

Opioids and Mental Health: Efforts to Combat the Opioid and Suicide Epidemics

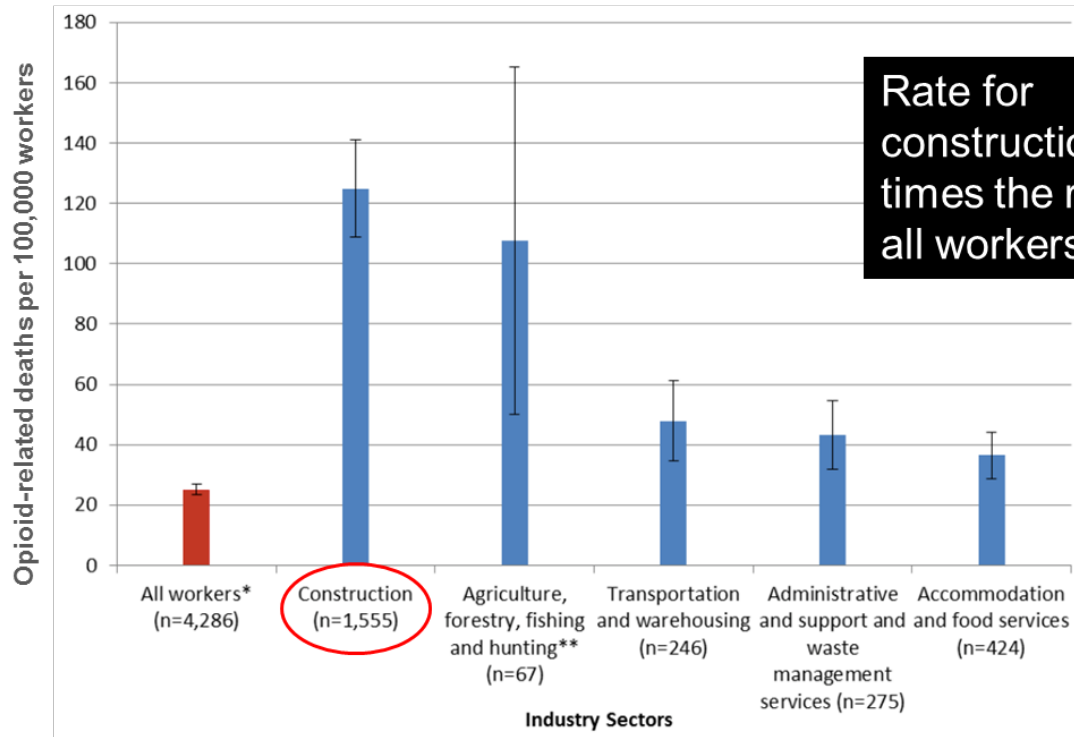
NORA Construction Sector Council Meeting
June 8, 2022

Christopher Rodman
CPWR Opioid Projects Coordinator

Introduction
Research
Practice
CPWR Resources
Q&A

INTRODUCTION

Industry sectors with opioid-related overdose death rates significantly higher than the average rate for all workers, Massachusetts workers, 2011-2015, n=4,302



