

# Reframing Primary Prevention and Opioid Use Reduction in the Construction Industry

April 2020

**FRAME  
WORKS**

A Pertinent Findings Memo in partnership with  
CPWR—The Center for Construction Research and Training

# Contents

<b>Introduction</b>	<b>3</b>
<b>Framing Challenges</b>	<b>5</b>
<b>Strategic Redirections</b>	<b>9</b>
<b>Conclusion</b>	<b>23</b>
<b>Endnotes</b>	<b>24</b>
<b>About FrameWorks</b>	<b>26</b>

# Introduction

CPWR—The Center for Construction Research and Training (CPWR) and its partners know that opioid use is prevalent among the construction workforce and, consequently, so is opioid use disorder. Implementing effective safety and prevention measures is of paramount importance if this problem is to be addressed successfully. For example, one important way to reduce rates of opioid use disorder is through primary prevention strategies that reduce the likelihood that workers in the construction industry get injured or, if injured, are prescribed opioids when effective non-opioid treatment options are available.

Despite widespread public concern about opioids and their effects on communities across the country, however, the public is much less familiar with the relationship between certain types of work—such as construction, where injuries are frequent and are commonly treated with opioids—and opioid use disorder. As a result, workplace-based solutions are not gaining the traction they need to be tested and, if successful, implemented on a broad scale. Researchers and advocates who want to see greater investment in primary preventative approaches to the challenges of opioid use must first make the issue a priority for audiences working on related issues, as well as on the public’s radar more broadly.

If that weren’t challenge enough, an effective story must also counter or displace less productive stories already in circulation about the causes of and solutions to opioid use disorder and related issues. Public knowledge and attitudes about an issue are shaped not only by what information about that issue is readily available through media, popular culture, and so on, but also by deeply embedded beliefs and cultural myths about how the world works. Consequently, communicators need a strategy that can help them anticipate where their listeners’ thinking might get stuck and create messages powerful enough to keep the conversation moving forward.

Strategic framing is an approach to communications that offers CPWR and its partners this kind of strategy. Framing is a process of making careful, research-informed choices about how to present information. Strategic framing starts with an understanding of the specific communications challenges that a field’s messages might encounter. With those insights in mind, strategic framers are able to build public will through their messaging and respond to existing public narratives about primary prevention in the workplace, opioid use disorder, and related issues.

FrameWorks staff reviewed documents and literature shared by CPWR in order to distill the key concepts and ideas that experts want to communicate about primary prevention, opioid use, and related issues in the construction industry and to determine how the sector is currently communicating about these issues. The materials sample included peer-reviewed journal articles, media stories, CPWR website materials, op-eds, and informational handouts and pamphlets on workplace safety and opioid use. Once we completed our analysis, we evaluated these communications for their likely effectiveness in light of existing research on best framing practices for this and related issue areas.

**This brief draws on and synthesizes more than a decade of FrameWorks' communications research on subjects such as substance use prevention, public health, labor unions, and mental health.**

In addition, this brief draws on and synthesizes more than a decade of FrameWorks' communications research on subjects such as substance use prevention, public health, labor unions, and mental health. To conduct its research on these and other topics, FrameWorks uses Strategic Frame Analysis<sup>®</sup> (SFA), an approach to communications research and practice that yields strategies for reframing social issues in order to change public discourse. This approach has been shown to increase public understanding of, and engagement

in, conversations about health, labor, and other scientific and social issues. Using social science methods including expert interviews, long-form and on-the-street interviews with members of the public, and peer discourse sessions, the SFA process first investigates the gaps and overlaps in how experts and the public think and talk about a social issue and its solutions. These findings inform the next stage of the research process, which uses large-scale quantitative survey experiments, on-the-street sampling, and persistence trials to test and refine framing strategies that effectively fill in gaps in public knowledge and understanding of the issue and build people's support for policy-based solutions. The FrameWorks team used this body of research to assess the likely effectiveness of existing framing approaches and to derive a set of evidence-based recommendations to improve upon these approaches.

The memo first summarizes research from FrameWorks' investigations into the widespread patterns in public thinking that are likely to impede audience reception of messages about primary prevention, opioid use, and effective responses in the construction sector. Next, it discusses how the issue's current dominant framing practices may be exacerbating the public's confusion about or disengagement from the issue. The final section provides a set of evidence-based guidelines and recommendations for framing the issue more effectively and models how to use the strategies.

# Framing Challenges

Members of the public share deeply rooted cultural assumptions and habits of thought that shape their understanding of the many issues—substance use disorder, public health, prevention, and labor unions—that bear upon the challenges presented by opioid use in the construction industry. An assessment of where and how public understanding of these issues differs from that of CPWR and its expert partners working across the health and workplace safety sectors is the first step to developing framing recommendations that can increase public support for addressing opioids' effects on the construction workforce.

We've summarized below the most important patterns in public thinking that have emerged from FrameWorks' research on the social issues most relevant to CPWR's work, as well as their implications for a reframing strategy to communicate effectively about opioids and the construction industry.

