



**North America's Building Trades Unions' (NABTU)**  
**Opioid Hazard Awareness and Prevention**  
**Training Program**  
**Facilitator Guide**  
**V6: Summer 2025**

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## Course Goal

The goal of this **one-hour** module is to help union construction workers better recognize the risks associated with opioids and to encourage them to use the knowledge and resources this training provides to help themselves and others prevent opioid addiction and to seek help if they are struggling. (Note: If you wish to teach this course over **two hours**, there are a number of optional discussion questions which are included throughout the slides that can be used to facilitate discussion).

## Course Objectives

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

## Course Materials

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

## Course Preparation

1. Prepare any housekeeping notes (bathroom locations, emergency exits, course timing and breaks, and refreshments, etc.) and ground rules for the physical or virtual training space.

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

Ground rules should include the two points on **slide 3** regarding upsetting content and confidentiality. Some trainees may have deep personal experiences related to this topic, including having friends and relatives who may have died of an overdose. They may have feelings of sadness, discomfort, and/or anger. Expressing those feelings is appropriate in the training to some degree. After all, the course is giving the message that “it’s time to get uncomfortable”. However, some trainees may wish to take a break from the training to compose themselves. They may encounter negative opinions held by some in the training. In reviewing ground rules, trainees should know that they can step out without drawing a lot of attention to themselves. You may also wish to tell them at the beginning that you know that many construction workers are struggling and that this course will give them some ideas about how to get help. Please go to **page 34** of this guide to fill in some notes regarding those resources.

**2. Prepare the “Support and Resources Available for Participants” template for use with slide 27 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 34** 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 20 (page 26)** for more information.

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

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

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

One feature of this course is that many of the slides in this presentation contain questions that you can ask trainees and gather their responses before the “prescribed” answers appear on the screen. If you do not wish to have a discussion based on the question on the slide, you can ask and answer the questions by directly referencing the bullet points on the screen, or you can pass over certain questions completely. Additionally, this guide contains supplemental questions in the Instructor Notes that you can ask if you have time. Most likely, you will not have time to discuss each question with the class and as you figure out your speed over teaching this a few times you might figure out which questions you want to add or find that you have enough time to include more discussion for some questions. **If you are teaching this in two hours**, these questions will help you fill that time with some (hopefully lively) classroom discussion. Prepare for teaching this course by noting in this guide which slides contain questions that you will ask participants to encourage discussion or participation, versus slides with questions that you will either review as lecture points or skip completely. **For your convenience and easy identification, all of the questions in this guide will be marked and highlighted with an “Optional Question:” label.**

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

- 1. Optional Handout:** [Common Names for Prescription Opioid Pain Medications](#) (slide 11 – page 16 of this guide)
- 2. Optional Handout:** [Opioid painkillers: How they work and why they can be risky](#) (slide 11 – page 16 of this guide)
- 3. Optional Stickers:** [Order “Warn Me” stickers from the National Safety Council](#) (slide 20 – page 26 of this guide). **These need to be ordered ahead of time.**

**Course Time:** This course is designed to be completed in a **one-hour** timeframe. Suggested times (per slide) to maintain the one-hour timeframe are provided. However, as the facilitator,

you have the option of adjusting the pace at which you cover the material. As noted above, you can decide how to engage trainees in the content by selecting which questions you want to have for open discussion. We know some trainers choose to facilitate this over **two-hours**. In that case, most of the optional questions should be used.

## Slide Guide

### Slide 01 - Welcome

(Time: 1 minute)



The slide features a header banner with a construction crane and the text "Welcome" on the left, and "★ NABTU Opioid Awareness Training" on the right. The main content area contains the following text:

**North America's Building Trades Unions' (NABTU)**

**Opioid Hazard Awareness and Prevention  
Training Program**

**Welcome**

Summer 2025

Check for the latest version:  
[cpwr.com/opioids-training](https://cpwr.com/opioids-training)


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#### Instructor Note:

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

## Slide 02 - Course Objectives


(Time: 1 minute)



### Introduction

#### Course Objectives

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



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

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


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### Instructor Note:

- Review the course objectives.

### Slide 03 - Course Content Sensitivity and Confidentiality

(Time: 2 minutes)

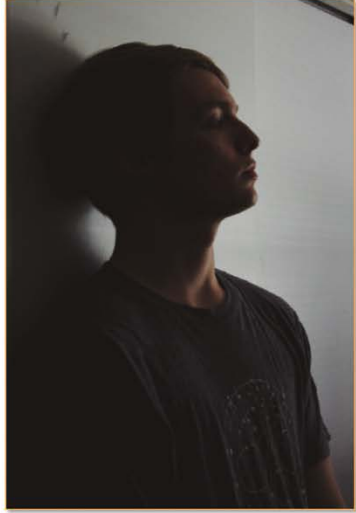


**Opioid Awareness Training**

**Introduction**

**Course Content Sensitivity and Confidentiality**

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



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#### Instructor Notes:

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

#### A. Ground rules:

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

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

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## Slide 04 - The Road Home

(Time: 3 minutes)



### Instructor Notes:

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

## Slide 05 - Introduction

(Time: 1 minutes)

**Introduction**

**NABTU** Opioid Awareness Training

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

May 25, 2019 | Construction & Law

No industry has been hit harder by the opioid epidemic than construction, and even after years of data and investigations exposing how rampant drug use is on the job site, experts say construction companies still aren't doing enough to save the lives of their workers suffering from addiction.