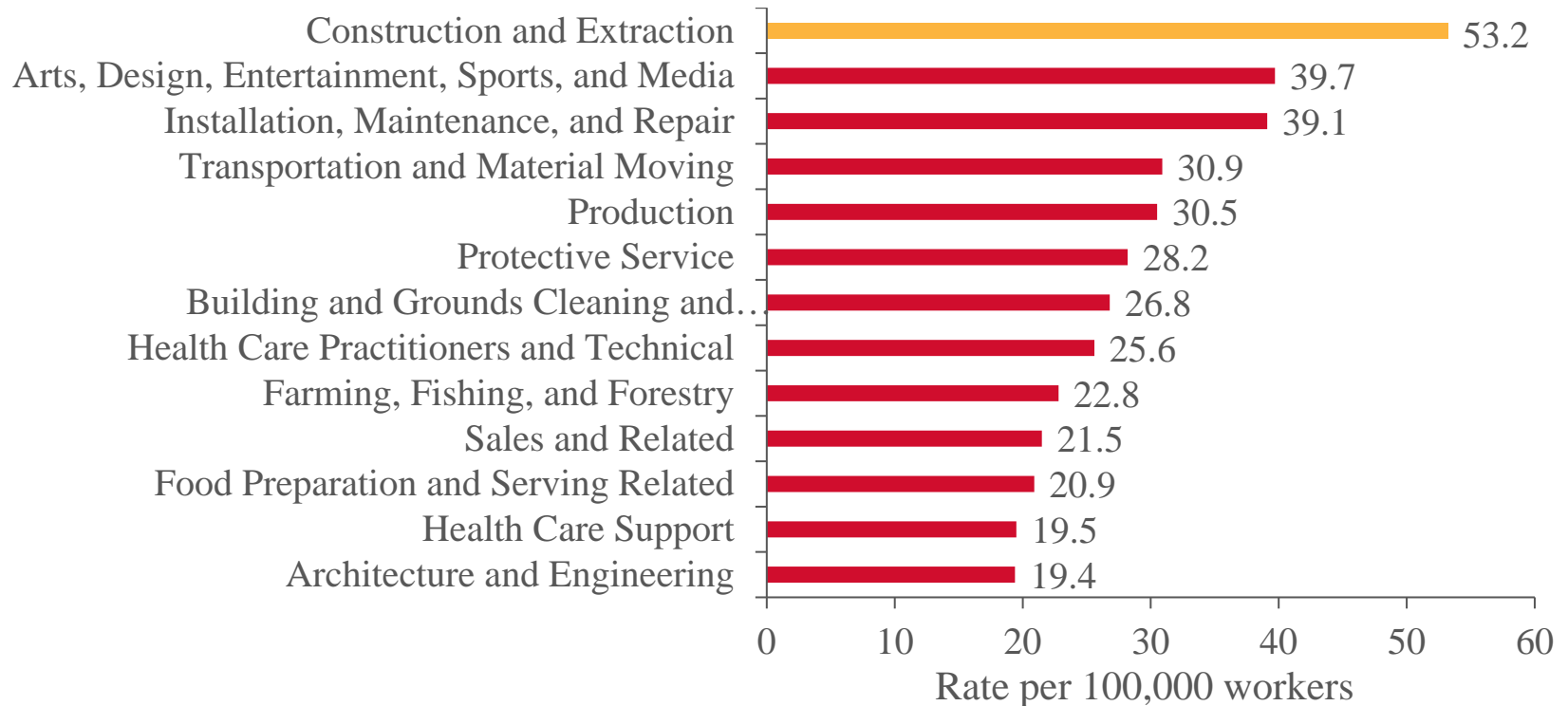
CDC MMWR 2018

Construction occupations had the highest Proportional Mortality Ratios for drug overdose deaths and for both heroin-related and prescription opioid–related overdose deaths.

Construction, extraction, and health care practitioners has the highest PMRs from methadone, natural and semisynthetic opioids, and synthetic opioids other than methadone were construction, extraction, and health care practitioners.

Harduar Morano L, Steege AL, Luckhaupt SE. Occupational Patterns in Unintentional and Undetermined Drug-Involved and Opioid-Involved Overdose Deaths — United States, 2007–2012. MMWR Morb Mortal Wkly Rep 2018;67:925–930

Suicide rates among male U.S. workers, by major occupation group, 2015



Source: CDC MMWR – Suicide rates by major occupation group – 17 states, 2012 and 2015



- North America's Building Trades Unions
- Represents more than 3 million skilled craft professionals in the United States and Canada.
- Composed of fourteen national and international unions and over 330 provincial, state and local building and construction trades councils.



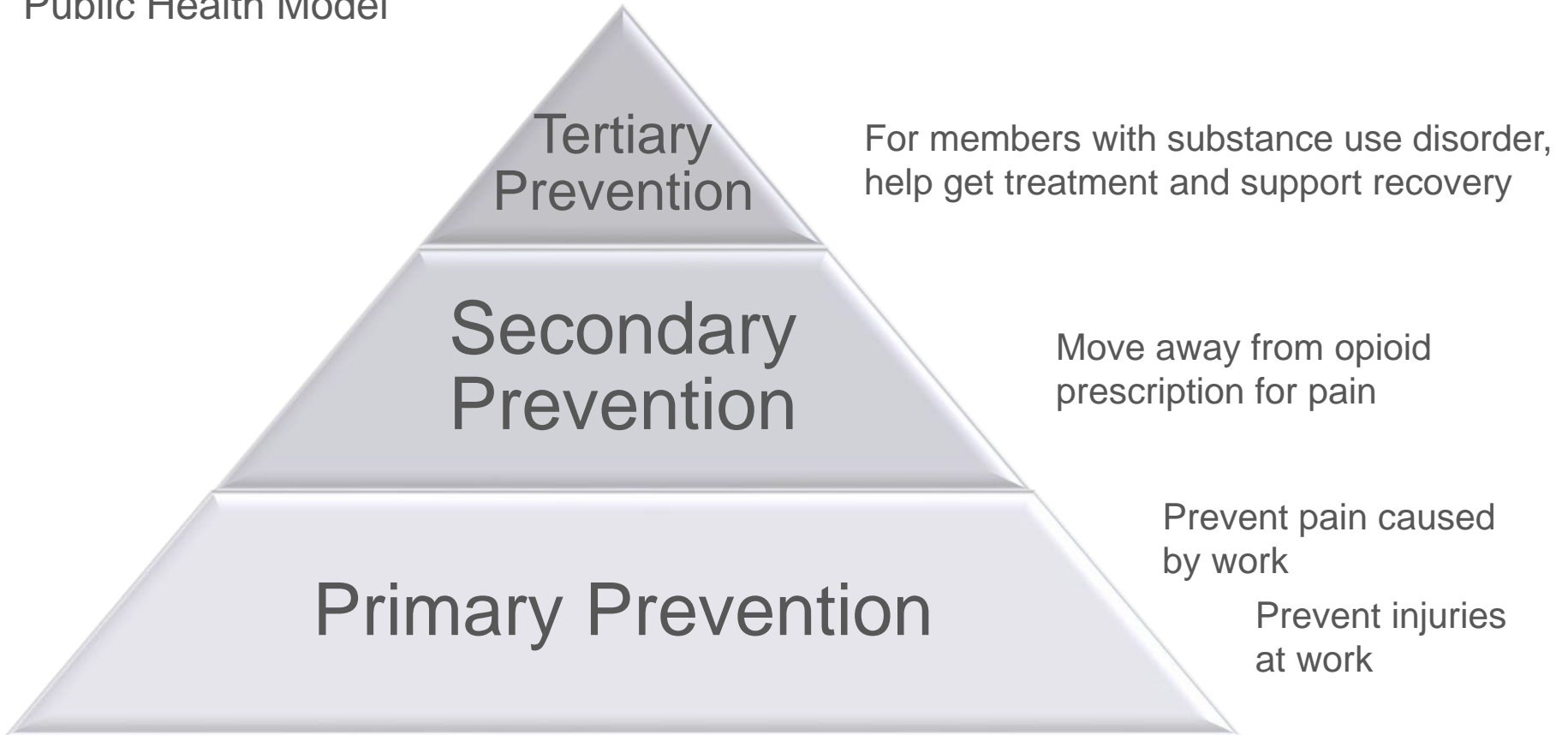
NABTU Opioid Task Force

NABTU President Sean McGarvey established

- 14 international union reps
- Employers and employer reps
- BTCs, Insurers, and Government partners

Adopted a public health model to address the problem

Public Health Model



NABTU 2020 Resolution

“Support for Efforts to Reduce Pain, Opioid Use, Opioid Overdose and the Number of Deaths by Suicide in the Construction Industry”

