CPWR

THE CENTER FOR CONSTRUCTION
RESEARCH AND TRAINING

WHITE PAPER

CPWR WORKSHOP ON COMBATING SUICIDE AND OVERDOSE FATALITIES AMONG CONSTRUCTION WORKERS

August 1-2, 2022

CONTENTS

3 Executive Summary

4 About the Workshop

4 Setting the Stage

6 Map organizations and programs focused on preventing opioid overdose and suicide in construction, and relationships among them.

9 Identify opportunities for innovation, incubation, collaboration, and increased investment.

14 Highlight actions for targeted data collection, evaluation, and research for creating scalable programs with efficient implementation strategies.

- TAWG 1: Education and Training....15
- TAWG 2: Stigma and Cultural Change....19
- TAWG 3: Injury Prevention and Workplace Stress....22
- TAWG 4: Peer Support....25

28 Workshop Closing and Post-Workshop Survey

28 A Roadmap Forward

29 Summary

30 Acknowledgements

EXECUTIVE SUMMARY

This white paper summarizes a two-day workshop arranged and hosted by CPWR – The Center for Construction Research and Training (CPWR) on August 1 and 2, 2022, which addressed the high rates of suicide and overdose deaths in the construction industry. The workshop included a review of federal data documenting the scope of the problem; discussed initiatives with interested construction industry partners, such as from contractors, labor organizations, government and academic researchers; and began the process of developing a strategic roadmap forward by creating four thematic workgroups that have continued to meet post-workshop.

The workshop included more than 50 practitioners and experts. They worked in small groups to review the state of current intervention programs, identify available resources, and describe potential gaps and opportunities for strategic partnerships. A series of short presentations set the stage for a co-creation process.

Workshop participants developed strategic priorities through facilitated exercises and small group discussions. The process resulted in a wall showcasing hundreds of ideas to address these problems. The ideas were categorized, and participants voted to identify four top priority areas that were assigned as "Topic Area Work Groups" (TAWGs). The TAWGs chosen were:

1. Education and Training
2. Changing Culture and Ending Stigma
3. Peer Support
4. Workplace Injury and Stress Prevention

The participants then self-selected into the TAWGs. Through a collective process, each TAWG addressed the following questions:

- What do we know?
- What do we need to know?
- What actions are being taken?
- What actions can be taken?

Each group established a working vision statement, selected a leader, and developed plans to continue the group's work over the next year. As the groups developed working vision statements for catalyzing and identifying actions going forward, they prioritized opportunities for monitoring progress, evaluating impact, and researching new insights for the topic areas.

This paper provides an overview of the workshop structure, presentations, whole group discussions, and lists outputs from each TAWG breakout group.

About the Workshop

CPWR—The Center for Construction Research and Training (CPWR) hosted a two-day workshop in Washington, DC, on "Combatting Suicide and Overdose Fatalities Among Construction Workers" on August 1 and 2, 2022, with funding from the National Institute for Occupational Safety and Health (NIOSH). Fifty-six invited participants attended, representing building trades unions, construction employers and their associations, nonprofit organizations, local and national government agencies, insurance companies, and academic and government research institutions. It was a group with diverse expertise and experience running programs, implementing interventions, and researching outcomes. The workshop gave participants a shared understanding of the problem, showed what's being done to address it, and moved them through a collaborative process to prioritize areas for action and recognize the steps needed to accomplish them.

The workshop addressed two overarching questions:

- How do we prevent opioid overdose and suicide among construction workers?
- How do we support workers' recovery and reintegration back into the workforce?

The following three objectives provided a structure for the flow of the workshop:

1. Map organizations and programs focused on preventing opioid overdose and suicide in construction, and relationships among them.
2. Identify opportunities for innovation, incubation, collaboration, and increased investment.
3. Highlight actions for targeted data collection, evaluation, and research for creating scalable programs with efficient implementation strategies.

Day 1 – Setting the Stage

Brent Booker, the secretary-treasurer of North America's Building Trades Unions (NABTU), opened the event by speaking about the urgent need to address suicide and overdose in construction. It is a critical time in the industry, due to the expansion of work through the new infrastructure funding and significant labor shortages. He emphasized that NABTU is in a key position to provide leadership. He highlighted a recent contract negotiation where the parties agreed to fund a provision of mental health care on job sites. He suggested using this model moving forward, so the unions and employers can increasingly leverage their shared interests to include similar protections in future contracts.

Chris Trahan Cain, executive director of CPWR, presented on the prevalence of suicide deaths and opioid-related overdose deaths for construction workers. According to the CDC, both male and female workers in construction and extraction occupations have a higher prevalence of dying by suicide than the average male or female worker.[1] While there is no single cause for suicide, it is suspected that work-related factors common with construction—such as seasonal or inconsistent work, demanding schedules away from families, work-related injuries and chronic pain, and lack of sick leave or vacation time—can lead to poor mental health and psychological distress.[2,3] A recent report from Massachusetts shows the construction industry had the highest prevalence of opioid-related overdose deaths (228.9 deaths per 100,000 workers),[4] and a report of death certificates from Ohio observed similar findings.[5]

Through the taskforce and with support from NIOSH, CPWR developed and provides free resources to the entire construction industry at cpwr.com.

Christopher Rodman, opioid projects coordinator for CPWR, presented findings from a pre-workshop survey administered to registered participants. Thirty-seven people responded to the survey. When asked "What do you most hope to discuss with other attendees?" they ranked the following as having nearly equal importance:

- Existing resources and programs
- How to recognize work-related factors that may contribute to substance use or poor mental health outcomes
- Learning effective communication strategies
- Opportunities for collaboration
- Priorities and opportunities for funding
- Program evaluation tools
- Putting research into practice
- Research opportunities

When asked "What knowledge, skills, and resources can your organization contribute to increase the capacity of the construction industry as a whole to reduce rates of suicide and/or opioid deaths?", each of the following categories were of high importance for respondents:

- Help expand reach through networking
- Providing access for smaller employers
- Providing hazard alerts, toolbox talks, infographics, or similar materials
- Tools to evaluate good practices or programs
- Funding

Rick Rinehart, CPWR's deputy director, explained the methodology behind the workshop. He pointed out the value of multiple players working together and sharing information to solve complex problems.

As an ice breaker, participants added a colored sticker to their nametag indicating which type of organization they came from. The choices were:

- Contractor/Contractor association
- Government
- Insurance
- Local/International union
- Nonprofit
- Safety and health organization
- University

Participants were then encouraged to move to a new table of six. Their instructions were to seek out participants who had different colored stickers, whom they did not know or had not worked with before. Once new tables had been configured, participants introduced themselves and shared how they are addressing construction opioid and suicide issues. This helped create table groups where participants with diverse work backgrounds joined together to formulate new ideas.