**Workers Overdose on the Job, and Employers Struggle to Respond**

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

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

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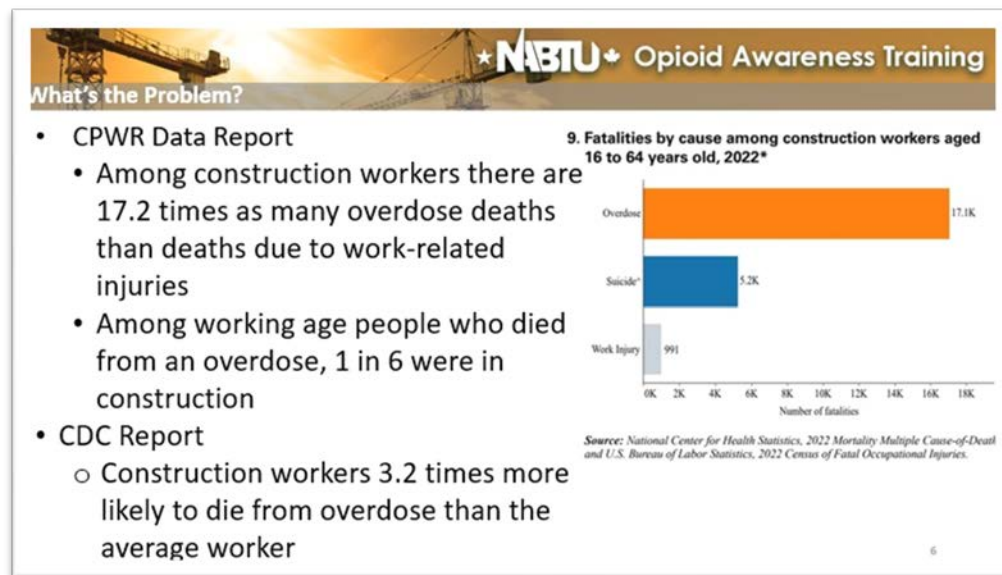
### Instructor Notes:

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

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

## Slide 06 – What's the Problem

(Time: 2 minutes)



### Instructor Notes:

- Explain that the deaths due to overdoses greatly outnumber the deaths due to fatal work injuries.
  - According to a CPWR data report, in 2022, there were 17.2 times as many overdose deaths (n=17.1K) as fatal work injuries (n=991; Chart 9).
    - Additionally, of all those aged 16 to 64 who died by overdose, more than 1 in 6 (17.1%) worked in construction (data not shown).
  - CDC Report data. Explain that construction workers die from an overdose at a rate of 3.2 times that of the average worker. (**Note:** If you have been following this trend, you may notice this number has been reduced in recent years. This is misleading, deaths due to opioids have continued to increase, but the average has increased even faster.

CPWR Data Report: [DataBulletin-September2024.pdf \(cpwr.com\)](#)

CDC Report: [National Vital Statistics Reports Volume 72, Number 7 August 22, 2023](#)

## Slide 07 – Why Are Construction Workers at Greater Risk?

(Time: 2 minutes)

**What's the Problem?**

**Question: Why are construction workers at greater risk?**

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



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### Instructor Notes:

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

## Slide 08 - Risk Factors: The Job - The Pain - The Prescription

(Time: 1 minute)



What's the Problem?

**Risk Factors: The Job → The Pain → The Prescription**

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




### 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 09 - Musculoskeletal Disorders (MSDs)

(Time: 1 minute)




**\*NABTU\*** Opioid Awareness Training

### What's the Problem?

#### 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
- **Long term** opioid prescriptions lead to long term use and opioid use disorder (addiction)



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### 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?
- The final bullet is further explained on the next slide.



## Slide 10 – Construction Workers' Risk of Developing Opioid Use Disorder

(Time: 1 minute)

Construction workers' **risk of developing opioid use disorder** is :

- **2 times** more likely if prescribed high doses of opioids
- **4 times** more likely if diagnosed with chronic MSDs
- **7 times** more likely if prescribed more than 7 days of supply of opioids
- **10 times** more likely if given long-term opioid prescriptions

[Data Source: Addressing the Opioid Overdose Epidemic in Construction: Minimize Work Factors that Cause Injury and Pain | Blogs | CDC](#)

**Protect Yourself!**

**1 Prevent Injuries**  
Make sure you have your employer should be committed to a safe job site, and you should use safe practices. Together these reduce the risk of injury and therefore the need for pain medication.

**2 Talk to a Doctor**  
Pain is a warning sign and can have side effects.  
• Other forms of pain medication that are not addictive and have fewer side effects.  
• Other forms of pain management such as physical therapy, or acupuncture.  
Opioids should be the last option to treat your pain. If opioids are prescribed they should be used for the shortest possible time. Notify anyone of any unusual medications.

**3 Get Help**  
Pain is a warning sign. Now your first warning, ignoring the pain if it is constant may become a warning sign of a problem. Check with your doctor or employer to find out if they have a program to help with it.  
• An employee assistance program (EAP) or  
• Substance abuse program (SAP).  
If you're having trouble sleeping using opioids, check with your doctor or your doctor for help to find the best addiction treatment option for you.

Graphic Source: CPWR

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### Instructor Notes:

- Explain that opioid use disorder is more prevalent for workers who are prescribed opioids, have chronic MSDs, and get prescribed opioids for more than 7 days.
- **Optional Question:** Ask why these trends are true. Possible answers are: opioids are habit-forming; injuries make it more likely someone will have access to opioids; the longer the prescription, the more likely one becomes dependent on the opioid (i.e., experiences withdrawal when they stop taking them).

