Preventing Suicide in the Construction Industry

September 8, 2022

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If you are experiencing audio difficulties, try switching to your phone: (415) 655-0003

Access code: 2559 940 7047





https://988lifeline.org/

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

National Suicide Prevention Lifeline— a free and confidential (U.S.) resource that connects individuals with skilled, trained counselors 24/7.

- Call <u>988</u> or 1-800-273-TALK (1-800-273-8255)
- Online chat: https://988lifeline.org/chat/

<u>Crisis Text Line</u> – serves anyone, in any type of crisis, providing access to free, 24/7 support via a medium people already use and trust: text.

• Text "HOME" to 741741 to connect with a Crisis Counselor.

Background

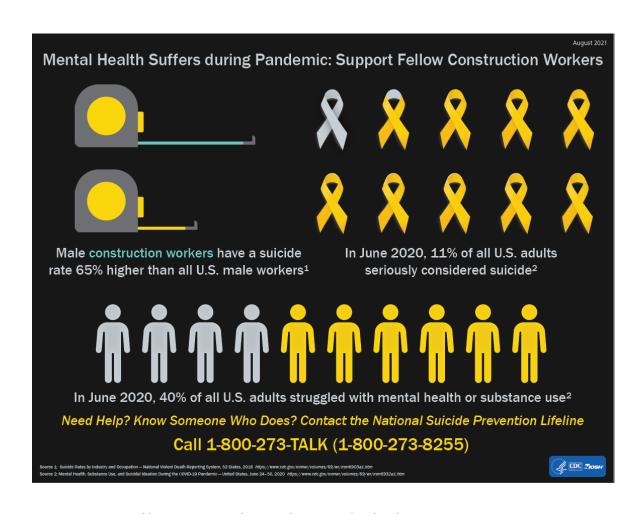
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Why do we need to address mental health in the construction workplace?

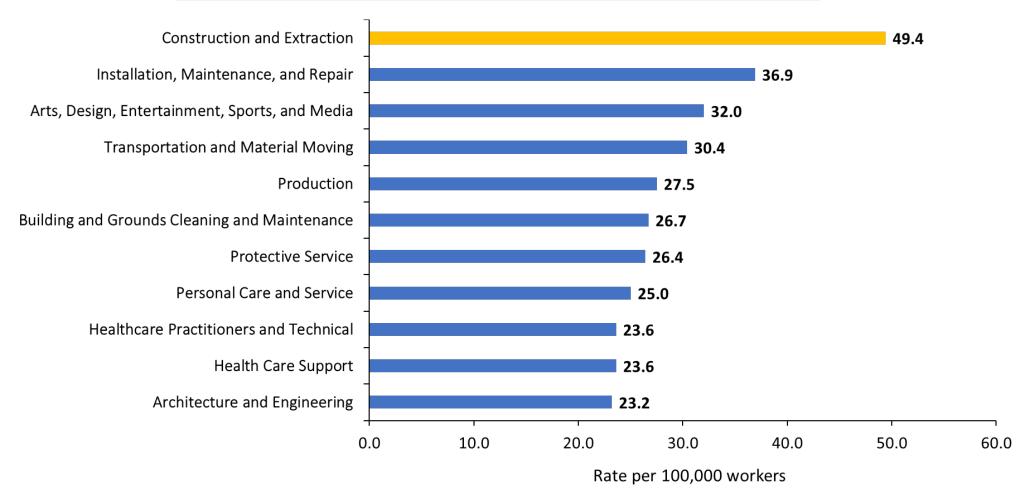


- In 2017, nearly 38,000 people of working age (16 64) died by suicide, a 40% rate increase in less than 20 years
- The suicide rate in the U.S. is rising, but construction workers are at a greater risk of suicide than the average worker
- All levels: laborers, skilled trades, operators, management
- Male construction workers have a suicide rate 65% higher than all U.S. male workers



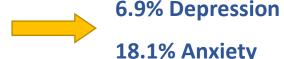
Why do we need to address mental health in the construction workplace?

Suicide rates among male U.S. workers, by major occupation group, 2016



Why do we need to address mental health in the construction workplace?

1 in 5 Adults Will Experience Mental Illness



- **52.9 Million People**
- 60% are left untreated

6.7% (17 million people) experienced a co-occurring substance use disorder and mental illness in 2020

Depression is the **first leading cause of disability** & increases risk of other chronic medical conditions.