Then, selected participants from insurance carriers, contractors, unions, industry trade associations, and other non-governmental organizations were invited to give brief, first-person testimony or discuss programs and initiatives currently underway. The speakers were:

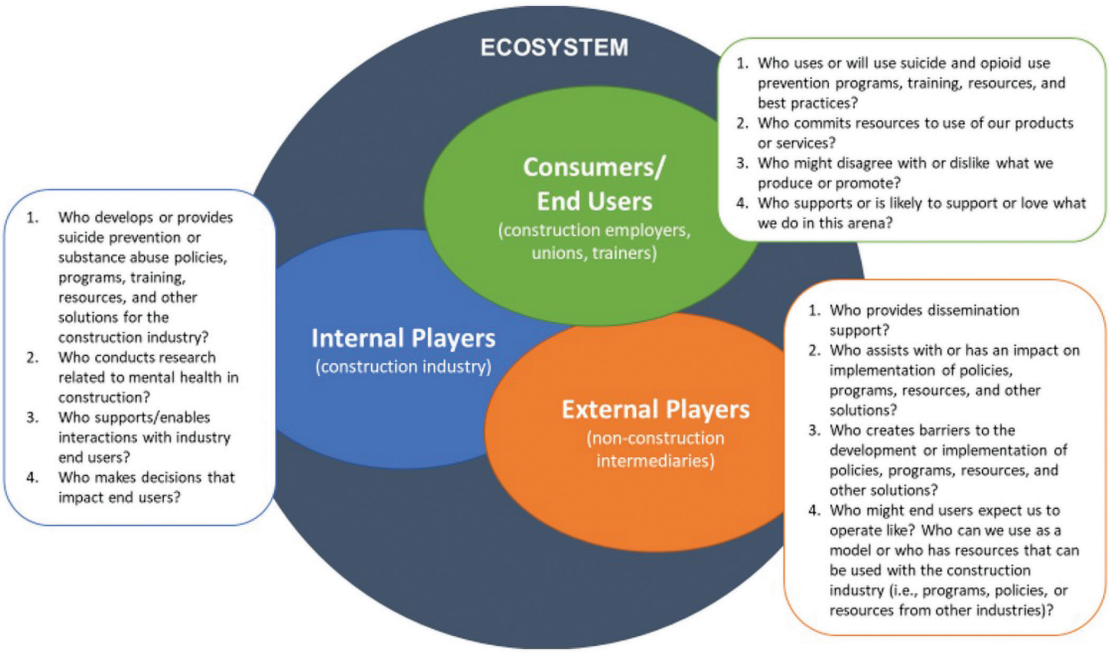
- Chris Scheiblein, director, Helping Hand Program International Union of Painters and Allied Trades (IUPAT)
- Don Willey, multi-employer labor trustee, Greater St. Louis Pension Trust / Laborers' Local 110
- Greg Sizemore, vice president of heath, safety, and environment and workforce, Associated Builders and Contractors (ABC) National and Construction Industry Alliance for Suicide Prevention
- John Gaal, Worker Wellness Director, Missouri AFL-CIO
- Martin (Jamie) Evans, director of safety and active caring, Turner Construction
- Robert Herbein, executive vice president, Allan Myers
- Tony Saguibo, managing director, National Labor Office, Blue Cross Blue Shield Association

Speakers shared personal connections to suicide and overdose and relayed the importance of appropriate messaging, training, and resources. They also provided examples of the power of hiring peer advocates on job sites. Workshop participants were captivated by shared personal stories of loss and hope. Two speakers spoke about losing their sons and how they work tirelessly toward the goal that no other parent has to experience the pain of losing a child. The presentations energized participants and contextualized the goals of the workshop.

Map organizations and programs focused on preventing opioid overdose and suicide in construction, and relationships among them.

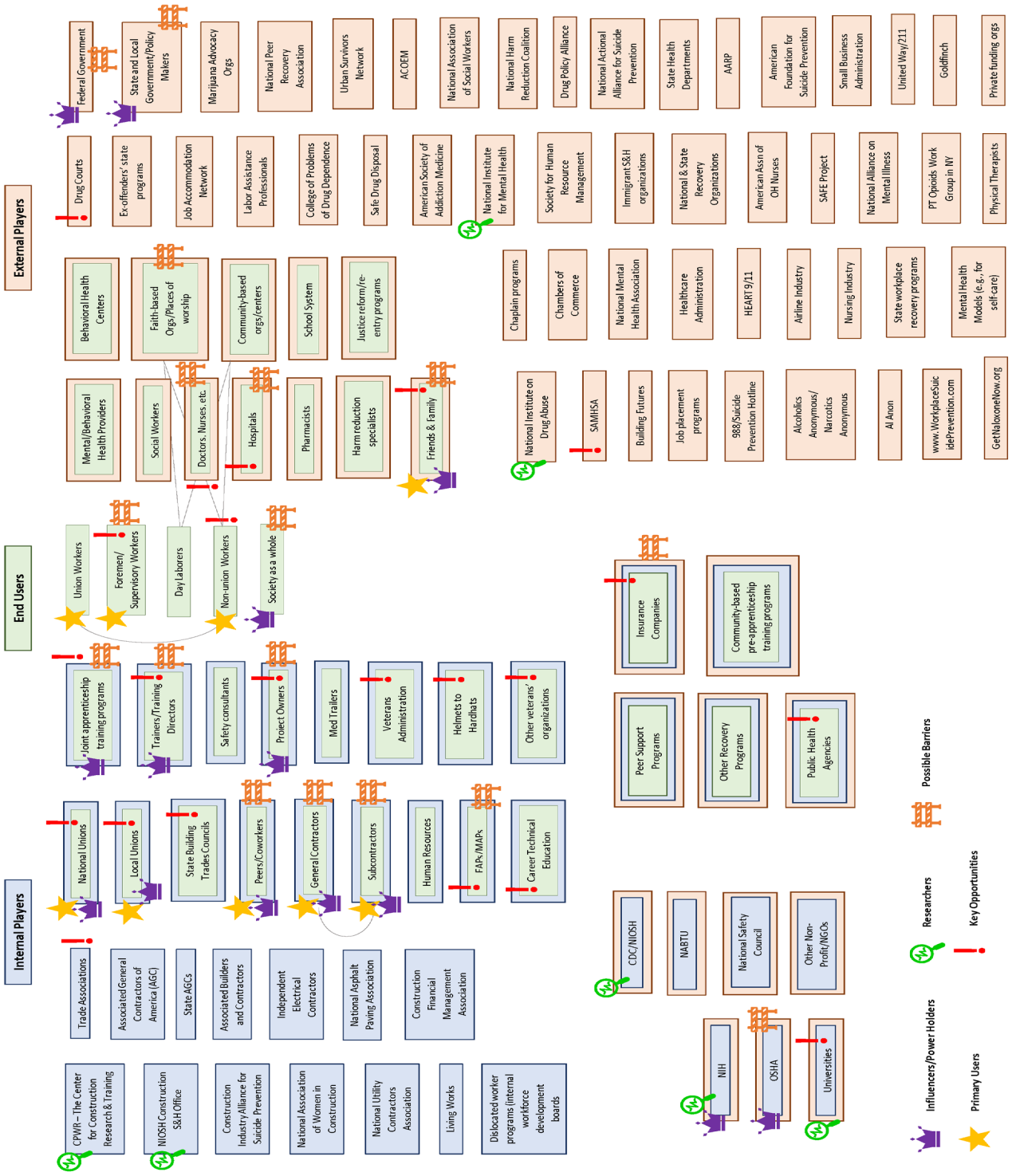
The purpose of this opening activity was to inventory the different organizations in the construction ecosystem who develop, use, or disseminate information about suicide prevention and/or substance use policies programs and training, specifically internal, external and consumers/end users. Prior to presenting this activity, workshop organizers pre-populated each group of "players" to give participants a starting point. The pre-populated maps were also informed by the pre-workshop survey. One question on the survey was: "What experience have you had collaborating with other organizations to develop or implement solutions to complex problems?"

Responses to this question added nearly 100 organizations to the pre-populated maps, helping produce the final map on page 7:



Based on input from participants, the final maps are as follows:

Final Map



Participants worked in groups of five to six. Each group was asked to look at the maps and answer "who are the players and what are their roles?" Participants were told that ecosystems consist of three different types of "players"—internal, external, and end-users. Participants were asked to determine if the right players were included or who was missing. Groups discussed the different "roles" of each player, decided whether roles were correctly assigned, and made note of key influencers and opportunities using the legend as a guide.

