

# Preventing Construction Worker Deaths from Opioids and Suicides

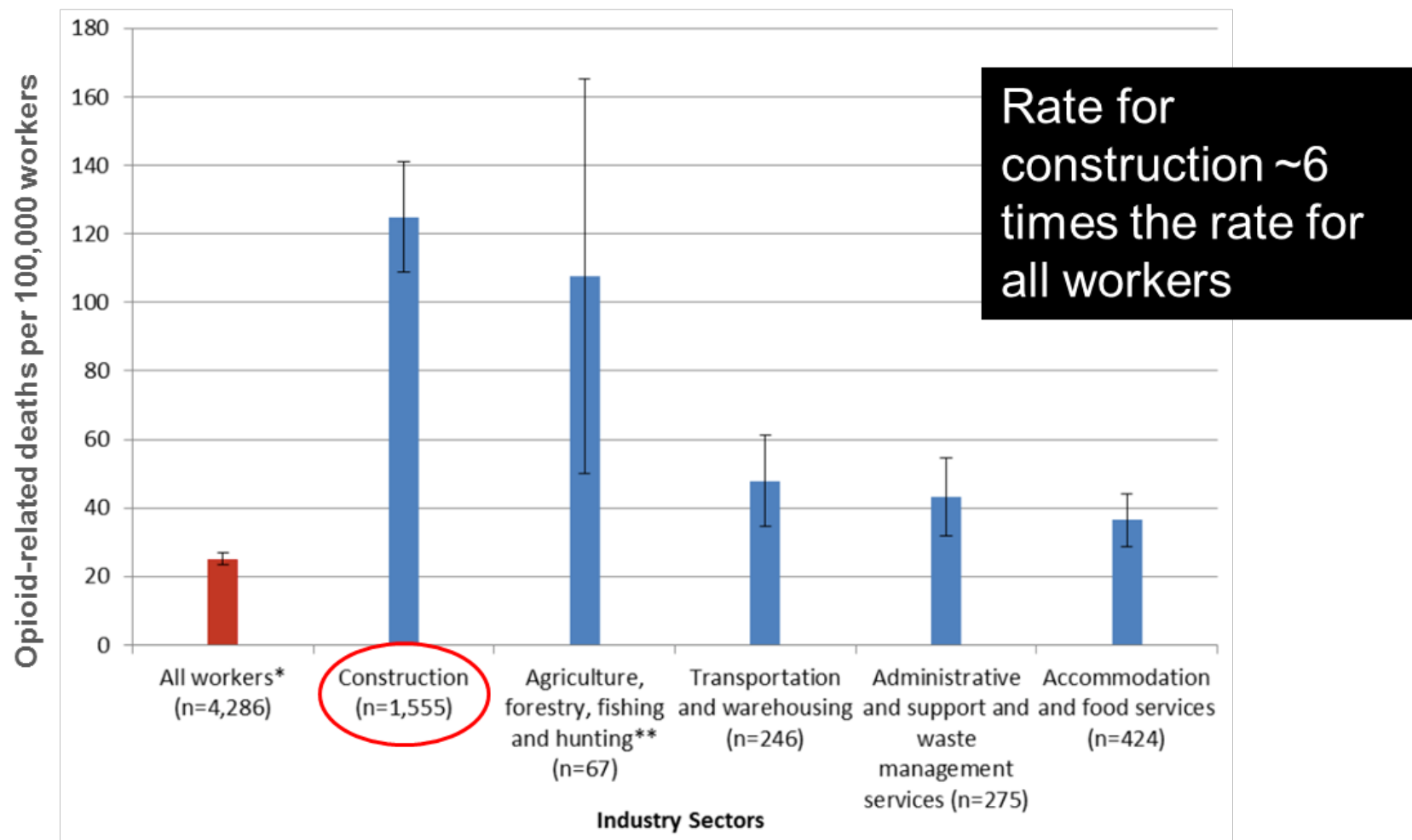
Chris Trahan Cain  
CPWR executive director