When employees are depressed, they miss an average of 31.4 days per year and lose another 27.9 to unproductivity

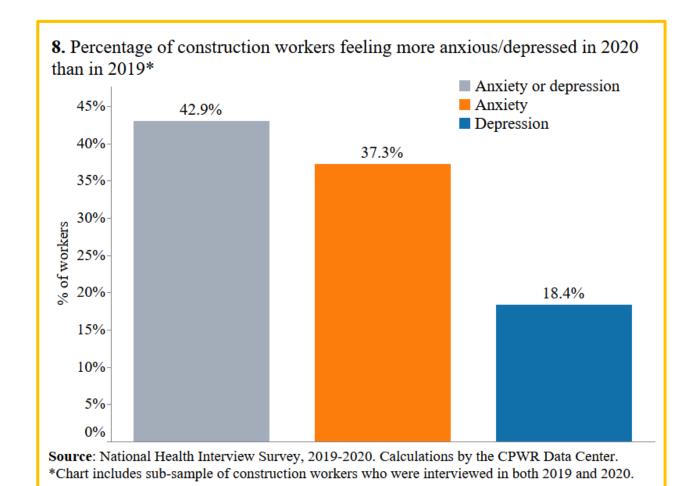
Mental and nervous conditions are ranked #3 of all disability claims

Sources:

1 in 5 Adults will experience mental illness: https://namityler.org/mental-health-numbers/#:~:text=6.9%25%20of%20adults%20in%20the,million%20adults%20in%20the%20U.S.
52.9 Million People: https://www.nimh.nih.gov/health/statistics/mental-illness. 60% left untreated: https://www.nami.org/mhstats



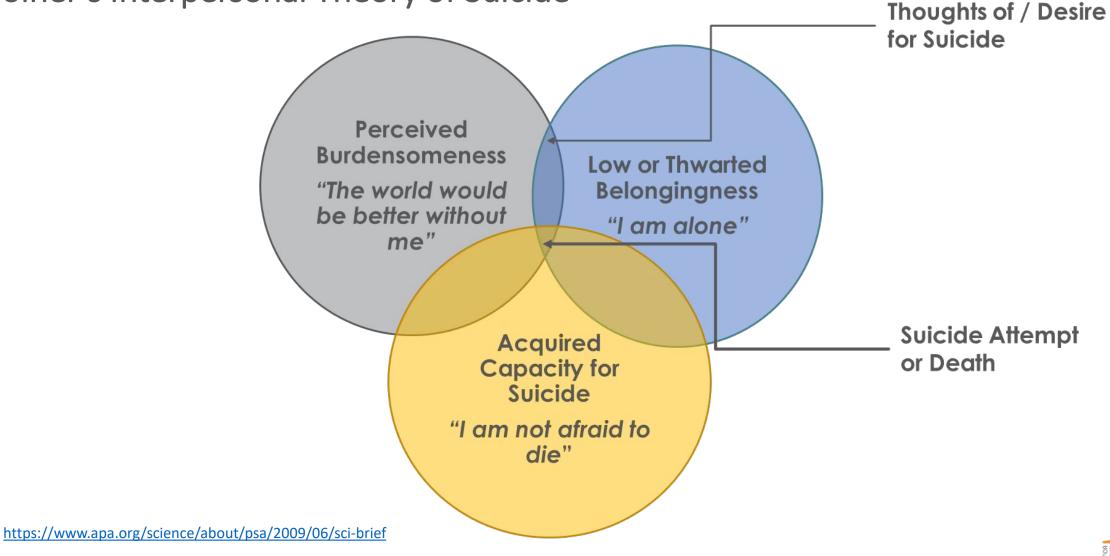
Impact of COVID-19



- During June 24-30, 2020, U.S. adults reported considerably poorer mental health conditions due to the pandemic. 40% of all adults reported struggling with mental health or substance abuse.
- 42% of construction workers reported feeling MORE anxious or depressed in 2020 than in 2019.
- 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%).

What are the Construction Risk Factors?

Joiner's Interpersonal Theory of Suicide



What are the Construction Risk Factors?

Perceived Burdensomeness

Chronic pain

Extreme pressure / low margin for error Promotion of supervisors without leadership training

Skills gap / feeling stuck

Low or Thwarted Belongingness

Stoic / tough guy mentality Separation and/or isolation

Layoffs / financial instability

Capacity for Suicide

Access to lethal means

Veterans in the workforce

Alcohol & Substance Abuse

Additional Factors

Demographics: Men in the middle Sleep disruption / deprivation

Poor access to /
utilization of
behavioral health
care



A Personal Journey

John Gaal, EdD, CHW Worker Wellness Director, Missouri Works Initiative (Mo AFL-CIO)

johngaal@moaflcio.org

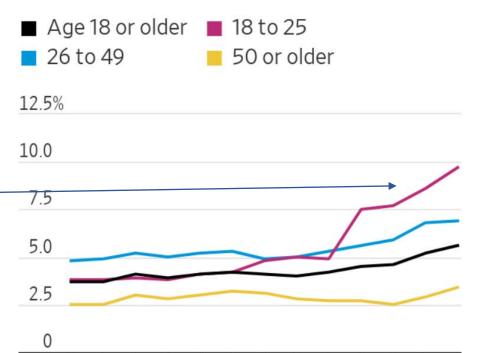
State of the Nation

Jump in 18 - 25 year-old age group

Male construction workers aged 18-25 years were five times as likely to report serious psychological distress and twice as likely to report suicidal ideation than those 50 years or older. (2008-2014)

Source: https://www.cpwr.com/wp-content/uploads/KF2022-psychological-distress-suicidal-ideation.pdf

Serious mental illness in the past year among U.S. adults



Note: Because of methodological changes in 2020, caution should be used when comparing that estimate to prior years.

