



NABTU
Opioid Awareness Training Program
Facilitator Guide
V1: Feb 2020

Beta Version—For updates please visit [CPWR.com/Opioids-Training](https://www.cpwr.com/opioids-training)

If you have any questions about this training please contact the program evaluator, Christopher Rodman:
CRodman@CPWR.com, 301-578-8504.

Prepare the “Support and Resources Available for Participants” template (page 53) for use with slide 43 of 63 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 53** 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.**

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Course Goal

The goal of this two-hour course 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 and mental health issues:
 - 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
 - Understand suicide risk among construction workers
 - 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
 - Practice a culture of health and wellness
 - 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 training space.**

What do you expect from the class with regard to their behavior during the training (e.g., cell phone use)?

Ground rules should include the two points on **slide 5 of 63** 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 or suicide. 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 get it together. 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 11** of this guide to fill in some notes for when you are ready to present **slide 5 of 63**.

2. Prepare the “Support and Resources Available for Participants” template (page 53) for use with slide 43 of 63 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 53** 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 33 of 63** 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 for responses, 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.

- a. **Optional Handout:** Common Names for Prescription Opioid Pain Medications (**slide 19 of 63**)
- b. **Optional Handout:** Opioid painkillers: How they work and why they can be risky (**slide 19 of 63**)
- c. **Optional Stickers:** “Warn Me” stickers from the National Safety Council (**slide 34 of 63**)

Course Time: This course is designed to be completed in a two-hour timeframe. Suggested times (per slide) to maintain the two-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. This will affect the timing of the training. Most sections conclude with

a slide with review points. If you are short on time, you may go directly to section summary slides to make sure each point gets reinforced. Alternatively, you may skip these summary points if you feel that trainees don't need the review.

Welcome

Slide 01 of 63 - Welcome

(Time: 2 minutes)



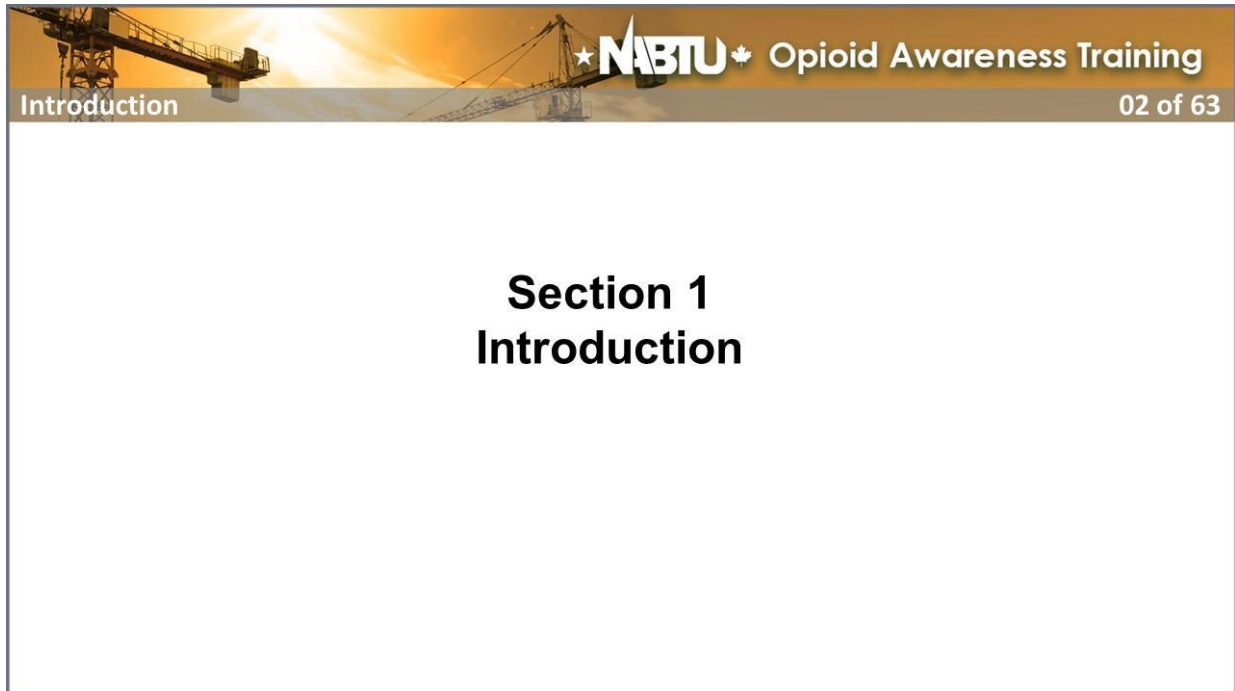
Instructor Note:

- Introduce yourself to the class and explain your qualifications as the facilitator.

Section 1: Introduction

Slide 02 of 63 - Introduction

(Time: NA)

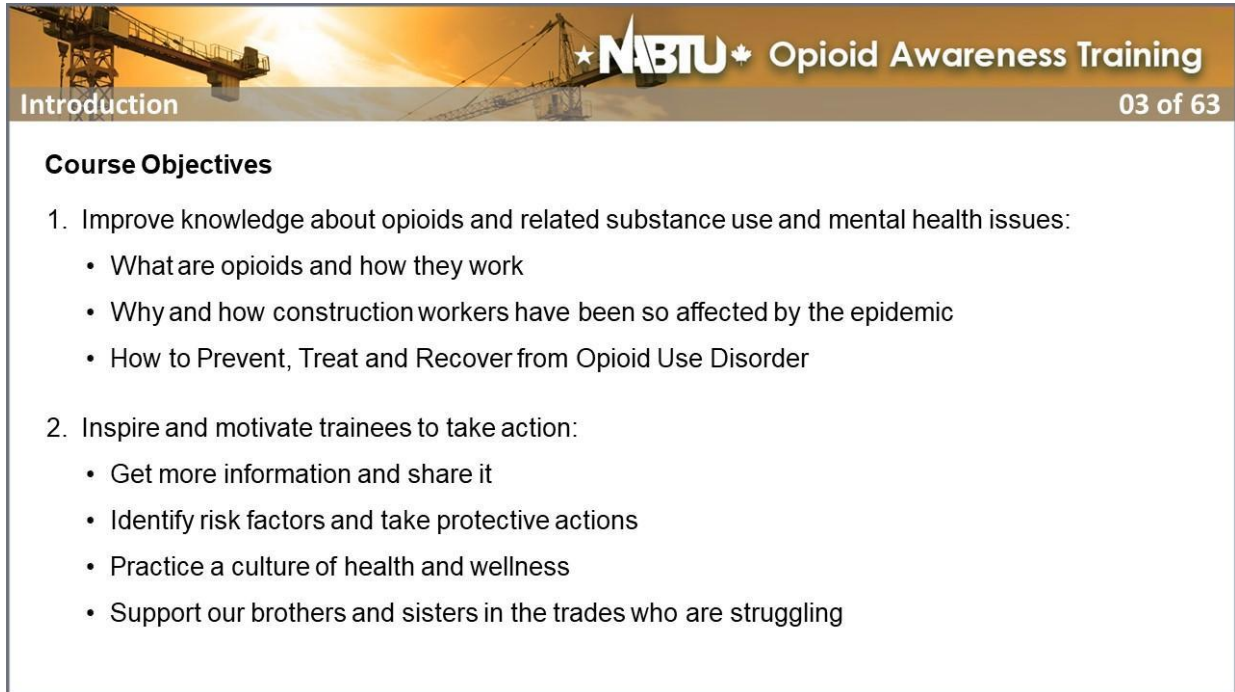


Instructor Note:

- The “Introduction” section of the course includes objectives, topics, class expectations, a short video, and an exercise to help get participants focused on the issues.

Slide 03 of 63 - Course Objectives

(Time: 1 minute)

The slide features a header with a construction site background. The text 'Introduction' is on the left and '03 of 63' is on the right. The main content area is titled 'Course Objectives' and contains two numbered points with bulleted sub-points.

Introduction **03 of 63**

Course Objectives

1. Improve knowledge about opioids and related substance use and mental health issues:
 - 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
2. Inspire and motivate trainees to take action:
 - Get more information and share it
 - Identify risk factors and take protective actions
 - Practice a culture of health and wellness
 - Support our brothers and sisters in the trades who are struggling

Instructor Note:

- Review the course objectives.

Slide 04 of 63 - Topics Covered

(Time: 1 minute)

Introduction 04 of 63

Topics Covered

- What's the Problem?
- Understanding Opioids
- Prevention and Harm Reduction
- Understanding Treatment and Recovery
- Overcoming our Common Struggles

Instructor Note:

- Briefly review the topics that will be covered in this course.

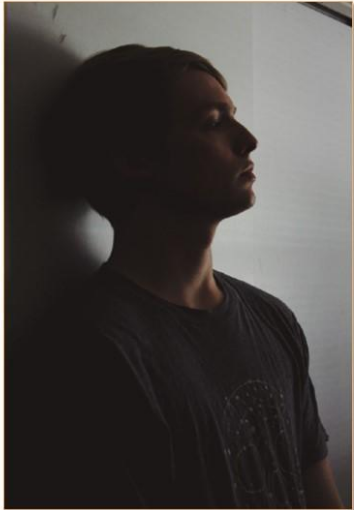
Slide 05 of 63 - Course Content Sensitivity and Confidentiality

(Time: 2 minutes)

Introduction05 of 63

Course Content Sensitivity and Confidentiality

- **TRIGGER WARNING** – this is an upsetting topic. If you find the content overwhelming, take a break.
- **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.



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 06 of 63 - The Road Home

(Time: 5 minutes)

Introduction 06 of 63

The Road Home

Click inside the frame to play the video

Video courtesy of the International Union of Operating Engineers

Instructor Notes:

- Play the video clip “The Road Home” presented by the International Union of Operating Engineers (IUOE).
- This video is 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 will be more likely to talk about the topic and how they relate to it.

Slide 07 of 63 - Exercise: Time to Get Uncomfortable

(Time: 6 minutes)

Introduction 07 of 63

Exercise: Time to Get Uncomfortable

- **Question:** How have you, or people you know, been affected by opioids?
- **Question:** If you had a magic wand, how would you use it to help someone struggling with addiction?



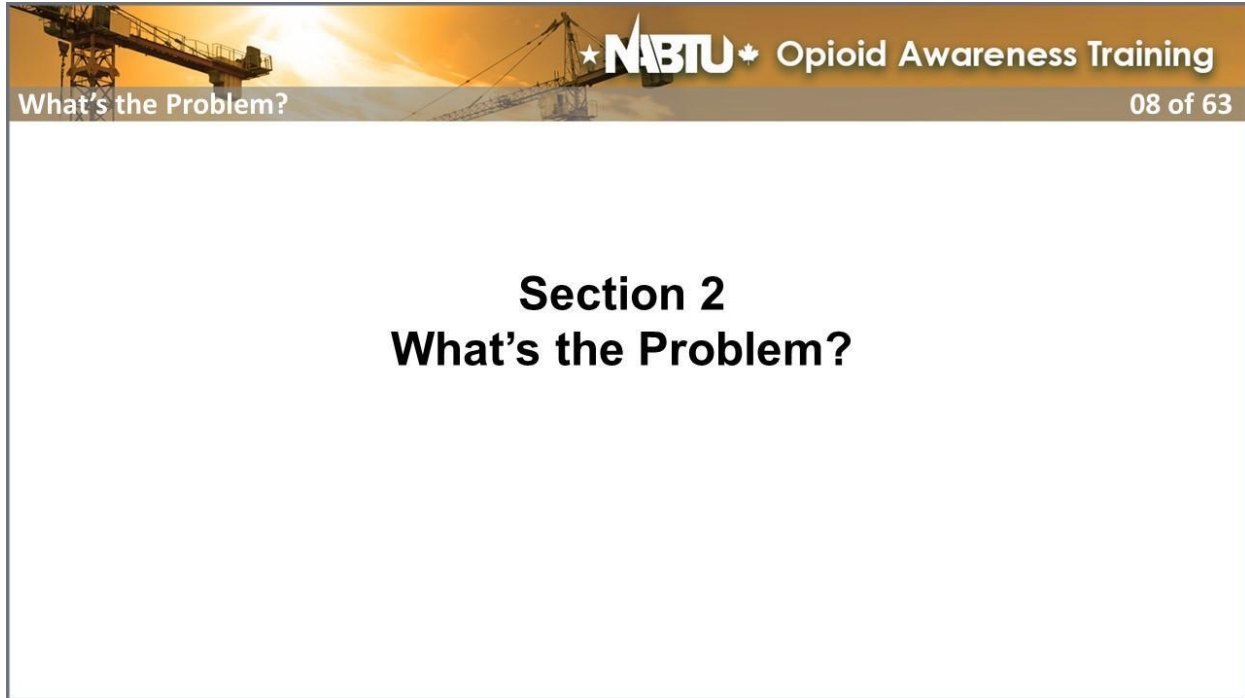
Instructor Notes:

- Trainees should match up with a partner. Tell them that you will give them a question to discuss and that each person will have 1 minute to talk without being interrupted.
- Click to reveal the first question: **How have you, or people you know, been affected by opioids?** Each student in the pair has 1 minute to answer the first question while the other student listens without interrupting. Inform them when one minute has passed and they should switch or stop.
- Click to reveal the second question: **If you had a magic wand, how would you use it to help someone struggling with addiction?** Each student in the pair has again 1 minute to answer the first question while the other student listens without interrupting. Inform them when one minute has passed and they should switch or stop.
- Ask them to think about what it was like to talk about something important without being interrupted and whether it was hard to listen without interrupting. Discuss how the ability to “listen without interrupting” is a key skill for helping someone who is struggling. **It’s like a magic wand.** Remind them to keep what was said confidential.

