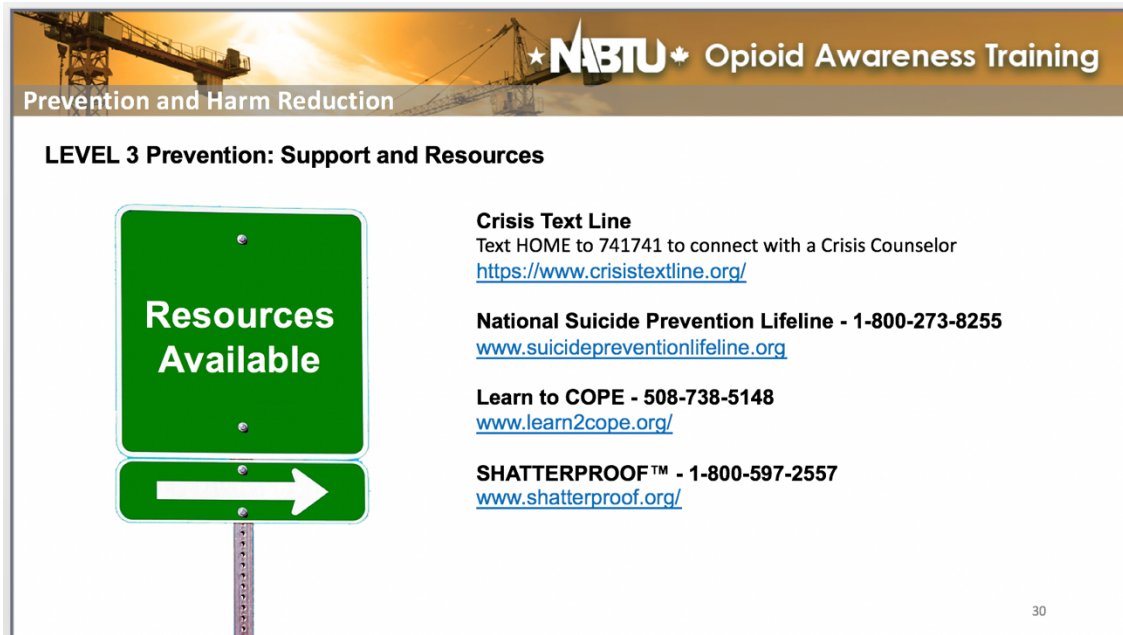
29

Instructor Note:

- The slide lists ways that stigma can be overcome and that trainees can participate in eliminating stigma about getting help.
- Remind them that at the beginning of the training, we mentioned that there is always something we can do, and “refreshing” our attitudes is one thing that can help change the statistics.

Slide 30 - LEVEL 3 Prevention: Support and Resources

(Time: 2 minutes)



★ **NABTU** ★ Opioid Awareness Training

Prevention and Harm Reduction

LEVEL 3 Prevention: Support and Resources

Resources Available

Crisis Text Line
Text HOME to 741741 to connect with a Crisis Counselor
<https://www.crisistextline.org/>

National Suicide Prevention Lifeline - 1-800-273-8255
www.suicidepreventionlifeline.org

Learn to COPE - 508-738-5148
www.learn2cope.org/

SHATTERPROOF™ - 1-800-597-2557
www.shatterproof.org/

30

Instructor Notes:

- Review the types of support and resources available to trainees, including any resources that your union can offer to members struggling with SUDs and mental illness.
- **Optional:** Use the points below to elaborate on the discussion.
 - Give a “menu” of options/steps for change:
 - Call the Peer Assistance number or HelpLine.
 - Go to the AA/NA meetings.
 - Talk to someone who has been through detox/recovery.
 - Call someone every day.
- Use the “**Support and Resources Available**” template provided to help you prepare a list of SUD and mental illness support and resources available either *from your union* or in the community that members can contact for help. Write this information on a whiteboard or hand out info cards or sheets.