15

'20

Source: Substance Abuse and Mental Health Services Administration

Source: WSJ (Aug 4, 2022)

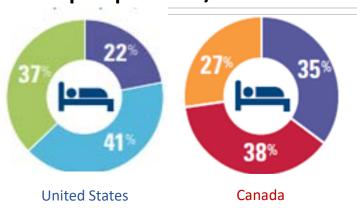
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2008

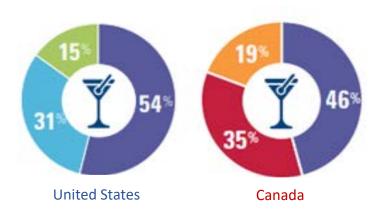
Survey of Trainers







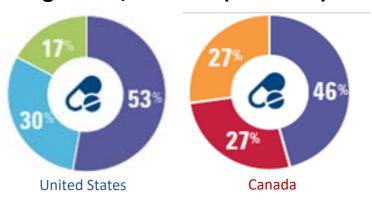
Alcohol Addiction



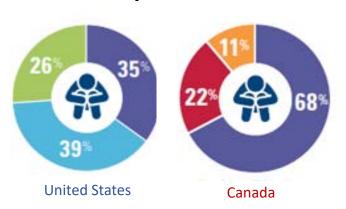
Drug Abuse/Addition (Rx & non)

Not prevalent

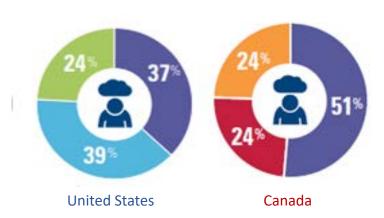
Not sure



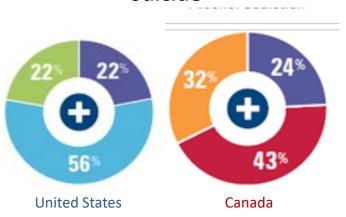
Anxiety Disorders



Depression



Suicide

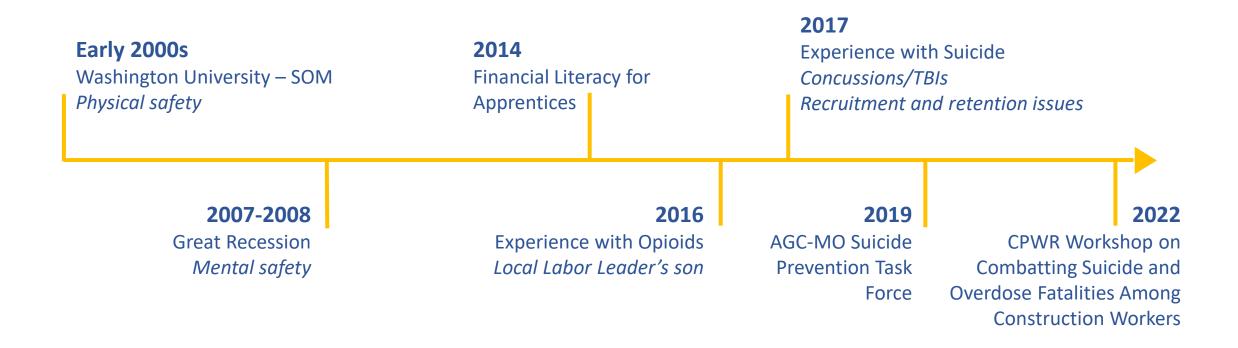


Suicide rates (male) in 32 states (2016)

Detailed Occupational Group	Rate per 100,000 working persons
Structural iron and steel workers	79.0
Millwrights	78.7
Brickmasons, blockmasons, stonemasons, and reinforcing iron and rebar workers	67.6
Roofers	65.2
Construction laborers	62.0
Carpet, floor, and tile installers and finishers	55.2
Carpenters	54.7
Equipment operators except paving, surfacing and tamping	52.8
Construction managers	45.7
Electricians	44.0
First-line supervisors/foremen	44.0
Painters and paperhangers	36.6
Pipelayers, plumbers, pipefitters, and steamfitters	35.4
ALL OCCUPATIONS	27.4

Source: https://www.cdc.gov/mmwr/volumes/69/wr/mm6903a1.htm#T1 down

A Personal Journey



Sources: www.constructforstl.org/article-examines-the-causes-and-consequences-of-traumatic-brain-injuries/

Warning signs

Due to stigma...it may seem impolite to talk about suicide, but...asking if a person is okay or if they are contemplating suicide will NOT cause them to consider it if they were not already.