After small group discussion, one person from each group reported back on edits or suggestions from their group. Jessica Bunting, CPWR's research to practice director, led the whole-group discussion and recorded the information delivered by each group.

Concerns that stood out included:

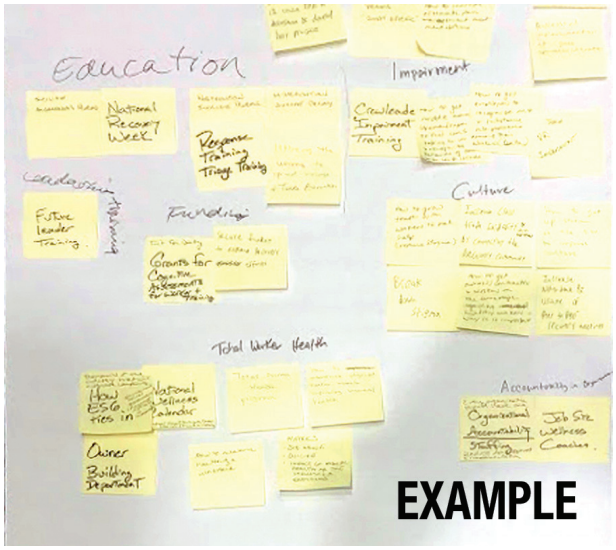
- Unions and trainers, who might generally be seen as an asset to solving the problem, were listed as potential barriers to progress due to disagreements within unions and among trainers who do not want to engage with the issues of substance use and suicide.
- A fear that talking about suicide may plant a seed to die by suicide.
- A concern among peer specialists about saying the wrong thing.
- Workers' compensation could be viewed as a barrier because mental health and substance use treatment are rarely covered by workers' compensation insurance.

Identify opportunities for innovation, incubation, collaboration, and increased investment.

The last part of Day One was initiated with an individual exercise in which each participant was asked to answer the question: "I'd like to collaborate with others on/about [blank] in an effort to combat suicide and overdose fatalities among construction workers."

They were asked to write down as many ideas as they could on sticky notes, one idea per note. After the individual work, small groups at the tables shared their ideas and added the notes to a flip chart page in the center of the table.

They then grouped the notes by similar ideas or topic areas on the page.



Idea Wall

Next, one person from each table came to the front of the room and added their sticky notes to a large wall chart. As each table contributed to the wall chart, some topic areas grew while others remained outliers. Finally, workshop organizers facilitated a whole-group discussion to further combine topics that aligned with each other on the large mural.

Participants were both excited and frustrated throughout the process. Some worried their categories did not line up with the collective categories being formed. However, after about 40 minutes, a final wall was created (see photo above).

That evening, the workshop organizers further identified the categories created through this process and put them in alphabetical order for Day Two activities.

Day 2

Chris Cain provided a recap of the previous day's activities. She acknowledged the difficulty of the mapping activity and that all the players, programs, and resources and relationships among them were difficult to capture. However, she noted, it was a starting place and highlighted the great diversity of actions being taken to address the suicide and overdose epidemics in construction, but that most were being done in individual silos with isolated impact. The process was messy, necessary, and informative.

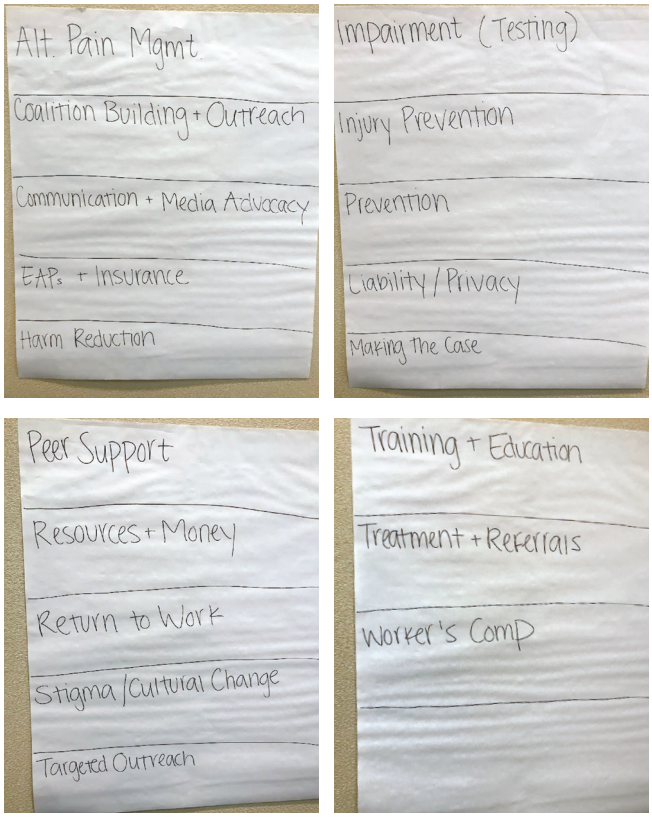
Next, Scott Earnest, Associate Director for Construction at NIOSH, presented Day 2 opening remarks. He noted the rising rates of "Deaths of Despair" across the U.S. and that the construction industry is particularly hard hit. He reiterated the complexity of the issue, and echoed Rick Rinehart's call on Day One for collaboration, noting that, "the secret of making progress is getting started."

Following Earnest's presentation, two more participants spoke. First, Brandon Anderson of the Missouri AGC shared the success of peers giving out "Hope Coins" that are distributed across the construction industry. Then Mike Hazard of Veterans in Piping spoke on his organization's

culture change regarding mental health support for members.

Next, participants and facilitators addressed items listed in the "parking lot." A parking lot is a facilitation activity in which participants can add items to a flip chart page that are not on topic but can be addressed later, so as not to disrupt the flow of the workshop. One item listed that captured the attention of the room is the need to help women in construction who are subjected to harassment. This issue was noted for further attention outside of the workshop.

Following opening presentations, participants got back to work. Workshop organizers presented the topic areas formed by the previous day's exercise on the large wall chart.



The topics identified were as follows:

- Alternative pain management
- Coalition building and outreach
- Communication and media advocacy
- Employee assistance programs and insurance
- Harm reduction
- Impairment (Testing)
- Injury prevention
- Liability/Privacy
- Making the case
- Peer support
- Prevention
- Resources and money
- Return to work
- Stigma/Culture change
- Targeted outreach
- Training and education
- Treatment and referrals
- Workers' compensation

Organizers then opened the room up for discussion on the categories. The ensuing discussion included comments and responses such as:

Participant Comment: *Communication and media advocacy, training and education, research are not best served as separate categories, they should be considered in all topics.*

> **Workshop Organizer Response:** *Research was agreed on to be cross-cutting and was left out in voting, other categories were left as separate to be voted on. "Cross-cutting" is an important consideration for all these categories. There are intersections in each category and should be considered in each Topic Area Work Group.*

Participant Comment: *Opioid awareness training (as opposed to other types of trainings) should be listed as a separate category.*

Workshop Organizer Response: *Training when written here is specific to overdose and suicide prevention.*

Participant Comment: *Occupational safety beyond physical (workplace stress) is missing.*

Workshop Organizer Response: *Psycho-social injury prevention is included in the injury prevention category.*

Participant Comment: *The public health model of primary, secondary, tertiary prevention is especially helpful in tackling these issues. We need champions to see action (management, union, family members). How do we find and create champions? The model includes training on all three of those levels. Sometimes training is how you start, but a one-hour training isn't going to cut it. We need people to roll up their sleeves and break down barriers, create safe spaces, and provide interactive training. It might be valuable to think of topics in terms of that framework, which includes the creation of champions.*