## Slide 11 - Understanding Opioids - What are opioids?

(Time: 2 minutes)

**Understanding Opioids**

**What are opioids?**

- Prescription opioids: painkillers, narcotics
- Non-prescription (illicit opioids): heroin, opium, illegally-produced fentanyl (other synthetic opioids)
- Both the same chemically and how they act on the body
  - Cause the brain to react differently to pain

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

**EXAMPLES OF OPIOID CONTAINING MEDICINES**

	Generic	Brand Name
SHORT-ACTING	morphine	MSR, Roxanol
	oxycodone	OxyIR, Oxyfast, Endocodone
	oxycodone (with acetaminophen)	Roxicod, Percocet, Tylox, Endocet
	hydrocodone (with acetaminophen)	Vicodin, Lorcet, Lorlab, Zydane, Hydrocet, Norco
	hydromorphone	Dilaudid, Hydrostat
LONG-ACTING	morphine	MSContin, Oramorph SR, Kadian, Avinza
	oxycodone	Oxycontin
	fentanyl	Duragesic patch

Source: SAMHSA 11

### Instructor Notes:

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



## Slide 12 - Side Effects of all Opioids

(Time: 2 minutes)

**Understanding Opioids** **NABTU** Opioid Awareness Training

**Side Effects of All Opioids**

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

**CAUTION: OPIOID. RISK OF OVERDOSE AND ADDICTION.**

MAY CAUSE DROWSINESS  
RISK OF OVERDOSE  
DO NOT DRINK ALCOHOLIC BEVERAGES


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### Instructor Notes:

- Explain that prescription opioids' intended effects are to help with pain. The “side” or unintended effects that are commonly experienced when using opioids are listed on the screen.
- Explain that overdose = taking too much of the drug. An opioid overdose can cause a person to lose consciousness and suppresses the brain's automatic signals that cause the lungs to breathe, meaning breathing will greatly slow down or stop. 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, benzos”). These are tranquilizers used to sedate, induce sleep, prevent seizures, and relieve anxiety. Muscle stimulants can also enhance the chance of overdose.
- Explain that people with long-term high dose opioid prescriptions are almost certainly physically dependent, but because they have reliable prescriptions, they don't necessarily engage in behaviors that would merit their having a moderate to severe opioid use disorder. (Note: mild opioid use disorder can be diagnosed in a person who experiences tolerance and withdrawal in the absence of other negative behaviors). This may still be problematic for the person, and if they lose access to their prescription they are at greater risk of severe SUD. They still need treatment and withdrawal management, and they may also need pain management while reducing or eliminating their use of opioid medications.

## Slide 13 – Addiction/Substance Use Disorder is a Disease

(Time: 2 minutes)

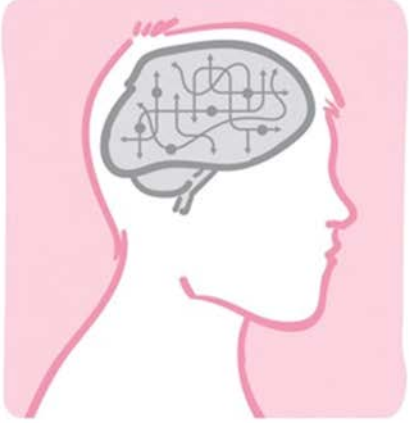


**NABTU** Opioid Awareness Training

### Understanding Opioids

**Addiction/Substance Use Disorder is a Disease**

- **Substance Use Disorder (SUD):** A brain **disease\*** where the sufferer will obtain and use drugs, despite harmful consequences.
  - \***Disease** = A condition that changes the way the body functions.
- Opioids cause addiction in the brain by **rewiring it**.
- A person is diagnosed with SUD by a medical professional