Direct Statements:

- I'm going to kill myself (Verbal)
- Accessing pills, guns, etc. (Behavioral)

Indirect Statements:

- I'm going away forever (Verbal)
- Giving away prized possessions (Behavioral)

Other signs:

- Hopelessness
- Rage
- Feeling trapped
- Withdrawing from friends
- Dramatic mood swings
- Increased alcohol/drug usage
- Poor sleep
- Depressed

Performance Issues That Can be Warning Signs

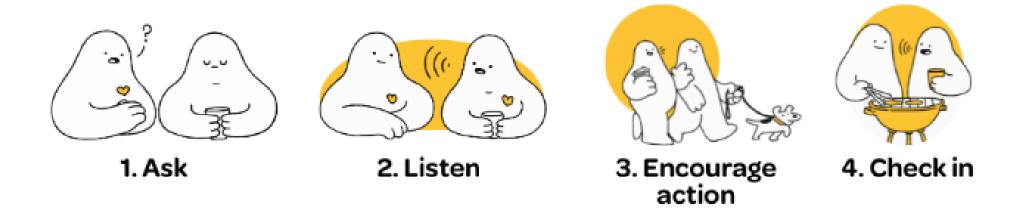
- Decreased problem-solving ability
- Decreased self confidence
- Decreased productivity
- Increased tardiness & absenteeism
- Increased conflict among co-workers
- Increased near hits, incidents, injuries

Source: CIASP

Source: https://qprinstitute.com

R U OK?

A Conversation Could Change a Life



Source: www.RUOK.org.au

Suicide Prevention Training



https://preventconstructionsuicide.com/Training

https://www.agrisafe.org/learning-opportunities/

Action Steps

- Pilot Peer Support models
 - Mates in Construction
 - https://mates.org.au/
 - LEAN
 - https://bit.ly/2KPyZxg
 - The Friendship Bench
 - https://thefriendshipbench.org/
- Embed Mental Health Training
 - ISO 45003
 - https://www.iso.org/obp/ui/#iso:std:iso:45003:ed-1:v1:en
 - OSHA 10 concept
 - Pre-Apprenticeship onward....Not a "one & done"
- Follow MWI's weekly W&W blog
 - www.moworksinitiative.org/blog



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Occupational
Safety and Health
Administration



Douglas L. Parker
Assistant Secretary of Labor
Occupational Safety and Health
Administration



Why the Construction Industry?

The construction industry has one of the highest rates of suicides among **all** occupations- <u>four times higher</u> than in the general population.





Construction

- Construction work-related risk factors may include inconsistent or seasonal work, demanding schedules, and workplace injuries that are sometimes treated with opioids.
- The industry's "**tough guy**" culture can make it hard to ask for help or support.



OSHA Background Suicide Prevention

St. Louis Area Office, Associated General Contactors- Missouri (AGC-MO) and Washington University.

Kansas City Area Office and The Builders' Association- American Foundation Suicide Prevention (AFSP), contractors, and unions.



OSHA News

September 7, 2022-OSHA signed a National Alliance with the American Foundation of Suicide Prevention (AFSP).







Common Goals

- Raise awareness on how to prevent suicides in the construction industry
- ➤ Remove the stigma and provide education to save lives in the construction industry.
- Educate OSHA partners, stakeholders, associations, unions and Federal Agencies on how to initiate difficult conversations and to keep mental health awareness yearround.



Suicide Prevention 5 Things You Should Know

Suicide is a leading cause of death among workingage adults in the United States. It deeply impacts workers, families, and communities. Fortunately, like other workplace fatalities, suicides can be prevented. Below are 5 things to know about preventing suicide.



Everyone can help prevent suicide.

Mental health and suicide can be difficult to talk about—especially with work colleagues—but your actions can make a difference. When you work closely with others, you may sense when something is wrong.



2 PAY ATTENTION

Know the warning signs of suicide.

There is no single cause for suicide but there are warning signs. Changes in behavior, mood, or even what they say may signal someone is at risk. Take these signs seriously. It could save a life.



Ask "Ar If you are o and listen

Ask "Are you okay?"

If you are concerned about a coworker, talk with them privately, and listen without judgment. Encourage them to reach out to your Employee Assistance Program (EAP), the human resources (HR) department, or a mental health professional.





REACH OUT

If someone is in crisis, stay with them and get help.

If you believe a cowerker is at immediate risk of suicide, stay with them until you can get further help. Contact emergency services or the 988 Suicide and Crisis Lifetime.



5 LEARN MORE

Suicide prevention resources are available.

- Call or text the Suicide and Crisis Lifeline at 988.
- Wish the American Foundation for Suicide Prevention (www.afsp.org) to learn more about outside risk factors, warning signs, and what you can do to help prevent suicide.











OSHA Suicide Prevention Resources

- ➤ OSHA.gov/Preventing Suicides in Construction https://www.osha.gov/preventingsuicides
 - ➤ OSHA Poster: Suicide Prevention: 5 Things You Should Know.
- ➤ 60-Second Audio PSAs on Suicide Prevention Month and Stand Down



Mental Health and Suicide Prevention Resources







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Preventing Suicides in Construction



If you're having trouble coping with work-related stress,

talk with someone who can help.