- **Health individualism:** The public generally thinks of health as the result of individuals' life choices: what they eat, if they smoke, how often they exercise. The social determinants of health—the health impacts of things like system-level policies, income inequality, or workplace culture—are mostly off the public's radar. As a result, communicators need to emphasize the larger contributing factors to health outcomes that are beyond individual control, especially as they relate to prevention.
- **Solutions ≠ prevention:** For most people, health is about treating problems, not preventing them (except through diet and exercise, as dictated by the **health individualism** model explained above). This makes conversations about primary prevention difficult, so communicators need strategies to expand people's thinking about where and how interventions are possible.
- **Mental health ≠ health:** The public's understanding of the relationship of mental health to overall health is weak, which limits people's ability to see how addressing one can help to address the other. What's more, mental health is generally considered to be about emotions and how to control them. Consequently, people have difficulty seeing how systems-level policies and practices can influence people's mental health and how primary preventive solutions that address physical health can also have positive effects on people's mental health. Communicators need to be explicit about causal links that may not be readily apparent to non-expert audiences.

- **The “black box” of public health:** The public lacks knowledge about public health— what it is, why it matters, how it contributes to individuals’ health. Because “health” is a deeply individualistic concept in the US, the only system that registers for people is the healthcare system. When people *do* recognize public health as a sector, they associate it with remediation of problems like food contamination or disease outbreaks, which mutually reinforces their lack of understanding of primary preventive solutions. Communicators should take time to build audiences’ understanding of public health, how workplace safety and other primary prevention efforts can improve public health outcomes, and what a public health approach to opioid use can achieve.
- **Us vs. them:** On many social issues, members of the public use an oppositional, “us vs. them” standpoint to rationalize away disparate outcomes between groups (for example, believing that educational disparities exist not because of an inequitable distribution of educational resources but because some groups don’t value education as much as others). This pattern of thinking poses two key obstacles for communicating about opioid use in the construction industry:
  - **“Us vs. them” thinking is rooted in a belief in resource scarcity.** This can lead to zero-sum thinking about which populations “deserve” help, a challenging mindset to face when communicating about stigmatizing issues like opioid use or stigmatized populations like lower-income communities or communities of color. A strong framing strategy is needed to expand people’s will to help everyone affected by the challenges of opioid use.
  - **The public sees labor unions as inherently oppositional.** Most people believe that unions greedily protect the interests of only select groups and in fact often protect “bad” employees—at the expense of fairness to everyone else. Communicators need framing strategies that move people past these limiting, biased ways of reasoning about unions in order to build greater support for their role in addressing opioid use problems in the construction industry.
- **Fatalism:** Across social issues, the American public shares a deep fatalism about our ability to overcome entrenched social problems. Messages with crisis-oriented language or alarming statistics feed people’s sense of helplessness, leading them to dismiss the issue as “too big to solve.” For the affected population—construction workers themselves—this fatalism may also be heightened by their lived experiences to this point, for example, if they have experienced unsafe working conditions, if they have experienced financial precariousness because of the seasonal nature of the work or its vulnerability to economic downturns, and so on.

Because the habits of thought described above are so deeply embedded in how members of the American public interpret the world around them, they can be activated easily by what’s said or left unsaid in a communication. In FrameWorks’ review of the communications materials about injury and opioid use in the construction industry and related issues provided to us by CPWR, we noted several missed framing opportunities that are likely to hinder public audiences’ interpretation of the causes and consequences of, and solutions to, opioid use in the construction industry.

- **Contextualizing information about the construction industry is missing or misleading.** Working conditions in the trades are unlikely to be well understood by non-trade-employed audiences, but few of the communications we reviewed explain in detail how the construction industry works. That kind of information is necessary to increase support among key constituencies for adopting more and better primary prevention strategies to reduce workplace injuries and opioid-related problems among the construction workforce. For example, without an understanding of how factors such as weather, readiness to work when called, and overtime affect workers' health (including mental health), financial stability, and job security, as well as their opioid use rates, non-expert audiences are far less likely to see how systemic changes—rather than personal decision-making—are the answer.
- **Labor unions are rarely part of the story.** Among other solutions, CPWR wishes to champion the role of labor unions in addressing both primary prevention and treatment of opioid use disorder among construction workers, but currently unions are largely absent from communications about the issue. If unions as solutions are to play a more prominent role in solving the problem, they need to be consistently included in stories about the issue. Advocates see this issue as one on which labor and management, who often work in opposition to each other, can find common ground on which to build effective solutions that benefit everyone. To get there, advocates should emphasize labor unions' positive role in solving this problem.
- **Communications are fragmented, focusing narrowly on one portion of the issue at a time.** Few of the materials we reviewed, for any audience, tell an overarching narrative about the issue in ways that are likely to prevent audiences from making sweeping assumptions about cause, consequence, responsible agent, or solution. For instance, articles on contributing factors at work neglect to explain important contextual information about the causes of those contributing factors and spend little time discussing effective, scalable solutions. Articles about opioid use rates do not explain the range of social determinants that contribute to use and why. Without access to a “big picture” view of cause and effect, audiences will not have the information they need to draw the same conclusions that experts do about what must be done and by whom.
- **Statistics are sometimes used as a crisis frame.** Many of the communications we reviewed that use data are articles by researchers for researchers. In communications for non-expert audiences, however, the same numbers can be easily misinterpreted or so disheartening that they deflate any sense of efficacy. It's important to consistently provide interpretive cues that discourage the fatalism that pervades public thinking about big social problems.
- **It's unclear what's at stake for society in addressing the problem successfully.** Few of the communications we reviewed explicitly positioned the issue of opioid use—in the construction industry or in general—as a matter of public concern with real and direct public consequences. Instead, messages jumped right into discussing some aspect of the problem. Given audiences' strong default tendency to view social problems through the lens of individualism, messages that don't show what's at stake in solving a problem miss an opportunity to engage bystander audiences.