Participant Comment: *The "Need for data" category is not just needed for research. We need data to drive decisions, within the company or within the union.*

Participant Comment: *Turner Construction Company offered the opportunity to do on-site visits.*

Participant Comment: *Education/peer support – A conversation is necessary about what training and certification those specialists will need.*

Participant Comment: *Human resources and how these issues [suicide and opioids] are being addressed in workplace policies or company policies could be its own category.*

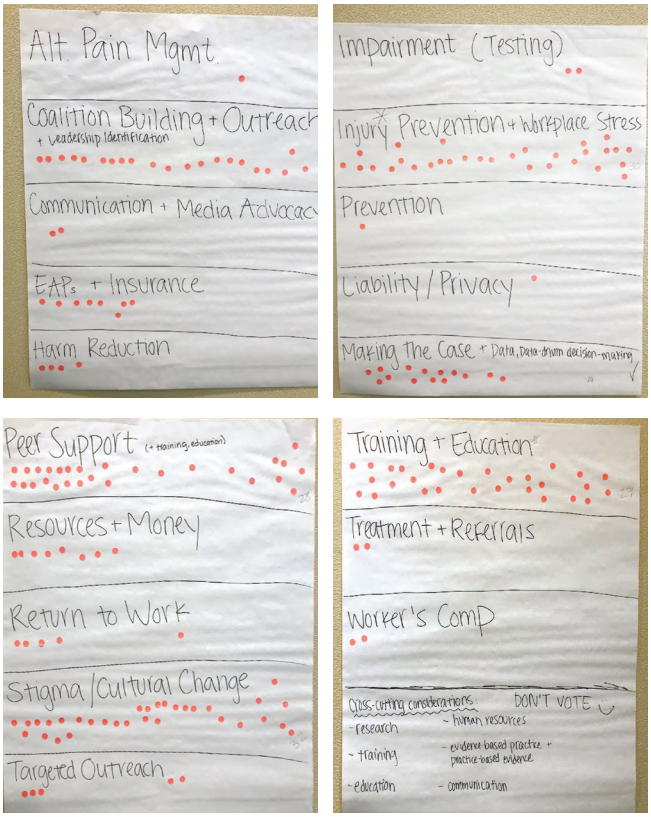
Workshop Organizer Response: *These issues are included in the return-to-work category.*

Participant Comment: *A part of this effort needs to be sharing information about what works and what doesn't work (practice based evidence).*

Participant Comment: *It is critical to pick the topics that are important, in order to move forward. Some topics are important for a conversation today and then must allow room for progress on other topics. This group must "eat the elephant one small bite at a time, not all at once."*

Participant Comment: *"Making the case" category may be considered insensitive and overused.*

Following these discussions, voting took place. Each participant placed five orange dots on the sheets to indicate which topics they thought were most important. They were limited to placing only one dot per topic area.



The four topics that received the most votes were:

- Training and education
- Stigma and cultural change
- Injury prevention and workplace stress
- Peer support

Categories that were highly ranked, but not in the top four, were:

- Making the case (including data)
- Coalition building and outreach (including leadership identification)

The facilitators encouraged participants to keep these categories in mind in their efforts, particularly, but also to pay attention to all the categories in the next activity of the workshop, as all these areas are interconnected.

Topics considered crosscutting and not included in voting were:

- Research
- Communication

After this activity, four Topic Area Work Groups (TAWGs) were formed based on which topics received the most votes with participants self-selecting them for the afternoon session.

Highlight actions for targeted data collection, evaluation, and research for creating scalable programs with efficient implementation strategies.

Participants went to one of four breakout rooms based on their chosen TAWG. Facilitators then guided the groups in a set of pre-planned activities. Each group selected a note taker and reporter. Below is a summary of the process that followed.

First, the facilitator asked group members to answer the following questions:

- What do we know about our topic?
- What do we need to know about our topic?

Participants shared answers and the facilitator wrote them on a flip chart. The group discussed their answers.

Next, group members answered the following question on Post-It notes:

- What actions are being taken?
- What actions can be taken?

During the discussion, Post-Its were arranged on a flip board to indicate which actions were the most important.

The previous discussion was set up to guide participants into creating a vision statement for their TAWG. The vision statement was suggested to be written as follows:

- "We believe that the future of X Topic in the construction industry can be _____ Actions that can be taken to achieve this are _____ .

To end the session, the facilitator asked the group whether they were interested in continuing to meet as a TAWG in the future. TAWGs all agreed, and then designated a group leader, who was not necessarily the workshop facilitator.

Participants and preliminary notes from each TAWG breakout are on the following pages.

TAWG 1: Education and Training

Facilitator: Allison Weingarten

Participants

Name	Organization	Sector
Kevin Byrnes	Ironworkers International	Local/International union
Jessica Bunting (Group Lead)	CPWR	Safety and health organization
John Gaal	MWI - Mo AFL-CIO	Local/International union
Pete Ielmini	Heat and Frost Insulators LMCT	Local/International union
Rachel Miller	Building Futures	Safety and health organization
Grant Shirley	United Cleanup Oak Ridge LLC (UCOR)	Government
Greg Sizemore	ABC National and Construction Industry Alliance for Suicide Prevention	Contractor/Contractor association
Hope Tiesman	CDC/NIOSH	Government
Bella (Jiahua) Yang	National Safety Council	Safety and health organization

Education and Training: What We Know

Training Available

- CPWR Opioid Awareness Training
- National Institute of Environmental and Health Sciences Opioids & Substance Use: Workplace Prevention & Response Training Resource Page
- National Safety Council Supervisor Awareness Training; Signs and symptoms, conversation techniques, etc.
- National Safety Council Connect 2 Prevent Training Program
- Mental Health First Aid (often a solution, but it is an 8-hour program, which may be too long for some)
- Houston: One-hour program: "teaser" on both suicide and opioids. One-hour "Question, Persuade, Refer" (QPR) Training
- National Wellness Institute: two-hour resilience training.
- One-hour Narcan training
- Core curriculum should be the same everywhere
- MATES program: makes workers "helpers" instead of "seekers." "Be that one guy."
- International Foundation of Employee Benefits Plans
- Living Works Training

Benefits of Peers

- Weakness is strength
- Peers are boots on the ground

Training Effectiveness

- Trainings must be connected to the audience
- Trainings need to be evaluated
- For training to be effective, buy-in from leadership is needed
- Trainings must be proximate, accessible, followed through on and repeated for them to sink in
- Pre-training surveys are needed, so instructors can tailor trainings to their audience
- Good contractors prioritize mental health, and

recognize mental and physical health are connected
- Instructor training, training peers to deliver training
- We are not only targeting men. Trainings need to be targeted to multiple communities

Training Impact

- Trainings create change in knowledge, attitude, and skills
- Even if someone initially pushes back against receiving help, they may come back, knowing that the option is there
- Trainings can bring out leaders

Related Efforts

- OSHA 10 card initially received pushback, but has now become standard
- Every Marine has a tourniquet on their belt they can take out to use on themselves or a friend. Could we have a construction worker mental health tourniquet?