Source: NIH

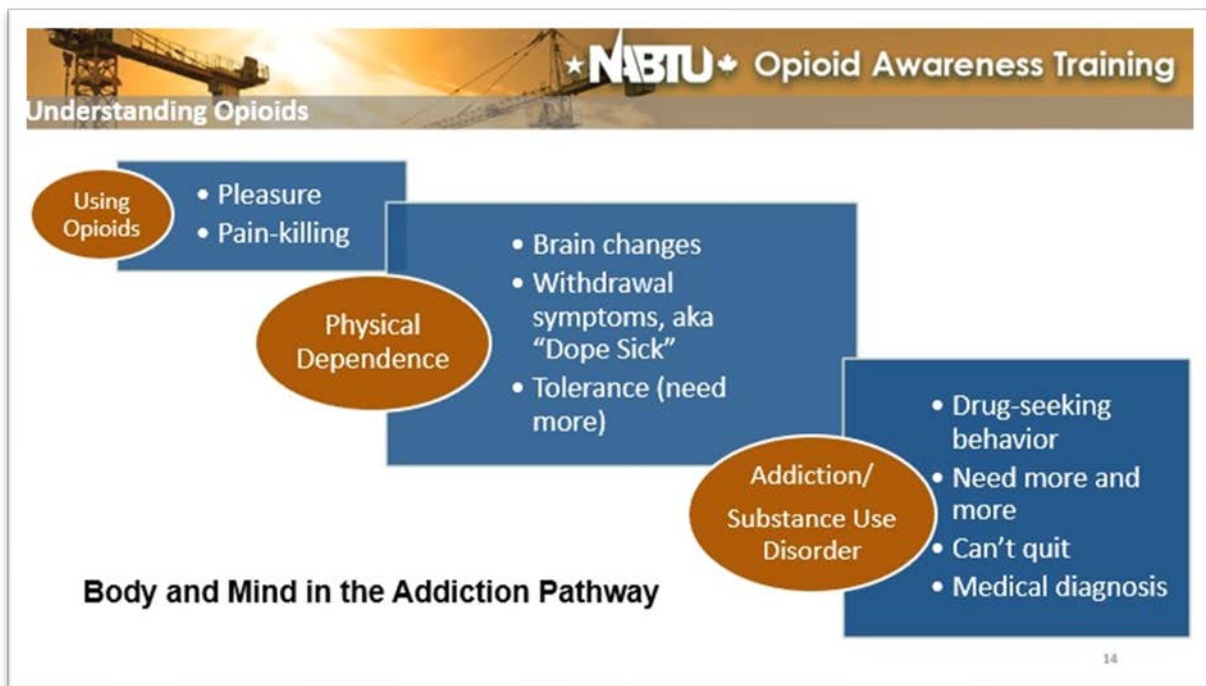
13

### Instructor Notes:

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

## Slide 14 – Body and Mind in the Addiction Pathway

(Time: 1 minute)

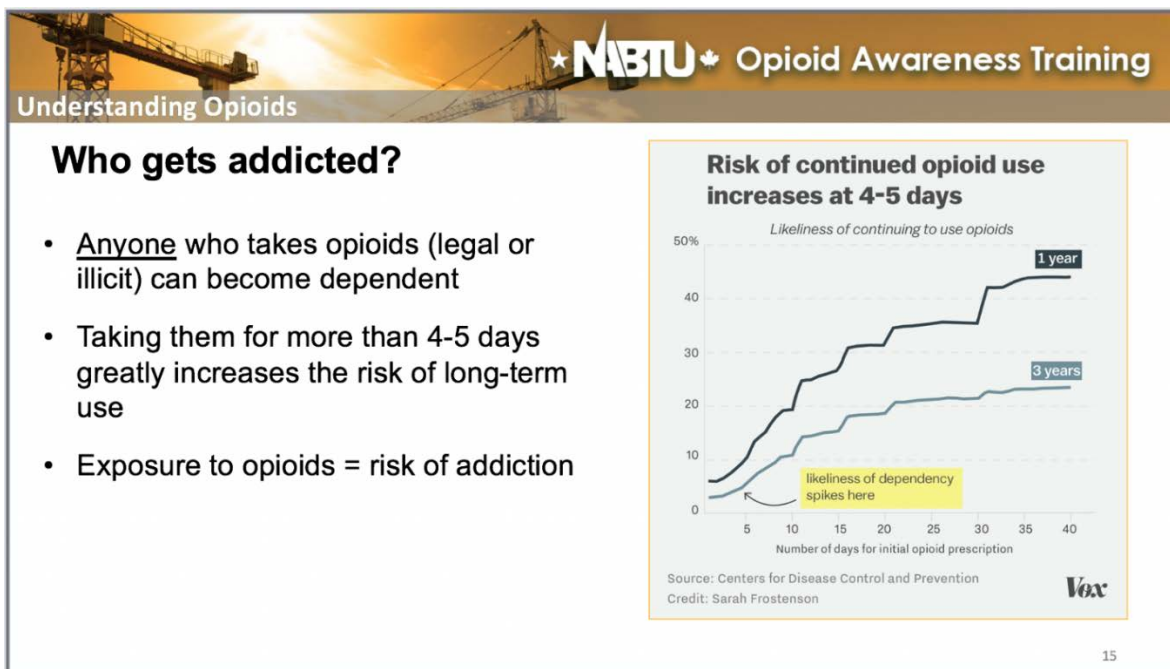


### Instructor Note:

- This slide shows the path from the good feelings the drug gives, to the brain being re-wired to demand more drug (physical dependence – withdrawal), to developing a tolerance (needing more and more for the same effect), to a SUD characterized by problematic drug seeking behavior.
- You can note that it doesn't matter why one starts on the path to addiction
  - Whether it is to feel good, get high, or kill physical or mental pain the end result is the same

## Slide 15 – Who Can Get Addicted?

(Time: 1 minutes)




### Instructor Note:

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

## Slide 16 - Story of Pain into Power

(Time: 3 minutes)




### Understanding Opioids

## NABTU Opioid Awareness Training

### Story of Pain Into Power

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





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

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### Instructor Note:

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

## Slide 17 - Three Components: Prevention and Harm Reduction

(Time: 2 minutes)



Prevention, Harm Reduction and Treatment

- Opioid Addiction/Substance Use Disorder Can be Prevented
- The Public Health Upstream/Downstream Metaphor
  - Upstream
  - Midstream
  - Downstream



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### Instructor Notes:

#### Introduce the Public Health Stream Metaphor

You are working on a project near a large river and hear people who are calling for help who are floating down the river and are having trouble with staying afloat. One person jumps in to start saving them. Another runs away– the first person asks, “what are you doing? Help me!” and the second replies “I am. I’m going to figure out why all they have all fallen in the river.” Note: you can tell this however you like. If time permits you can include how the first person tries to teach all adults to swim, hoping that those who later come to the river don’t drown, etc. But the point is that preventing the people from entering the stream in the first place is the option with the least work/money/effort that will save the most lives.