Section 2: What's the Problem?

Slide 08 of 63 - What's the Problem?

(Time: NA)

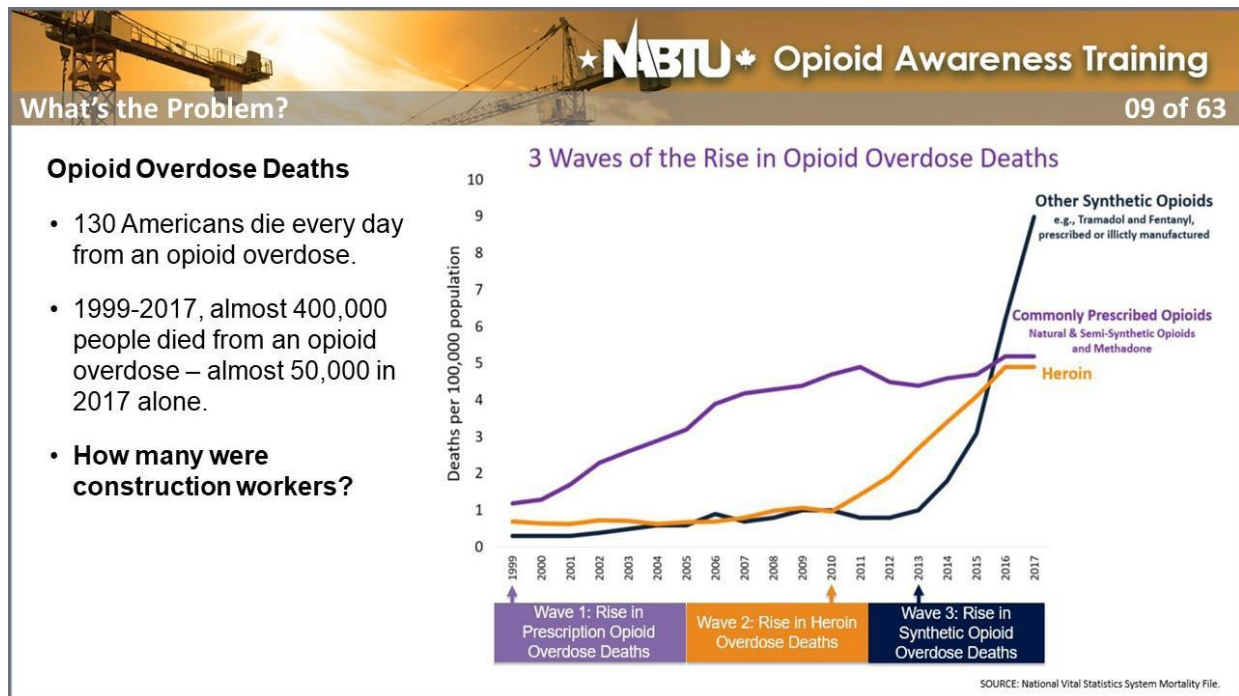


Instructor Note:

- The “What’s the Problem?” section of the course outlines the impact of the opioid epidemic and how constructions workers are particularly impacted.

Slide 09 of 63 - Opioid Overdose Deaths

(Time: 2 minutes)

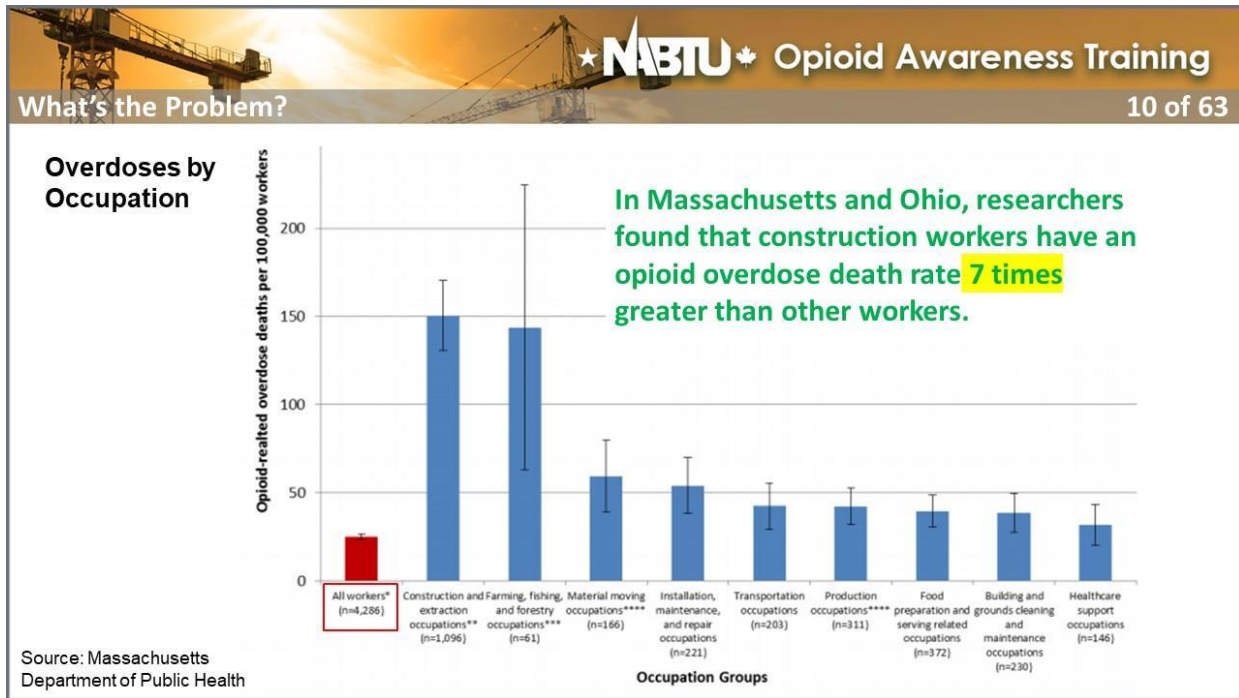


Instructor Notes:

- 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 (lab-made) 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.
- **Graphic source:** National Vital Statistics System Mortality File (via the CDC website: <https://www.cdc.gov/drugoverdose/epidemic/index.html>)

Slide 10 of 63 - Overdoses by Occupation

(Time: 2 minutes)

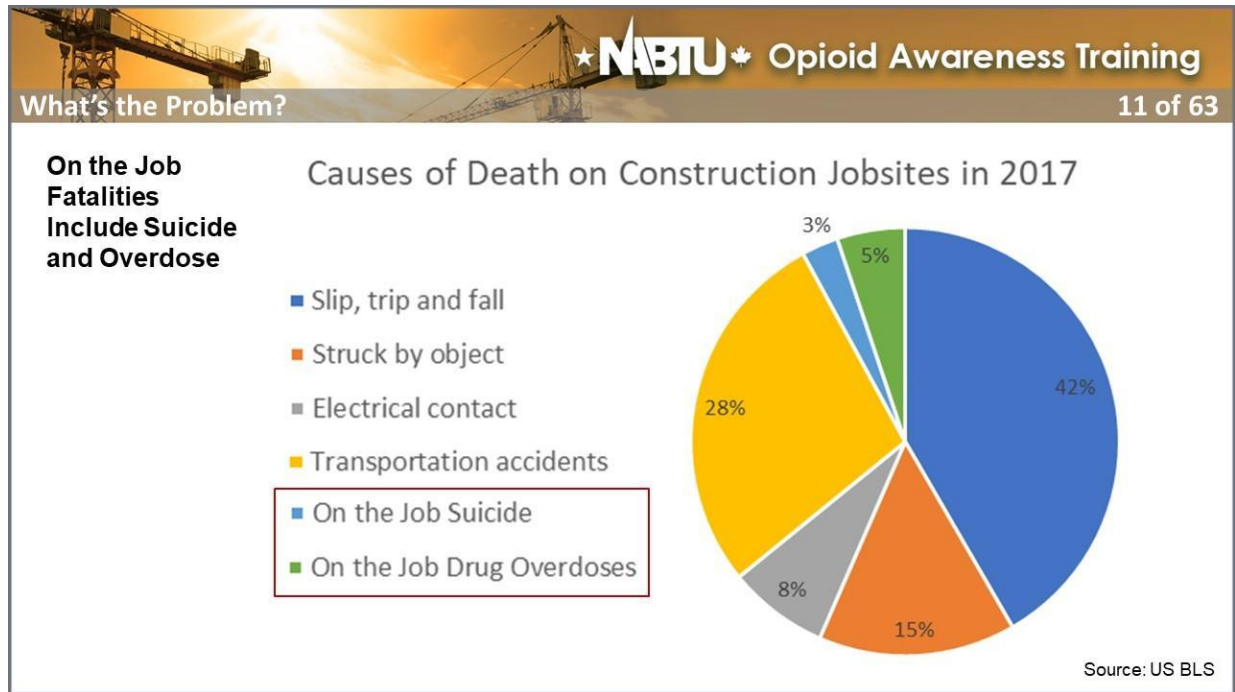


Instructor Notes:

- This graph indicates 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 in Massachusetts. 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/files/documents/2018/08/15/opioid-industry-occupation.pdf>)
- **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/opioid_overdose_deaths_which_j.html)

Slide 11 of 63 - On the Job Fatalities Including Suicide and Overdose

(Time: 1 minute)



Instructor Notes:

- This pie chart of 2017 statistics of on the job fatalities as reported by the U.S. Department of Labor, Bureau of Labor Statistics shows that on-the-job suicides and overdoses are among the leading causes of death on construction sites.
- Explain that these numbers DO NOT include “death by suicide” and “unintentional overdoses” among construction workers that occur **off the job**.

Slide 12 of 63 - Risk Factors for Construction Workers


(Time: 2 minutes)

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Risk Factors for Construction Workers

- **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
 - Boom/bust cycles in construction work
 - Long days, weeks of work without enough rest time or sick days
 - “Heavy drinking/drugging is normal” culture



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 poster paper you may write their answers.
- Click through the recognized risk factors. They may argue with these and add others.
- **Optional Question:** Ask the question whether drinking and drugging is accepted among construction workers or if that is changing.

Slide 13 of 63 - Risk Factors: Deaths of Despair

(Time: 2 minutes)

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Risk Factors: Deaths of Despair

- Drug/alcohol overdose, suicide and alcohol-related liver disease among working people are on the rise.
- **Question:** What causes despair among construction workers?

White non-Hispanic midlife mortality from "deaths of despair" in the U.S. by education

Ages 50-54, deaths by drugs, alcohol, and suicide

Year	Men (high school degree or less)	Women (high school degree or less)	Men (4-year college degree or more)	Women (4-year college degree or more)
2000	~95	~75	~35	~25
2005	~135	~85	~45	~25
2010	~165	~95	~55	~25
2015	~185	~105	~65	~25

Source: "Mortality and morbidity in the 21st century" by Anne Case and Angus Deaton, Brookings Papers on Economic Activity, Spring 2017.

Economic Studies at BROOKINGS

Instructor Notes:

- Explain that in 2017, the Center for Disease Control (CDC) reported declining life expectancy (average age that people live until) in the U.S. for three straight years.
- This slide focuses on one proposed risk factor: economic despair. This idea was proposed by two economists to explain why the life expectancy was going down in the United States. They noticed that deaths from alcohol, drugs and suicide were going up and there was an association with unemployment and reduced hope about the future. The group most affected by the decline in mortality was white men over age 45 without college degrees.
- **Optional Question:** What causes despair among construction workers?
 - **Note:** Answers to this question are not provided on the slide. Possible answers are indicated in the above paragraph and should be discussed as a class.
- **Graphic/information source:** Mortality and morbidity in the 21st century by Anne Case and Angus Deaton, Brookings Papers on Economic Activity, Spring 2017
- **Other source:** Forbes (Joshua Cohen) 'Diseases Of Despair' Contribute To Declining U.S. Life Expectancy (<https://www.forbes.com/sites/joshuacohen/2018/07/19/diseases-of-despair-contribute-to-declining-u-s-life-expectancy/#40743f7c656b>)

Slide 14 of 63 - Risk Factors: The Job - The Pain - The Prescription


(Time: 2 minutes)

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What's the Problem?14 of 63

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 years reported 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).



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 15 of 63 - Risk Factors: Construction Workers are at Higher Risk

(Time: 4 minutes)



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Risk Factors: Construction Workers are at Higher Risk

**Dr. Letitia Davis,
Occupational Safety
and Health expert**

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

Instructor Notes:

- Play the audio clip “Risk Factors: Construction Workers are at Higher Risk.”
- This audio clip features Dr. Letitia Davis, the former Director of the Massachusetts Occupational Health Surveillance Program and a leading expert in the field. Dr. Davis will present information highlighting the greater risks that construction workers face both for injuries and for prescriptions.

Slide 16 of 63 - Risk Factors: Marketing


(Time: 4 minutes)

What's the Problem?16 of 63

Risk Factors: Marketing

Purdue Pharma Aggressively Marketed OxyContin to Construction Workers

A North Carolina construction worker, Johnny Sullivan, starred in one of the original videos Purdue Pharma produced, in 1998, to convince doctors to prescribe their drug for ailments like back pain. "I got my life back," Sullivan says, standing on a construction site. A decade later, Sullivan was unemployed and addicted to OxyContin. In 2008, he nodded out at the wheel of his truck, which flipped into a ditch, killing him instantly.