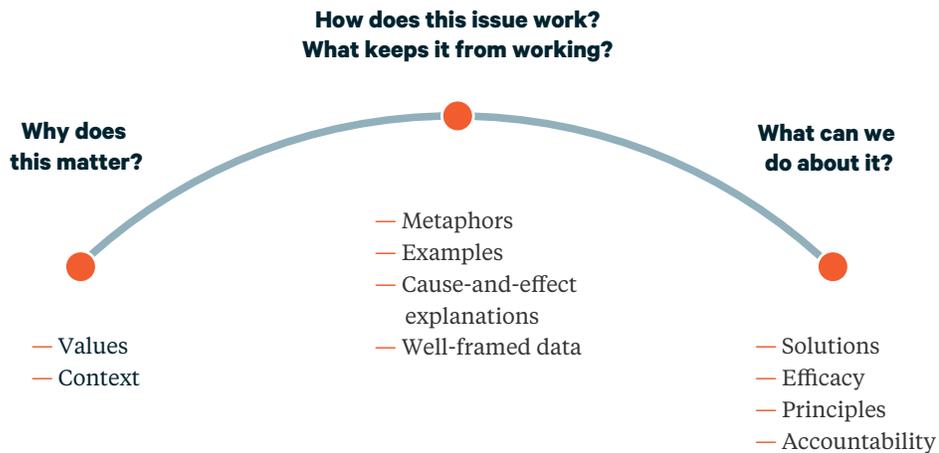
In the next section, we share several evidence-based framing recommendations that, taken as a whole, can advance a more effectively framed narrative about the solutions to the opioid-related challenges facing the construction workforce. The strategies below have been tested for their ability to divert audiences' thinking away from their most unproductive interpretive tendencies and towards greater understanding of what can be done to improve primary prevention, expand access to alternative pain management options, and reduce opioid use disorder among this at-risk population—and why taking action should matter to us all.

# Strategic Redirections

A well-framed narrative makes intentional communications choices that fill in the “big picture” contours of an issue and answer the public’s key questions about it:

- Why does this issue matter?
- How does it work?
- What isn’t working, and what are the consequences?
- What can we do about it?

**Figure 1: A well-framed story arc**



The recommendations below offer researchers and advocates a set of strategies and tools they can use to answer these questions in order to engage the public more deeply and effectively in conversations about primary prevention and opioid use in the construction industry and why it’s crucial that in working to stem opioid use disorder, we advance effective solutions at every stage that meet the needs of the workers we rely on to build our communities.

## Recommendation #1: Carefully link causes and consequences to increase support for structural solutions.

### What to do

Use “explanatory chains” to connect the root causes of opioid use disorder among construction workers to systemic solutions.

### How to do it

Explanatory chains are tools designed to help non-experts and members of the public see how root causes can lead to problems that require specific kinds of solutions. By explicitly showing how “A leads to B leads to C,” they fill in gaps in understanding that might otherwise leave audiences to draw their own conclusions based on faulty or incomplete knowledge.

Strong chains contain the following links:

- **Initiating factor:** What is the root cause of the problem or issue?
- **Mediating factor(s):** What is set in motion by the initiating factor?
- **Final consequence(s):** What are the effects?
- **Solution:** How can we address the problem effectively?

Below is an example of how an explanatory chain can be used to explain the importance of paid sick leave benefits:

**Construction workers are especially at risk for sprains, strains, and other musculoskeletal injuries that can lead to chronic pain (*initiating factor*). To recover from these injuries, workers need to take time off to heal. Often, however, workers do not report or seek treatment for these injuries because they are under pressure to keep working (an underreporting of injuries known in the industry as “bloody pocket syndrome”). For example, some crews receive bonuses if they work a certain number of consecutive days without work-related injuries (*mediating factor*). Other workers may not have paid sick-leave benefits, making it financially impossible to take time off to heal and leading them to continue to work despite an injury (*mediating factor*). Working while injured can be very painful, so workers may seek treatment for their pain. One of the most common treatments for chronic, long-lasting pain is opioids (*mediating factor*). Because the pain is unlikely to go away on its own, especially once someone is back to work despite their injury, many workers continue to take opioids to manage their pain (*mediating factor*). Over time, opioid dependency may develop. Without proper medical management, an emotional support system, workplace accommodation,**

**and other environmental supports in place, opioid-based pain management can develop into an opioid use disorder (*final consequence*). If all construction workers had paid sick-leave benefits, many more people could recover before injuries became more serious and required long-lasting pain management. Paid-sick leave benefits are needed to address opioid use disorder in the construction workforce (*solution*).**

## Why it works

While experts propose solutions that target the root causes of opioid use disorder in the construction workforce, other audiences are largely unfamiliar with these causes and are therefore less likely to see the need for structural changes to address the problem.<sup>1</sup> By deepening non-expert understanding of *why* opioid use disorder is of particular concern in the construction industry, communicators can shift focus away from solutions that focus on changing individual decisions—and towards support for a more comprehensive and preventative framework.