Smartphone applications and Hotlines

- 7 Cups
- Sober Grid
- Headversity
- Togetherall
- Military application: Mission Zero
- 988 (New hotline for mental health – participants had mixed experiences with its use)

Challenges

- Funding
  - Groups can bring in professionals to deliver training at quarterly meetings, however, there is a challenge with funding
- Employee Assistance Programs
  - Employee Assistance Programs (EAPs) are underutilized
- Confidentiality
  - Confidentiality is a big issue. Employers need to make clear that EAP is covered by the Health Insurance Portability and Accountability Act (HIPAA)
  - The Construction industry is incredibly competitive making privacy, with fear of losing employment, paramount. Workers do not want anyone to know of physical or mental weakness
  - Sometimes workers think they need to ask their employer before accessing EAP
  - EAPs in small workplaces may mean it is possible to identify who is using the services, threatening confidentiality
- Buy-In
  - It is hard to relate to these issues unless one has a personal connection
  - Suicide rates are not commonly known, due to a lack of awareness. Cultural change is a top-down and bottom-up endeavor. Everyone has an active role to play, including workers
- Stigma
  - Many hold an unsubstantiated fear that talking about suicide will make someone more likely to die from suicide, as though it might "give people ideas." The reality is that a decision to go through with a suicide is usually made well before the action takes place
  - People need to become comfortable talking about what is not comfortable
  - Language matters. Putting the person first is important. For example, "Person with a substance use disorder" versus an "addict."Also, "died by

suicide" is preferable to "committed suicide."

- Drug testing
  - With the legalization of marijuana, drug testing is getting more complex
  - Some drug-free workplaces prohibit prescription drugs as well. This plays a role in stigmatizing medication-assisted treatment

Education and Training: What do we need to know?

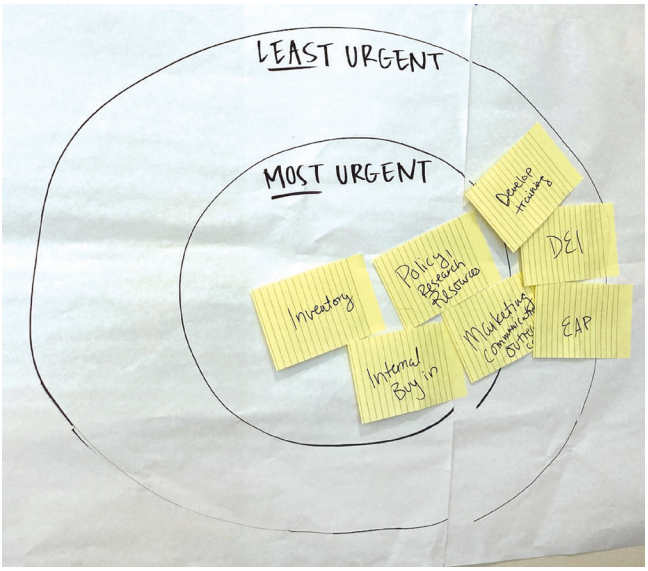
- We need an inventory on all the mental health and substance use disorder trainings in the construction industry. Have they been evaluated for effectiveness? What is available and who is doing what?
- Do employees know about EAPs and how to use them? How do we create a paradigm shift around EAPs? Are EAPs well publicized? Are EAPs well utilized? If they are not utilized, then why? National Safety Council has done a survey on this.
- What could a construction worker mental health tourniquet look like?
- What are the evaluation tools? Could they be improved?
- What is the most effective training time period?
- What should a pre-training survey look like?
- The boots on the ground are needed to help develop an effective training.
- How can training programs reach those who are in the shadows, such as nonunion workers and immigrant workers?
- Who else could we work with?
- How do we move the needle?

Education and Training: What actions are being taken?

- Collaboration with third party programs, external experts
- Outreach with a limited number of champions
- Existing training
- Recovery Friendly Workplace is gaining momentum
- Labor and management are working together
- Research is being conducted among employers and employees
- Early education is reaching new apprentices in certain programs
- CPWR Opioid Awareness Training
- Mental Health First Aid
- Supervisor Training
- Various Training development
- Living Works Training

Education and Training: What actions can be taken?

Most Urgent to Least Urgent



- Develop Inventory of Training.
- Conduct one-hour awareness training, which leads to buy in
- Improved collaboration amongst stakeholders.
- Develop training
- Target training to diverse stakeholders
- Evaluate training

- Marketing; utilizing national/international spokesperson
- Develop and implement policies
- Develop EAP protocols

Education and Training: What is the future of the industry?

- People will know who to talk to and will feel incentivized to do so
- Mental health will be a part of the community. Safety and health will change to safety, health, and wellbeing
- Health, safety, and wellbeing will be promoted equally
- A shift in Knowledge, Skills, and Abilities will ultimately lead to a change in the industry culture
- Accessible, comprehensive, equitable, collaborative
- Less stigma
- Mental health training will become second nature
- Employees will know employers value and prioritize safety
- A mentally and physically healthy and safe career choice

Education and Training: Language

- "Watch your wingman."
- "Is your crewmate ready for duty? Physically and mentally."

Education and Training Working Vision Statement

We will educate and train to equip and empower the construction industry to provide a mentally and physically skilled workforce.

The next meeting was planned for Sept. 21, 2022, at 3 p.m.

TAWG 2: Stigma and Cultural Change

Facilitator: Jamie Osborne

Participants

Name	Organization	Sector
Dana Careless	Action Alliance	Non-government organization/nonprofit
L. Casey Chosewood	CDC/NIOSH	Government
Marianne Cloeren	University of Maryland School of Medicine	University researcher
Jeff Horwitz	SAFE Project	Safety and health organization
Alexandra Jacobi (Group Lead)	International Union of Bricklayers and Allied Craftworkers (IUBAC)	Local/International union
Alex Kopp	The Association of Union Constructors (TAUC)	Local/International union
Erin McDermott	United Union of Roofers, Waterproofers & Allied Workers	Local/International union
Daniel McNulty	Massachusetts Building Trades Unions (Massachusetts Building Trades Council)	Local/International union
Jamie Osborne	CDC/NIOSH	Government
Chris Scheiblein	International Union of Painters and Allied Trades (IUPAT)	Local/International union
Christina Socias-Morales	CDC/NIOSH	Government

Stigma and Cultural Change: What we know.

Culture

- Masculinity, toughness, etc. are a given, but that compounds because construction workers are used to problem solving and being able to fix things themselves. The solution to addiction goes against that mindset

Behavior

- The behavior of the person struggling with addiction is unpredictable. It is perceived that bad behavior = bad person. “People who are breaking into cars, stealing copper, are not master criminals. They are sick.”

Legal

- Legal issues and fear reinforce the stigma
  - Someone gave the example of their uncle breaking into their house and stealing their valuables. Their response was to distance themselves from him, feel frustration, and look down on him for not having a job, rather than wanting to support him and get him help
- Workers still need to be held accountable. There are legal standards

Prevention

- Changing culture is about digging down to the reason someone uses drugs. If it gets to the point of fentanyl, they are deep into addiction and it might be too late. “You need to catch it early, move upstream to catch

people before they go over the waterfall…. Keep healthy people healthy, help those who are sick, and save the intensive wraparound care for someone who is severely sick."

- Prevention and addressing early determinants of health are key
- The root cause of addiction is often trauma, which is stigmatized, too

Empathy

- Everyone has an individual lived experience. This understanding/empathy is important for destigmatizing addiction, metal health disorders, and trauma.

Stigma and Cultural Change: What do we need to know?

Mental health and Substance Use Disorder Connection

- Could talking about mental health be a foot in the door for talking about substance use disorder?
  - Mental health, yes, but not suicide. People have a hard time talking about suicide.
- There is uncertainty surrounding the connection between suicide and opioids.
- Individuals can suffer from mental health issues and substance use disorder separately or together.

Leadership

- Discussion around leadership in industry, sincerity of their concern for workers.

Visualizing Mental Health and SUD

- It's an invisible sickness, as opposed to something like a broken arm. How to have a visual aspect of addiction and mental health as a marketing tool.