Template: Support and Resources Available to Trainees

A. Substance Use Disorders (SUDs) Support and Resources

- Union resources:
 - Contact information:
- Community resources:
 - Contact information:
- Other Resources:
 - Contact information:

B. Mental Illness Support and Resources

- Union resources:
 - Contact information:
- Community resources:
 - Contact information:
- Other resources:
 - Contact information:

C. Other Available Resources

- Agency 1:
 - Contact information:
- Agency 2:
 - Contact information:
- Agency 3:
 - Contact information:

Resource Document: Substance Use Disorders and Mental Illness Resources

Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline

Call: 1-800-663-HELP (4357)

Website: <https://www.samhsa.gov/find-help/suicide-prevention>

National Suicide Prevention Lifeline

Call: 1-800-273-8255

Website: <https://suicidepreventionlifeline.org/>

Learn to COPE

Call: 508-738-5148

Website: <https://www.learn2cope.org/>

SHATTERPROOF™

Call: 1-800-597-2557

Website: <https://www.shatterproof.org/>

Clean and Sober National Softball Association

Call: 510-938-8740


Website: <https://www.csnsa.com/>

Government of Canada (Available Resources)

<https://www.canada.ca/en/health-canada/services/substance-use/get-help/get-help-problematic-substance-use.html>

Slide 31 - Steps in Treatment and Recovery

(Time: 2 minutes)



Understanding Treatment and Recovery

Steps in Treatment and Recovery

- Seeking and accepting help
- Identifying treatment options/Contacting union benefits office
- Withdrawal management (Detox)
- Substance Use Disorder treatment
- Recovery support while you get your life back
- Return to work with a “compliance” agreement and program



Photo by John Wilcox


31

Instructor Notes:

- Explain that treatment and recovery begin with a decision to get help and a desire to be well.
- Note the steps on the slide.
- Emphasize that if they or a family member is seeking treatment, they should call their benefits office to find out what their insurance covers. **DO NOT CALL THE NUMBER ON TV.** Those are scams which have provided bad or no treatment to union members, taking advantage of their good health insurance coverage.
- **Graphic source:** John Wilcox (used with permission)

Slide 32 - Types of Substance Use Disorder Treatment

(Time: 1 minute)



★ **NABTU** ★ Opioid Awareness Training

Understanding Treatment and Recovery

Types of Substance Use Disorder Treatment

- In-Patient (residential) and Out-Patient
- Medication Assisted Therapy (or Treatment)
 - Talk therapy + medications
- Opioid Use Disorder Medications
 - Methadone
 - Buprenorphine [Suboxone®]
 - Naltrexone [Vivitrol® and Revia®]
- Talk therapy = behavioral therapy with a substance use counselor, social worker, or psychologist (Individual or Group)
- Union benefit plans determine what you can access for treatment – contact your union benefits office first
- Some people quit or reduce on their own, but it can be dangerous

Teamsters CARE

32

Instructor Note:

- Review the points provided on types of treatment and emphasize the importance of calling the union office to find out the union benefits for treatment which most likely covers family members as well.

Slide 33 – Recovery Programs

(Time: 1 minute)


★ **NABTU** ★ Opioid Awareness Training

Understanding Treatment and Recovery

AA and NA (12-Step Programs)


- Meetings and peer support for recovery. Many union halls support AA meetings.
- Many people attending AA/NA have relapses. A *desire* to stop is the only requirement for attendance.
- Many people use both AA and medications to help them recover from opioid addiction.

Alcoholics Anonymous (AA)
www.aa.org



Source: AA

Narcotics Anonymous (NA)
www.NA.org



Source: NA

People in AA know....Relapse is a part of recovery.