NORA CSC  
15 May 2024

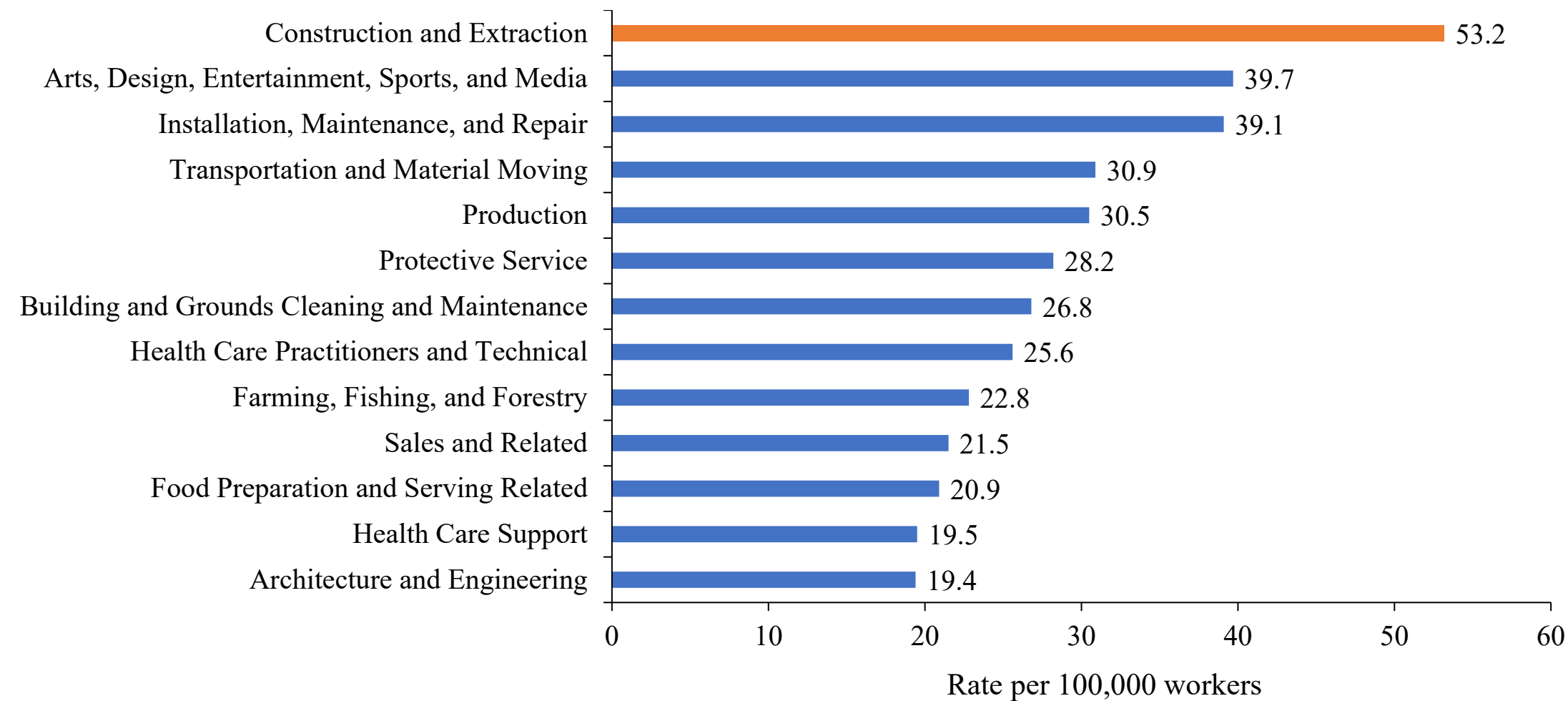


# How CPWR Became Involved

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



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



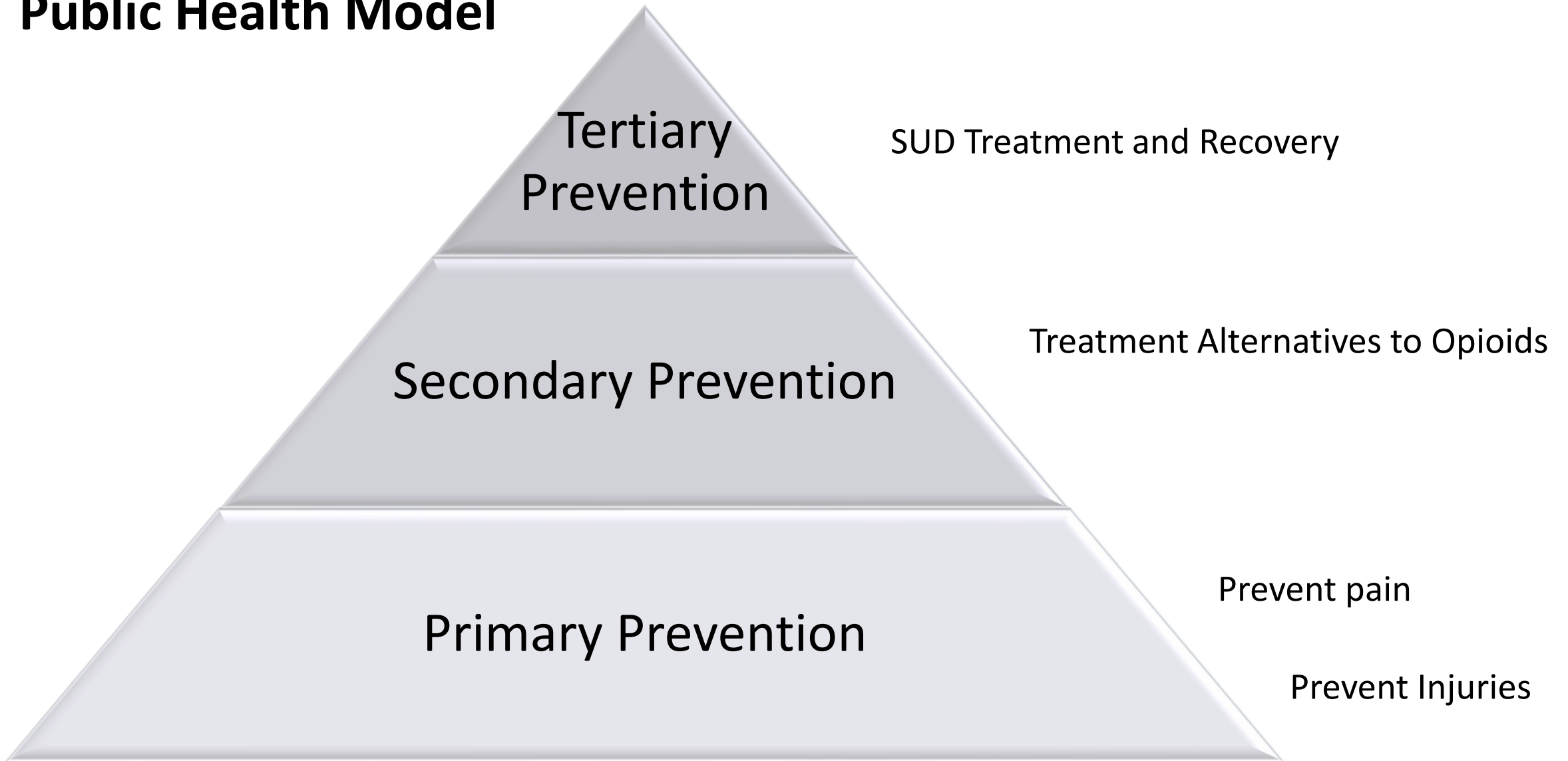
Source: CDC MMWR – Suicide rates by major occupation group –17 states, 2012 and 2015

# Opioid Task Force

- Established by NABTU President McGarvey
  - 14 international union reps
  - Employers and employer reps
  - BTCs, Insurers, and Government partners
- Adopted a **public health model**