The Construction Industry

- The nature of the construction industry is unstructured, unstable, transient, and often has a disconnect between the company (who's paying) and the workers. Workers are not invested in the company and vice versa.
- Policies mostly go through the union, not the company.

Stigma and Cultural Change: What actions are being taken?

- Making EAPs available.
- Second Chance Agreements.
- Resources available at multiple organizations.
- Total worker health approaches in construction.
- Research on cost of addiction and mental health issues.
- Research on benefits of programs.
- Understanding which trades are at the highest risk.
- Getting better definition of "occupation" to reflect construction trades.
- Evaluate existing programs for effectiveness i.e.: are they reducing the number of suicides?
- Trainings for substance use disorder.

Stigma and Cultural Change: What actions can be taken?

- Expand contractual health and wellness programs.
- Provide workers with blood work/testing/risk factors.
- Adopt industry and occupation in electronic health records—this is required.
- Consider looking at a total worker health model.
- Define the hierarchy of controls for "workplace stress."
- First dose of prevention strategies, prescribing practices.
- Consider elective OSHA 10; 30; 500 training to prevent injuries that can lead to addiction.
- Educate workforce, particularly those just entering the workforce.
- Evidence-based practices in return to work.
- Create supportive sick leave policies.
- Research on cost impact on the construction industry.

Discussion

Leadership

- Discussion around defining the role of leadership and addressing the sensitivity/anonymity in seeking treatment.
- Combining messaging and leadership—an uncommitted blanket statement from leadership will not make a change.
- Want leadership involved to encourage the conversation, but do not want leadership involved in getting the workers to open up at meetings. The only way hearing from leadership helps is if they are in recovery themselves. Leadership messaging at a distance is important, but not a part of the recovery process/ conversations. Workers need to hear from peers.
- Leadership involvement is important, but it must be strategic.

Easy wins

- Events that could be a foot in the door, might be lower urgency but highly feasible and may lead to further engagement.
  - Where you are already working around health, add in mental health.
  - How to address the culture of drinking in union events
    - A culture change around drinking will not happen overnight. Put it on least urgent because that would be a natural change when other aspects of the culture begin to change.

Data

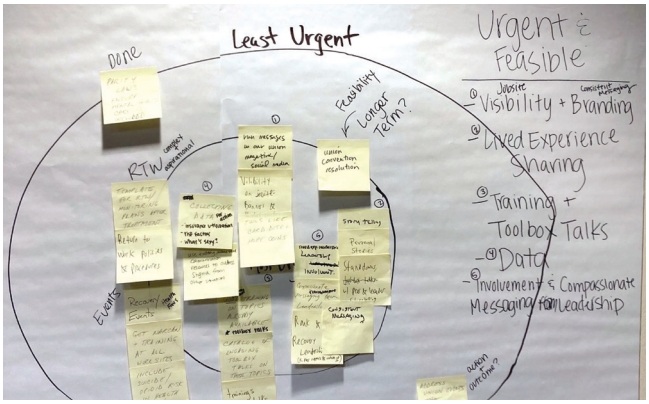
- Connected to marketing—How to deliver data so that it does not add to stigma. For example, trade unions initially wanted to suppress data that showed the opioid issue in the trades because they thought it reflected poorly on the industry.
- Referencing other models for removing stigma (e.g. HIV/AIDS, MERS, etc.)

Return to Work

- Discussion around return to work. Moved to least urgent because it is complex and aspirational.
- Under typical conditions of smaller projects this is not relevant. Workers will need to be replaced the next day without a second thought in order to meet short timelines.
  - Pilot return to work requirements/project labor agreement on a large job where it can be built into policy.

Stigma and Cultural Change: What is most urgent and feasible?

1. Jobsite visibility and consistent messaging, branding.
2. Lived experience sharing.
3. Training and toolbox talks.
4. Data.
5. Involvement and compassion messaging from leadership.



Stigma and Cultural Change Working Vision Statement

We believe changing culture and reducing stigma in the construction industry can advance through engaging leaders, raising awareness and knowledge, sharing personal stories, building trust and empathy, and helping workers access quality resources for support and recovery.

This group met on Sept. 19 and plans to meet bi-monthly.

TAWG 3: Injury Prevention and Workplace Stress

Facilitator: Ann Marie Dale

Participants

Name	Organization	Sector
Jake Connor	Turner Construction	Contractor/Contractor association
Ann Marie Dale (Group Lead)	Washington University	University researcher
Jack Dennerlein	Northeastern University / Harvard Center for Work, Health and Wellbeing	University researcher
Ronald Dobbin	CPWR	Safety and health organization
Kristy Domboski	Construction Financial Management Association (CFMA)	Contractor/Contractor association
Martin (Jamie) Evans	Turner Construction	Contractor/Contractor association
Aurora Le	University of Michigan School of Public Health	University researcher
James Lowery	International Union of Elevator Constructors (IUEC)	Local/International union
Clifford Mitchell	Maryland Department of Health	Government
Christina Morgan	DOL/OSHA	Government
Danielle Ompad	NYU School of Global Public Health	University researcher
Jonathan Rosen	MDB, Inc.	Safety and health organization
John Valone	International Union of Elevator Constructors (IUEC)	Local/International union
Clint Wolfley	United Cleanup Oak Ridge LLC (UCOR)	Government
Kyle Zimmer	International Union of Operating Engineers (IUOE) Local 478	Local/International union

Injury and Stress Prevention: What we know

Reporting Systems

- States have unintentional overdose reporting systems
- Violent death reporting systems (records suicides)
  - Includes occupational factors
  - 600 factors are considered
  - Is the best data source available
  - Covers circumstances, instrument of death, victims, and their health records (mental health history)
- RIR (Reportable Injury Rate) is manipulated by private industries, hiding stats on injury rates

Injury Reporting

- Workers do not report soft-tissue injuries and do not treat them

Workforce Culture

- Workforce environments and habits are contagious

Cost

- Everything is driven by money
- Primary prevention is cost-effective, but it is hard to monetize the value
- Strong motivation by construction companies to reduce suicides

- The value of total worker health should be marketed to resonate with large employers, small employers, workers, and the public

Data

- Number of suicides by construction workers has spiked
- Academics need to communicate evidence to the construction industry in plain language

Justice, Equity, Diversity, and Inclusion

- All changes in drug policy impacts workers, including unintended consequences, in negative ways

Injury and Stress Prevention: What do we need to know?

Mind-Body Connection

- There is a mind-body connection that is widely misunderstood or ignored
- What is the definition of workplace stress? What is the hierarchy of controls to mitigate that?

Evaluation

- Evaluation is needed to demonstrate effectiveness.
- How do we measure and collect data?
- We must evaluate the impact of long hours at work on fatigue, stress, self-medication; capture the impact of seasonal work and losing work, evaluate impacts of bullying/workplace issues; and learn the impacts of physical issues (working with pain, extreme weather conditions, etc.), travel, and ergonomics.
- How do we measure non-physical risk factors and how do we change them? How do we measure non-traditional physical risk factors (soft-tissue injury, etc.)?
- How do we measure the impact of drug-related policy decisions on workers?

Presenteeism

- Presenteeism is a contributing factor in injuries and stress (we need proper verification/data to support this hypothesis—but we strongly believe it to be true).
  - Presentism is workers going to work despite being injured or stressed. They are not working at 100% capacity, but they are present at work.
  - We need more studies on fatigue and injury correlation with stress.

Coping Mechanisms

- How do workers cope with drug use, their own use and others'? How do workers behave toward and communicate with others who are known to use?