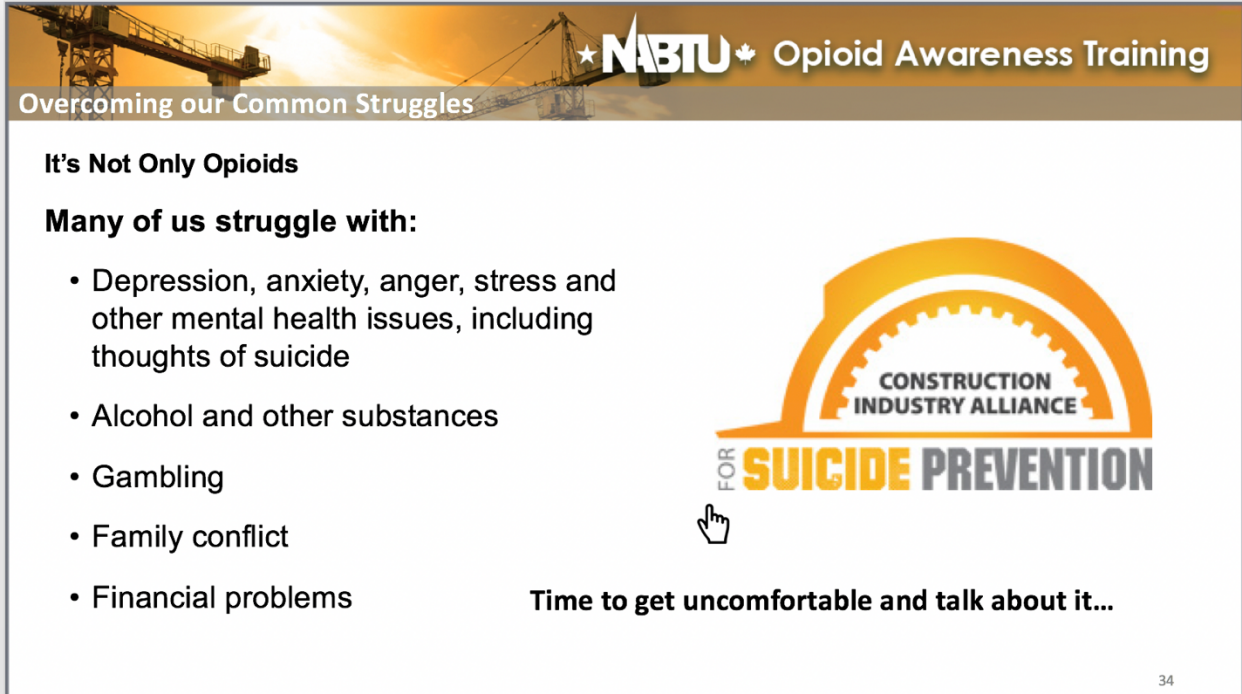
33

Instructor Notes:

- Many people find that AA and/or NA are critical to their transition from treatment to recovery.
- 12-step programs allow individuals in recovery to connect with other individuals in recovery in a safe and supportive environment, typically at regularly scheduled meetings.
- Review the nuanced points on the slide.
- **Optional:** Select the links on the screen to visit the AA and NA websites.
- **Graphic sources:** AA (<https://www.aa.org/>) and NA (<https://www.na.org/>)

Slide 34 – Overcoming our Common Struggles

(Time: 1 minute)



Overcoming our Common Struggles

★ NABTU ★ Opioid Awareness Training

It's Not Only Opioids

Many of us struggle with:

- Depression, anxiety, anger, stress and other mental health issues, including thoughts of suicide
- Alcohol and other substances
- Gambling
- Family conflict
- Financial problems

Time to get uncomfortable and talk about it...

CONSTRUCTION INDUSTRY ALLIANCE FOR SUICIDE PREVENTION

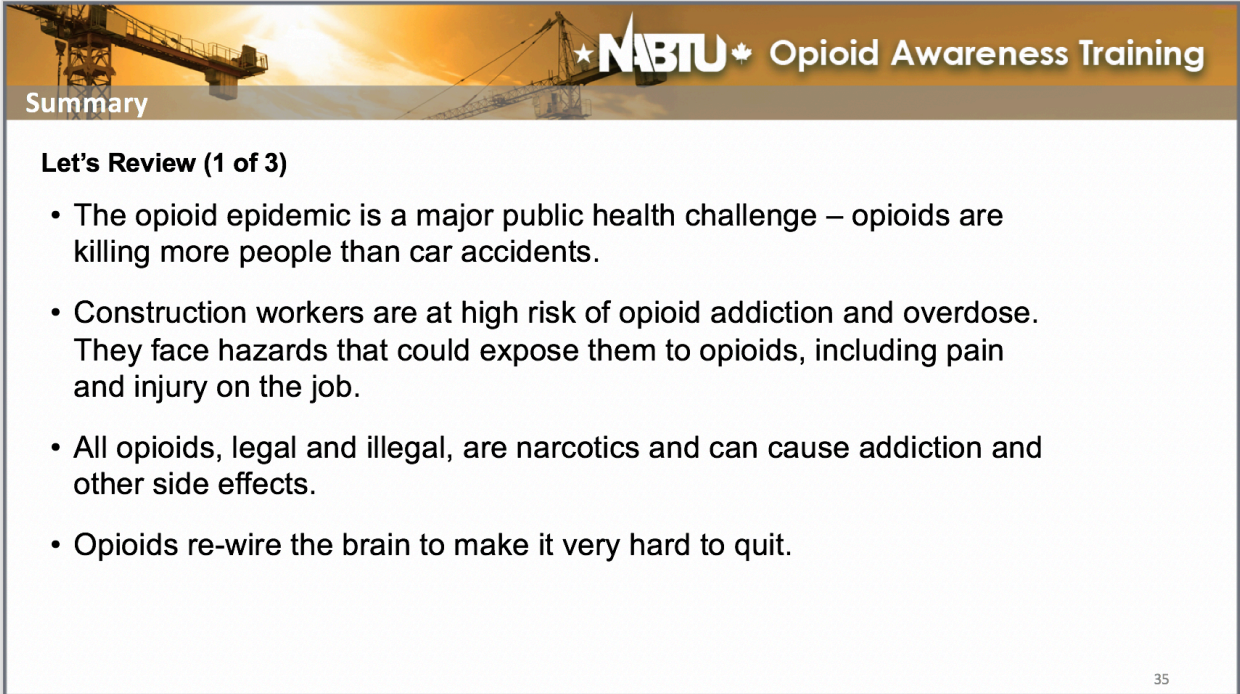
34

Instructor Note:

- Note that we recognize that opioids are not the only thing we are struggling with. In addition to other drugs and alcohol, there are many challenges that construction workers face in their mental health and well-being. Construction workers are also at higher risk of suicide. Module 2 addresses these issues and provides information for dealing with our health in all dimensions.
- **Optional:** click the logo to navigate to the Construction Industry Alliance for Suicide Prevention (CIASP) website. (<https://preventconstructionsuicide.com>)

Slide 35 – Training Summary and Review

(Time: 1 minute)



Summary

Let's Review (1 of 3)

- The opioid epidemic is a major public health challenge – opioids are killing more people than car accidents.
- Construction workers are at high risk of opioid addiction and overdose. They face hazards that could expose them to opioids, including pain and injury on the job.
- All opioids, legal and illegal, are narcotics and can cause addiction and other side effects.
- Opioids re-wire the brain to make it very hard to quit.

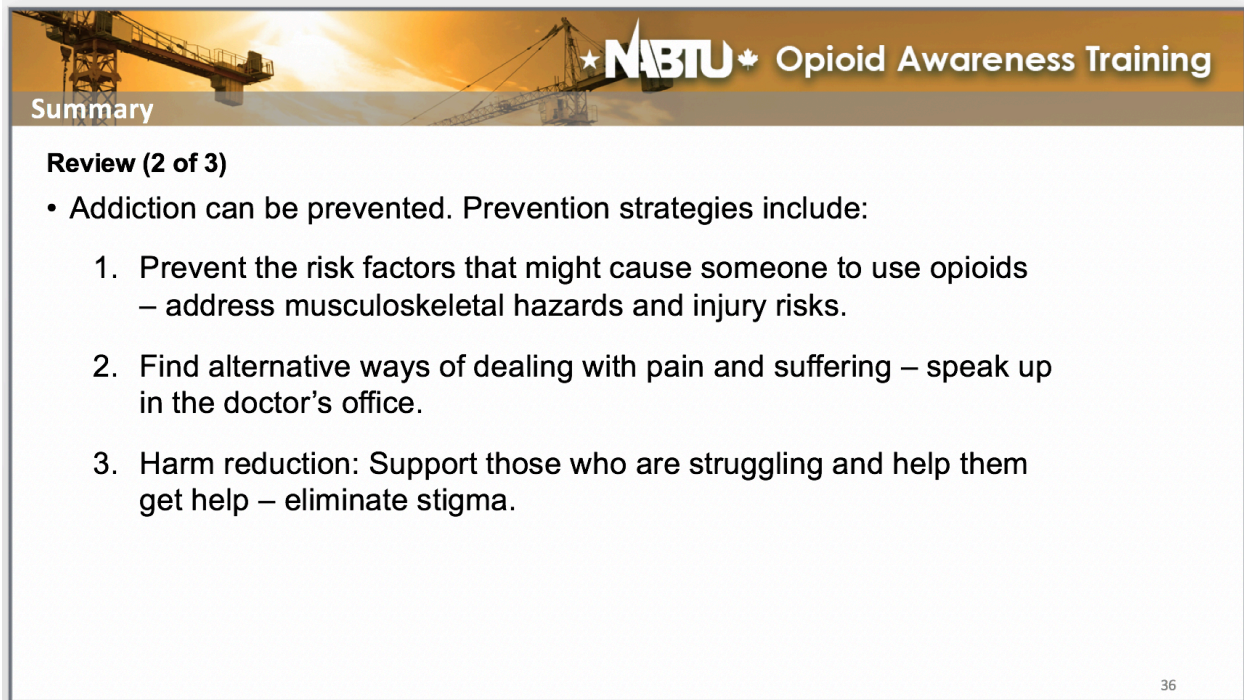
35

Instructor Notes:

- Ask the trainees to have patience as you take a couple of minutes to review what was just discussed. Briefly review the bullet points which continue on the next two screens.