## Recommendation #2: Use the *Upstream/Downstream* metaphor to help people understand the importance of prevention.

### What to do

Use the explanatory metaphor of *Upstream/Downstream* to increase support for prevention by comparing the effects of a river's upstream conditions on a downstream lake to the effects of underlying factors on population health.

### How to do it

Explanatory metaphors work by comparing something non-experts are largely unfamiliar with to something more familiar and tangible. This makes complex concepts easier to imagine and understand.

To use *Upstream/Downstream*, communicators should:

- Highlight that **just as the conditions of a river upstream affect the lake it feeds into downstream**, an array of factors affect a population's health. Upstream factors like workplace safety policies and prescription practices can have a downstream effect such as an increased prevalence of opioid use disorder.
- Use the language of **cascading effects** to show how factors like mental health issues, lack of paid time off, and a “tough guy” culture can build on each other to produce health impacts that can lead to opioid use disorder.

Below is an example of how the metaphor can be used to explain prevention's crucial role in addressing opioid use disorder in the construction workforce:

**Before:**

**The construction industry has one of the highest injury rates when compared to other industries and opioids have commonly been prescribed to construction workers to treat the pain caused by these occupational injuries. Since use of opioids has led to addiction and overdose deaths, it is important for workers to understand the risks and alternatives.<sup>2</sup>**

**Reframed with *Upstream/Downstream*:**

**The construction industry has one of the highest injury rates when compared to other industries and opioids have commonly been prescribed to construction workers to treat the pain caused by these occupational injuries. These cascading effects put construction workers at much higher risk of developing an opioid use disorder—but if we work to change upstream conditions like workplace safety practices, we can prevent injuries and the risk of opioid use disorder from developing downstream.**

## **Why it works**

From improved workplace safety practices to robust sick-leave policies and thoughtful pain treatment options, experts recognize the centrality of prevention efforts in reducing rates of opioid use disorder. However, prevention is largely not on the radar for non-experts,<sup>3</sup> making it difficult to generate support for necessary primary and secondary prevention solutions.

Originally tested to communicate about the importance of various kinds of environmental health work, FrameWorks' research has found that *Upstream/Downstream* is highly effective at raising the salience of preventive work.<sup>4</sup> The metaphor has been proven to help both members of the general public, as well as health and business sector professionals, recognize the need to work far upstream in health systems to screen out and remove potential sources of harm—and to move away from highly individualistic understandings of substance use and health.

### **Framing for industry professionals**

Many of the solutions proposed by CPWR rely on the support of the construction industry for implementation. FrameWorks' research on how the public health field can most effectively communicate about the importance of their work to other sectors has found that a *Value of Investment* message is especially helpful in bringing the business sector on board with public health initiatives.<sup>5</sup>

We recommend that communications aimed at the construction industry prime this audience by using the *Value of Investment*. Here's an example of how you might use this value:

The economic impact of substance use disorders in the US is over \$442 billion every year. You can make a big difference in preventing substance use disorder in your workforce and helping workers get support and treatment so they can stay healthy—and stay on the job. It's the right thing to do, and it can help your bottom line.

Importantly, this idea is already present in some of the existing communications that FrameWorks has reviewed—but for it to be most effective, it must be *consistently* used at the *beginning* of messages to prime the audience for what follows.

## Recommendation #3: Choose examples that illustrate what effective interventions look like.

### What to do

Expand audiences' ability to envision the spectrum of effective primary prevention solutions available by offering concrete, easy-to-visualize examples.

### How to do it

Remember the “5 C’s” of strong examples:

- **Concrete:** Is the example specific enough to be easy to imagine?
- **Collective:** Does it focus on systems change, policy adoption, or group action (rather than on individuals)?
- **Conceivable:** Is it feasible or believable?
- **Causal:** Does it clearly address or disrupt the cause-and-effect cycle of the problem?
- **Credible:** Is it disinterested (e.g., aimed at the common good, with no profit or political motive)?

