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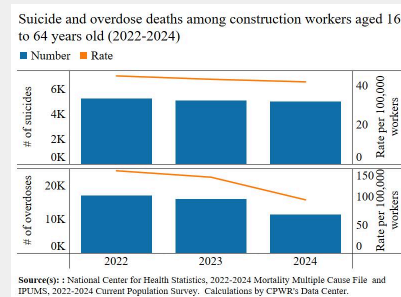
FOCUS ON PREVENTION

New York Times Reports on Construction Worker Suicide

GOOD NEWS

Construction Worker Overdose Deaths Plummet, Suicides Decline

We recently obtained access to 2024 overdose and suicide data by industry and occupation, and it is encouraging because it demonstrates that our prevention efforts make a difference. Among construction workers aged 16-64, **drug-related overdose deaths declined 28.8% from 2023 to 2024, decreasing from 15.9K to 11.3K. The overdose death rate fell from 135.0 to 94.8 per 100,000 workers.** Over 11,000 workers in our industry dying in a year from overdose is still much too high, but the reduction marks meaningful progress and good news!



We believe a series of actions, including many our industry has taken, have contributed to fewer lives lost:

- Education on risks of prescribed opioids and opioids in general
- Fewer [opioid prescriptions](#) between 2019 and 2023
- Widespread availability of naloxone on jobsites and in public
- Decreased stigma around substance use and mental health disorders
- Improved treatment and recovery support in the construction industry

We are committed to continuing these efforts, as well as further improving peer support for construction workers, mental health and substance use treatment access, and awareness training.

Deaths by suicide dropped 1.7% from 2023 to 2024 (5.1K to 5.0K), and the suicide rate decreased from 43.2 to 41.9 per 100,000 workers.

We are encouraged by this progress, but our efforts must continue. To make even more substantial reductions in overdose and suicide deaths, the essential actions our industry is already taking must be accompanied by more upstream efforts like reduction of injuries causing pain, increased availability of paid leave, anti-bullying training and policies, and safety culture. They can all weave a tapestry of interventions that will lead to continued decreases in these preventable deaths.

FREE RESOURCE FROM CPWR

Suicide Prevention Toolbox Talk

CPWR's [Toolbox Talk series](#) is designed to educate contractors of all sizes and their employees on how to improve jobsite safety by identifying and responding to hazards. The Toolbox Talk *Suicide Prevention in Construction*, available in [English](#) and [Spanish](#), shares a simple story about a worker whose behavior changed in worrying ways, prompting a coworker to check in. This example shows workers and employers how to recognize warning signs, start a supportive conversation, ask helpful questions, and connect someone to the right resources.

RESEARCH CORNER

Systematic Review of Mental Health Risks Facing Construction Workers

[Risk and Causative Factors of Psychological Harm Among Construction Workers: A Systematic Review](#). Rahman, A., Leifels, K., & Adakporia, K. O. (2025). *Workplace health & safety*, 73(6), 266–285.

This scientific journal article analyzes 68 studies published between 1991 and 2022 to understand the psychological risks facing construction workers and the factors that contribute to stress, anxiety, depression, and other mental health challenges. The authors argue that, while physical dangers on job sites are widely recognized, psychological hazards have been significantly overlooked across the industry.

Their review identifies several major contributors to psychological harm:

- **Job insecurity**, due to the project-based nature of construction work
- **Long and irregular working hours**, often leading to poor work-life balance
- **High job demands and time pressure**, which elevate stress levels
- **Workplace bullying and poor supervisor support**
- **Substance use**, especially heavy alcohol consumption, which is more prevalent in construction than in most other industries

The article highlights that mental health stigma remains a major barrier to help-seeking. Many workers perceive stress, emotional difficulty, or burnout as signs of personal weakness rather than legitimate health concerns.

The authors call for a coordinated industry response, recommending improvements in supportive supervision, mental health training, workplace culture, and psychological safety practices. Overall, the review emphasizes that

improving psychological wellbeing in construction is not only a health priority but also essential to safety, productivity, and workforce retention.

The research concludes that work-related stress, long working hours, irregular schedules, physical demands, unsafe conditions, and job insecurity are all factors of the work that lead to chronic stress and adverse mental health outcomes and perpetuate “a cycle of stress and mental health problems.”

FOCUS ON PREVENTION

New York Times Covers Some, But Not All, of the Story of Construction Worker Suicide

[A January 8 New York Times article](#) sheds light on a heartbreaking truth: suicide is far too common in construction. In fact, more than 1 in 10 people who died by suicide in the U.S. in 2023 worked in our industry. Yet organizations and funders focused on suicide prevention rarely consider this fact, and most policymakers and the public don't know it. We appreciate that the NYT brought national attention to this issue.

What the article didn't mention is the progress being made. Across the country, construction companies, unions, and trade groups are stepping up. They are sharing good practices, offering mental health and recovery support, and building peer programs where workers help each other find resources. Employers are also working to reduce job pressures that harm mental health, like injury risk and lack of paid time off.

Stigma looks different in construction. Many workers in our industry aren't ashamed to say they need help; instead, they worry that speaking up could cost them their job, especially when there's no paid time off to get care. That fear is real, and it's a barrier. The good news is more workers now have access to treatment and recovery services that fit the realities of the job.

These efforts are saving lives. Let's keep the spotlight on both the problem and the solutions, so we can continue to reverse this crisis in our industry.

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