Culture

- Are workers encouraged to advocate for their own wellbeing?
- How do managers respond to workers in need?
- How do you foster a sense of belonging in the workplace to encourage workers to ask for what they need?

Justice, Equity, Diversity, and Inclusion

- What are the gender, racial, ethnic disparities? How are they related to injuries?
- What happens before and as the injury occurs? What happens once a worker is injured—who is more likely to be given opioids, who is at greater risk of suicide? To what extent are we capturing that data? What do we need to do to capture the data? What are the individual risk factors?
- Who is most at-risk in the construction industry?

Cost

- What do we need to be able to market the value (monetary value) to employers of basic healthy habits (total worker health) and their impact on workplace injury and stress?

Injury and Stress Prevention: What actions are being taken?

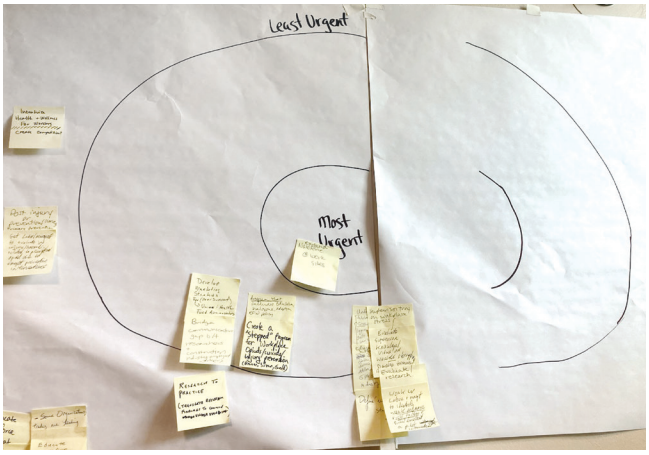
- General health and wellness education.
- Trainings and education on substance use disorder, mental health, and suicide.
- Making EAPs available.
- Second-chance agreements.
- Total worker health approaching construction.
- Research on costs of addiction and mental health issues.
- Research on benefits of health programs.

Injury and Stress Prevention: What actions can be taken?

- Provide workers with blood work.
- Expand naloxone availability on worksites.
- Convince labor management committees to evaluate job injuries and hazards (unite with researchers to conduct studies).
- Offer sick leave and support its use.
- Expand workforce training.
- Provide supervisory training on workplace stress.
- Expand evidence-based return-to-work procedures for construction.
- Understand and address stigma on soft-tissue injuries.
- Research cost impacts to the construction industry.
- Incentivize health and wellness for workers via competition.
- Americans with Disabilities Act occupational stress in the industry.
- Create a step-by-step program for SUD and suicide prevention program.
- Define hierarchy of controls for workplace stress.
- First-dose prevention strategies (prescribing practices).
- Develop marketing strategies for peer support.
- OSHA opioid awareness training.
- Translate research findings to common understanding.

Injury and Stress Prevention

Most to least urgent actions that need to be taken



1. Expand naloxone access to all worksites.
2. Create peer programs.
3. Develop marketing strategies and translate research to employers, workers, and end users.
4. Expand training.
5. Americans with Disabilities Act occupational stress.
6. Expand education.
7. Incentivize health and wellness for workers via competition.

Injury and Stress Prevention Working Vision Statement

We believe we can reduce suicides and overdoses in the construction industry through a) a program that helps employers and workers incrementally adopt strategies through use of naloxone, peer recovery to a formal recovery-friendly workplace, and b) creating communication and marketing strategies that promote programs and translate research into evidence-based practices through audience-appropriate messaging.

The group planned to meet Sept. 30, 2022.

TAWG 4: Peer Support

Facilitator: Chris Rodman

Participants

Name	Organization	Sector
Brandon Anderson (Group Lead)	Associated General Contractors of Missouri	Contractor/Contractor association
Letitia Davis	MA Department of Public Health (retired)	Government
Bradley Evanoff	Washington University School of Medicine	University researcher
Micheal Hazard	United Association (UA)	Local/International union
Chris Lalevee	International Union of Operating Engineers (IUOE) Local 825	Local/International union
Tony Saguibo	National Labor Office, BCBSA	Local/International union
Douglas Trout	CDC/NIOSH	Government
Dean Van Kirk	United Association (UA) Local 469	Local/International union
Don Willey	Greater St. Louis Pension Trust / Laborers' Local 110	Local/International union

Peer Support: What we know

Cost/Benefit

- Peer support costs time and money
- There is no cheap fix
- It will help a great deal to beat the stigma
- The construction industry has a problem
- It all comes down to cost
- A Harvard study showed 80% of people want to come into the workforce with a healthy mental health culture.

Programs

- Laborers Exiting Addiction Now (LEAN)
- Australian program, MATES
- Peer support groups are working to address other issues, like alcoholism
- There is a desire to implement something like this that is interchangeable
- National Peer Recovery Alliance (NPRA) (non-denominational organization)
- Awareness, treatment, and build-support programs

Infrastructure

- People are willing to help who do not have experience
- People are willing to help who do have experience

Employer buy-in

- Not all employers are willing to implement

Peers in construction

- Peer support works
- Construction workers talk to each other/Construction work is more than a title
- Workers trust other workers
- Having someone to speak to immediately is important
- Define peer as an equal with no leverage
- Peer support working upstream (toolbox talks)
- Peer support covers a lot
- People respond to like-minded individuals
- Practitioners in the field of substance use disorder feel that peer support does not work, maybe because they are used to dealing with people on the streets and not working people with addictions. They are skeptical, but want to know more
- Need to get the stories out there

Justice, Equity, Diversity, and Inclusion

- Diversity matters—people respond to people who are like them
- Not always looking at the big picture—no matter their background—all are construction workers

Legal

- Roadblock-cost, acceptance, legal, and implementation

Data

- There is little data to show that peer support works

Peer Support: What do we need to know?

Data

- What and how much data is needed for a positive impact?
- Data from the National Suicide Hotlines
- Subject matter/ expert matter
- There is a need for Substance Abuse and Mental Health Services Administration (SAMHSA) information on treatment outcomes
- Has there been any research about effectiveness?

Justice Equity, Diversity, and Inclusion

- We need to know what works for diverse communities, because most peer support programs were created by white men
- We need to communicate about the needs of each generation

Programming

- How can we make peer programs more generalizable (part of scalability)?
- Cross trade recovery initiative/ see how it works
- Each craft is different in construction

Inventory

- An inventory of who is doing what would be useful

Cost/Benefit

- What is the Return on Investment?
- Effectiveness: What is the impact on the workforce, productivity, and costs
- How can we sell the case?
- What is the cost of doing nothing?

Peer Workforce

- How do we reward, develop, and protect peer supporters?
- Does a person need experience in addiction/ mental health to be a peer support specialist?
- Does a person need lived experience? Physicians would say no, they don't have lived experience when working with patients living with diabetes, pneumonia, etc.
- What would the training requirements be to become a supporter/leader?
- Are credentials being standardized?

Construction Industry

- Where does peer support fit?
- Industry awareness or need?

Legality/Policy

- Legal issues
- Liability/Insurance cost
- Models of policy change that enhance the programs

Leadership

- How to get to support and buy-in from the top (Actions)?
- What is being used in terms of modeling and credentialling?

Peer Support: What actions are being taken?

- There are some credentialing efforts.
  - HOPE certification.
  - Massachusetts recovery council—recovery meetings are even across trades.
  - LEAN, IBEW, Carpenters, SMART, IBOE.

Peer Support: What actions can be taken?