We’ve broken the stream into three parts, and the following slides give examples of each aspect of prevention with regards to the stream metaphor


- **Optional Question:** Ask trainees to give some ideas on how we can prevent opioid addiction among construction workers.
- 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.
  - **Upstream Prevention** we try to prevent the harm or injury that would cause someone to take an opioid.



- In **Midstream Prevention** we try to prevent the person from relying on opioids to deal with the pain.
- In **Downstream Prevention, (think treatment and harm reduction)** we try to reduce the harm that is caused by taking opioids, usually by getting someone help to stop taking them or, in the worst-case scenario, saving their life with naloxone, the overdose reversal medication. Harm reduction means that we want to reduce the negative consequences for the person who is taking opioids
- **Note:** These components will be examined more closely in the remainder of this section.
- **Note:** All this involves talking about uncomfortable topics, such as reporting hazards, or talking with peers about personal struggles.

## Slide 18 - Upstream Prevention: Prevent the Causes of Pain


(Time: 2 minutes)



### Upstream Prevention

#### Prevent the Causes of Pain

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



I worked construction for 10 years before my fall. It shattered my body and my livelihood.  
Work safely. Use the right equipment.

FALLS FROM LADDERS, SCAFFOLDS AND ROOFS CAN BE PREVENTED!

Source: CPWR

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### 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 Stop Construction Falls website  
(<https://stopconstructionfalls.com/home/>)



## Slide 19 - Examples of Ergonomics in Construction

(Time: 1 minute)

Upstream Prevention

NABTU Opioid Awareness Training

### Examples of Ergonomics in Construction



**Old Way**

Source: Laborers' Health and Safety Fund of North America



**Overhead Drill Press (New Way)**



**Old Way**



**J-handle (New Way)**





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

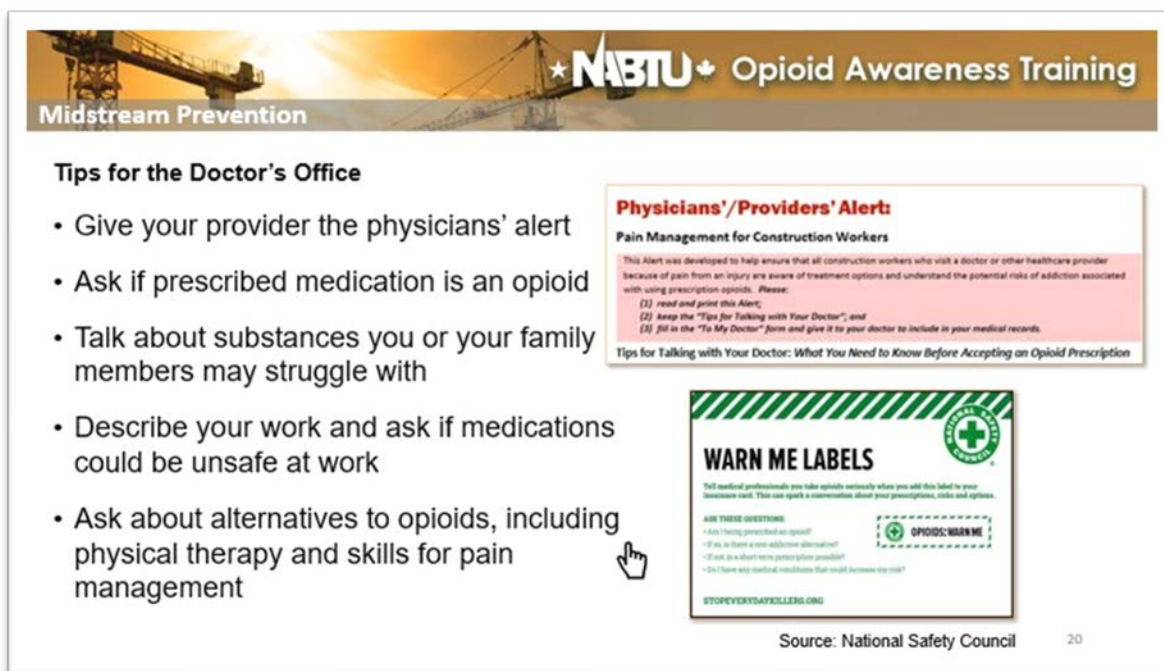
19

### Instructor Notes:

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

## Slide 20 – Midstream Prevention: Avoid Exposure to Opioids

(Time: 2 minutes)



**Midstream Prevention**

**Tips for the Doctor's Office**

- Give your provider the physicians' alert
- 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

**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

**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 yes, is there a non-addictive alternative?
- If not, is a short-term prescription possible?
- Do I have any medical conditions that would increase my risk?

STOP EVERYDAY KILLERS.ORG

Source: National Safety Council

### Instructor Notes:

- Explain that some 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.cpw.org/sites/default/files/publications\\_handouts-and-toolbox-talks\\_physicians-alerts\\_opioids.pdf](https://www.cpw.org/sites/default/files/publications_handouts-and-toolbox-talks_physicians-alerts_opioids.pdf))
- **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 21 - But what about my pain?