Source: MedPage Today

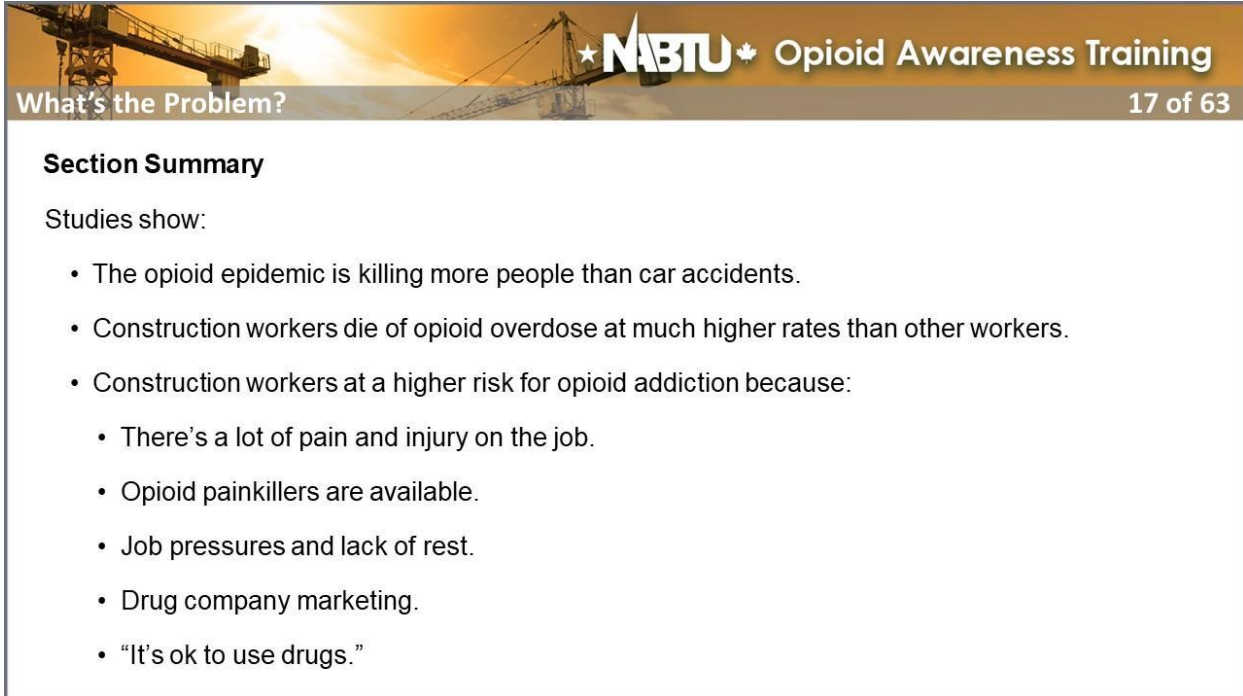
Instructor Notes:

- 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:** Select the photo on the screen to play the video “Anatomy of an Epidemic: The Opioid Movie.” 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.
- **Video source:** MedPage Today (<https://www.youtube.com/watch?v=10ZISSXiuP4>)
- **Information source:** (The New Yorker – Sackler family and Purdue Pharma) Patrick Radden Keefe - The Family That Built an Empire of Pain (<https://www.newyorker.com/magazine/2017/10/30/the-family-that-built-an-empire-of-pain>)

- **Other source:** John Fauber and Ellen Gabler - Journal Sentinel Watchdog Reports (<http://archive.jsonline.com/watchdog/watchdogreports/what-happened-to-the-poster-children-of-oxycotin-r65r0lo-169056306.html/>)

Slide 17 of 63 - Section Summary

(Time: 1 minute)



What's the Problem? **NABTU** Opioid Awareness Training **17 of 63**

Section Summary

Studies show:

- The opioid epidemic is killing more people than car accidents.
- Construction workers die of opioid overdose at much higher rates than other workers.
- Construction workers at a higher risk for opioid addiction because:
 - There's a lot of pain and injury on the job.
 - Opioid painkillers are available.
 - Job pressures and lack of rest.
 - Drug company marketing.
 - "It's ok to use drugs."

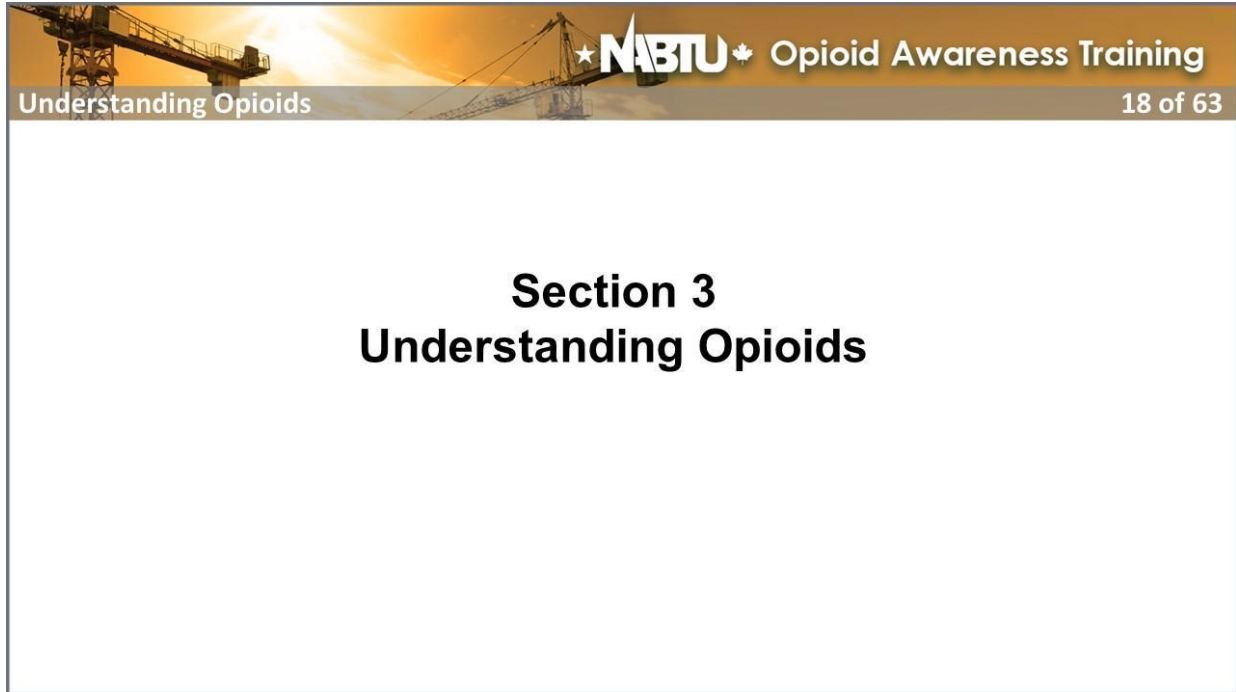
Instructor Notes:

- Read the points to summarize this section.
- **Optional Question:** Ask the trainees to share what surprised them about the content in this section.

Section 3: Understanding Opioids

Slide 18 of 63 - Understanding Opioids

(Time: NA)



Instructor Note:

- This slide begins the section of the course where you explain what opioids are and how they work. It also explains how the disease of addiction develops and defines “substance use disorder.”

Slide 19 of 63 - What are opioids?*(Time: 3 minutes)*

What are opioids?

- Prescription opioids: painkillers, narcotics
- Non-prescription (illicit opioids): heroin, opium, illegally-produced fentanyl (other synthetic opioids)
- **Question:** What other names do you know for opioids?
 - **Answer:** [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

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 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.store.samhsa.gov/system/files/sma17-5053-12.pdf>)
- **Optional Handout:** (National Safety Council) Opioid painkillers: How they work and why they can be risky (<https://www.nsc.org/Portals/0/Documents/RxDrugOverdoseDocuments/opioid-painkillers-how-they-work-and-why-they-are-risky.pdf>)

- **Graphic source:** National Safety Council - Opioid painkillers: How they work and why they can be risky
- **Information source:** CPWR: Physicians'/Providers' Alert: Pain Management for Construction Workers (https://www.cpwr.com/sites/default/files/publications_handouts-and-toolbox-talks_physicians-alerts_opioids.pdf)

Slide 20 of 63 - Side Effects of all Opioids

(Time: 3 minutes)

Side Effects of all Opioids

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

As many as **1 in 4** PEOPLE receiving prescription opioids long term in a primary care setting struggles with **addiction.**

Source: Center for Disease Control

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 slide.
- 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, may not do the problematic drug-seeking behaviors in order to access 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 options 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.

- **Graphics source:** Center for Disease Control (CDC)

Slide 21 of 63 - Addiction/Substance Use Disorder is a Disease

(Time: 2 minutes)

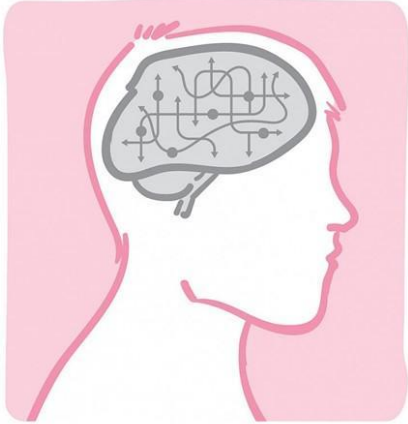
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Understanding Opioids 21 of 63

Addiction/Substance Use Disorder is a Disease

- **Addiction/Substance Use Disorder (SUD):**
An on-going brain ***disease** where the sufferer will look for and use drugs, despite harmful consequences (can't stop)

***Disease =** A condition that changes the way the body functions. Opioids cause addiction in the brain. They change the way the brain works by **rewiring it**.



Source: NIH

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, like diabetes, 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 22 of 63 - Addiction and the Brain: How Opioids Hijack the Brain

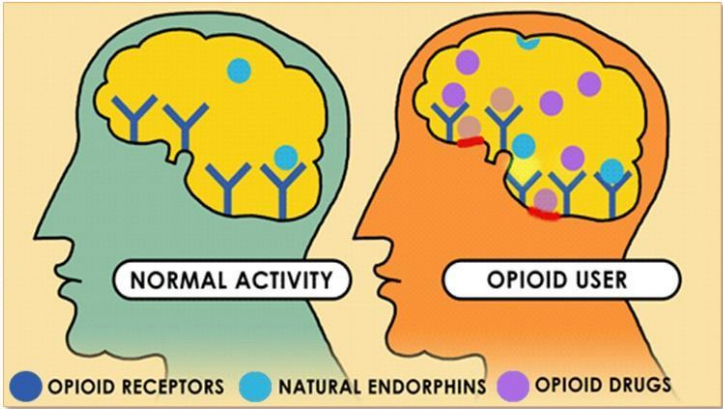
(Time: 2 minutes)

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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.



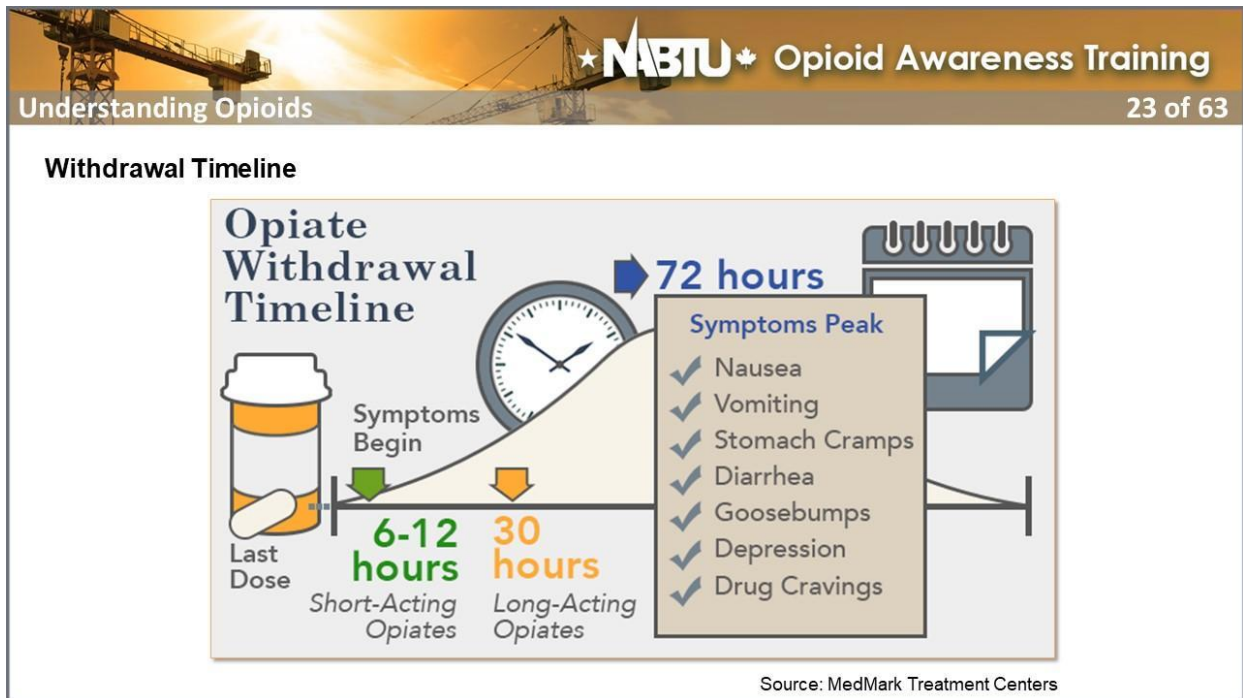
Source: Danny Miller/Yahoo News
Courtesy of NIEHS