- Identify who has a program
- Update and share data
- Create a clearinghouse or repository of all programs
- Training requirements
- Funding
- Policy changes
- Negotiations
- Do a big push on ROI (Return on Investment)
- Quantify how this will work on the ground, site by site, cost
- Responsible contractor list
- Look at police department and fire departments that have a mental health specialist on staff

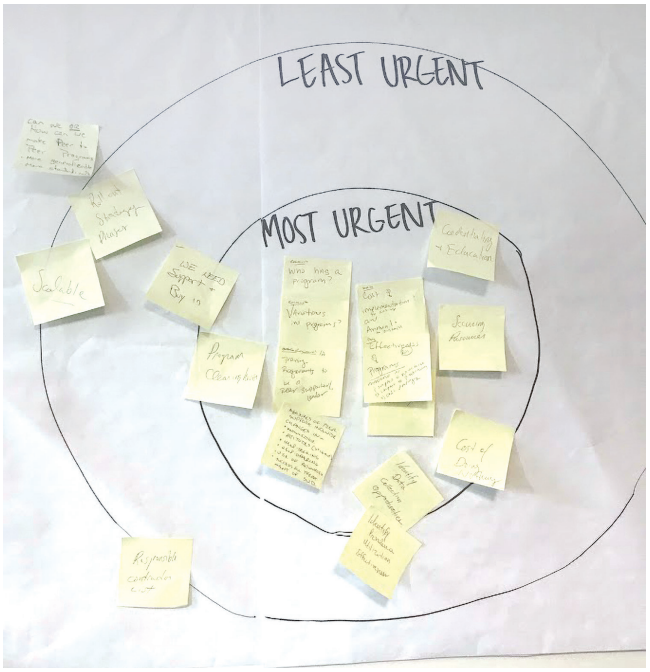
Priorities

Most Urgent

- Describe existing programs
- ROI (Return on Investment)
- Evaluate effectiveness
- Secure resources
- Cost to implement/cost to sustain
- Data collection and research
- Cost of doing nothing, what is the cost RIGHT NOW?
- What is the cost of someone dying onsite? (2.2 million dollars)

Least Urgent

- Roll out strategy after understanding what is working and what is not
- Support and buy in



Peer Support Working Vision Statement

We believe peer support can implement best practices and reduce the impact of mental health issues, suicide, and substance use disorder to improve retention and create a more desirable career path. Our actions to achieve this are to research effectiveness and rate of return, in order to make the case to owners and consumers.

The group's next meeting will be Nov. 2, 2022.

Workshop Closing and Post-Workshop Survey

After the Topic Area Work Groups (TAWGs) wrapped up their work for the day, workshop participants reconvened in the main room to report out on vision statements, leadership selection, and plans for next meetings. Chris Cain and Rick Rinehart expressed their gratitude for the work and engagement over the past two days. Participants were energized by the discussions of the workshop and anxious to continue the work.

Following the workshop, CPWR distributed a post-workshop survey to all who attended the workshop. Twenty-one participants responded to the survey. When asked "How well were your expectations met during the workshop?" all respondents replied that they either "strongly agreed" or "agreed" that their expectations were met.

Comments in response to this question included:

"This was a fantastic workshop. The mix of people was 'spot-on' with representation from a broad array of perspectives."

"It was good to see so many people committed to these vital causes brought together."

"I didn't think we would get as much accomplished as we did."

A Roadmap Forward

Although funding has not yet been secured, TAWGs are utilizing in-kind resources to continue meeting and working. Part of that initiative should be discussing and working together to brainstorm ways to raise appropriate funding to move these important issues along.

When meeting together as groups, groups should consider:

1. Time commitment and availability.
2. How to message work to generate resources (funding).
3. What type of research is needed to move the issue forward.

Research can help focus the problem and help find the most impactful solutions. Sometimes what appears to be working in one group is not transferrable to other constituents for various reasons. Research helps define what, when, and how much an idea will work (evaluation) for different constituents.

Each TAWG will spend time focusing on the topic and list what is known related to evaluating the impact or effectiveness of a solution.

TAWGs in subsequent meetings will consider the following questions:

- What are the research gaps/needs?
- What do we need to measure?
- Are there common indicators?
- Is the scope of this project so large that it merits subgroups?

SUMMARY

On August 1 and 2, 2022, CPWR facilitated a workshop entitled "Combatting Suicide and Overdose Fatalities Among Construction Workers." Experts from varied perspectives—including industry leaders, union leaders, peers, nonprofit organizations, university researchers, and more—were challenged to roll up their sleeves and tackle the issues head-on together. During the workshop, participants mapped out the known construction players that impact and/or are impacted by the issues, identified the sub-issues that need to be addressed, prioritized those issues, and voted on four Topic Area Work Groups (TAWGs) to address the top four issues identified: education and culture change; stigma and cultural change; injury prevention and workplace stress; and peer support. The four TAWGs developed working vision statements, selected a leader, and made plans to reconvene so they could continue their collaborative efforts to reduce suicide and overdose.

End Notes

1. Peterson C, Sussell A, Li J, Schumacher PK, Yeoman K, Stone DM. Suicide Rates by Industry and Occupation — National Violent Death Reporting System, 32 States, 2016. MMWR Morb Mortal Wkly Rep 2020;69:57–62. http://dx.doi.org/10.15585/mmwr.mm6903a1

2. Chan APC, Nwaogu JM, Naslund JA. Mental ill-health risk factors in the construction industry: systematic review. J Constr Eng Manag. 2020;146:04020004.

3. Dennerlein JT, Eyllon M, Garverich S, Weinstein D, Manjourides J, Vallas SP, Lincoln AK. Associations Between Work-Related Factors and Psychological Distress Among Construction Workers. J Occup Environ Med. 2021 Dec 1;63(12):1052-1057. doi: 10.1097/JOM.0000000000002311

4. Mass. Dept. of Public Health Occupational Health Surveillance Program; Opioidrelated Overdose Deaths in Massachusetts by Industry and Occupation, 2016-2017. 2021. Boston. https://www.mass.gov/doc/opioid-related-overdose-deaths-by-industry-and-occupation-2016- 2017/download

5. Dissell, Rachel. Opioid Overdose Deaths – Which jobs are at risk? November 5, 2017. https://www.cleveland.com/metro/2017/11/opioid_overdose_deaths_which_j.htm

ACKNOWLEDGEMENTS

We would like to thank the following individuals for their roles in the planning and implementation of the Workshop:

The team at CPWR

- Chris Trahan Cain
- Rick Rinehart
- Chris Rodman
- Mary Tarbrake
- Jessica Bunting
- Samantha Brown

The supporting team from MDB, Inc.

- Allison Weingarten
- Kerri Moran Voelker
- Deborah Weinstock
- Jonathan Rosen
- Wendashia Ray
- Emily Hoofnagle
- Hannah Boone

And other members of our planning team:

- Jamie Osborne (Contractor for CDC/NIOSH Total Worker Heath Program)
- Ann Marie Dale (Washington University in St. Louis)
- Cora Roelofs (UMass Lowell)
- Jamie Becker (Laborers' International Union of North America)
- Brendan Loftus (International Union of Elevator Constructors)
- Inbar Sharon (Consultant)

CPWR

THE CENTER FOR CONSTRUCTION
RESEARCH AND TRAINING

To contact CPWR, please visit **www.cpwr.com/about-cpwr/contact-us**

©2022, CPWR-The Center for Construction Research and Training. All rights reserved. CPWR is the research and training arm of NABTU.
Production of this document was supported by cooperative agreement OH 009762 from the National Institute for Occupational Safety and Health (NIOSH). The contents are solely the responsibility of the authors and do not necessarily represent the official views of NIOSH.