# 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

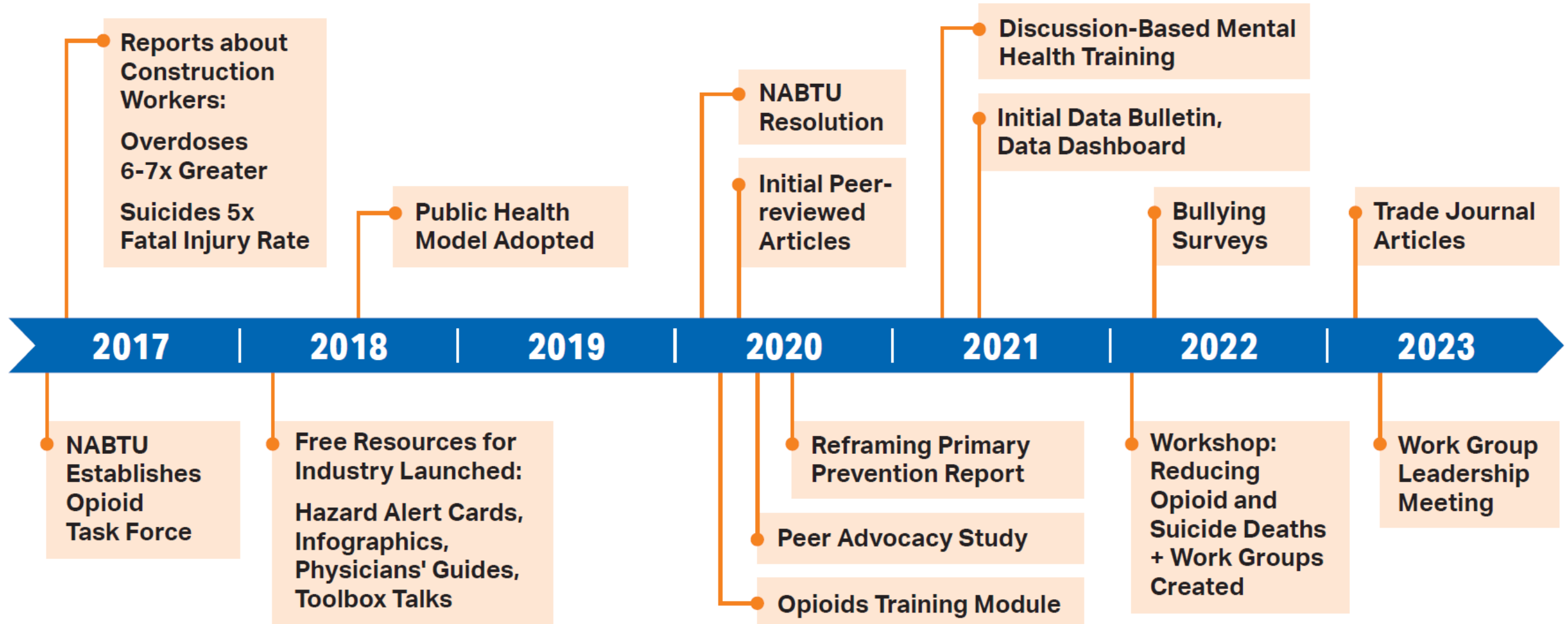
WHEREAS, injured workers receiving workers' compensation have been more likely to receive opioid prescriptions for general pain and to recover from medical procedures than those with non-work-related injuries undergoing the same procedure;

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.

- 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.

# Responding to Opioid Use and Suicide





# Data Center Reports

- Overdoses
- Opioid Use
- Mental Health During COVID

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Quarterly

DATA REPORT

FOURTH QUARTER 2019

Overdose Fatalities at Worksites and Opioid Use in the Construction Industry

Xiuwen Sue Dong, DrPH\*, Raina D. Brooks, MPH, Chris Trahan Cain, CHH

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

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.

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Data Bulletin

JANUARY 2022

Construction Worker Mental Health During the COVID-19 Pandemic

Samantha Brown, MPH, Amber Brooke Trueblood, DrPH, William Harris, MS, Xiuwen Sue Dong, DrPH<sup>1</sup>

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,<sup>2</sup> 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 across 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.<sup>4</sup>

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 (46%), female (50%), or had a family income below the poverty line (61%).  
Charts 8-10



Learn about the warning signs and how to start a conversation at [cpwr.com/suicide-prevention](https://cpwr.com/suicide-prevention)

<sup>1</sup>Correspondence to: datacenter@cpwr.com.  
<sup>2</sup>No industry and occupation information in the 2019 survey due to the questionnaire redesign.  
<sup>3</sup>Statistical significance is not discussed in the text but is provided in the associated charts.  
<sup>4</sup>Frequencies of anxiety/depression are small (n < 30) 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.

NEXT DATA BULLETIN

Employment Trends and Projections in Construction

## 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®), meperidine (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 Dsuvia™, 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:<sup>1</sup>
  - 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/>

<sup>1</sup> Source: U.S. Department of Transportation. (2018). DOT 5 panel notice. [https://www.transportation.gov/odasp/DOT\\_5\\_Panel\\_Notice\\_2018](https://www.transportation.gov/odasp/DOT_5_Panel_Notice_2018)

Source: CPWR







# Suicide Prevention in Construction



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, learning 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 is 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
  - Guilt 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. \_\_\_\_\_

## HAZARD ALERT



# Suicide Prevention IN CONSTRUCTION



## The Data

Suicide rates in the U.S. have increased in recent years, and it has been the 10th leading cause of death since 2008. In 2018<sup>1</sup> 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 industries.<sup>2</sup> 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.