The “before and after” model below demonstrates how to use concrete examples to make a message more effective and accessible:

**Before (no example):**

**Labor unions are part of the efforts to reduce opioid use rates among construction workers.**

**After (example added):**

**Labor unions are part of the efforts to reduce opioid use rates among construction workers. The St. Louis Area Building and Trades Council, for example, recently opened an on-site walk-in clinic for construction workers experiencing musculoskeletal pain. The clinic provides free and confidential non-opioid pain therapies and counsels workers on managing chronic pain safely. By making it easier for workers to get treatment for stress injuries without waiting for an appointment or ending up with an opioid prescription, the Council hopes to reduce both untreated injuries and workers’ exposure to opioids.**

## **Why it works**

Advocates and experts typically know that non-expert audiences need a deeper understanding of the workings of complex social problems, and so they spend a lot of time naming and describing problems. But they too often forget that an audience with a rudimentary understanding of a complex social problem is unlikely to have a strong grasp of how to fix it. The average advocacy message devotes much more space to offering compelling data about—or the tragic consequences of—a problem than it does to detailing what it would look like to roll up our sleeves and do something about it. But we can’t expect someone who is only just becoming acquainted with a problem to be able to imagine what feasible solutions look like in practice. The truth is that an audience’s knowledge gaps can be just as challenging a framing problem as entrenched, preexisting beliefs. Left to their own imaginations, people may dream up solutions poorly matched to the problem or, perhaps worse, have so little idea about what solutions might work that they conclude nothing can be done and disengage.

Concrete examples help. In both quantitative and qualitative framing experiments on issues ranging from age discrimination in the workforce to public health informatics, FrameWorks researchers have found that including specific, illustrative examples improves people’s knowledge, attitudes, and beliefs about an issue and increases their support for expert-recommended policy solutions.<sup>6</sup> That’s because specific examples make abstract ideas tangible and memorable. They turn theory into practice and concepts into applications. Introducing specific examples can even expand thinking, not just make it gel: offering a strong example can inspire audiences to think beyond the given example to other, similar solutions that might help address the problem, too.

## Recommendation #4: Provide non-experts the context they need to interpret unfamiliar concepts and data.

### What to do

Remember that you are not your audience. Consistently provide definitions of terms and explanations of data that will ensure audiences interpret information as it is intended to be interpreted.

### How to do it

The recommendations offered throughout this brief all work to provide people with the deeper knowledge they need to understand (and support) the work that you do. When communicating data specifically, several additional strategies can help to ensure that any numbers you provide are easier to understand:

- **Select the most relevant data to present.** Data should always support your message, not be your message. It should be used sparingly to be most impactful. When communicating to a non-academic audience, provide only compelling data points that enable people to understand problems and solutions more robustly.
- **Make sure data is working for you, not against you.** Some data points may reinforce existing, unproductive ways of thinking about issues. For example, prevalence statistics may remind people that opioid use disorder is a widespread, critical problem. On their own, these statistics are likely to make people feel like the problem is too big to solve—which ends up undermining support for solutions. Consider the implications of any data you use before you use it, and pair statistics about problems with clear calls to action and concrete solutions.

Compare the examples below. The second one guides the interpretation through cues that can help people unfamiliar with the issue make sense of the data.

- **Data without solutions:** In 2017, more than 72,000 people died in the US from an overdose—over 49,000 of which involved an opioid. One study showed that more than half of those who died from an overdose had suffered at least one job-related injury.<sup>7</sup>
- **Data with solutions: Workplace safety practices decrease injuries, which in turn decreases opioid use and overdose.** In 2017, more than 72,000 people died in the US from an overdose—over 49,000 of which involved an opioid. One study showed that more than half of those who died from an overdose had suffered at least one job-related injury. **Job-related injuries can be prevented when employers provide safe workplaces.**

- **Continue to consistently unpack data to deepen people’s understanding.** Our review of CPWR’s materials found that this is already happening in some existing communications. As the issues around opioid use in the construction industry become more widely discussed, continue to explain data points whenever possible so that your audience can understand them the same way you do.
- **Use social math to make data memorable.** Social math “translates” data by offering concrete comparisons between familiar concepts and the data non-experts are likely to be unfamiliar with. See below for an example of what social math looks like on the related issue of adult mental health:
  - **Data point:** 46% of adults report needing mental health services during their lifetime.
  - **Data point framed with social math:** 46% of adults report needing mental health services during their lifetime. **That’s roughly 150 million people—the same number of people who make up the US workforce.**

## Why it works

Experts in workplace safety, substance use prevention, and related issues have access to a wealth of knowledge that others lack. The use of data is a potential pitfall for many expert communicators who expect their audiences to receive numbers the same way they themselves do—but numbers don’t speak for themselves, and without the provision of additional context are likely to be misinterpreted. On a wide array of issues, FrameWorks research has found again and again that members of the public think of health outcomes in individualistic ways, and that people are fatalistic when thinking about the scope of problems if they are unfamiliar with the solutions available.<sup>8</sup>

### Framing scientific research

In reviewing existing documents as part of the preparation for this brief, we found that many of the communications which provide necessary context around systemic factors and interventions are contained in scientific articles not aimed at a broader public.

As the reach of this project grows, much of this scientific knowledge can (and should) be shared with the public to raise support for systems-level solutions. FrameWorks’ prior research<sup>9</sup> suggests the following best practices for framing scientific research to a public audience:

- Avoid non-specific phrases like “according to experts,” “science shows, and “scientists have found.” Be as specific and concrete as possible.
- Frame knowledge production as a collective endeavor through phrases like “we know a lot more about substance use prevention than we used to.”
- Present scientific research as something that helps to solve problems.