- Call the new three-digit dialing code 988 or find online chat at 988lifeline.org/chat
- Para obtener información en español, llame al 1-888-628-9454 o visite el sitio web



Disclaimer

This information has been developed by an OSHA Compliance Assistance Specialist and is intended to assist employers, workers, and others improve workplace health and safety. While we attempt to thoroughly address specific topics [or hazards], it is not possible to include discussion of everything necessary to ensure a healthy and safe working environment. This information is a tool for addressing workplace hazards and is not and exhaustive statement of an employer's legal obligations, which are defined by statute, regulations, and standards. This document does not have the force and effect of law and is not meant to bind the public regarding existing requirements under the Occupational Safety and Health Act. Finally, OSHA may modify rules and related interpretations considering new technology, information, or circumstances; to keep appraised of such developments, or to review on a wide range of occupational safety and health topics, you can visit OSHA's website at www.osha.gov







www.osha.gov 800-321-OSHA (6742)



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

Christopher Rodman
CPWR Opioid Projects Coordinator

crodman@cpwr.com



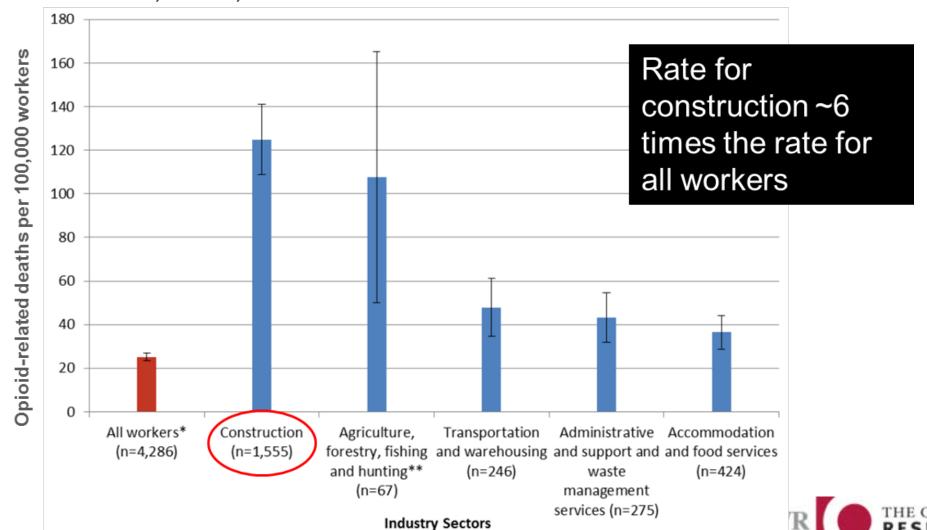
Introduction
Research
Practice
CPWR Resources
Current Projects
Q&A



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





- 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

Tertiary Prevention

For members with substance use disorder, help get treatment and support recovery

Secondary Prevention

Move away from opioid prescription for pain

Primary Prevention

Prevent pain caused by work

Prevent injuries at work



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.



RESEARCH



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

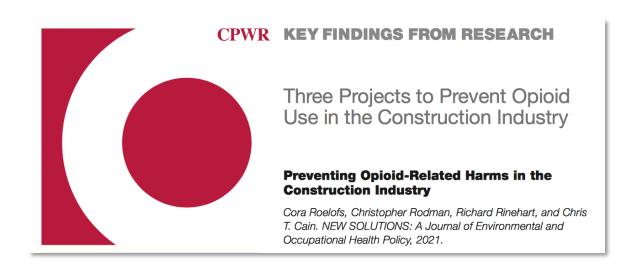
- Nearly 1/3 male construction workers in the U.S. experienced psychological distress (23.8% graded as moderate, 5.8% as severe); 2.5% reported suicidal ideation in the past year.
- The odds of suicidal ideation among workers with serious psychological distress were 33 times higher than those having 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



Opioid Awareness Training

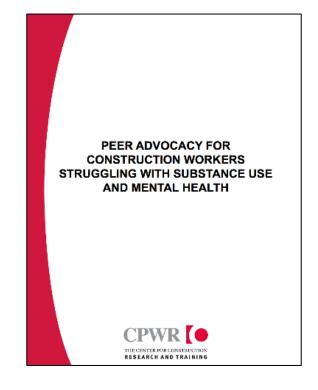
- Created an opioid hazard awareness training on behalf of North America's Building Trades Unions
 - Improve knowledge about opioids and related substance use and mental health
 - Inspire and motivate trainees to act
- Piloted and Evaluated
- Shortened and Online-optimized training was released in 2020,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

https://www.cpwr.com/research/research-to-practice-r2p/r2p-library/other-resources-for-stakeholders/mental-health-addiction/opioid-resources/opioid-awareness-training-program/