(Time: 1 minutes)

Midstream Prevention

★ NABTU ★ Opioid Awareness Training

**But what about my pain?**

**Effectiveness of Opioids**

- Study after study shows that **opioids aren't effective painkillers.**
- **Opioids are less effective than** over-the-counter options like **Advil, Tylenol, and Aleve** for severe pain
- Seeking alternatives to opioids, when injured, stops addiction **before it starts**
  - Non-addictive medication
  - Physical therapy



Source: National Safety Council

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### Instructor Notes:

- Explain that the evidence for opioids' effectiveness as a pain medication just doesn't add up.
  - The study shows that over-the-counter options like ibuprofen (Advil), acetaminophen (Tylenol), and naproxen (Aleve) are more effective than opioids at treating pain
  - The study concluded that opioids medications are often referred to as "powerful painkillers." In fact, the evidence shows that they are mild to moderate painkillers and less effective than over-the-counter options
- Seeking alternatives to opioids is one way to stop addiction **before** it starts
- **Optional:** Select the graphic on the screen to show the trainees where they can sign up for a new report on the Evidence for the Efficacy of Pain Medications.  
(<https://www.nsc.org/getmedia/8ecdc0e5-ae58-43e8-b98b-46c205e1c2b2/evidence-efficacy-pain-medications.pdf>)
- **Graphic source:** National Safety Council

## Slide 22 - LEVEL 3 Prevention: Reduce the Harms of Opioid Addiction

(Time: 2 minutes)



**Downstream 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 shame or judgement, including about treatment.
  - Share resources for help.
  - Local Member Assistance or Employee Assistance Program (MAP or EAP) can offer solutions/care
- Be ready to reverse an overdose. Make sure Naloxone (Narcan®) is available.




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### 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.
- If the Union has an MAP (Member Assistance Program, or Member Services) or most employers have an EAP (Employee Assistance Program), share that here. These are internal services for alcohol, substance use, mental health, relationship issues, etc., facilitated by the union or employer)
- Mention that they can all be the first line of help for their brothers and sisters in the trades
  - Review the main strategies on the screen.
- Narcan is a safe and effective way to reverse an opioid overdose. Construction site first aid responders should know where it is on the site and how to use it. Unfortunately, more and more overdoses are occurring on construction sites.

## Slide 23 - Harm Reduction at the Worksite

(Time: 2 minutes)



**Prevention at the Worksite**

- **Question:** What steps should you take if a co-worker seems impaired on the job and is putting themselves and/or others in danger?

1. Secure them to keep them safe.
2. Check if they are having a medical emergency (seizures, strokes, brain tumors, low blood sugar, and other conditions can mimic intoxication symptoms)  
**If they are experiencing a medical emergency: call 911**
3. Contact the steward.
4. If no steward is available, get the foreman.
5. Do not allow them to drive or take a taxi home until they are no longer impaired.

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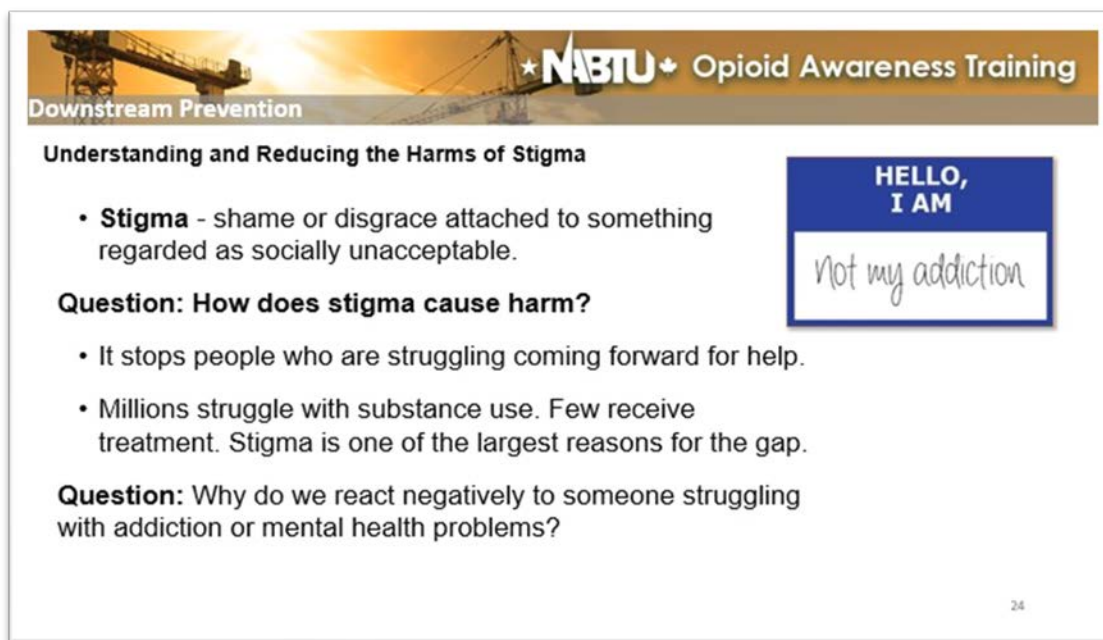
### Instructor Notes:

- **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 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 24 - LEVEL 3 Prevention: Understanding and Reducing the Harms of Stigma

(Time: 1 minute)



**Downstream Prevention**

**★ NABTU ★ Opioid Awareness Training**

### Understanding and Reducing the Harms of Stigma

- **Stigma** - shame or disgrace attached to something regarded as socially unacceptable.

**Question: How does stigma cause harm?**

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

**Question: Why do we react negatively to someone struggling with addiction or mental health problems?**

**HELLO, I AM**  
*Not my addiction*


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### Instructor Notes:

- **Optional Questions:** 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 ashamed or worthless is a major reason why people don't get help.
- **Optional Question:** Why do we react negatively to someone struggling with addiction or mental health problems?
- The answers relate to understanding the concept of stigma.
- **Note:** Many trainees may continue to hold negative attitudes towards those struggling with addiction. In fact, it is possible to have a negative attitude and still be compassionate and helpful.