## **Recommendation #5: Use solutions and attributions of responsibility to expand thinking beyond individual-level factors and interventions.**

### **What to do**

Direct people's attention to systems-level change by:

- Focusing on who is responsible, not who is affected
- Naming systems, organizations, and groups as actors
- Emphasizing systemic solutions.

### **How to do it**

- **Make sure communications explicitly name who or what is responsible for the problem or for taking action to address it.** The public has a strong tendency to blame health-related problems on individual choice and lifestyle, so it's important to name—specifically and repeatedly—the systems or actors involved in causing or preventing opioid use in the construction industry. These agents may include workplace safety regulations, the healthcare system, the nature of work in the construction industry, employers who do not enforce workplace safety, and other social or environmental determinants. Explicitly naming other actors involved will help keep audiences from defaulting to harmful assumptions about the people who use and/or become dependent on opioids.
- **Prioritize systemic solutions over individual-level solutions.** The public “gets” individual responsibility all too well. What's missing from most people's knowledge bank is a good sense of how *systems* can be changed in order to achieve better outcomes ... assuming they believe large-scale solutions are possible in the first place. Strengthen public support for the kinds of scalable system-level fixes necessary to address opioid use in the construction industry by training a spotlight on them across your communications platforms. In situations that require a discussion of individual-level solutions, too, such as self-advocacy by construction workers receiving health care services, be sure to focus on the systemic elements of the solution, for example, the need for employers and labor organizations to work together to provide consistent, accurate, and widely accessible trainings on subjects like injury prevention and alternative pain therapies.

Consider this statement about opioid use:

**Construction workers are exposed to more opioids than other workforce populations because they get injured on the job more than other workers do. Consequently, they are seven times more vulnerable to death from opioid use disorder than all workers combined.**

Notice how the real subject, workplace safety—the thing whose failure has caused the injuries and, therefore, the higher rates of opioid use—is unnamed. This compels the reader to focus on the recipient of the action, the construction workers, as the only “character” in the story. In the absence of any other named character, readers will unconsciously associate the construction workers with the action, even though the workers are the ones *affected* by the problem, not the ones *responsible* for the problem. This misreading is made even easier by the public’s preexisting belief that individuals shape their own life outcomes and are therefore to blame when things go wrong.

Here’s the same statement, rewritten to avoid the unintentional misattribution of responsibility:

**Construction work involves a lot of lifting, carrying, working in awkward positions, and other heavy work. Employers aren’t required by law to improve these conditions, and because these hazards are poorly controlled, construction workers have high injury rates. As a result, they are prescribed opioids at higher rates than other populations, which makes them more vulnerable to opioid use disorder and its consequences, including death. Better workplace safety can reduce the harmful effects of opioids on construction workers’ health and wellbeing.**

## **Why it works**

Subtle communication choices—such as what or who is the subject of a sentence or how a solution is described—can derail a message by unintentionally signaling the wrong ideas to an audience. Public understanding of prevention as a solution to public health challenges like substance use disorder is weak, and most people understand successful recovery to be the result of an individual’s will to overcome dependency. Since our brains are adept at identifying cues in a communication that confirm our preexisting beliefs, the wrong word choice or example can end up strengthening the very misperceptions a message is trying to defeat.

In recent research on issues such as support for public education and access to early math learning, FrameWorks researchers have found that naming the specific causes or causal agents of a problem, rather than leaving the causes or agents implied or unspecified, significantly increases people’s support for policies designed to address educational inequities. For example, a message naming education funding structures as the cause—or the agential force—of a lack of preschools with qualified early math educators led to greater gains in public support for improved early math learning policies than a message simply calling for better early math policies.<sup>10</sup>

When attribution “loopholes” are closed through careful sentence structure and strategically chosen solutions, people’s interpretation of a message will stay on track—moving away from, not towards, these default understandings.

## **Framing strategies for talking about labor unions**

Communicators who want to have productive conversations about labor unions' role in addressing opioid use and opioid use disorder in the construction industry must be strategic about how and when they raise the subject.

FrameWorks' prior research has shown that the US public lacks knowledge about labor unions and their role in the workplace. A long-term decline in membership and laws barring many workers from unionizing means that few American workers have directly experienced the benefits of collective bargaining or understand how unions work. For example, in a project on framing teachers' professional development, FrameWorks' researchers found that a majority of Americans believe that labor unions are exclusively interested in pay and benefits. The public also perceives that unions serve the interests of only a select group of people rather than American society as a whole. These assumptions make it difficult for people to imagine other contributing roles for labor unions in the workplace.<sup>11</sup>

More broadly, FrameWorks' research suggests that other dominant patterns of reasoning may feed people's negative perceptions of labor unions. That, in turn, may limit people's ability to see a larger role for unions in addressing opioid use in the construction industry. For example, the widely shared belief in the power of individuals to determine their own destiny encourages people to conclude that individuals are better off negotiating their own working conditions than relying on collective action by unions. That perception is unhelpful in discussions about expanding labor unions' role in setting policies, implementing practices, and enforcing regulations that can foster a culture of prevention, informed advocacy, destigmatization, and access to non-opioid treatments in the construction industry.