Resolution No. 4

Re: *Support for Efforts to Reduce Pain, Opioid Use, Opioid Overdose and the Number of Deaths by Suicide in the Construction Industry*

Submitted by: *Governing Board of Presidents*

WHEREAS, in the United States, the combined number of deaths among Americans from suicide and unintentional overdose increased from 41,364 in 2000 to 110,749 in 2017. Among occupations, the construction industry has the second highest rate of both death by suicide and opioid overdoses; and

WHEREAS, among all workers, unintentional overdoses have increased 420% between 2011 and 2018 and have increased 930% for construction workers during the same time period; and

WHEREAS, the injury rate for construction workers is 77 percent higher than the national average for other occupations; and

WHEREAS, injured construction workers are not likely to be offered modified duty, more likely to suffer pain and job loss and/or pressure to return to work quickly, and experience financial stress, all of which contribute to depression and increased opioid usage; and

WHEREAS, studies in Ohio and Massachusetts, both high union density states, found that construction workers had a disproportionate number of opioid overdose deaths; and

WHEREAS, chronic pain, depression, and opioid use are associated with increased risk of suicide and construction ranks as the industry with the second greatest number of suicides; and

WHEREAS, injured workers receiving workers' compensation have been more likely to receive opioid prescriptions for general pain and to recover from medical procedures than those with non-work-related injuries undergoing the same procedure;

THEREFORE, BE IT RESOLVED, that North America's Building Trades Unions and all Building Trades Councils fully endorse combatting opioid-related deaths and deaths by suicide in the construction industry by taking these measures to prevent pain, educate the industry, and provide support to members:

- Promote programs and ergonomic equipment on job sites that reduce musculoskeletal disorders and traumatic injuries—work shouldn't hurt.

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- Work to destigmatize substance use and mental health disorders through culturally and linguistically appropriate services, education and awareness, with members, leadership, and owners.
- Educate members about the problems and limitations of opioids for long term treatment of injuries and chronic pain resulting from construction work—and informing them about non-opioid alternatives to pain management treatment.
- Mandate all apprentice and/or trainee members to complete a training program designed to increase awareness of work-related injuries associated with opioid use.
- Design International and Local Taft-Hartley health funds to provide members with best in class benefits to promote behavioral health and substance use disorder benefits and alternative treatment for pain. For example, evaluate benefit designs to ensure compliance with the Mental Health Parity Act and promote medication-assisted treatment (MAT), including opioid treatment programs (OTPs), that are combined with behavioral therapy and medications to treat substance use disorders. Consider covering services that are non-traditional but effective for pain management such as acupuncture, massage, and physical therapy. Ensure that pharmacy benefit managers are offering clinical management programs such as step-therapy, quantity level limits, and clinical prior-authorization to ensure that best practices are followed.
- Support Nalaxone trainings for members.
- Develop peer educator programs to connect affected workers with substance use disorder treatment and mental health support.
- Publicize available behavioral health resources, inclusive of member/employee assistance programs, peer programs, and counseling and treatment resources, available through building trades unions and health and welfare funds.
- Support members at all steps in their path to recovery from substance use disorder or behavioral health issues. This includes pre-treatment, treatment and long-term recovery.
- Educate members and provide resources on suicide prevention and awareness.
- Encourage organizations to help develop and support workplace policies and programs that promote rehabilitation and return-to-work opportunities.

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RESEARCH

Job > Pain > Prescription



- More than 1/3 of construction workers reported at least one type of musculoskeletal disorder (MSD).
- MSDs were more prevalent among construction workers who were older, self employed, or in poorer physical or mental health.
- Compared to workers without MSDs, prescription opioid use quadrupled among those with MSD injuries.

“Male construction workers have a suicide rate 65% higher than all U.S. male workers”

From: CDC/NIOSH Infographic—Mental Health Suffers during Pandemic: Support Fellow Construction Workers. <https://www.cpwr.com/wp-content/uploads/Suicide-Awareness-Graphic-NIOSH.pdf>

Data Source: Morbidity and Mortality Weekly Report (MMWR), January 2020. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6903a1.htm>

“Male construction workers have a suicide rate 65% higher than all U.S. male workers”

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Identifying Occupation Groups for Suicide Prevention: A Statewide Data Linkage Study

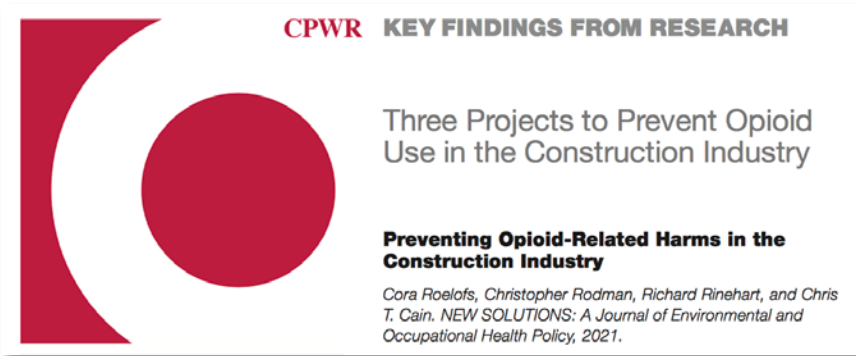
- 1 in 5 working-age men who took their life in Utah from 2005-2015 worked in Construction and Extraction occupation, with both the highest number and rate of suicides (86.4/100,000 men vs. a range of 15.3–66.2 for other occupations).
- For 2014–2015 deaths, a quarter (25%) tested positive for opioids on postmortem examination.

Psychological distress and suicidal ideation among male construction workers in the United States

- Nearly 1/3 male construction workers in the U.S. experienced psychological distress (23.8% graded as moderate, 5.8% as severe); 2.5% reported suicidal ideation in the past year.
- The odds of suicidal ideation among workers with serious psychological distress were 33 times higher than those having no or minor psychological distress.
- Workers who were younger, worked part-time, missed workdays due to injury or illness, or were in poor health at greatest risk.