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 23 of 63 - Withdrawal Timeline

(Time: 2 minutes)

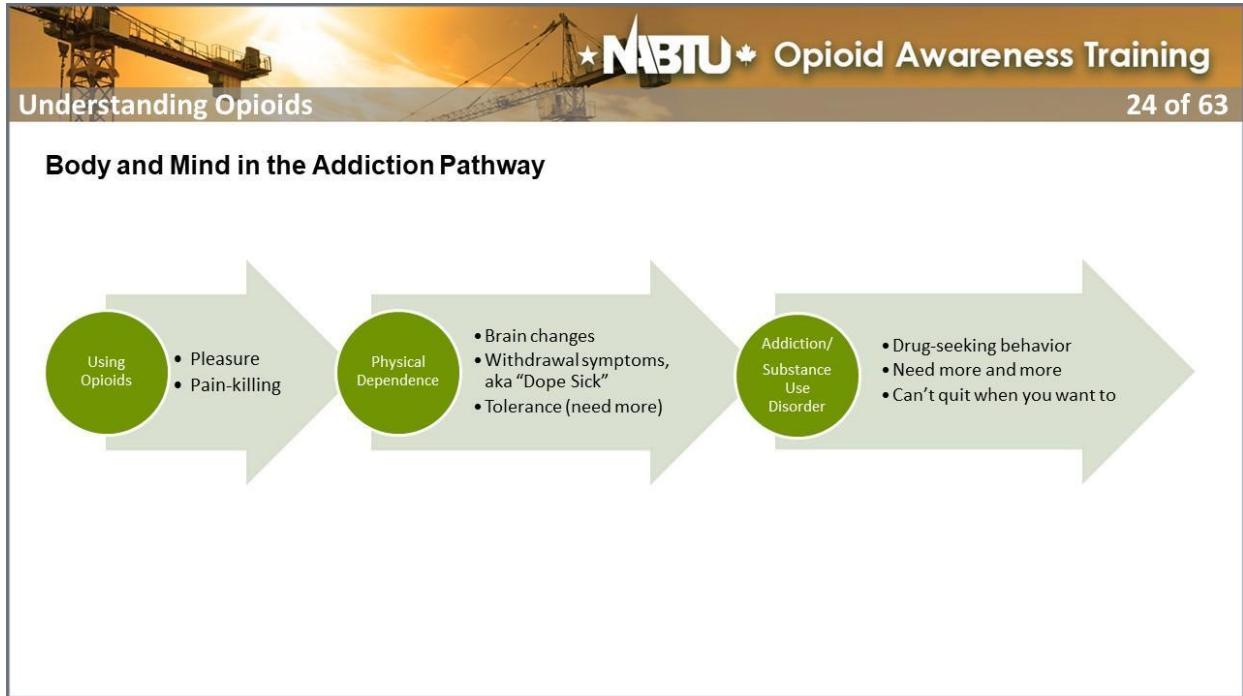


Instructor Notes:

- Review the withdrawal timeline/symptoms illustration.
- Explain that withdrawal symptoms can be so intense that many individuals, even though they don't want to, use drugs just to make the symptoms stop.
- Explain that symptoms are most intense three days after the last dose and that withdrawal can be made easier with medications and medical care.
- **Graphic source:** MedMark Treatment Centers (<https://medmark.com/does-long-term-opiate-use-change-the-brain/>)

Slide 24 of 63 – Body and Mind in the Addiction Pathway

(Time: 2 minutes)



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 25 of 63 - Story of Pain Into Power


(Time: 4 minutes)


NABTU Opioid Awareness Training

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Story of Pain Into Power

**Bobby McNeil,
Vice President
Ironworkers Local 7**



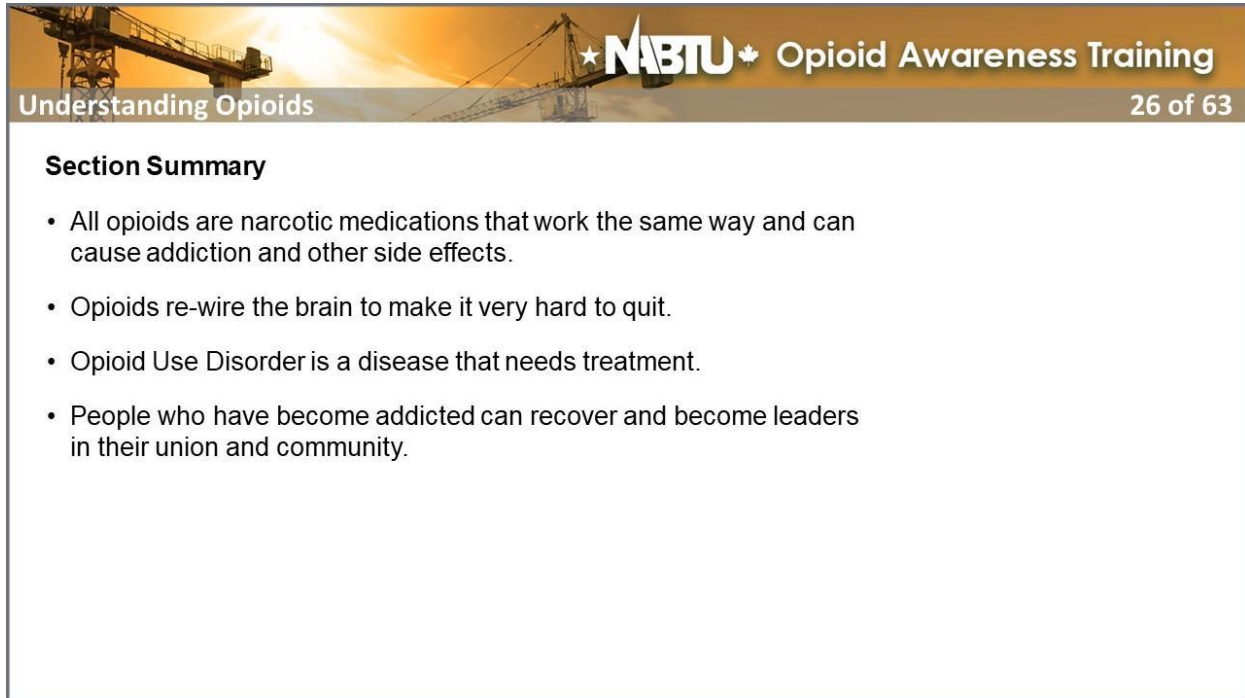
 *Hover over the speaker icon to open the audio controls and play the clip.*

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 26 of 63 - Section Summary

(Time: 1 minute)



The slide features a header with a background image of a construction site at sunset. The header text reads "NABTU Opioid Awareness Training" with the NABTU logo. Below the header, the slide title "Understanding Opioids" is on the left and "26 of 63" is on the right. The main content area is titled "Section Summary" and contains a bulleted list of four points.

Understanding Opioids 26 of 63

Section Summary

- All opioids are narcotic medications that work the same way and can cause addiction and other side effects.
- Opioids re-wire the brain to make it very hard to quit.
- Opioid Use Disorder is a disease that needs treatment.
- People who have become addicted can recover and become leaders in their union and community.

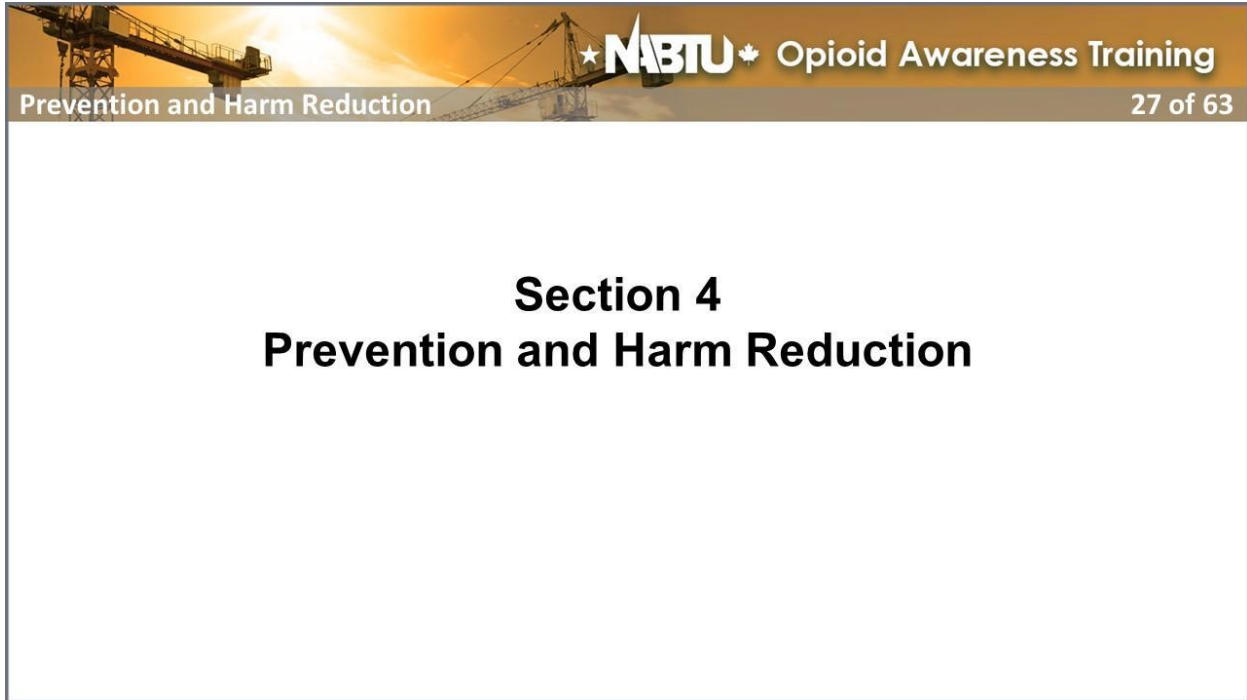
Instructor Notes:

- Read the points to summarize this section.
- **Optional Question:** Ask the trainees to share what surprised them about the content in this section.

Section 4: Prevention and Harm Reduction

Slide 27 of 63 - Prevention and Harm Reduction

(Time: NA)

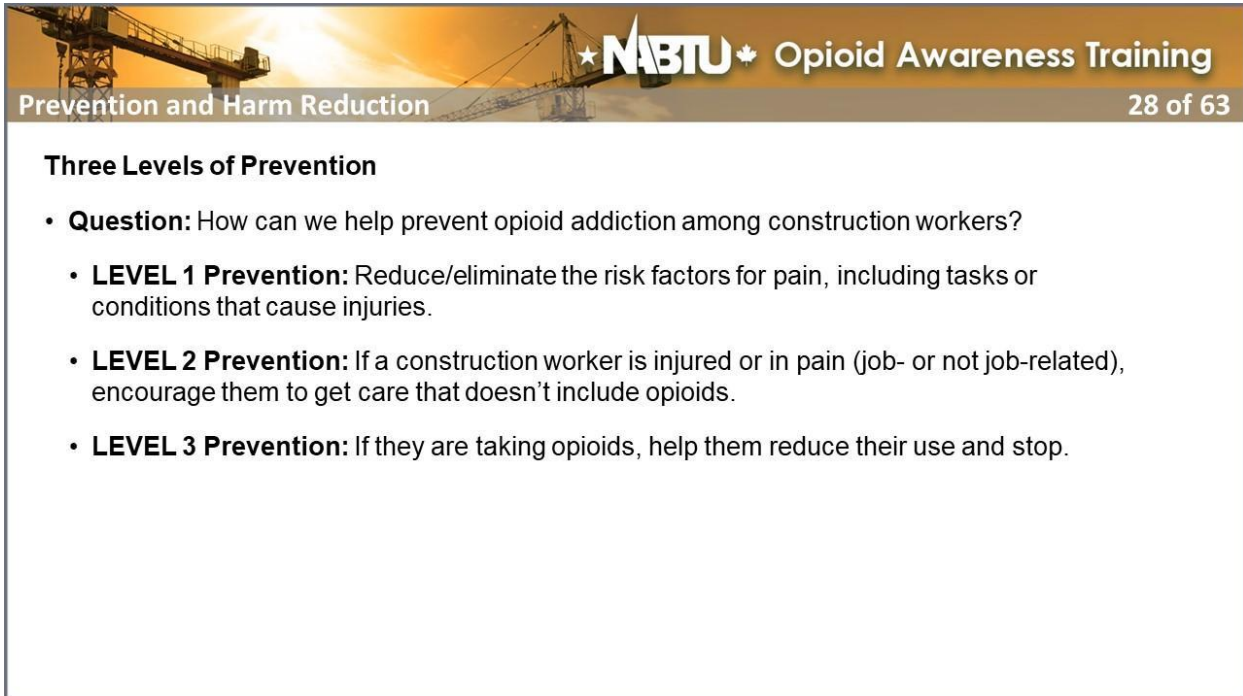


Instructor Notes:

- This slide begins the “Prevention and Harm Reduction” section of the course that will cover how opioid use disorders (OUD) can be prevented. They cover the things that can be a risk for prescriptions, dealing with pain, tips for talking with your doctor, and how to help someone who may be struggling.
- “Harm reduction” is a term used in public health to mean the actions that we can take to prevent some of the worst consequences of drug use.