Three framing strategies<sup>12</sup> can help advocates have more productive conversations about labor unions as both stakeholder and solution to workplace safety and opioid-related problems in the construction industry.

### **#1: Order matters. Introduce unions into the conversation strategically.**

Slow down. Take time to set up the conversation in order to make it as productive as possible. Framing works by association, so jumping straight into a conversation about unions without first priming an audience through positive emotional associations, shared ideals, or a civic-minded sense of the need to take action can leave your message vulnerable to people's negative top-of-mind perceptions of unions.

Before zeroing in on what unions are or should be doing to improve the opioid use situation in the construction industry, first make sure your audience understands that the problem requires a range of stakeholders positioned to implement a variety of solutions. Use the strategies explained throughout this brief to guide people's thinking towards collective, not individual, action. Remind people that inaction raises the potential for harm that can extend to families, coworkers, communities, and our economy.

### Instead of this ...

Labor unions need to play a central role in addressing the challenges presented by opioid use in the construction industry. They are responsible for protecting their members and therefore are key stakeholders in solving this problem.

Construction work is physically demanding and can lead to injury more often than other types of work. But construction workers can't work safely if they're injured. To get them back to work quickly, health care professionals are more likely to prescribe opioids to construction workers than to the general population. That opens the door to a number of problems, including increased risk of opioid use disorder.

Unions have a responsibility to their members to make sure workplace safety regulations are enforced. Unions can also take the lead in advocating for the inclusion of alternative treatment therapies in worker health and welfare plans, so that workers have greater access to non-opioid options.

### Try this ...

The construction industry is a vital part of the US economy—what happens in the building trades has social and economic implications for our communities. Construction work is physically demanding and can lead to injury more often than other types of work. But construction workers can't work safely if they're injured. To get them back to work quickly, health care professionals are more likely to prescribe opioids to construction workers than to the general population. That opens the door to a number of problems, including increased risk of opioid use disorder.

This is a serious problem without an easy answer. Instead, we need all stakeholders—employers, the healthcare system, insurance companies, and labor unions—to work together to solve it. For example, employers can work with the healthcare industry to make job-site health counseling available to workers. Labor unions are already involved, using their unique position to disseminate information to workers about alternatives to opioids and offering them access to peer-to-peer support for navigating pain management and opioid use...

---

The version in the right-hand column makes several framing moves *before* introducing labor unions into the discussion. It first:

- Establishes the big picture (“this affects all of us”)
- Provides necessary background information (“here’s why opioids are of special concern to this industry”)
- Introduces the many stakeholders involved (“we need all hands on deck”)
- Offers an example of how multiple stakeholders can participate (“different players have different roles”).

By intentionally engaging readers through these steps, the passage reduces the likelihood that it will activate readers’ automatic assumptions about labor unions and shut down the conversation before it starts.

Note that the version in the left-hand column not only jumps into a discussion of unions right away but also does so with word choices that may unintentionally activate readers’ least productive perceptions; for example, “unions protect their members” may reinforce the belief that unions *only* protect the interests of a *select* group of people.

## **#2: Appeal to the value of *Pragmatism* to increase support for unions' role in the workplace.**

FrameWorks' prior research shows that priming people to associate labor unions with the cherished American ideal of pragmatism moves their support for workers' issues beyond pay and benefits.

To apply this framing strategy, begin messages with an appeal to the need to take a sensible approach to opioid use in the construction industry. For example:

Worker injuries in construction are contributing to our communities' opioid problems. We need to implement smart, practical solutions that make sure injured workers get the care they need without leaving them at risk for opioid use disorder. One sensible approach is to support and expand labor unions' efforts to connect members of the workforce to peer-to-peer counseling and non-opioid pain management therapies. As a strong network of workers in the industry, labor unions can disseminate and scale resourceful solutions at workplaces across the country.

User notes:

- It's the idea of pragmatism, not the word itself, that matters in using this strategy. In the example above, words like *smart*, *practical*, *sensible approach*, and *resourceful solutions* all convey the concept of the value, so adapt the strategy to your own voice and words.
- Values appeals work best at the start of a message because they guide the reader's interpretation of the information that follows. Don't stop there, though: repetition of the value within a message and across communications channels will reinforce the frame effects of this value appeal by strengthening the association between labor unions and sensible solutions.

## **#3: Expand people's understanding of unions' positive contributions to meaningful change.**

In order for public health professionals working on primary prevention of opioid use disorder and for more general audiences to understand the need to expand labor unions' role in solving this problem, they first need a more expansive understanding of what unions are and can do. People unfamiliar with unions (that is, most people in the US) believe that they are concerned only with pay and benefits. FrameWorks' prior research has shown, however, that when unions are characterized as a network of skilled workers who can use the strength of their network to create, disseminate, implement, and maintain meaningful change in their industry, audiences are more likely to express support for unions and to believe in their capacity to achieve workplace reform.