PRACTICE

3 Projects to Prevent Opioid Use



- 2020 NIOSH Grant Summary
 - FrameWorks Communications report on Primary Prevention
 - Opioid Awareness Training
 - Peer Advocacy Report

FrameWorks Solutions

Carefully **link causes and consequences** to increase support for structural solutions.

Use the ***Upstream/Downstream* metaphor** to explain prevention.

Appeal to the ***Value of Investment*** in messages to construction industry professionals.

Choose **concrete examples** to illustrate what effective interventions look like.

Provide the necessary **context audiences need to interpret unfamiliar concepts and data.**

Explicitly name who or what is responsible for the problem or for taking action to address it.

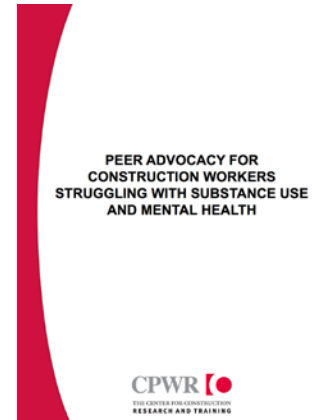
Emphasize **systemic solutions** to expand thinking beyond individual-level interventions.

Opioid Awareness Training

- Created an opioid hazard awareness training on behalf of North America's Building Trades Unions
 - Improve knowledge about opioids and related substance use and mental health
 - Inspire and motivate trainees to act
- Piloted and Evaluated
- Shortened and Online-optimized training was released in 2020, recently updated 2021 and 2022

Peer Advocacy in the Construction Industry

- Interviewed Key Informants from the NABTU Opioid Task Force
 - Union Response to Opioid Crisis
- 7 of 13 Interviewees Discussed Peer Advocacy
 - Themes about Peer Advocacy Included:
 - Barriers -- Stigma, Buy-In, Trust
 - Planning
 - Design
 - Recovery



CPWR Resources

- Overdoses
- Opioid Use
- Mental Health During COVID

CPWR Quarterly DATA REPORT

WWW.CPWR.COM FOURTH QUARTER 2019

Overdose Fatalities at Worksites and Opioid Use in the Construction Industry

Xiuxen Sue Dong, DrPH*, Raina D. Brooks, MPH, Chris Trahan Cain, CH

Foreword

Construction workers are among the segments of the U.S. population opioids have hit hardest. Recent state-level studies of opioid overdose deaths show that construction workers are six to seven times more likely to die of an overdose than workers in other professions. The impact of opioids to our field led us to make it the focus of this Quarterly Data Report.

Section 1 examines a small subset of construction workers who died of an overdose: those who died on a worksite. These are figures for which we have national data, but there is not equivalent national data yet about how many of the 130 Americans who die each day from an opioid overdose work in construction.

This report also reveals other gaps in our understanding of the impact of opioids on construction workers. For example, Section 2 contains the surprising finding that the percentage of construction workers who used prescribed opioids, on average, is slightly lower than workers in all industries combined. Our assumption before conducting this analysis was the reverse, given that construction has one of the highest injury rates of all industries, particularly musculoskeletal disorders that often result in chronic pain and long-term pain management. One possible explanation for this counter-intuitive finding: construction workers are less likely to have health insurance than workers in other major industry sectors, and so they may be less likely to receive a prescription for opioids than workers in other sectors.

While the impact of opioids on the construction industry and its workers is becoming clearer, there remains much we need to learn to understand and respond to the damage they are causing. We look forward to receiving your feedback on this important report and working collectively to minimize the impact opioids are having on workers, their families, the industry, and society overall.

Chris Trahan Cain
Executive Director
CPWR

*Correspondence to: Xiuxen Sue Dong, SDong@cpwr.com.

KEY FINDINGS

- Unintentional overdose fatalities in the construction industry jumped from 7 deaths in 2011 to 65 deaths in 2018, a nine-fold increase in eight years.
- Between 2011 and 2017, one in four (25.3%) construction workers with work-related injuries used prescribed opioid pain relievers, compared to approximately one in ten (8.9%) of their counterparts who were not injured.
- Older construction workers were more likely to use prescribed opioid pain relievers, while younger construction workers were more likely to use illicit drugs.
- Uninsured construction workers were less likely to use prescribed opioid pain relievers, but more likely to use illicit drugs than their insured counterparts.

CPWR Data Bulletin

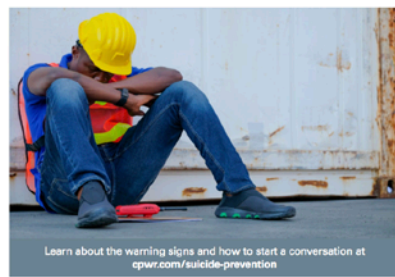
WWW.CPWR.COM JANUARY 2022

Construction Worker Mental Health During the COVID-19 Pandemic

Samantha Brown, MPH, Amber Brooke Trueblood, DrPH, William Harris, MS, Xiuxen Sue Dong, DrPH¹

OVERVIEW

[Anxiety and depression symptoms](#) significantly worsened nationwide during the COVID-19 pandemic. Construction workers already suffer from an increasing and alarmingly high [suicide rate](#), making it particularly important to understand mental health in the industry during the pandemic. To support that goal, this Data Bulletin examines self-reported symptoms of [anxiety and depression](#) in the population using the National Health Interview Survey (NHIS) from 2011 to 2018 and in 2020,² focusing on patterns and changes during the pandemic. Anxiety and depression were measured for *construction workers* by A) feelings of anxiety or depression at least once a month; and B) feelings of anxiety or depression at least once a week, or associated medication use. (see the [Definitions](#) section at the end of the report for detailed criteria). Differences in the frequency or level of anxiety/depression between 2019 and 2020 were measured in a subsample of construction workers who were interviewed in both years. Anxiety/depression was compared across³ worker demographics, socioeconomic status, and health indicators (i.e., health status, alcohol use, opioid use, and health insurance coverage). Due to the [survey methodology changes](#) in 2020 and fewer respondents during the pandemic, the sample size of some subgroups is relatively small.⁴



¹Correspondence to: dabulletin@cpwr.com.
²No industry and occupation information in the 2019 survey due to the questionnaire redesign.
³Statistical significance is not discussed in the text but is provided in the associated charts.
⁴Frequency of anxiety/depression are small (i.e. < 10) for some subgroups in certain charts. (see chart footnotes). Readers are advised to use related results with caution.
Numbers in text and charts were calculated by the CPWR Data Center.