Slide 28 of 63 - Three Components: Prevention and Harm Reduction

(Time: 2 minutes)



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

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Three Levels of Prevention

- **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:** If they are taking opioids, help them reduce their use and stop.

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** 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.
- **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 29 of 63 - LEVEL 1 Prevention: Prevent the Causes of Pain

(Time: 2 minutes)

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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
 - Positive safety culture and program
 - Ergonomics = “Fitting the task to the worker” to prevent musculoskeletal injuries



Source: OSHA



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 30 of 63 - Musculoskeletal Disorders (MSDs)

(Time: 1 minute)



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

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 31 of 63 - Examples of Ergonomics in Construction

(Time: 2 minutes)

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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)

BEST BUILT PLANS
BUILD SAFETY INTO EVERY JOB

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

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-practice-library/construction-ergonomic-research-solutions>)
- **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 32 of 63 - Stretch and Flex Program

(Time: 1 minute)

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Stretch and Flex Program

- **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

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 33 of 63 - LEVEL 2 Prevention: Avoid Exposure to Opioids

(Time: 4 minutes)

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

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 print 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 (Oxycotin[®]), oxycodone (Oxayone[®]), oxycodone (Oxayone[®]), hydromorphone (Dilaudid[®]), meperidine (Demerol[®]), diphenhydramine (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 Divali[®], 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 taking opioids on the job can be a safety hazard because they can make you drowsy, and if testing positive for some drugs, even when prescribed for pain, can negatively impact employment opportunities. Some employers have suspended 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 (buprenorphine), hydrocodone, hydromorphone, oxycodone, oxycodone)
 - 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 are taking other medication, will the 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/research/opioid-resources>
- Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov/> or call their confidential national hotline 1-800-424-3463 (24/7)
- Facing Addiction's online Addiction Resource Hub <https://resources.facingaddiction.org/>

Source: U.S. Department of Transportation, (2016), DOT's new rule <https://www.transportation.gov/press/releases/2016-07-20>

CPWR | RESEARCH TRAINING

Source: CPWR

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 34 of 63 - Tips for the Doctor's Office

(Time: 2 minutes)

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

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 35 of 63 - But what about my pain?

(Time: 3 minutes)

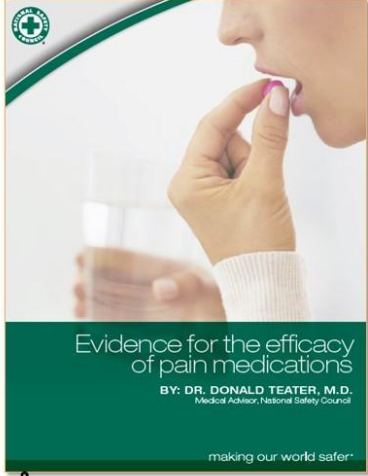
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NABTU Opioid Awareness Training

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

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://safety.nsc.org/painmedevidence>
- **Graphic source:** National Safety Council

Slide 36 of 63 - Public Health Warnings on Opioids for Pain

(Time: 3 minutes)

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Prevention and Harm Reduction

Public Health Warnings on Opioids for Pain

The US Centers for Disease Control and Prevention says:

1. Non-opioid therapy is preferred for chronic pain outside of active cancer and end-of-life care.
2. When opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose.
3. Clinicians should always exercise caution when prescribing opioids and monitor all patients closely.



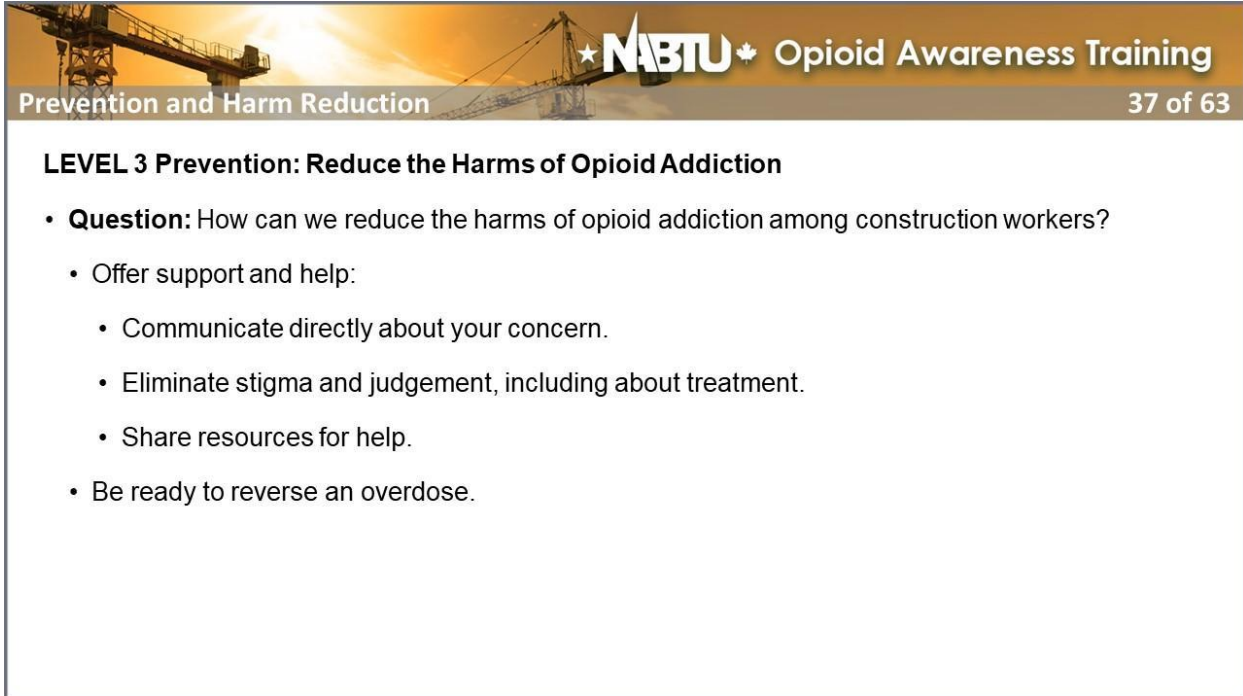
Source: CDC

Instructor Notes:

- Review the three most important principles from the “CDC Guideline for Prescribing Opioids for Chronic Pain” document. The CDC is the Centers for Disease Control and Prevention which is the federal public health agency.
- This is the official message to doctors in the US about opioid prescribing.
- **Optional:** Select the graphic on the screen to show the document in its entirety (https://www.cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf).
- **Graphic source:** Center for Disease Control (CDC)

Slide 37 of 63 - LEVEL 3 Prevention: Reduce the Harms of Opioid Addiction

(Time: 2 minutes)



LEVEL 3 Prevention: Reduce the Harms of Opioid Addiction

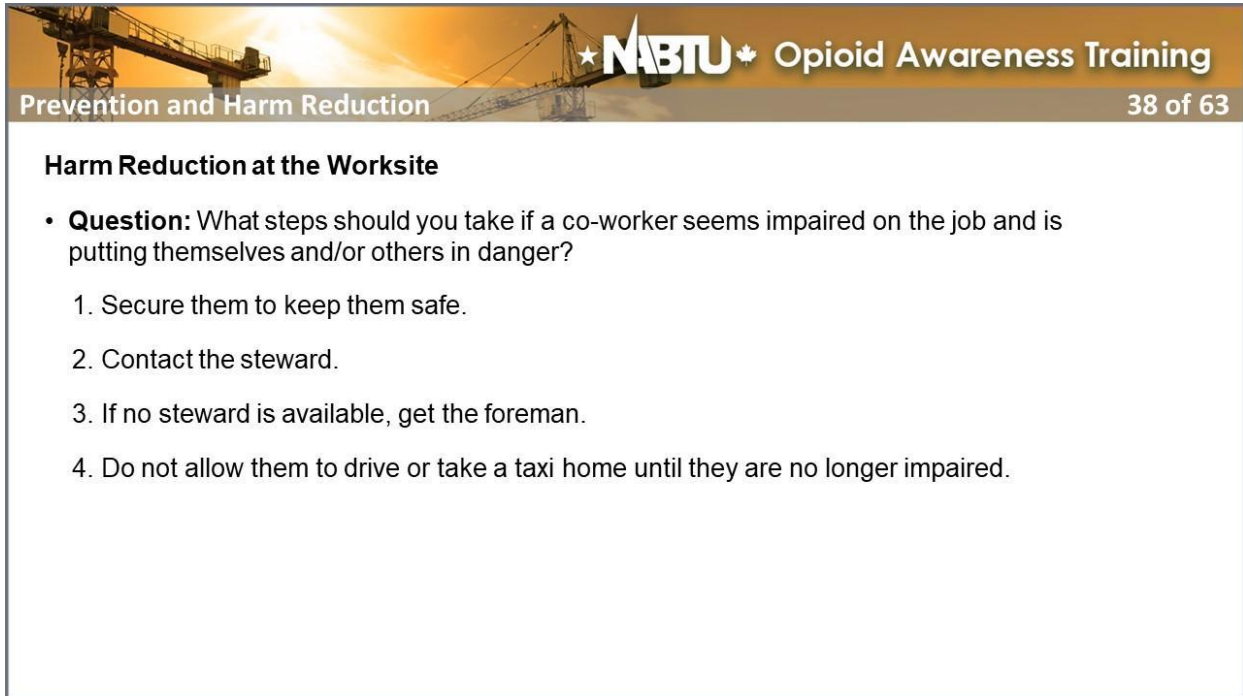
- **Question:** How can we reduce the harms of opioid addiction among construction workers?
 - Offer support and help:
 - Communicate directly about your concern.
 - Eliminate stigma and judgement, including about treatment.
 - Share resources for help.
 - Be ready to reverse an overdose.

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.
- How to reverse an overdose using Narcan will be discussed in a moment.

Slide 38 of 63 - Harm Reduction at the Worksite

(Time: 2 minutes)



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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. Contact the steward.
 3. If no steward is available, get the foreman.
 4. Do not allow them to drive or take a taxi home until they are no longer impaired.

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 39 of 63 - LEVEL 3 Prevention: Understanding and Reducing the Harms of Stigma

(Time: 2 minutes)

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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: Sullivan County Anti-Drug Coalition

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.
- **Optional:** Click on the graphic to view it full screen from the source website.
 - Note that you will need to scroll down slightly on the web page to see the graphic.
 - The graphic explains how stigma prevents people from getting well.
 - **Graphic source:** Sullivan County Anti-Drug Coalition (<https://sites.google.com/a/scadcoalition.org/scad-backup/parents/stigma-of-addiction>)
- **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 40 of 63 - Stigma Harms

(Time: 2 minutes)

Stigma Harms

- How does stigma cause harm?
 - It interferes with people coming forward for help: 23.5 million Americans struggle with substance use, 11% receive treatment --stigma is one of the largest reasons for the gap.
 - It's a hope killer.

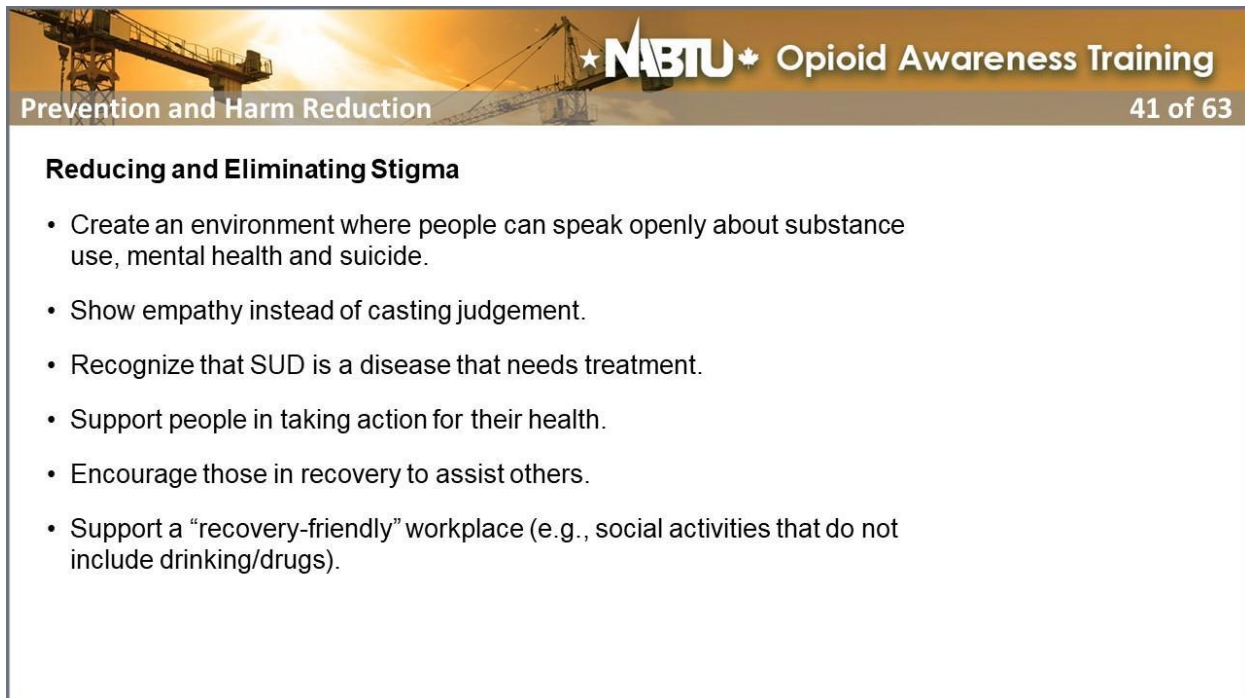
Source: Bridges of Hope/Studio L.Online

HELLO,
I AM
Not my addiction

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.
- **Graphic source:** Bridges of Hope/Studio L. Online
(<https://bridgesofhopeblog.wordpress.com/2015/08/18/stopping-the-stigma-understanding-drug-addiction/>)

(Time: 2 minutes)



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Reducing and Eliminating Stigma


- Create an environment where people can speak openly about substance use, mental health and suicide.
- 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).