Sources: 1) Centers for Disease Control and Prevention (CDC), 10 Leading Causes of Death by Age Group <https://bit.ly/3G9AUEE> AND Fatal Injury Data, Web-based Injury Statistics Query and Reporting System (WISQARS), Accessed April 1, 2020; <https://bit.ly/3G2xly2> CDC (2020), Suicide Rates by Industry and Occupation — National Violent Death Reporting System, 32 States, 2016, Morbidity and Mortality Weekly Report; <https://bit.ly/3M4y5t9>

## Recognize the Warning Signs

According to mental health professionals, the following are common warning signs that a person may be thinking about suicide<sup>1</sup>:

**Talking about** wanting to die, guilt 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; buying 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<sup>2</sup>; 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<sup>2</sup>.

Sources: 1) National Institute of Mental Health, Warning Signs of Suicide; <https://bit.ly/3G2z682> 2) Construction Financial Management Association, Face Suicide Warning Signs Before It's Too Late; <https://bit.ly/3M4y5t9>



## Find out more about construction hazards.

To receive copies of this Hazard Alert and cards on other topics

call 301-578-8500 or  
email [cpwr-r2p@cpwr.com](mailto:cpwr-r2p@cpwr.com)

8484 Georgia Avenue  
Suite 1000  
Silver Spring, MD 20910  
301-578-8500  
[www.cpwr.com](http://www.cpwr.com)



## 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-TALK (8255)
- Use the online Lifeline Chat at <https://bit.ly/2WG0bni>

### Crisis Text Line:

Text "HELLO" to 741741 for free confidential support.

## 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 at work, and I am 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 the idea 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: California Mental Health Services Authority (CalMHSA), Know the Signs; <https://www.suicidprevention.org>

### 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 Lifeline, Help Someone Else; <https://bit.ly/2eag95>

### 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://tinyurl.com/Suicide-Prevention>

**Construction Industry Alliance for**

**Suicide Prevention:**

<https://preventconstructionsuicide.com/index.php>

**American Foundation for Suicide**

**Prevention:** <https://afsp.org/>



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.nih.gov/health/topics/suicide-prevention/) 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](https://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.nih.gov/health/topics/suicide-prevention/) at **1-800-273-TALK (8255)** or text **"HELLO"** to **741741** to connect with a crisis counselor.

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# Small Studies funded by CPWR

Five research projects; \$50,000 each; results Spring 2024

# 1. Naloxone Distribution Pilot

Chris Carlough, Sheet Metal Occupational Health Institute Trust

- Analyze a Naloxone Training for Sheet Metal Workers to better understand attitudes, stigma, and barriers to training expansion.
- Train 400 workers in three states; each given 2 doses of Naloxone

## 2. Evaluating New Peer-Support Programs in Two Building Trades Unions

Dr. Bradley Evanoff, Washington University in St. Louis

- Obtain pre- and post-measures of program effectiveness
- Provide insights for other organizations that are planning to implement suicide prevention or overdose fatality prevention interventions that utilize peer support.



# 3. Examining the IUEC Local 1 Member Assistance Education Program

Jonathan Rosen, MDB, Inc.

- Gain insights into a construction union-based member assistance program that can serve as a model for other industry players.
- Characterize what led to the MAEP
- Summarize the MAEP activities and methods.

# 4. Impact of employment laws on construction worker suicide

Dr. Jonathan Davis, University of Iowa

- Evaluate the impact of state level employment laws and community level factors on construction worker suicide rates

Aim 1: Laws	Aim 2: Community
Paid sick leave Family medical leave Union supportive/restrictive Shift scheduling Opioid related laws Wage laws	Mental health provider to population ratio Rurality Food insecurity Violent crime Housing instability Exercise opportunities

# 5. Suicide Prevention Practices for Iron Workers

Dr. Behzad Esmaeili, Purdue University

- Gain insights into effective approaches for preventing suicide among iron workers and inform the development of similar programs in the United States.
- Identify and prioritize employer-led practices to improve mental health.
- Conduct a longitudinal assessment of mates in construction (MATES) suicide prevention training program.