THIS ISSUE

This issue examines anxiety and depression symptoms or medication use among construction workers before and during the COVID-19 pandemic, comparing differences by demographics, socioeconomic status, and health indicators.

KEY FINDINGS

Construction workers feeling anxious at least once per month rose 20% between 2011 and 2018.
Chart 1

In 2020, the prevalence of anxiety/depression (based on feelings or medication) in workers was 15%, and was particularly high in those who were age 18-34 (18%), female (24%), living below the poverty line (18%), or working part-time (19%).
Charts 4-6

In 2020, symptoms or medication use for anxiety/depression were almost three times higher in workers who used prescription opioids in the past year compared to those who did not (39% versus 14%).
Chart 7

Among workers who were surveyed in both 2019 and 2020, 43% had increases in the frequency or level of anxious/depressed feelings between years, with increases more common in those who were age 18-54 (44%), female (56%), or had a family income below the poverty line (61%).
Charts 8-10

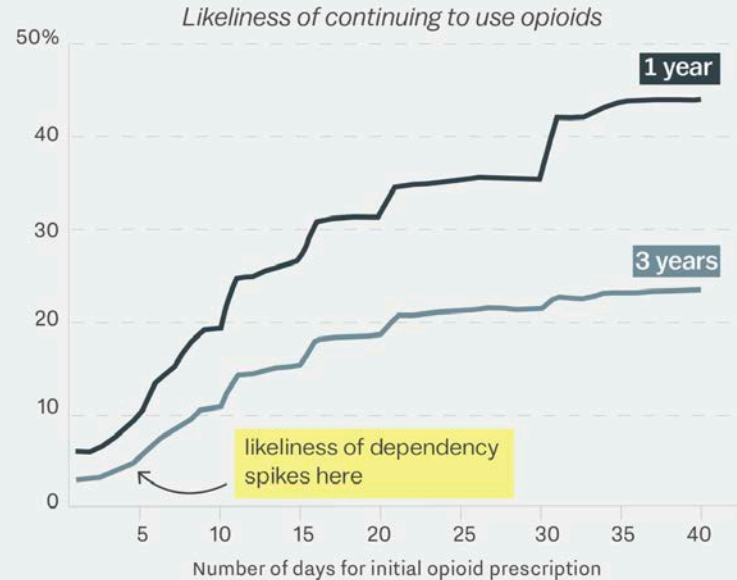
NEXT DATA BULLETIN

Employment Trends and Projections in Construction

Who gets addicted?

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

Risk of continued opioid use increases at 4-5 days



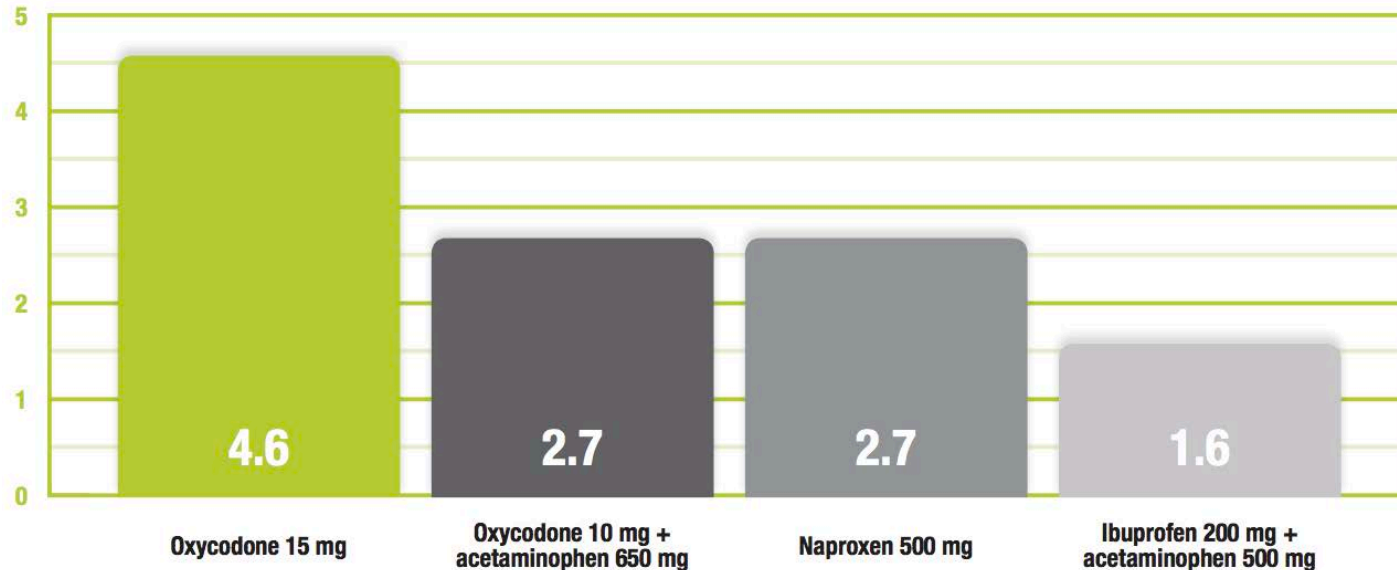
Source: Centers for Disease Control and Prevention