## Slide 25 – Reducing and Eliminating Stigma


(Time: 2 minutes)



**Downstream Prevention**

### Reducing and Eliminating Stigma

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



Clean And Sober National Softball Association

Our mission is to foster unity across the United States among clean and sober softball players.




Photo by Ty Empey


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### Instructor Note:

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

## Slide 26 - Steps in Treatment and Recovery

(Time: 2 minutes)



### ★ NABTU ★ Opioid Awareness Training

#### Downstream Prevention

#### Steps in Treatment and Recovery

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




### Instructor Notes:

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



## Slide 27 - LEVEL 3 Prevention: Support and Resources

(Time: 2 minutes)



### Support and Resources



Photo by John Wilcox

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)**  
[SAMHSA.GOV](https://www.samhsa.gov/)

**National Suicide Prevention Line – Dial 988**  
<https://988lifeline.org/> Ctrl+Click to follow link

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

**Alcoholics Anonymous** [AA.org](https://www.aa.org/)

**Narcotics Anonymous** [NA.org](https://www.na.org/)

### 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.
- Mention that the **SAMHSA** page has many resources, including a **treatment finder (searchable by insurance coverage)** and a call in-helpline
- **Optional:** Use the points below to elaborate on the discussion.
  - Give a “menu” of options/steps for change:
    - Call the Peer Assistance number or HelpLine.
    - Go to the AA/NA meetings.
    - Talk to someone who has been through detox/recovery.
    - Call someone every day.
- Use the “**Support and Resources Available**” template provided to help you prepare a list of SUD and mental illness support and resources available either *from your union* or in the community that members can contact for help. Write this information on a whiteboard or hand out info cards or sheets.

## **Template: Support and Resources Available to Trainees**

### **A. Substance Use Disorders (SUDs) Support and Resources**

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

### **B. Mental Illness Support and Resources**

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

### **C. Other Available Resources**

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

## **Resource Document: Substance Use Disorders and Mental Illness Resources**

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

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

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

National Suicide Prevention Lifeline

Call: 1-800-273-8255

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

### **Crisis Text Line**

Text HOME to 741741 to connect with a Crisis Counselor

<https://www.crisistextline.org/>

**Alcoholics Anonymous** [AA.org](https://aa.org)

**Narcotics Anonymous** [NA.org](https://na.org)

Clean and Sober National Softball Association

Call: 510-938-8740

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

Government of Canada (Available Resources)

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

## Slide 28 - Types of Substance Use Disorder Treatment

(Time: 1 minute)



**Downstream Prevention**

### Types of Substance Use Disorder Treatment

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




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### Instructor Note:

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

## Slide 29 – AA and NA (12-Step Programs)

(Time: 1 minute)





Downstream Prevention

### AA and NA (12-Step Programs)

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



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

Alcoholics Anonymous (AA)  
[www.aa.org](http://www.aa.org)



Source: AA

Narcotics Anonymous (NA)  
[www.NA.org](http://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 30 – Overcoming our Common Struggles

(Time: 1 minute)