Slide 36 – Review Continued

(Time: 1 minute)

The slide features a header with a background image of a construction site at sunset. The text 'NABTU Opioid Awareness Training' is displayed in white on a dark orange background. Below the header, the word 'Summary' is written in white on a dark grey background. The main content area is white and contains a 'Review (2 of 3)' section with a bulleted list of prevention strategies.

Summary

Review (2 of 3)

- Addiction can be prevented. Prevention strategies include:
 1. Prevent the risk factors that might cause someone to use opioids – address musculoskeletal hazards and injury risks.
 2. Find alternative ways of dealing with pain and suffering – speak up in the doctor’s office.
 3. Harm reduction: Support those who are struggling and help them get help – eliminate stigma.

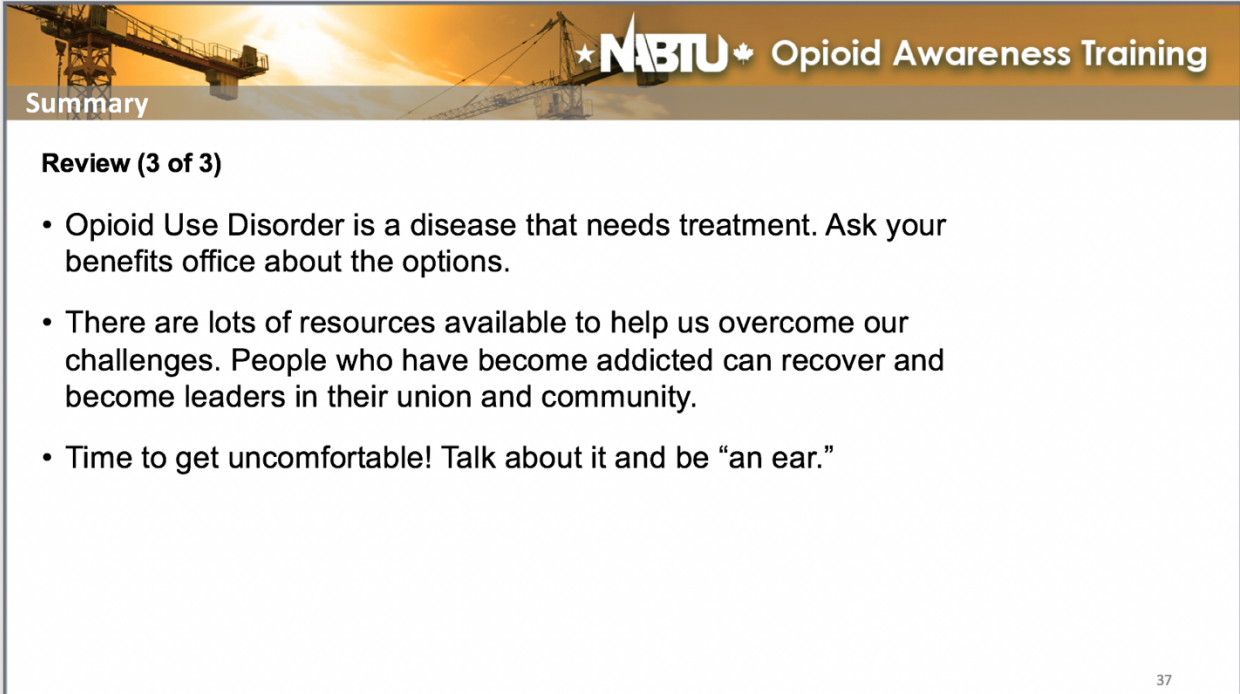
36

Instructor Note:

- Review the three strategies of prevention.

Slide 37 – Review Concluded and Course Concluded

(2 minutes)



Summary

Review (3 of 3)

- Opioid Use Disorder is a disease that needs treatment. Ask your benefits office about the options.
- There are lots of resources available to help us overcome our challenges. People who have become addicted can recover and become leaders in their union and community.
- Time to get uncomfortable! Talk about it and be “an ear.”

37

Instructor Note:

- **Optional Question:** ask trainees to reflect on what they have learned and what they would share from this course.
- Ask the trainees if they have any questions before concluding.

Slide 38 – Course Complete (5 minutes)



Course Complete

**North America's Building Trades Unions (NABTU)
Opioid Awareness Training Program**

Course Complete

**If you have any questions please contact
Christopher Rodman: crodman@cpwr.com**

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Instructor Note:

- Thank the trainees for their participation and conclude the course.
- Distribute the Course Evaluations