Credit: Sarah Frostenson

Vox

Opioids are less effective

Number of people needed to treat for one person to get 50% pain relief



LEVEL 2 Prevention: Avoid Exposure to Opioids

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

CPWR Physicians'/Providers Alert Document

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

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

- ✓ If you have been or are being treated for another health issue or have been prescribed other medications by another doctor.
- ✓ If you have a history of addiction to tobacco, alcohol or drugs, or if there is a history of addiction in your family.
- ✓ About your work environment. Let your doctor know that 1) taking opioids on the job can be a safety hazard because they can make you drowsy, and 2) testing positive for some drugs, even when prescribed for pain, can negatively impact employment opportunities. Some employers have expanded panels of drugs they test employees for, which are regularly reviewed and updated. The Department of Transportation's drug test panel, for example, includes:²
 - Opioids (codeine, morphine, 6-AM (heroin), hydrocodone, hydromorphone, oxycodone, oxymorphone)
 - 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 medications] 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 1-800-662-HELP (4357)
- Facing Addiction's online Addiction Resource Hub <https://resources.facingaddiction.org/>

² Source: U.S. Department of Transportation, (2018). DOT 5 panel notice. https://www.transportation.gov/ops/CDOT_5_Panel_Notice_2018

Source: CPWR

Jobsite Opioid Resources

HAZARD ALERT CPWR • OPIOID DEATHS IN CONSTRUCTION

Why Are Construction Workers at Risk?

- ▶ The construction industry has one of the highest injury rates compared to other industries.
- ▶ Opioids are often prescribed to treat the pain caused by these injuries.
- ▶ Long-term opioid use can make people more sensitive to pain and decrease the opioid's pain-relieving effects.



Injured Construction Workers Often...

- ▶ Cannot continue to work while injured
- ▶ Suffer a loss in income. Even an injured worker receives workers' compensation. It is often not enough to make up for lost pay.
- ▶ Experience anxiety, stress, and depression, which can add to the pain and an additional risk factors for addiction.



Overdose Deaths Are On the Rise.

- ▶ In 2020 alone, there were more than 90,000 overdose deaths in the U.S. — nearly 75% of which involved an opioid. **COVID-related overdose deaths increased 38.7% over 2019.**
- ▶ These increases were exacerbated by the COVID-19 pandemic because of isolation, loss of loved ones, stress, unemployment, decreased or no pay, decreased access to treatment services, and more.
- ▶ Construction workers are significantly more likely to die from an opioid overdose than the average worker — studied in both Ohio and Massachusetts, for example, showed they were seven times more likely.¹⁴
- ▶ Additionally, a peer study has shown that more than half of those who died from an overdose had suffered at least one prior overdose injury.¹⁵



Opioid Deaths in Construction

in work can result in painful injuries that are treated with prescription opioids, people prescribed opioids for long-term use addicted and opioid-related deaths rise.



Protect Yourself!

1 Prevent Injuries
Work shouldn't hurt. Your employer should be contracted by a safety professional, and you should use safe practices. Together these reduce the risk of injuries and therefore the need for pain medication.

2 Talk to a Doctor
Opioids are addictive and can have side effects.

- ▶ Ask about:
 - ▶ 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 possible any medication they should be used for the shortest possible time. Safely dispose of any unused medications.

3 Get Help
Opioids change how your brain works, triggering one part of it to demand more opioids and changing another part of it to its favor to resist. Check with your union or employer to find out if they have a program to help, such as:

- ▶ An employee assistance program (EAP), or
 - ▶ Member assistance program (MAP)
- If you're having trouble stopping using opioids, check with your union or your doctor to help find the best addiction treatment option for you.

Remember addiction is an illness that can be treated.
Call this confidential national hotline:
1-800-662-HELP (4357)

If you or someone you know needs help:

- ▶ Contact the Substance Abuse and Mental Health Services Administration at 1-800-662-HELP (4357) or call their confidential national hotline at **1-800-662-HELP (4357)**.
- ▶ Call the Recovery Resource Center has www.recoveryresource.org
- ▶ Contact your union
- ▶ Check if your employer has an occupational addiction program
- ▶ Ask your doctor the Physician Care or Pain Management services at Construction Workers from www.ccpwr.org/pain



ory
ed his back after lifting heavy materials. ignore the pain, but it wouldn't go away. to the doctor and was prescribed an eat the pain. The pills reduced the pain, I never got better. Chris found that he pills to make it through the day. his doctor refused to give him another I. Chris went to another doctor and got a option. Over time his job performance and again to suffer. Chris went back to his asked for help. His doctor helped him to ent for his opioid addiction. Chris is now using an non-addictive treatment for

Do you know someone addicted to opioids? Is he injured and in pain, what should he do to avoid becoming addicted to

in we stay safe today? I do at the worksite to prevent an injury?

Remember This

- ▶ Your employer must provide a safe work environment to prevent injuries. If you see a hazard on the job, report it to your supervisor or foreman.
- ▶ Follow safe work practices to prevent injuries, such as getting help when lifting heavy materials.
- ▶ If you are injured, talk to your doctor about non-addictive medications or physical therapy to treat the pain.
- ▶ Opioids should be the last option, and if prescribed used for the shortest time possible.
- ▶ Addiction is an illness that can be treated. Get help if you find you are dependent on pain medication to get through the day.
- ▶ Check with your union or employer to find out if they have a program to help, such as an employee assistance program (EAP) or member assistance program (MAP).
- ▶ Call this confidential national hotline to find out about treatment options, near you: **1-800-662-HELP (4357)** or online at <https://resources.facingaddiction.org>.

Construction work can result in painful injuries that are often treated with prescription opioids.

Opioids are addictive and should be the last option to treat your pain. Talk to your doctor about non-addictive medications.

REMEMBER: Addiction is an illness that can be treated.