**Overcoming our Common Struggles**

**★ NABTU ★ Opioid Awareness Training**

**It's Not Only Opioids**

**Many of us struggle with:**

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

**FOR CONSTRUCTION INDUSTRY ALLIANCE SUICIDE PREVENTION**

**Time to get uncomfortable and talk about it...**

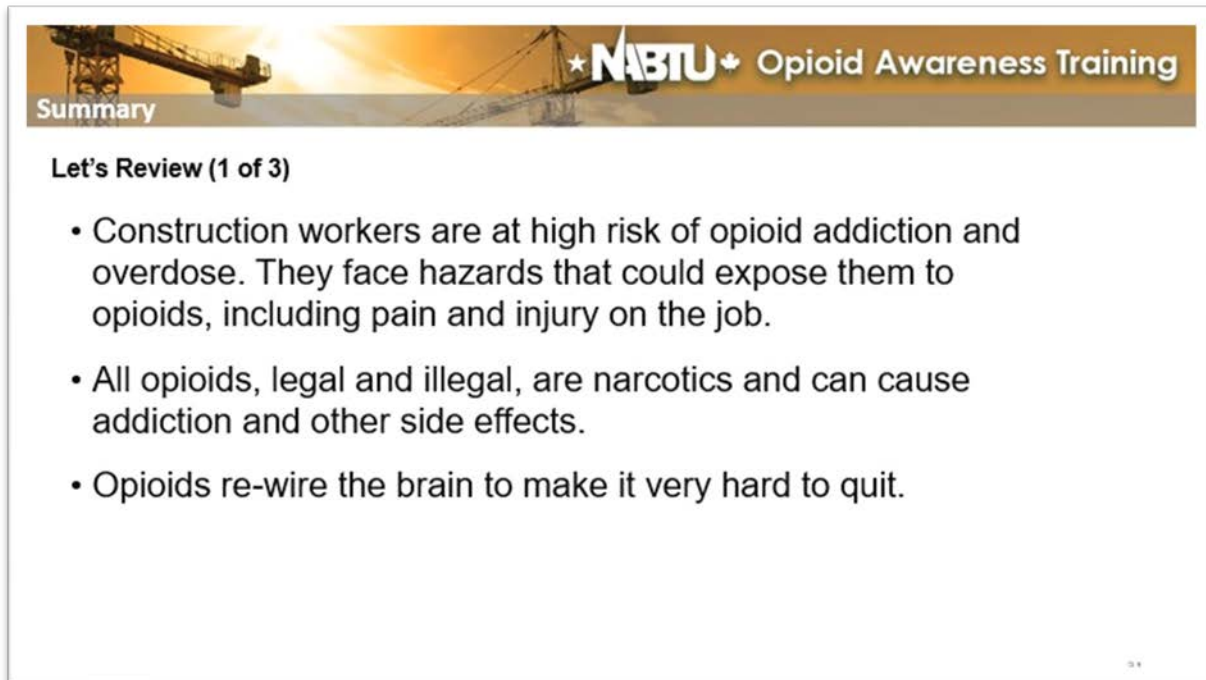
30

### Instructor Note:

- Note that we recognize that opioids are not the only thing we are struggling with. In addition to other drugs and alcohol, there are many challenges that construction workers face in their mental health and well-being. Construction workers are also at higher risk of suicide.
- Please visit <https://cpwr.com/mentalhealth> for more information and resources.
- **Optional:** click the logo to navigate to the Construction Industry Alliance for Suicide Prevention (CIASP) website. (<https://preventconstructionsuicide.com>)

## Slide 31 – Training Summary and Review

(Time: 1 minute)



**Summary**

**Let's Review (1 of 3)**

- Construction workers are at high risk of opioid addiction and overdose. They face hazards that could expose them to opioids, including pain and injury on the job.
- All opioids, legal and illegal, are narcotics and can cause addiction and other side effects.
- Opioids re-wire the brain to make it very hard to quit.


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### Instructor Notes:

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

## Slide 36 – Review Continued (2 of 3)

(Time: 1 minute)



The slide features a header with a background image of an oil rig at sunset. The text "NABTU Opioid Awareness Training" is prominently displayed in the header, with "NABTU" in a large, bold, white font and "Opioid Awareness Training" in a smaller, white font. Below the header, the word "Summary" is written in a small, white font. The main content of the slide is a bulleted list of prevention strategies for addiction, followed by a numbered list of three specific strategies: preventing risk factors (Upstream), finding alternative ways to deal with pain (Midstream), and harm reduction (Downstream). The slide number "32" is located in the bottom right corner.

**Summary**

**Review (2 of 3)**

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

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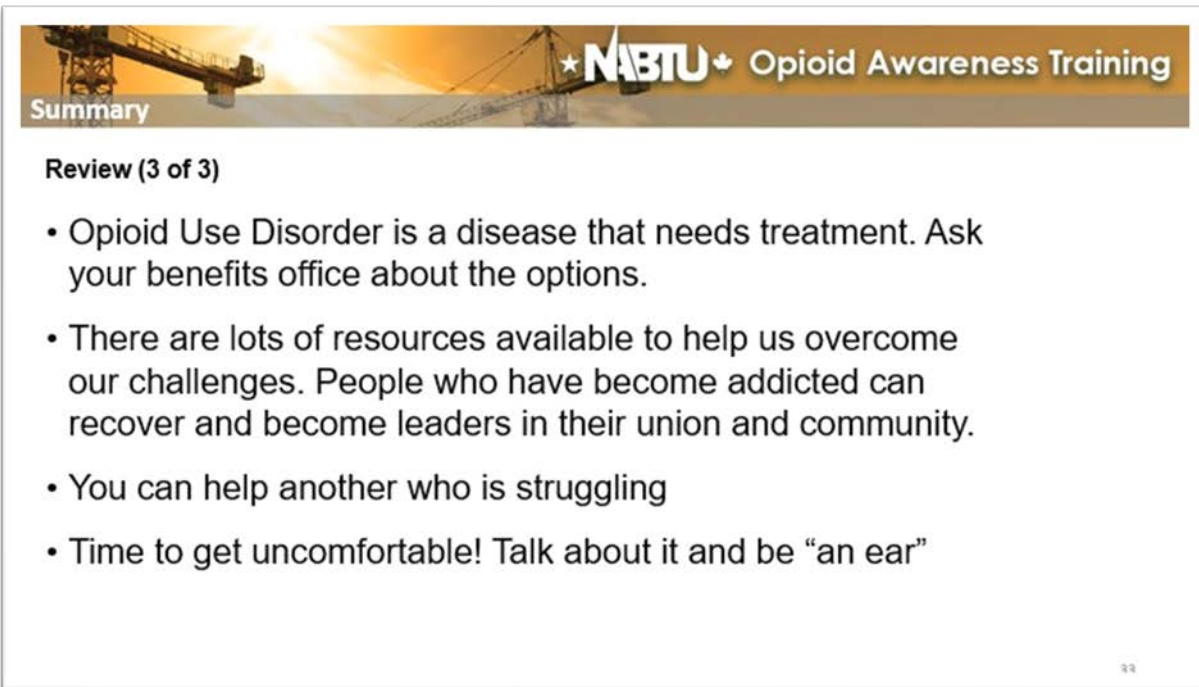
### Instructor Note:

- Review the three strategies of prevention.
- Note that upstream and midstream preventions are the most effective way of stopping addiction before it starts.



## Slide 37 – Review Continued (3 of 3)

(2 minutes)



**Summary**

**Review (3 of 3)**

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

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### Instructor Note:

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

**Slide 38 – Course Complete (5 minutes)**



**Course Complete**

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

**Course Complete**

**If you have any questions, please contact**  
**Christopher Rodman: [crodman@cpwr.com](mailto:crodman@cpwr.com)**

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**Instructor Note:**

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