Instructor Note:

- The slide lists ways that stigma can be overcome and that trainees can participate in eliminating stigma about getting help.

Slide 42 of 63 - Communication Matters

(Time: 2 minutes)



Communication Matters

- **Directness:** Give direct feedback about substance use and problems that you observe.
 - “I don’t know if you’re struggling with [alcohol, pills, etc.], but you seem pretty out of it.”
- **Understanding:** Be warm, respectful and understanding.
 - “I know you have a lot going on, but I don’t want things to get worse.”
- **Ownership:** Acknowledge that responsibility for change is theirs and be encouraging.
 - “It’s up to you, but I know you can kick this thing.”
- **Offer some options:**
 - “There’s an AA meeting at the union hall.”

Instructor Notes:

- Explain that how you communicate with someone who may be struggling with an SUD can be helpful.
- These tips are based on records of success.
- **Optional Question:** Ask student to reflect on how well they think it works to yell at someone or insult them to get them to change their behavior.

(Time: 2 minutes)



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:

Slide 44 of 63 - Resources Available to Anyone, Everywhere

(Time: 1 minute)

Resources Available to Anyone, Everywhere

Substance Abuse and Mental Health Services Administration (SAMHSA) - 1-800-663-HELP (4357)
www.samhsa.gov/find-help/suicide-prevention

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/treatment/Substance-Use-Disorder-Treatment

Government of Canada (Available Resources)
www.canada.ca/en/health-canada/services/substance-use/get-help/get-help-problematic-substance-use.html

Instructor Notes:

- Briefly review the resources available.
- **Resource Document:** Point out to the trainees that a copy of the “Substance Use Disorders and Mental Illness Resources” document is available in their Participant Guide. A copy of the document is also available in this Facilitator Guide.

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/treatment/Substance-Use-Disorder-Treatment>

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 45 of 63 - LEVEL 3 Prevention: Overdose Prevention with Narcan

(Time: 2 minutes)

Prevention and Harm Reduction45 of 63

LEVEL 3 Prevention: Overdose Prevention with Narcan

- Naloxone (Narcan®) can reverse an opioid overdose:
 - Include in first aid kit (nasal delivery or injection)
 - Know how to use it and how provide rescue breathing
 - Is safe and effective
 - Only works with opioids (no other drugs)
 - Won't cause harm if given "by mistake"

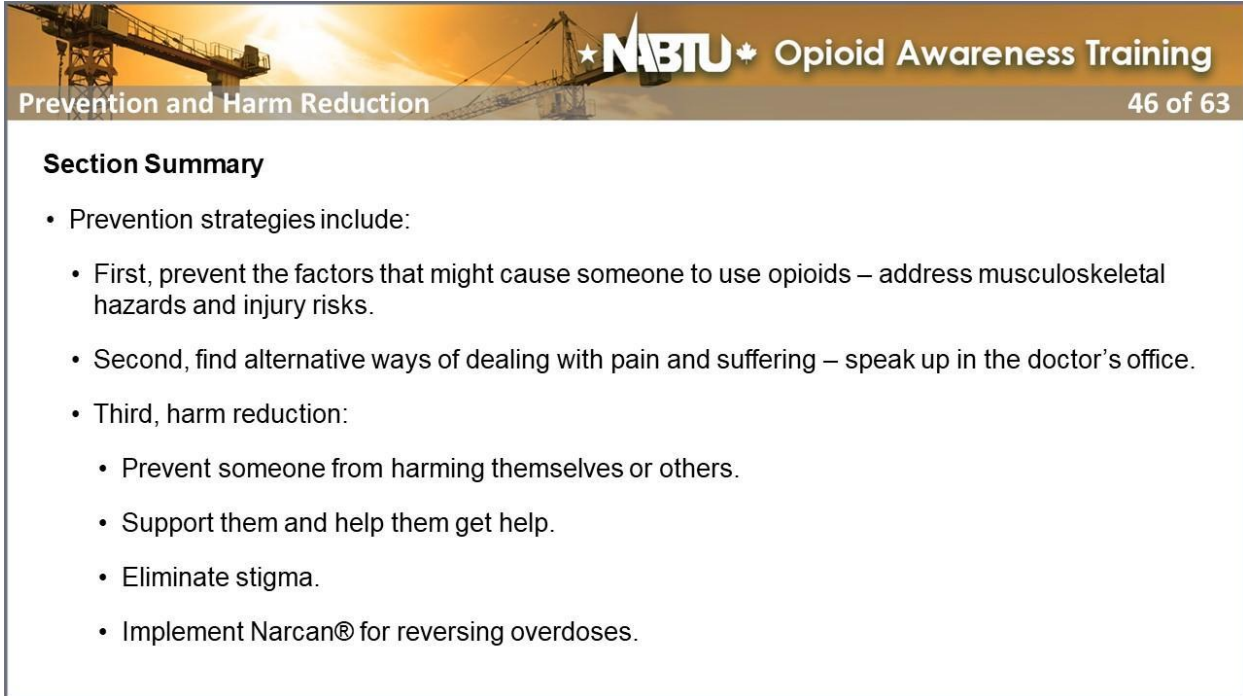


Instructor Notes:

- Explain that the last strategy of Harm Reduction that you will be discussing is reversing overdoses with Narcan® which is the trade name for naloxone.
- Review the key points listed on the screen regarding the use of Naloxone (Narcan®).
- Explain that anybody can learn how to use Narcan®, but those on jobsites who are first responders/first aid providers should especially know where it is kept and how to use it.
- Note that jobsite overdoses often occur in Port-a-Potties.

Slide 46 of 63 - Section Summary

(Time: 2 minutes)



Prevention and Harm Reduction **46 of 63**

Section Summary

- Prevention strategies include:
 - First, prevent the factors that might cause someone to use opioids – address musculoskeletal hazards and injury risks.
 - Second, find alternative ways of dealing with pain and suffering – speak up in the doctor’s office.
 - Third, harm reduction:
 - Prevent someone from harming themselves or others.
 - Support them and help them get help.
 - Eliminate stigma.
 - Implement Narcan® for reversing overdoses.

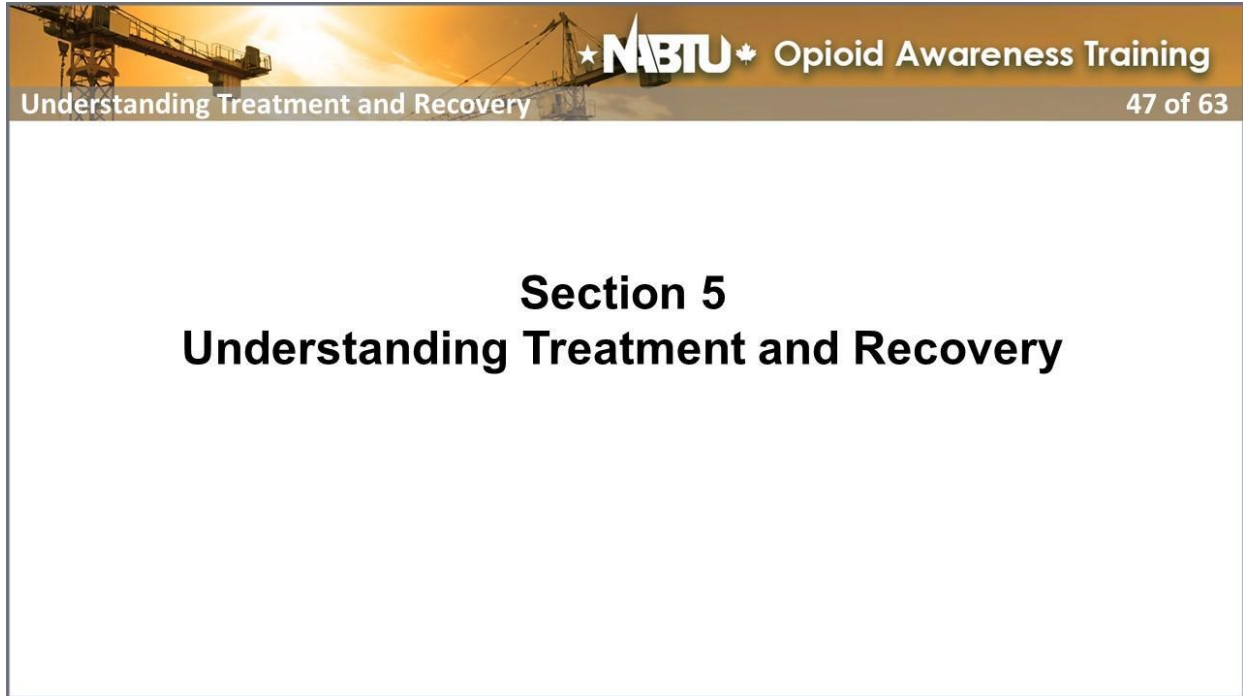
Instructor Notes:

- Read the points to summarize this section.
- **Optional Question:** Ask them what they think is the most important prevention and/or harm reduction strategy.

Section 5: Understanding Treatment and Recovery

Slide 47 of 63 - Understanding Treatment and Recovery

(Time: NA)



Understanding Treatment and Recovery 47 of 63

Section 5 Understanding Treatment and Recovery

Instructor Note:

- This slide begins the “Treatment and Recovery” section of the course which reviews the major steps in undertaking treatment for SUDs/mental health issues, what kinds of treatment are available (including medications), the difference between treatment and recovery, and that recovery is a journey.

Slide 48 of 63 - Steps in Treatment and Recovery

(Time: 2 minutes)

★ NABTU ★ Opioid Awareness Training
Understanding Treatment and Recovery48 of 63

Steps in Treatment and Recovery

- Seeking and accepting help
- Identifying treatment options/Contacting union benefits office
- Withdrawal management (Detox)
- Talk therapy and medication
- Recovery support
- Getting your life back
- Return to work with a “compliance” agreement and program



Photo by John Wilcox

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 a participant or a participant’s 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 49 of 63 - Withdrawal Management (Detox)

(Time: 1 minute)

The slide features a header with a background image of a construction site at sunset. The header text includes the NABTU logo and the title 'Opioid Awareness Training'. Below the header, the slide title 'Withdrawal Management (Detox)' is followed by a bulleted list of five points.

Understanding Treatment and Recovery 49 of 63

Withdrawal Management (Detox)

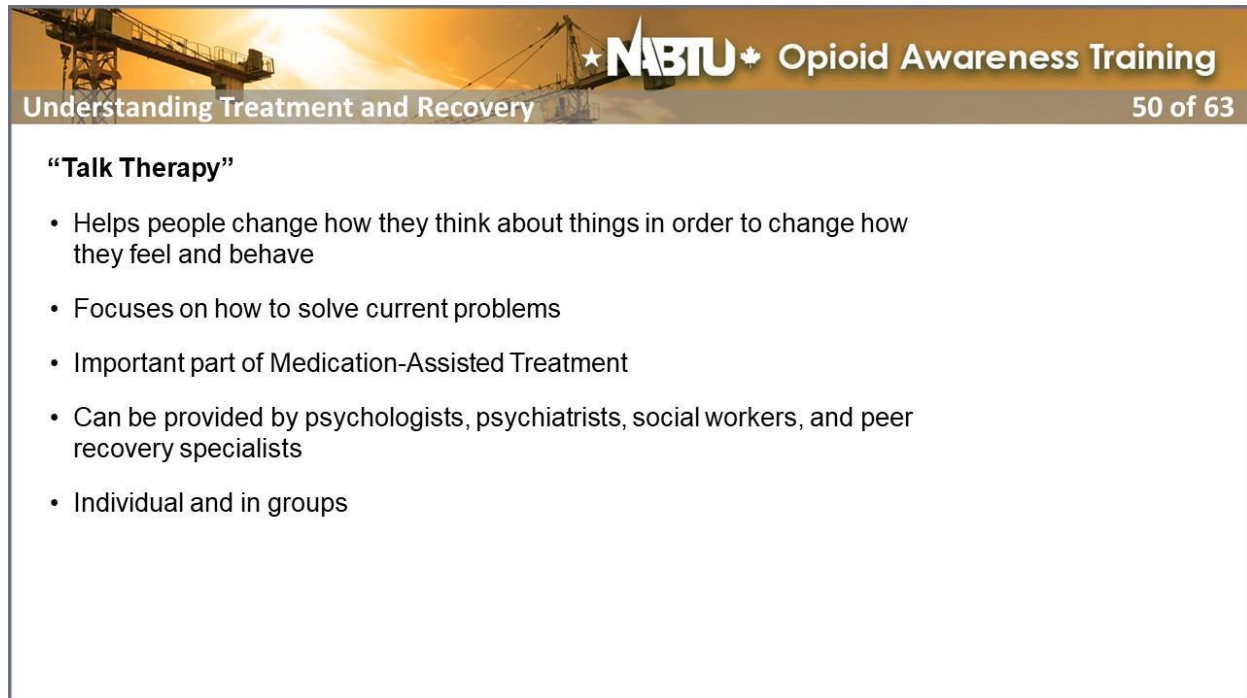
- Only the first step!
- Gives the body time to heal and rid itself of a substance/drug in safe environment
- May involve safer opioid-based medications to deal with cravings
- Helps stabilize a person so they can transition to treatment
- Can take place at an **inpatient** or **outpatient** facility

Instructor Notes:

- Review the points provided on withdrawal management, also called “detox”
- Explain that detox from opioids can be a dangerous process and many times medical supervision is necessary to ensure the patient’s safe withdrawal.
- Explain that most often medication such as Suboxone which is an opioid, but which has a blocker to prevent the pleasure response, is given to help someone transition off of more harmful opioids and into treatment for SUD.