Call this confidential national hotline:
1-800-662-HELP (4357)

Visit: Facing Addiction — <https://resources.facingaddiction.org/>

In 2017 alone, more than 72,000 people died in the U.S. from an overdose — over 49,000 of which involved an opioid.*

Overdose deaths that occur on the job are on the rise.†

*Centers for Disease Control and Prevention (CDCPR), Provisional 2017 data. <https://www.cdc.gov/governance/governance/overdose-deaths-2017.html>

†Bureau of Labor Statistics, Bureau of Field Occupational Statistics, Bureau Research, 2010. <http://www.bls.gov/news.release/ocostat.htm>

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Pain Control & Prevention, Promoting Safer and More Effective Pain Management. It's Good For Everyone!

CPWR is the research and training arm of NABTU's Production of the 1962 from the National Institute for Occupational Safety and Health (NIOSH). The contents are solely the CPWR's view of NIOSH.

Jobsite Suicide Prevention Resources

HAZARD ALERT

CONSTRUCTION PREVENTION RESEARCH

Suicide Prevention

IN CONSTRUCTION

CONSTRUCTION INDUSTRY ALLIANCE
SUICIDE PREVENTION

The Data

Suicide rates in the U.S. have increased in recent years, and it has been the 10th leading cause of death since 2005. In 2018¹ alone, there were:

▶ **48,344 deaths** — an average of **132 per day** or **1 every 11 minutes**.

Suicide can affect anyone. According to the Centers for Disease Control and Prevention (CDC), construction has one of the highest suicide rates compared to other industries². There is no simple answer to why this increase has occurred, particularly among construction workers. However, there are steps that workers and employers can take to recognize the warning signs and help prevent suicides.

Source: 1. Centers for Disease Control and Prevention (CDC), 10 Leading Causes of Death by Age Group: 1999-2018. https://www.cdc.gov/nchs/data/tables/10leadingcauses/leadingcauses_rankings_1999-2018.pdf. Accessed March 1, 2020. 2. https://www.cdc.gov/nchs/data/tables/10leadingcauses/leadingcauses_rankings_1999-2018.pdf. Accessed March 1, 2020. 3. https://www.cdc.gov/nchs/data/tables/10leadingcauses/leadingcauses_rankings_1999-2018.pdf. Accessed March 1, 2020.

Recognize the Warning Signs

According to mental health professionals, the following are common warning signs that a person may be thinking about suicide:

Talking about wanting to die, quit, or shame, or being a burden to others.

Feeling:

- ▶ Empty, hopeless, or having no reason to live; extremely sad, anxious, agitated, or angry; unbearable emotional or physical pain.

Behavior:

- ▶ Planning or researching ways to die: purchasing a gun; withdrawing from friends, family, or activities; saying goodbye, giving away possessions, or making a will.
- ▶ Agitation or rage — increased conflict among co-workers³; extreme mood swings; changes in personality or neglecting their appearance.
- ▶ Taking dangerous risks such as increased alcohol or drug use or driving recklessly, eating or sleeping more or less, increased tardiness and absenteeism from work⁴.

Source: 1. National Institute of Mental Health, Warning Signs of Suicide. <https://www.nimh.nih.gov/health/publications/warning-signs-of-suicide/index.shtml>. Accessed March 1, 2020. 2. https://www.cdc.gov/nchs/data/tables/10leadingcauses/leadingcauses_rankings_1999-2018.pdf. Accessed March 1, 2020.

FIND OUT MORE ABOUT CONSTRUCTION HAZARDS.

To receive copies of this Hazard Alert and cards on other topics, call 301-478-9000 or email cpwr-cfr@cpwr.com

CPWR | 601 George Avenue, Suite 1000, Silver Spring, MD 20910 | 301-478-9000 | www.cpwr.com

Help Prevent Suicide...

1 Reach Out

If you notice the warning signs of suicide in someone you know, **talk to them** — **start a conversation**. Ask them about a specific warning sign you've noticed. For example, "I've noticed lately that you are sitting alone at lunch and avoiding all of us while we're all working, and I'm concerned." You may feel uncomfortable, but the best way to find out if someone is having suicidal thoughts is to **ask them directly**. "Are you thinking about suicide?" Asking this will not put you into their head or make it more likely that they will attempt suicide.

If the answer is "Yes," do not leave them alone and get help.

Source: National Mental Health Commission. <https://www.mentalhealth.gov.au/>. Accessed March 1, 2020.

2 Respond

When talking to someone who may be thinking about suicide, **take what they say seriously**. Listen without judgement, and express concern and support. **Be direct**. Talk openly and matter-of-factly about suicide. Do not ask questions encouraging them to deny their feelings, such as: "You're not thinking about suicide, are you?" **Reassure** them that help is available.

DO NOT:

- ▶ **Tell the person to do it; debate the value of living or argue that suicide is right or wrong; minimize their problems by saying things like "You'll get over it," "toughen up," or "You're fine"; promise to keep their thoughts about suicide a secret.**

Source: National Suicide Prevention Hotline. <https://www.suicidepreventionhelpline.org/>.

3 Connect

Encourage the person to see a mental health professional. Call the National Suicide Prevention Lifeline for advice and referrals or help them locate a treatment facility or program.

Stay in touch with them after a crisis to see how they are doing. Remind them:

▶ **YOU ARE NOT ALONE. THERE IS HOPE. SUICIDE IS NOT THE ANSWER.**

If someone is in immediate danger, call 911, take them to a nearby emergency room, call the **National Suicide Prevention Lifeline** at 1-800-273-8255, or reach out to the Crisis Text Line by texting "HELLO" to 741741 to connect with a crisis counselor.

To learn more about preventing suicides, visit:

CPWR – Suicide Prevention Resources:
<https://www.cpwr.com/suicide-prevention>
Construction Industry Alliance for Suicide Prevention:
https://www.constructionindustryalliance.com/index.cfm?Page=AMERICAN_Foundation_for_Suicide_Prevention
<https://ifso.org/>



If you or someone you know needs immediate help, contact:

The National Suicide Prevention Lifeline:
 Provides free and confidential support from trained counselors 24/7.
 ▶ Call 1-800-273-8255 (TALK) or use the online Lifeline Chat at: <https://bit.ly/2W60819>
Crisis Text Line:
 Text "HELLO" to 741741 for free 24/7 confidential support.