More Recent Research

“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>

# Utah Suicide Study of Construction Workers

- 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.

Morissa Henn, Catherine Barber, Wilson Zhang, Michael Staley, Deborah Azrael & Matthew Miller (2022): Identifying Occupation Groups for Suicide Prevention: A Statewide

Data Linkage Study, Archives of Suicide Research, DOI: 10.1080/13811118.2021.2020699

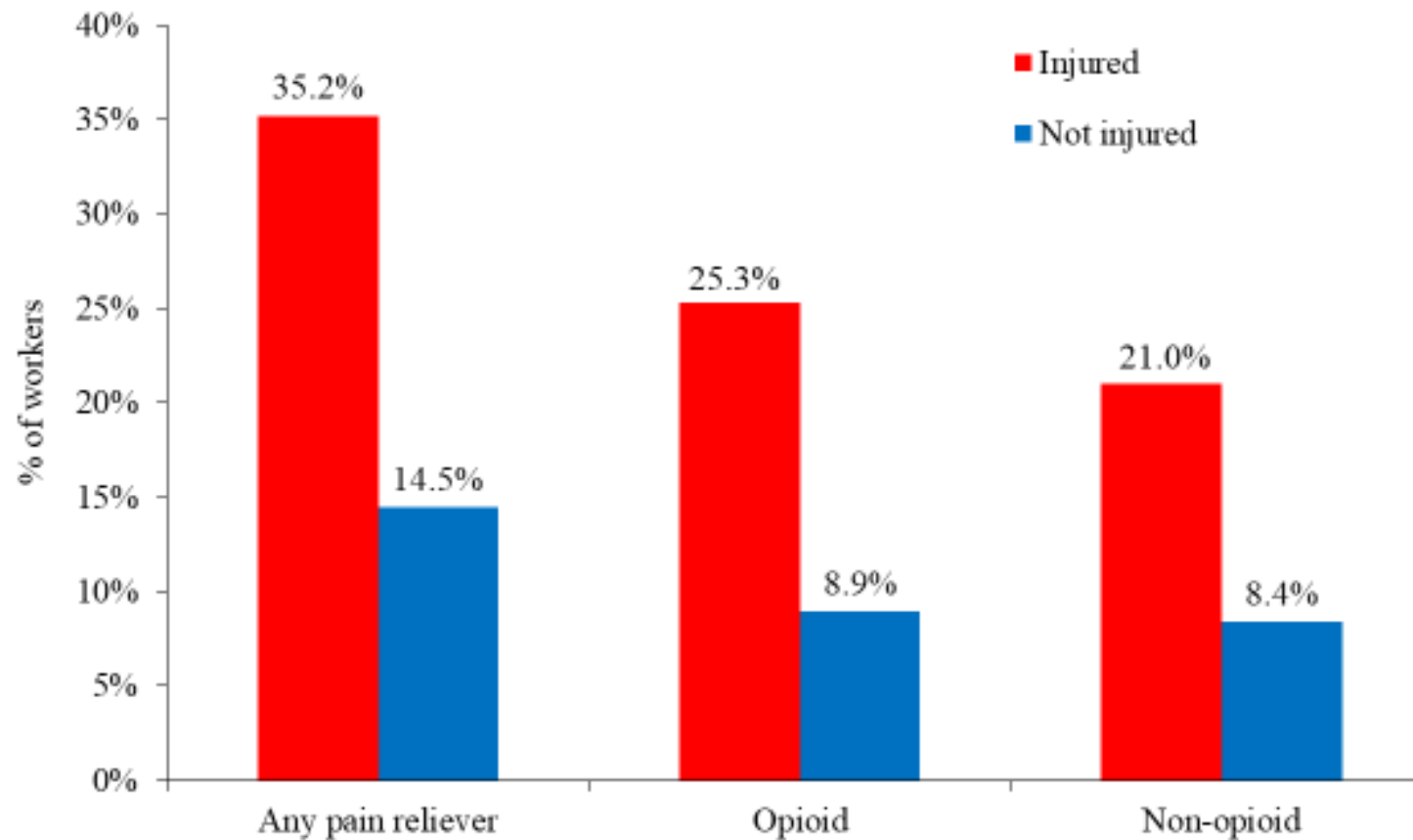
# Job › Pain › Prescription



- 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.