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

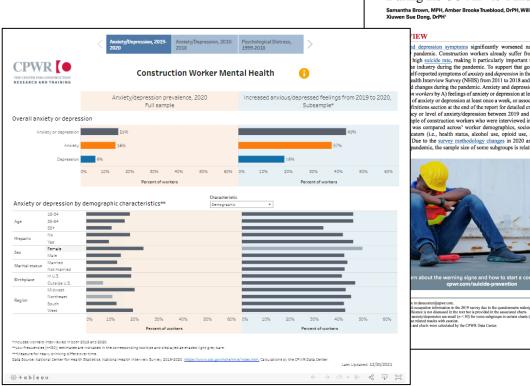


Data Center Reports & Dashboards

- Overdose Fatalities at Worksites and Opioid Use in the Construction Industry (4th Quarter, 2019)
- Construction Worker Mental Health During the COVID-19 Pandemic (Jan 2022)
- Construction Worker Mental Health Data Dashboard

https://www.cpwr.com/research/data-center/data-reports/

https://www.cpwr.com/research/data-center/data-dashboards/



CPWR O Data Bulletin NADIATE 2022 Construction Worker Mental Health During the COVID-19 Pandemic depression symptoms or medication use among construction workers before and construction workers before and during the COVID-19 pandemic, comparing differences by depression symptoms significantly worsened nationwide during the pandemic. Construction workers already suffer from an increasing and high suicide rate, making it particularly important to understand menta industry during the pandemic. To support that goal, this Data Bulletin Construction workers feeling anxious at least once per month reported symptoms of anxiety and depression in the population using the rose 20% between 2011 and 2018 Ith Interview Survey (NHIS) from 2011 to 2018 and in 2020,2 focusing or changes during the nandemic. Anxiety and depression were measured for workers by A) feelings of anxiety or depression at least once a month; and anxiety or depression at least once a week, or associated medication use. anxiety/depression (based on feelings or medication) in workers was 15%, and was particularly high in those who were age 18-34 (18%), female nitions section at the end of the report for detailed criteria). Differences in or level of anxiety/depression between 2019 and 2020 were measured le of construction workers who were interviewed in both years. Anxiety was compared across3 worker demographics, socioeconomic status, and stors (i.e., health status, alcohol use, opioid use, and health insurance Due to the survey methodology changes in 2020 and fewer respondent idemic, the sample size of some subgroups is relatively small.4 In 2020, symptoms or medication use for anxiety/ used prescription opioids in the who did not (39% versus 14%). Among workers who were surveyed in both 2019 and 2020, 43% had increases in the frequency or level of anxious/ depressed feelings between

NEXT DATA BULLETIN

years, with increases more common in those who were age 18-54 (46%), female (50%), or had a family income below the

Projections in Construction



Jobsite Suicide Prevention Resources

- Toolbox Talk
- Hazard Alert Card
- Infographics
- Webinars
- Links to external resources (CIASP, NIOSH, etc.)



employers can take to recognize the warning signs and help

Recognize the Warning Signs

According to mental health professionals, the following are common warning signs that a person may be thinking about suicide1:

Talking about wanting to die, guilt or shame, or being a burden

 Empty, hopeless, or having no reason to live; extremely sad, anxious, aditated, or angry: unbearable emotional or physical pain

- 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-workers²; extreme mood swings; changes in personality or neglecting
- 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?



Find out more about construction hazards.

ceive copies of this Hazard Aler and cards on other topics call 301-578-8500 or

email cpwr-r2p@cpwr.com

Suicide Prevention



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.

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.

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

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

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

> 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

To Learn More About Preventing Suicides, Visit:

CPWR - Suicide Prevention https://tinyurl.com/Suicide-Prevention

Construction Industry Alliance for Suicide Prevention: American Foundation for Suicide

Prevention: https://afsp.org/

If You or Someone You Know Needs

The National Suicide Prevention Provides free and confidential support from

trained counselors 24/7. Call 1-800-273-TALK (8255) Use the online Lifetine Chat at:

Crisis Text Line: Text "HELLO" to 741741 for free, 24/7

confidential support.



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 andry at first, but then admitted that he had been feeling degressed 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 suicida 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

Remember This

Recognize the Warning Signs:

Talking about:

- Wanting to die

- Extremely sad, anxious, agitated, or angry
- Unbearable emotional or physical pair

- Withdrawing from friends, family, or activities, saying goodbye, giving away possessions, or making a will
- 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.
- 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
- 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.

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How	can we	stay	safe tod	lay?

What can we do today to help prevent suicide?

Production of this document was supported by cooperative agreement OH 009762 from the National Institute for Occupational Safety Health (NIOSH). The contents are solely the responsibility of the authors and do not necessarily represent the official views of NIOSH.







Jobsite Opioid Resources



If you or someone you know needs immediate help, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or text "HELLO" to 741741 to connect with a crisis counselor.



If you or someone you know needs immediate help, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or text "HELLO" to 741741 to connect with a crisis counselor.



Overdose Deaths Are On the Rise.