TOOLBOX TALK
CONSTRUCTION PREVENTION RESEARCH

Suicide Prevention

in Construction

CONSTRUCTION INDUSTRY ALLIANCE
SUICIDE PREVENTION

Over the last several years, the rate of suicide has increased, and it is now the 10th leading cause of death in the U.S. The construction industry has one of the highest suicide rates compared to other industries. Although there is no simple reason for this increase, hearing the warning signs and how to reach out for help could save your life or the life of a co-worker.

John and Matt's Story

Matt noticed that his co-worker John was acting differently, becoming easily upset, not following safe practices on the job, and eating lunch alone. He recognized that these may be the warning signs of suicide. During lunch he called a crisis hotline and asked for advice on how to talk to John and get him help. At the end of the day, Matt approached John and said that he had noticed a change in his mood and behavior lately and was concerned. He asked John if he has had any thoughts of suicide and told him about the hotline. John was angry at first, but then admitted that he had been feeling depressed and it relieved that he can talk to someone about it. Matt convinced John to call the crisis hotline. John is now getting the help he needs, and Matt is continuing to provide support.

- ▶ **Have you known someone who experienced suicidal thoughts or died by suicide?**
- ▶ **What are examples of the warning signs of suicide?**
- ▶ **How can we help a co-worker when there are warning signs of suicide?**

Remember This

- ▶ **Recognize the Warning Signs:**
 - Talking about:
 - Wanting to die
 - Quit or shame
 - Being a burden to others

Feeling:

- Empty, hopeless, trapped, or having no reason to live
- Extremely sad, anxious, agitated, or angry
- Unbearable emotional or physical pain

Behavior:

- Planning or researching ways to die: purchasing a gun
- Withdrawing from friends, family, or activities; saying goodbye, giving away possessions, or making a will
- Agitation or rage — increased conflict among co-workers
- Extreme mood swings
- Changes in personality or neglecting their appearance
- Taking dangerous risks, such as increased alcohol or drug use or driving recklessly
- Eating or sleeping more or less
- Increased tardiness and absenteeism from work

▶ If someone you know is showing any of these signs, don't ignore them. Start a conversation. The best way to find out if a person is having suicidal thoughts is to ask directly.

▶ Listen without judgement and express concern and support. Reassure them that help is available.

▶ **DO NOT** tell someone to do it, debate the value of living, or argue that suicide is right or wrong.

▶ **NEVER** promise to keep their thoughts about suicide a secret.

▶ Encourage the person to see a mental health professional or help them locate a treatment facility.

▶ If you believe someone is in immediate danger, call 911, take them to a nearby emergency room, call the National Suicide Prevention Lifeline at 1-800-273-8255, or reach out to the Crisis Text Line by texting "HELLO" to 741741 to connect with a crisis counselor.

▶ Stay in touch with them after a crisis to see how they are doing.

If you or someone you know needs immediate help, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), use the online Lifeline Chat, or text "HELLO" to 741741 to connect with a crisis counselor. They provide free and confidential support with trained counselors 24/7.

How can we stay safe today?

What can we do today to help prevent suicide?

1. _____
2. _____

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r2p-Designed Infographic

Reach Out
Respond
Connect

Together,
we can help prevent
**Suicide in
Construction.**

Reach Out
Respond
Connect



If you or someone you know needs immediate help, contact the [National Suicide Prevention Lifeline](https://www.nimh.gov/helpnow/) at 1-800-273-TALK (8255) or text "HELLO" to 741741 to connect with a crisis counselor.

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Together we can help
**Prevent Suicide in
Construction.**



The construction industry has one of the highest suicide rates.

Learn about the warning signs and how to start a conversation at tinyurl.com/cpwr-suicideprevention.

Remember,
You are not alone.



If you or someone you know needs immediate help, contact the [National Suicide Prevention Lifeline](https://www.nimh.gov/helpnow/) at 1-800-273-TALK (8255) or text "HELLO" to 741741 to connect with a crisis counselor.

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CPWR.com

- SAMHSA Treatment Locator
- National Suicide Hotline Phone Number
- CIASP Website Links
- NIOSH
- CDC



[Find Treatment](#) [Practitioner Training](#) [Public Messages](#) [Gra](#)

Find Treatment



Substance Use Treatment Locator

Millions of Americans have a substance use disorder. Help is available.
FindTreatment.gov.

Behavioral Health Treatment Services Locator

Find alcohol, drug, or mental health treatment facilities and programs around the country at findtreatment.samhsa.gov.

Current Efforts

- Mental Health Activities
- Bullying Prevalence Survey

Mental Health Pilot

6 discussion-based activities to be used in training curricula

1. Understanding Member Assistance Programs
2. NABTU Resolution: Support for Efforts to Reduce Pain, Opioid Use, Opioid Overdose and the Number of Deaths by Suicide in the Construction Industry
3. Motivational Interviewing
4. Understanding Upstream Prevention
5. Basic Suicide Prevention
6. Health Maintenance

Bullying Prevalence Survey Pilot

- Workplace bullying is associated with:
 - Increased suicidal ideation (2x risk)
 - Increased risk of significant depression symptoms—(2.5x risk) among those currently bullied versus those who report never being bullied
- Apprentices are the most likely target of workplace bullying in the construction industry
- Younger construction workers' risk of dying by suicide is higher than non-construction workers of the same age

(Butterworth, et al, McCormack et al, Riggall et al, Australian Institute for Suicide Research and Prevention, Ross et al)

Bullying Prevalence Survey Pilot

- CPWR has partnered with an International Union, Contractors Association and a group of Apprenticeship Training centers to pilot and administer a bullying prevalence survey.
- These entities are creating Diversity Equity and Inclusion curriculum as well as Anti-Harassment training

Questions?

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