Slide 50 of 63 - “Talk Therapy”

(Time: 1 minute)



The slide features a header with a background image of a construction site at sunset. The header text includes the NABTU logo and the title "Opioid Awareness Training". Below the header, the slide title "Understanding Treatment and Recovery" is on the left and "50 of 63" is on the right. The main content area contains the following text:

“Talk Therapy”

- Helps people change how they think about things in order to change how they feel and behave
- Focuses on how to solve current problems
- Important part of Medication-Assisted Treatment
- Can be provided by psychologists, psychiatrists, social workers, and peer recovery specialists
- Individual and in groups

Instructor Note:

- Review the points provided on talk therapy.


Slide 51 of 63 - Drug Testing/Compliance

(Time: 2 minutes)

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Understanding Treatment and Recovery 51 of 63

Drug Testing/Compliance

- In some cases, the Union can protect an individual's job with agreed participation in a drug testing/compliance program.
- A second chance for an individual to keep their job and save their life.
- Best when combined with recovery support.



"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

Photo from Allied Trades Assistance Program

Instructor Notes:

- Review the points provided on drug testing/compliance.
- **Optional:** Explain your union's protocol for drug testing/compliance.
- **Optional resource:** The Philadelphia Inquirer Article, "In Philadelphia's building trades, construction workers are helping their colleagues battle addiction"
(<https://www.inquirer.com/philly/health/addiction/in-philadelphias-building-trades-construction-workers-are-helping-their-colleagues-battle-addiction-20181003.html>)
- **Graphic source:** Allied Trades Assistance Program (used with permission)

Slide 52 of 63 - Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)

(Time: 2 minutes)



Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)

- MAT combines talk (behavioral) therapy and medications.
- Most common medications:
 - Methadone
 - Buprenorphine [Suboxone®]
 - Naltrexone [Vivitrol® and Revia®].

“There is no “one size fits all” approach to OUD treatment. Many people with OUD benefit from treatment with medication for varying lengths of time, including lifelong treatment. Ongoing outpatient medication treatment for OUD is linked to better retention and outcomes than treatment without medication. Even so, some people stop using opioids on their own; others recover through support groups or specialty outpatient or residential treatment with or without medication. Still, FDA-approved medication should be considered and offered to patients with OUD as part of their treatment.”


SAMHSA
www.samhsa.gov

Instructor Notes:

- Use the points below to elaborate on MAT:
 - SAMHSA is the acronym for the Substance Abuse and Mental Health Services Administration which is a federal agency
 - Many people with OUD benefit from the use of medications such as suboxone or methadone that prevent withdrawal symptoms and the pleasure response.
 - MAT can be used for varying lengths of time, including lifelong treatment.
 - Although use of MAT is linked to better outcomes than treatment without medication, some people:
 - Stop using opioids on their own.
 - Recover through support groups or specialty outpatient or residential treatment with or without medication.
 - SAMHSA recommends that MAT should be offered to patients with OUD as part of their treatment. Patients should discuss the pros and cons of MAT with their doctor.
 - Many people find that it is very difficult to taper off these medications and consultation with a doctor who can assist with this process is critical.
 - Not all union benefit plans support use of MAT.
 - Not using any MAT or opioids is called “Abstinence.”

Slide 53 of 63 - AA and NA (12-Step Programs)

(Time: 2 minutes)

The slide features a header with a construction site background, the NABTU logo, and the text "Opioid Awareness Training". Below the header, the title "Understanding Treatment and Recovery" is on the left and "53 of 63" is on the right. The main content area is titled "AA and NA (12-Step Programs)" and contains a bulleted list of points. To the right of the list are two sections: one for Alcoholics Anonymous (AA) with a hand cursor pointing to the website link and the AA logo, and one for Narcotics Anonymous (NA) with a hand cursor pointing to the website link and the NA logo. A quote is placed at the bottom left of the content area.

AA and NA (12-Step Programs)

- Meetings and peer support for recovery.
- Many people attending AA/NA are not 100% sober/off drugs.
- Attitudes toward MAT vary in AA; many people use both AA and MAT to help them recover from opioid addiction.
- Many union halls support AA meetings.

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

Alcoholics Anonymous (AA)
www.aa.org
Source: AA

Narcotics Anonymous (NA)
www.NA.org
Source: NA

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/>)

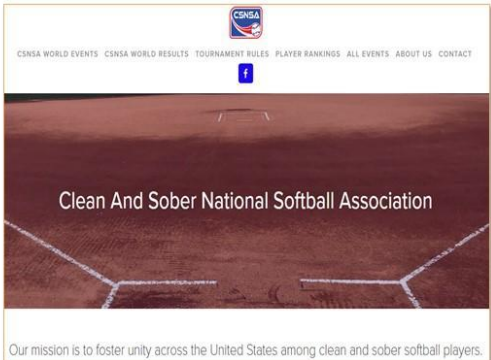
Slide 54 of 63 - Sober Life is a Good Life


(Time: 1 minute)

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Sober Life is a Good Life



Source: Clean and Sober National Softball Association website 




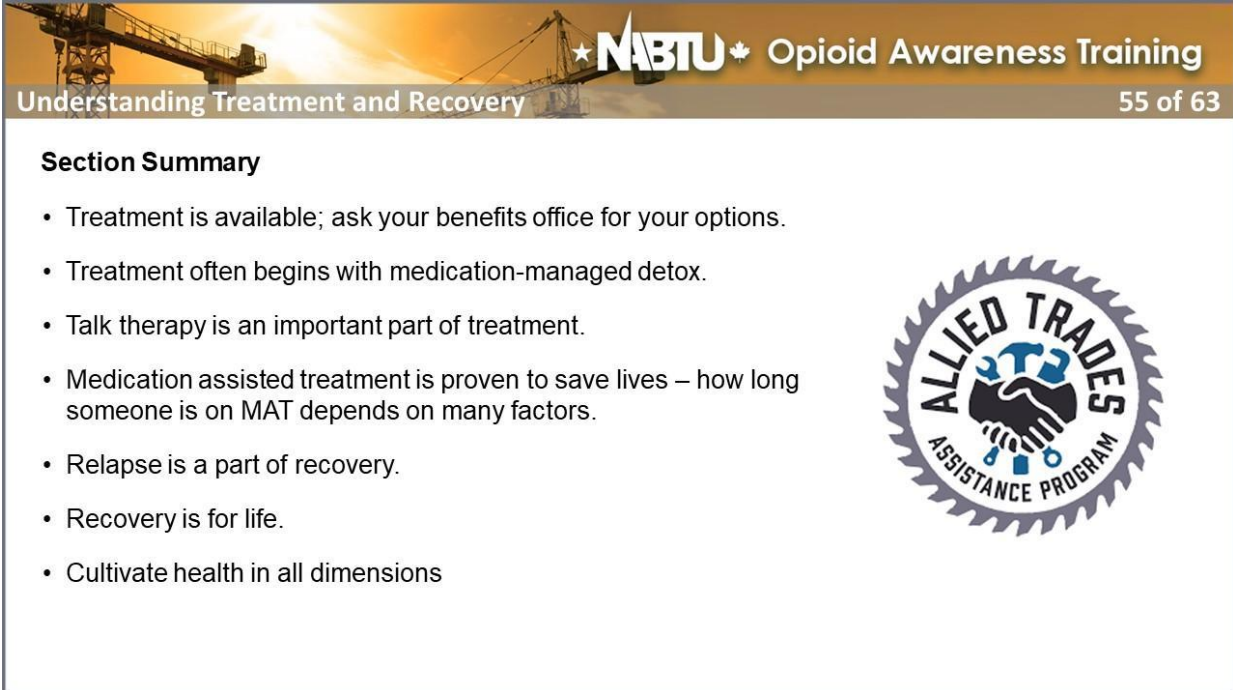
Photo by Ty Empey

Instructor Notes:

- Explain that after treatment ends, a person remains in recovery for the rest of their life.
- Explain that there are options for living a fun life without drugs or alcohol and that some unions sponsor Sober Softball teams, for example.
- **Note:** The Clean and Sober National Softball Association that organize events for individuals in recovery that are seeking healthy ways to live.
- **Optional:** Select the graphic on the left to open the Clean and Sober National Softball Association website.
- **Graphic and website source:** Clean and Sober National Softball Association (<https://www.csnsa.com/>)
- **Graphic source:** Ty Empey, Sober Softball in Utah (used with permission)
- **Optional resource:** The Spectrum (USA Today Network) Article, “Police officers, recovering addicts play softball to break down barriers” (<https://www.thespectrum.com/story/news/2019/07/16/police-addict-softball/1734899001/>)

Slide 55 of 63 - Section Summary


(Time: 1 minute)



The slide features a header with a background image of construction cranes at sunset. The text in the header reads "NABTU Opioid Awareness Training" and "Understanding Treatment and Recovery 55 of 63". The main content area is titled "Section Summary" and contains a bulleted list of seven points. To the right of the list is a circular logo for the "ALLIED TRADES ASSISTANCE PROGRAM" which depicts two hands shaking over a gear.

Section Summary

- Treatment is available; ask your benefits office for your options.
- Treatment often begins with medication-managed detox.
- Talk therapy is an important part of treatment.
- Medication assisted treatment is proven to save lives – how long someone is on MAT depends on many factors.
- Relapse is a part of recovery.
- Recovery is for life.
- Cultivate health in all dimensions



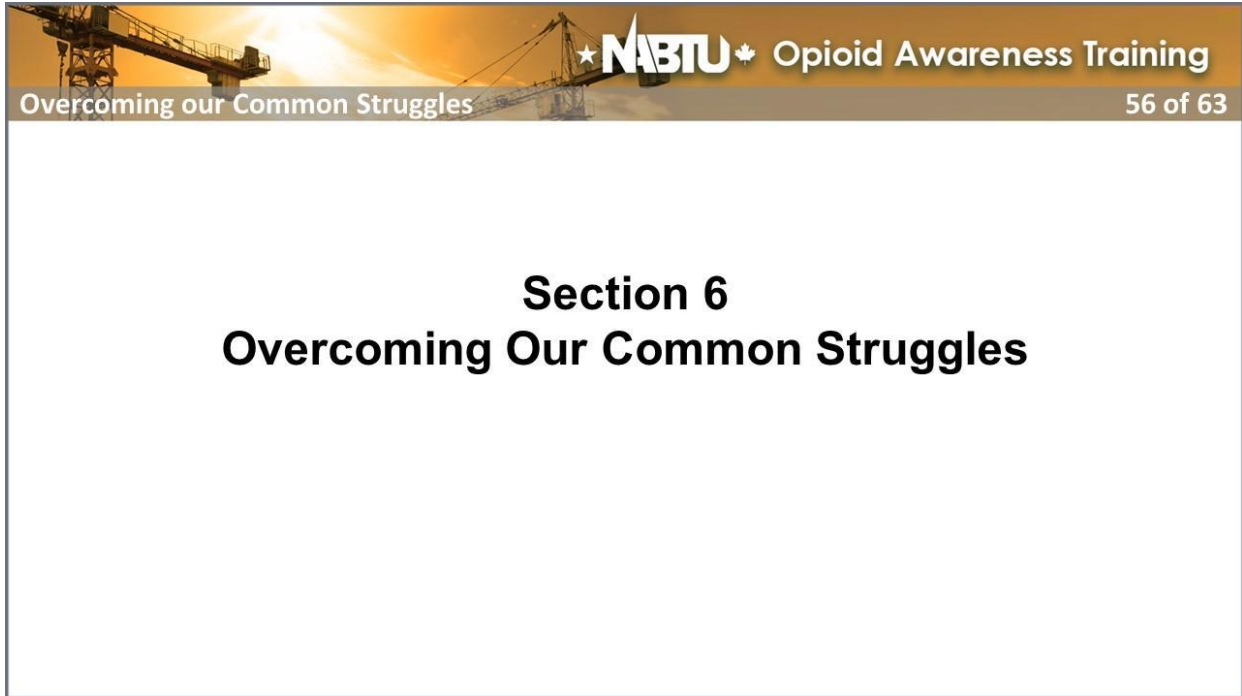
Instructor Notes:

- Read the points to summarize this section.
- **Optional Question:** Ask the trainees to share some ideas on what they will do to help support their brothers and sisters in achieving wellness.