# Prescribed Opioid Use in the Construction Industry

**13. Prescribed pain reliever use among construction workers, by work-related injury, average of 2011-2017**



Source: 2011-2017 Medical Expenditure Panel Survey. Calculations by the CPWR Data Center.



### **Job demand risk**

- Physical injury & chronic pain
- Job insecurity; Long work hours
- Workplace bullying
- Lack of mental health literacy
- Work-life conflicts
- Workplace harassment
- Production pressure
- Macho culture
- Lack of mental care
- Unemployment

### **Biological risk**

- Entrapment
- Suicide ideation & attempt
- Hopelessness; Depression
- Anxiety; Genetics
- Bipolar disorder
- Psychosis; Personality disorder
- Comorbid disorders

### **Socio economical status risk**

- Social isolation
- Humiliation and shame
- Self stigma; Lack of help seeking
- Alcohol and substance abuse
- Sleep disruption
- Mental dissatisfaction
- Divorce; Financial insecurity; Debt
- Death of loved ones
- Homelessness; Family violence
- Child custody issue
- Criminal and legal issue

**Suicide**

**Suicide behavior**

## **Socio economical status risk**

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- Child custody issue
- Criminal and legal issue

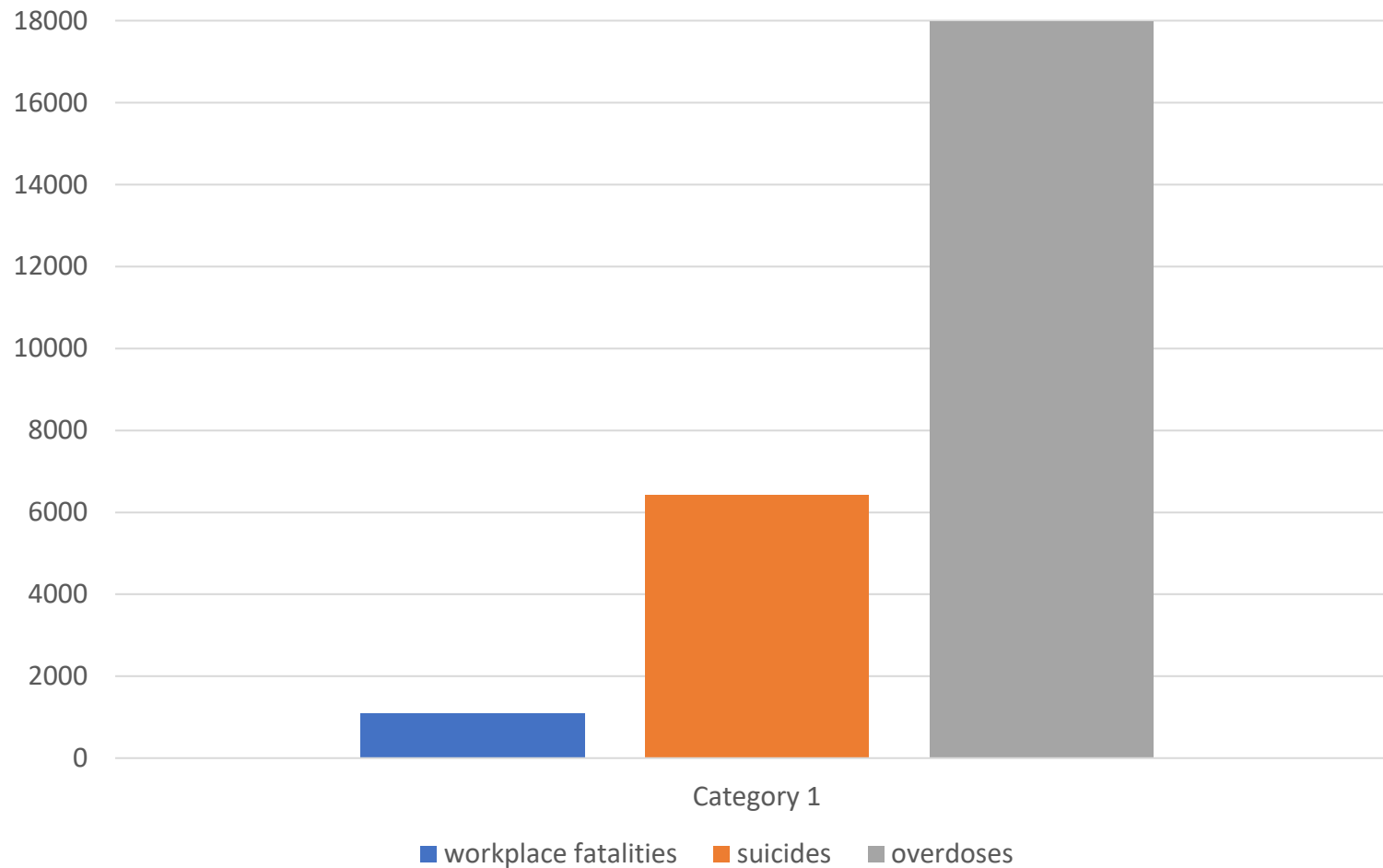
**Suicide**

**Suicide behavior**

## **Job demand risk**

- Physical injury & chronic pain
- Job insecurity; Long work hours
- Workplace bullying
- Lack of mental health literacy
- Work-life conflicts
- Workplace harassment
- Production pressure
- Macho culture
- Lack of mental care
- Unemployment

# U.S. Construction Worker Deaths, 2022



**Sources:** 1) NVSS Mortality Data and 2) BLS CFOI Data. Calculations by CPWR's Data Center. [datacenter@cpwr.com](mailto:datacenter@cpwr.com).

**Notes:** 1) NVSS defines industry based on usual industry and not necessarily the industry at time of death. 2) NVSS data does not include employment status (full-time, unemployed, retired, etc.) at time of death. 3) Suicides include overdoses determined to be intentional.

# Fatalities by Cause, 2022

## All Ages

- 17,967 Overdoses
- 6,428 Suicides
- 1,092 fatal work injuries

## 16-64 Years Old

- 17,056 Overdoses
- 5,327 Suicides
- 991 fatal work injuries

**Sources:** 1) NVSS Mortality Data and 2) BLS CFOI Data.

Calculations by CPWR's Data Center. [datacenter@cpwr.com](mailto:datacenter@cpwr.com).

