



# REASON



Resources and Effective programs Addressing Suicides and Opioids Now

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## GOOD NEWS

# Building a Safer Future: The CPWR/NABTU Research and Action Agenda Tackles Suicide and Overdose in Construction

The construction industry faces a crisis that demands urgent action: high rates of suicide and opioid-related deaths among construction workers. Our **Research and Action Agenda** is designed to drive real change and save lives by finding solutions and taking action on three objectives:

### Objective #1 -- Tackling Root Causes

This objective addresses upstream work-related factors that contribute to mental health struggles and substance use. Employers, building trades unions, worker and employer organizations and others can take action to change contributing factors, such as poor safety climate, that affect an individual's state of mind in a harmful way.

### Objective #2 -- Breaking Down Barriers

Workers must have access to critical treatment and recovery resources. We aim to understand the dynamics of stigma within the construction industry and develop strategies to overcome it and promote effective educational interventions to encourage seeking help and connecting with evidence-based care.

### Objective #3 -- Enhancing Support Systems

It is crucial to strengthen services, programs, and policies that assist workers

facing mental health and substance use challenges. This includes studying effective peer support programs and promoting naloxone training for workers and supervisors while ensuring naloxone is available in every first aid kit, job site, union facility, and worker's pocket.

We pursue these objectives by coordinating with people across the industry, preventing duplication of efforts, and catalyzing initiatives that lead to sustainable and effective changes.

Guided by these objectives, CPWR invited experts and industry leaders to propose research projects that examined approaches to preventing suicide and opioid overdose among construction workers. After a rigorous selection process, five studies were funded by CPWR thanks to an unrestricted private donation. These projects focus on research and action-oriented efforts that are contributing to the science behind suicide and opioid overdose prevention in the construction sector.

### Spotlight on Three Research Initiatives

Three of the projects are now complete. They are:

University of Iowa epidemiologist Dr. Jonathan Davis explored the [Impact of Employment Laws on Construction Worker Suicide](#) by analyzing publicly available data on state “paid-leave” policies and suicide rates to understand how employment laws and community-level factors influence suicide rates among construction workers. Do workers with access to paid leave experience lower suicide rates compared to those without such benefits? Dr. Davis found that:

- Female construction workers had significantly lower suicide rates in states with family and paid leave laws, and male workers also benefited.
- States with laws restricting opioid prescribing practices saw lower suicide rates among male construction workers.
- Substance use was more common as a contributing factor to suicide among construction workers than in other professions.

Consultants from MDB, Inc. and representatives of Local 1 of the International Union of Elevator Constructors worked together to gather the lessons from [Scaling Up Union-Based Peer Support Programs](#). Local 1’s Member Assistance Education Program is a peer-driven initiative offering support for mental health and substance use. This research found that:

- A successful peer-driven member assistance program requires strong leadership buy-in, structured training, and peer engagement.
- Local 1’s adaptable model can be replicated across other unions and industries.
- A well-implemented member assistance program **reduces stigma** around mental health and substance use disorders.
- Resources are needed for tracking outcomes, leadership training, and family support networks.

The Sheet Metal, Air, Rail, and Transportation (SMART) Union, in collaboration with the Sheet Metal Occupational Health Institute Trust Inc., undertook a program to [Expand Naloxone Access and Training for Construction Workers](#) by piloting a naloxone training and distribution program for its members. Participants across three states received hands-on training to recognize and respond to opioid overdoses. They were able to:

- Dramatically increase preparedness: Over 80% of trainees reported they were likely to carry naloxone post-training (up from just 16% who did carry it before).
- Instill greater confidence in responding to emergencies: After training,

more than 80% felt "very confident" administering naloxone, compared to fewer than half before.

- Create greater awareness: Nearly all participants gained a solid understanding of opioid overdose signs and symptoms.
- Catalyze immediate industry impact: Over 4,000 doses of naloxone were distributed in 2024, with even higher numbers projected for 2025.

### What's Next?

The findings from these studies advance all three of the objectives stated above and are shaping the next steps in our Research and Action Agenda. In the next edition of REASON, we'll showcase [the remaining two projects](#) and explore the broader impact of this research.

At CPWR and NABTU, we believe that knowledge drives action -- and action saves lives. Together with industry leaders, unions, and researchers, we are committed to reducing the tragic toll of suicide and opioid use in construction. **Stay tuned for more insights, success stories, and ways to get involved.**

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### FREE RESOURCE FROM CPWR

## Opioid Deaths in Construction Toolbox Talk

CPWR has developed [more than 80 free Toolbox Talks](#) -- each available in English and Spanish -- that can be used as short training opportunities at the beginning of a workday. The Toolbox Talk on opioids raises awareness about their use among construction workers, creates the opportunity for a dialogue, and offers solutions and resources—all while using a story to emphasize the dangers of opioids, noting that they should only be used as a last resort and for the shortest duration possible. The Toolbox Talk encourages workers to report hazards and follow safe practices, like getting help when lifting heavy materials to avoid injuries, and if injured, to explore non-addictive treatments or physical therapy with their doctor. Additionally, it suggests asking your union and employer about programs such as Employee Assistance Programs or Member Assistance Programs. Finally, it shares the SAMHSA treatment hotline and treatment finder for those needing help.

### RESEARCH CORNER

## New Study on Suicide Demographics

**Occupational Injury and Suicide in Washington State, Adjusting for Pre-Injury Depression.** Applebaum et al. American Journal of Industrial Medicine 2024; 1-10. <https://doi.org/10.1002/ajim.23682>

This study advances our understanding of the connection between suicide and on-the-job injuries by including a measure for pre-injury depression in its analysis. While the study does not focus on construction workers, they represented the most significant percentage of lost-time injuries for men in the data. The study found that deaths from suicide rose after lost-time occupational injuries (compared to medical-only occupational injuries) for both men and women, adjusting for age, pre-injury earnings, and industry. In addition, even after the

researchers adjusted for pre-injury depression, men with lost-time injuries showed a statistically significant higher rate of suicide post-injury, although women in that situation did not. The [article abstract](#) is available on the AJIM website.

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