Section 6: Overcoming our Common Struggles

Slide 56 of 63 – Overcoming our Common Struggles

(Time: NA)



Instructor Note:

- The “Overcoming our Common Struggles” section discusses other challenges construction workers face in their mental health and well-being. It also discusses suicide risk and how to respond to thoughts of suicide in themselves or others. It concludes with a framework for promoting over-all wellbeing.

Slide 57 of 63 – It's Not Only Opioids


(Time: 2 minutes)

★ NABTU ★ Opioid Awareness Training
Overcoming our Common Struggles
57 of 63

It's Not Only Opioids

- **It's not only opioids. Many of us struggle with:**
 - Depression, anxiety, anger, 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...



Source: Mates in Construction

Instructor Notes:

- Explain that we know that lots of people are struggling in this day and age. Everyone struggles at some point.
- Read the list of common issues.
- Graphic is from an Australian program called Mates in Construction that is internationally-recognized for helping construction workers help other construction workers.
- **Graphic source:** Mates in Construction: <http://matesinconstruction.org.au/>


Slide 58 of 63 – Construction Workers have Highest Rate of Suicide Among American Workers

(Time: 2 minutes)

Overcoming our Common Struggles **NABTU** Opioid Awareness Training 58 of 63

Construction Workers have Highest Rate of Suicide Among American Workers

- 20% of all men who die by suicide were in construction/extraction
- 40% of all construction workers have thought about suicide at some point
- Construction workers fit the “deaths of despair” profile
- Stigma about talking about our problems
- Suicides on construction sites take a heavy toll

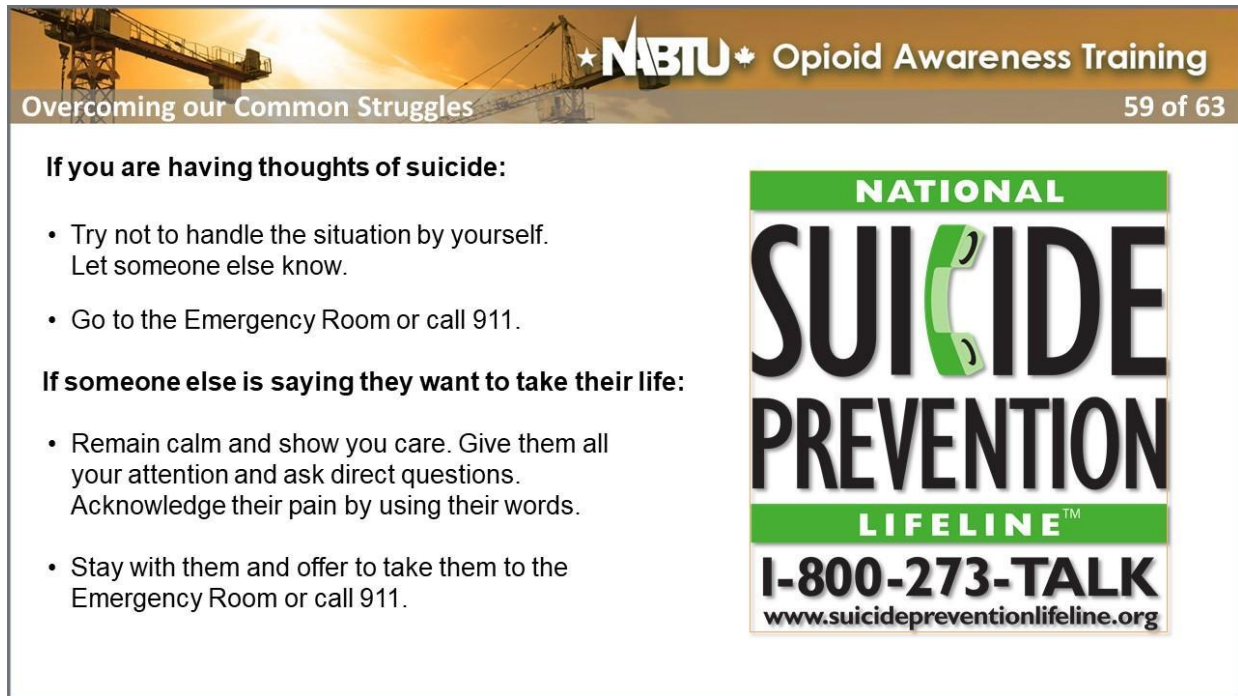


Instructor Notes:

- Explain that rates of suicide are increasing and there is a lot of concern about suicide among construction workers.
- Explain that construction workers have increased risks for suicide including the “despair” factors discussed earlier with regard to opioids. Not being able to talk about problems because of stigma is also a risk factor.
- Explain that, if a suicide occurs at a worksite, “survivors” need support to cope with the effects.
- **Information source:** <https://www.constructiondive.com/news/construction-workers-have-highest-rate-of-suicide-among-american-workers/542663/>

Slide 59 of 63 – How to Respond to Thoughts of Suicide in Yourself and Others

(Time: 2 minutes)



Overcoming our Common Struggles 59 of 63

★ NABTU ★ Opioid Awareness Training

If you are having thoughts of suicide:

- Try not to handle the situation by yourself. Let someone else know.
- Go to the Emergency Room or call 911.

If someone else is saying they want to take their life:

- Remain calm and show you care. Give them all your attention and ask direct questions. Acknowledge their pain by using their words.
- Stay with them and offer to take them to the Emergency Room or call 911.

NATIONAL SUICIDE PREVENTION LIFELINE™
I-800-273-TALK
www.suicidepreventionlifeline.org

Instructor Notes:

- Review the steps and approaches take if you or someone else is having thoughts of suicide.
- Explain that the Suicide Helpline is a resource for anyone to use.
- **Optional Question:** Ask trainees to explain what they think are some of the things YOU SHOULD AVOID if someone is expressing intent of suicide. Use the points listed below to guide the discussion:
 - Things to avoid:
 - Do not ask “why” questions.
 - Do not talk about yourself.
 - Do not give advice.
 - Do not tell them what they are feeling is unimportant.
- **Resource Document:** Point out to the trainees that a copy of the “Suicide Prevention Resources and Tips” document is available in their Participant Guide. A copy of the document is also available in this Facilitator Guide.

Resource Document: Suicide Prevention Resources and Tips

National Suicide Prevention Lifeline

Call: 1-800-273-8255

Website: www.suicidepreventionlifeline.org

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

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

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

Suicide Warning Signs

- Direct verbal statements “I want to kill myself.”
- Hopelessness and preoccupation with death and dying
- Decline in work
- Sudden mood lift after a period of being depressed
- Engaging in risky behavior and seeking access to deadly means such as pills or firearms
- Not caring about appearance or cleanliness
- Extreme loss of motivation and withdrawing

Are you having Thoughts of Suicide?

1. Get Help.
2. Try not to handle the situation by yourself.
3. Try to remain calm.
4. Let someone else know.
5. Go to the Emergency Room or call 911.

Is Someone Else is Having Thoughts of Suicide?

1. Get Help.
2. Try not to handle the situation by yourself.
3. Remain calm/show you care/give all your attention/ask open ended questions/acknowledge their pain by using their words.
4. Stay with the individual (do not let them isolate).
5. Let someone else know.
6. Offer to take them to the Emergency Room or call 911.

Slide 60 of 63 - Building a Culture of Wellness in all Dimensions

(Time: 4 minutes)

Building a Culture of Wellness in all Dimensions

1. Physical
2. Mental/emotional/spiritual
3. Occupational/financial
4. Family/relationships (social)
5. Environment/community/home

Actions that can Help with all Dimensions

- Nutrition/healthy weight
- Physical conditioning
- Mental fitness (how are you doing? conversation, community/friendship, meditation, therapy)
- Sleep
- Moderating substances

Instructor Notes:

Use the points below to elaborate on the **dimensions of wellness**.

- 1. Physical:** this is what we think of when we think about health in our bodies. We need healthy physical activity (exercise), diet, sleep and nutrition. Make them part of your everyday life.
- 2. Mental/emotional/spiritual:**
 - a. Mental:** find ways to use your brain to learn new things and express your creative side.
 - b. Emotional:** be in touch with how you are feeling and nurture your positive relationships with others.
 - c. Spiritual:** put meaning in your life.
- 3. Occupational/financial:**
 - a. Occupational:** find ways to enjoy your skills and apply them in your work.
 - b. Financial:** get your house in order. Plan for bad times and the future.
- 4. Family/relationships (social):** deepen your connections and help others. Work to resolve conflicts and nurture friendships.
- 5. Environment/community/home:** spend time in nature, improve your community, and help make a pleasant home environment.

- **Optional Exercise:** Have the trainees complete the “Repairing Each Dimension of Wellness” shown on the next page.
 - A blank copy of this optional exercise is provided in the Student Resource.
 - Ask trainees to list things they can do in their everyday life to help work on each dimension of wellness.
 - Call on trainees and discuss their answers as a group.
 - Sample answers provided above.

Optional Exercise: Repairing Each Dimension of Wellness

Directions: List things you can do in your everyday life to help repair or work on each dimension of wellness.

1. Physical

2. Mental/emotional/spiritual

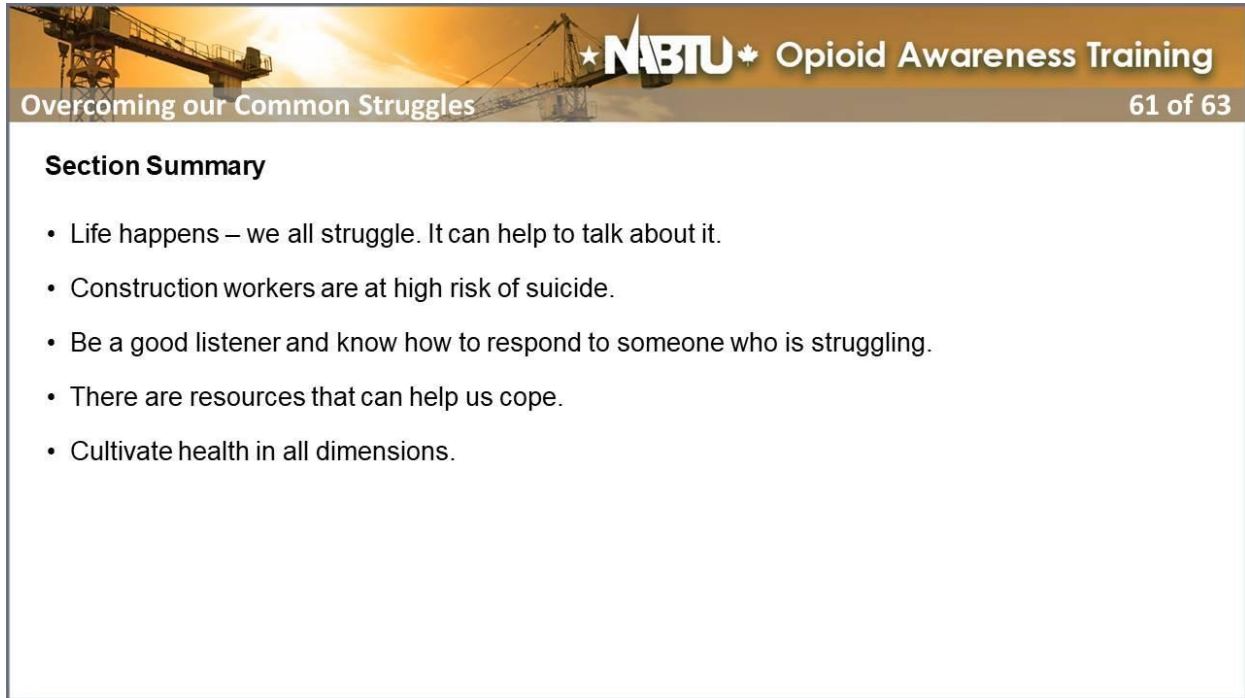
3. Occupational/financial

4. Family/relationships (social)

5. Environment/community/home

Slide 61 of 63 - Section Summary

(Time: 1 minute)



The slide features a header with a background image of construction cranes at sunset. The header text includes the NABTU logo (a star followed by 'NABTU' and a leaf) and the title 'Opioid Awareness Training'. Below the header, the slide title 'Overcoming our Common Struggles' is on the left and '61 of 63' is on the right. The main content area is titled 'Section Summary' and contains a bulleted list of five points.

Section Summary

- Life happens – we all struggle. It can help to talk about it.
- Construction workers are at high risk of suicide.
- Be a good listener and know how to respond to someone who is struggling.
- There are resources that can help us cope.
- Cultivate health in all dimensions.

Instructor Notes:

- Read the points to summarize this section.
- Acknowledge that both the problems and the solutions can be uncomfortable to talk about and take action on. There may be smirks in the room, but emphasize that we all need help sometimes and that we can help others overcome challenges too. That's what union brothers and sisters do.

Course Conclusion


Slide 62 of 63 - Topics Covered

(Time: 2 minutes)

Course Conclusion 62 of 63

Topics Covered

- What's the Problem?
- Understanding Opioids
- Prevention and Harm Reduction
- Understanding Treatment and Recovery
- Overcoming our Common Struggles



Instructor Notes:

- Briefly review the topics that were covered in this course.
- **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 63 of 63 - Course Complete

(Time: NA)



Course Complete 63 of 63

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

Course Complete

Instructor Note:

- Thank the trainees for their participation and conclude the course.

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