- In 2020 alone, there were more than 93,000 overdose deaths in the U.S.—nearly 75% of which involved an opiotd.¹ Opioid-related overdose deaths increased 36.7% over 2019.²
- pandemic because of isolation, loss of loved ones, stress, unemployment, precarious housing, decreased access to treatment services, and more.3 Construction workers are significantly more likely to die from
- an opicid overdose than the average worker studies in both Chic and Massachusetts, for example, showed they were seven
- Additionally, a past study has shown that more than half of those who died from an overdose had suffered at least one

If you or someone you know needs help:

1-800-662-HELP (4357)

call 301-578-8500

CPWR (

email cowr-r2p@cowr.com

- Contact the Substance Abuse and Mental Health Services Administration at https://w samhsa.gov or call their confidentia nato holine: 1-800-662-HELP (4357).
- Visit the Recovery Resource online hub
- Contact your union. Find a list of common opioids at Give your doctor the Physicians' Alert on Pair



Opioid Deaths in Construction

Construction work can result in painful injuries that are sometimes treated with prescription opioids. One in four people prescribed opioids for long-term pain become addicted and opioid-related deaths

Chris' Story

Chris strained his back after lifting heavy materials He tried to ignore the pain, but it wouldn't go away. Chris went to the doctor and was prescribed an opioid to treat the pain. The pills reduced the pain, but his back never got better. Chris found that he needed the pills to make it through the day. Eventually, his doctor refused to give him another prescription. Chris went to another doctor and got a new prescription. Over time his job performance and family life began to suffer. Chris went back to his doctor and asked for help. His doctor helped him to find treatment for his opioid addiction. Chris is now in recovery and using a non-addictive treatment for

- * Have you known someone addicted to opioids?
- X If a worker is injured and in pain, what should he or she do to avoid becoming addicted to

- 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
- 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 ontions near you 1-800-662-HELP (4357) or go online at https://resources.facingaddiction.org.

RESEARCH AND TRAINING

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(How can we stay safe today? What will we do at the worksite to prevent an injury?	
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	*Centers for Disease Control & Prevention. Promoting Safer and More Effective Pain Management. https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-Patients-a.pdf	
O2	018, CPWA* The Center for Construction Research and Training, All rights reserved. CPWA is the research and training arm of NABTU. Production of this current was supported by cooperative agreement 04 039952 from the National Institute for Occupational Sufety and Health (NIOSH). The contents are solely	

https://www.cpwr.com/research/research-to-practice-r2p/r2p-library/otherresources-for-stakeholders/mental-health-addiction/opioid-resources/



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 courseling.

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:
- 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?
- [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:

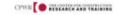
NEVER share medications or store medications where others will have access.

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/

³ Source: U.S. Department of Transportation. (2018). DOT 5 panel notice. https://www.transportation.gov/odapc/DOT_5_Panel_Notice_201



Source: CPWR



Current Efforts

- Mental Health Activities
- Bullying Prevalence Survey
- Workshop: Combatting Suicide and Overdose Fatalities Among Construction Workers



Mental Health Pilot

9 discussion-based activities to be used in training curricula

- 1. Understanding Member Assistance Programs
- 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
- 7. Drug Testing Debate
- 8. A Suicide on Site: Getting the story right
- Roach Coach Health Conversation



Bullying Prevalence Survey

- 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



Bullying Prevalence Survey Pilot

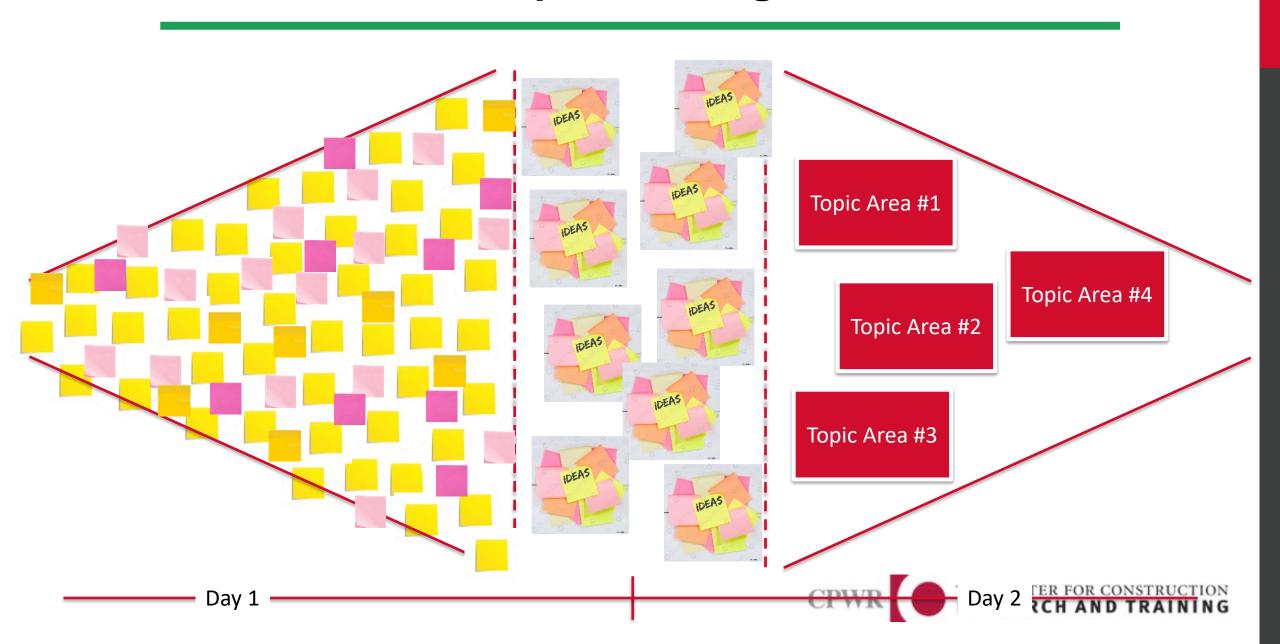
- CPWR has partnered with an International Union, Contractors Association and a group of Apprenticeship Training centers to pilot and administer a bullying prevalence survey.
- These entities are creating Diversity Equity and Inclusion curriculum as well as Anti-Harassment training
- If you are interested in facilitating this survey in your sector of the industry, please contact Christopher Rodman: crodman@cpwr.com