**Notes:** 1) NVSS defines industry based on usual industry and not necessarily the industry at time of death. 2) NVSS data does not include employment status (full-time, unemployed, retired, etc.) at time of death. 3) Suicides include overdoses determined to be intentional.

# CPWR/NABTU Research/Action Agenda

# Connection between work and construction worker deaths reported, varying evidence

- Precarity, insecurity, instability in employment
- Long work hours, schedules, overtime, lack of rest/exhaustion
- Excessive demands/job strain (high demand/low control)
- Hazardous work/lack of safety and control of hazards
- Poor psychosocial and safety climate
- Injuries and illnesses and chronic pain
- Lack of supervisor and co-worker support
- Lack of paid leave
- Post injury treatment/pain management
- Bullying and harassment



# Understand and document roles of:

- Healthcare systems
- Physicians
- Workers' compensation programs
- Health and Welfare plans

# Education to reduce stigma and spur action

- Levels of Worker training
  - Awareness
  - Peer Leaders/advocates/connectors to care
- Physicians/health care workers
  - Reduce opioid prescriptions
- Promote NABTU Opioids and Mental Health Training

# Supporting Workers with Substance Use and Mental Health Disorders

- Study and document effective peer programs
- Monitor and share resources on recovery friendly workplaces movement
- Promote naloxone training for workers/supervisors
- Promote naloxone in every first aid kit/jobsite/union facility/pocket
- Promote use of vetted SUD treatment facilities

# CPWR Coordination, Support, and Staffing

- NABTU Opioid Task Force
- NABTU Safety and Health, Apprenticeship and Training, Tradeswomen Committees
- H2H efforts
- TAWGs
- CIASP
- NIOSH/OSHA engagement
- Employer Associations and Insurers
- Tracking affiliate activities under 2020 resolution
- Facilitate better communication among industry stakeholders

# Work Related Determinates: The Challenge

- Precarity, insecurity, instability in employment
- Long work hours, schedules, overtime, lack of rest/exhaustion
- Lack of paid leave
- Excessive demands/job strain (high demand/low control)
- Hazardous work/lack of safety and control of hazards
- Poor psychosocial and safety climate
- Injuries and illnesses
- Lack of supervisor and co-worker support
- Bullying and harassment