In addition to consistently including labor unions as both stakeholders and a source of solutions in the expert story that CPWR and its partners are telling, communicators should be explicit about why and how labor unions are critical to success. Negative perceptions of unions as self-interested need to be countered with positive stories about the actions unions are already taking to prevent and address opioid use disorder, for example:

- Negotiating better access to alternative, non-opioid treatment options and pain therapies in collective bargaining agreements
- Working with employers to enforce workplace safety regulations
- Providing peer-to-peer counseling programs and destigmatizing pain and mental health problems
- Advocating for more support and resources for primary prevention
- Training construction workers to be more informed self-advocates in their own healthcare and treatment
- Sharing information and effective practices with each other, across the country.

Using these strategies routinely and with explicit regard for cultivating people's positive associations with organized labor can foster more support for labor unions' close involvement in addressing opioid-related issues in the workplace.

# Conclusion

Strategic framing—with the right values, explanatory tools, and well-chosen data—helps a field tell an effective story about its work. By incorporating these research-based framing strategies into its communications, CPWR and its partners can establish a new narrative about opioid use in the construction industry, how to help the construction workforce stay safe—physically and mentally, and why it is our shared responsibility to do so. The next step for CPWR is to incorporate these recommendations into communications collateral and activities. Using these strategies consistently and creatively across different message channels will amplify the importance of addressing this overlooked piece of the story on opioid use and primary prevention strategies to reduce opioid use disorder in the US.

# Endnotes

1. Moyer, J., L'Hote, E., & Levay, K. (2019). *Public health reaching across sectors: Strategies for communicating effectively about public health and cross-sector collaboration with professionals from other sectors*. Washington, DC: FrameWorks Institute. Report forthcoming; publication expected Summer 2020.
2. CPWR—The Center for Construction Research and Training. [Opioid Resources](#); CPWR.
3. Volmert, A., et al. (2016). *“It’s a rite of passage”: Mapping the gaps between expert, practitioner, and public understandings of adolescent substance use*. Washington, DC: FrameWorks Institute.
4. Moyer, J., L'Hote, E., & Levay, K. (2019). *Public health reaching across sectors: Strategies for communicating effectively about public health and cross-sector collaboration with professionals from other sectors*. Washington, DC: FrameWorks Institute. Report forthcoming; publication expected Summer 2020.
5. Ibid.
6. FrameWorks Institute (2017). *Framing strategies to advance aging and address ageism as policy issues*. Washington, DC: FrameWorks Institute.
7. CPWR—The Center for Construction Research and Training (2019). [Opioid Deaths in Construction](#); CPWR.
8. Moyer, J., L'Hote, E., & Levay, K. (2019). *Public health reaching across sectors: Strategies for communicating effectively about public health and cross-sector collaboration with professionals from other sectors*. Washington, DC: FrameWorks Institute. Report forthcoming; publication expected Summer 2020.
9. Busso, D., Davis, C., & O’Neil, M. (2019). *Strategies for effectively communicating about toxic stress*. Washington, DC: FrameWorks Institute. Report forthcoming.

10. Nichols, J., Levay, K., Volmert, A., & O'Neil, M. (2019). *Reframing early math learning*. Washington, DC: FrameWorks Institute.
11. Gilliam, F. (2011). *Get in where you fit in: The role of teachers' unions in public conversations about education reform*. Washington, DC: FrameWorks Institute.
12. Ibid.

## About FrameWorks

The FrameWorks Institute is a nonprofit think tank that advances the mission-driven sector's capacity to frame the public discourse about social and scientific issues. The organization's signature approach, Strategic Frame Analysis®, offers empirical guidance on what to say, how to say it, and what to leave unsaid. FrameWorks designs, conducts, and publishes multi-method, multi-disciplinary framing research to prepare experts and advocates to expand their constituencies, to build public will, and to further public understanding. To make sure this research drives social change, FrameWorks supports partners in reframing, through strategic consultation, campaign design, FrameChecks®, toolkits, online courses, and in-depth learning engagements known as FrameLabs. In 2015, FrameWorks was named one of nine organizations worldwide to receive the MacArthur Award for Creative and Effective Institutions.

Learn more at [www.frameworksinstitute.org](http://www.frameworksinstitute.org)

# Reframing Primary Prevention and Opioid Use Reduction in the Construction Industry

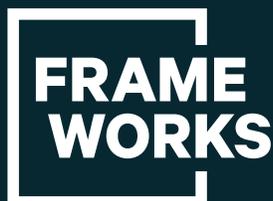
April 2020

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior permission of the FrameWorks Institute.

Please follow standard APA rules for citation, with the FrameWorks Institute as publisher.

FrameWorks Institute (2020). *Reframing primary prevention and opioid use reduction in the construction industry (A Pertinent Findings Memo)*. Washington, DC: FrameWorks Institute.

© FrameWorks Institute 2020



Designed by Soapbox  
[www.designbysoapbox.com](http://www.designbysoapbox.com)