Workshop



Topic Filtering



Group topics

- Training and Education
- Changing the culture and stigma reduction
- Injury Prevention and Workplace Stress
- Peer Support



Future Group Work

Consider the following questions:

- What are the research gaps/needs?
- What do we need to measure?
- Are there common indicators?



White Paper
Refine CPWR workplan
Groups Plan to Meet: Continue Conversation
Tracking/Sharing Progress

NEXT STEPS



What is a "caring culture" and how can it positively impact a company?

Leadership support / encouragement

Injury management programs / return to work /pain management

Considering the person and their needs in scheduling, assigning to out of town jobs

Creating / encouraging peer support relationships – building teams

Personal financial management / education

Reduce jobsite access to lethal means

Gun safety education

Confirm access to benefits / educate employees on availability including EAP

Substance abuse education / screening programs / second chance agreements

Staff projects appropriately / have reasonable expectations

Train
managers/supervisors
in people management
– soft skills,
communication

Train & develop employees to reach full potential, given future hope

Build in Veteran protective factors



Additional Resources: Past CPWR Webinars

April 29, 2021 Webinar: <u>Supporting Construction Workers: Suicide Prevention, Mental Health, and Substance Use</u> Presented by:

- Dr. James Winford, Chairperson, National Asphalt Pavement Association
- Jamie Becker, Director of Health Promotion, Laborers' Health and Safety Fund of North America
- Marianne Wolfe, Managed Care Supervisor, Allied Trades Assistance Program
- Christopher Rodman, CPWR Opioid Projects Coordinator

<u>Play Recording</u> <u>Download Slides</u> <u>Additional Resources</u>

August 12, 2020 Webinar: Strategies to Build Support for Primary Prevention and Opioid Use Reduction in the Construction Industry Presented by:

- Dr. John Howard, Director, NIOSH, and Administrator of the World Trade Center Health Program, U.S. Department of Health and Human Services.
- Chris Trahan Cain, CIH, Executive Director, CPWR
- Jennifer Nichols, Director of the Research Interpretation and Application unit at the FrameWorks Institute
- Clara Gibbons, Senior Strategist in the Research Interpretation and Application unit at the FrameWorks Institute

<u>Play Recording</u> <u>Download Presentation</u>

February 27th, 2020 Webinar: Opioid Use & Worksite Overdose Fatalities in the Construction Industry: A Look at the Data & CPWR Resources & Efforts

Presented by: Chris Trahan Cain, CPWR Executive Director and Sue Dong, Director of CPWR's Data Center

<u>Play Recording</u> <u>Download Presentation</u>

Additional Resources

- **CPWR Mental Health Section Construction Industry Alliance for Suicide Prevention** screening.mentalhealthscreening.org/ciasp Toolbox Talks & Resources @ www.preventconstructionsuicide.com **Construction Suicide Prevention Week** The Associated General Contractors of Missouri (AGCMO) – Suicide Prevention in the Construction Industry – #youarenotalone The Causes and Consequences of Traumatic Brain Injuries U.S. kids grappling with mental health crisis made worse by the pandemic **American Foundation of Suicide Prevention** Centers for Disease Control and Prevention (CDC) Suicide Prevention NIOSH Workplace Safety & Health Topics: Opioids in the Workplace Workplace Supported Recovery Program **SAMHSA Treatment locator** Message from Doug Parker
 - Services Administration Find Treatment Practitioner Training Public Messages **Find Treatment** Substance Use Treatment Locator Millions of Americans have a substance use disorder. Help is available. Behavioral Health Treatment Services Locator Find alcohol, drug, or mental health treatment facilities and programs around the country at findtreatment.samhsa.gov

Preventing Suicide in the Construction Industry

THANK YOU!

September 8, 2022

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