

A Case Study Examining the Development and Impact of the International Union of Elevator Constructors (IUEC) Local 1 Member Assistance Education Program (MAEP)

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February 2025



Addressing Suicide and Opioid Risks in Construction: CPWR's Approach

Construction workers in the United States face a mental health crisis: their suicide rates are twice the national average and they account for over one in six opioid overdose deaths.

CPWR is leading a *Research and Action Agenda on Suicide, Mental Health and Opioids* focusing on three objectives:

1. **Tackling Root Causes:** Addressing upstream, work-related factors that contribute to mental health struggles and substance use.
2. **Breaking Down Barriers:** Ensuring workers have access to essential treatment and recovery resources
3. **Enhancing Support Systems:** Strengthening services, programs, and policies to support workers facing mental health and substance use challenges.

CPWR partners with North America's Building Trades Unions (NABTU), fourteen international union representatives, employers, building trades council representatives, insurers, and government partners to share successful strategies for preventing suicide and opioid deaths, address common challenges, and put knowledge into action through training, health programs, member services, and communications. [Subscribe to our free quarterly newsletter REASON](#) (Resources and Effective programs Addressing Suicide and Opioids Now) for updates and materials.

CPWR funded [five small studies](#) to advance knowledge and action on suicide prevention and opioid overdose. This report highlights one such study.

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Final Report

A case study examining the development and impact of the International Union of Elevator Constructors (IUEC) Local 1 Member Assistance Education Program (MAEP)

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**Funding: CPWR Preventing Suicide and Overdose Fatalities in Construction Research
Consultant Agreement No. 2004-01**

Report date: August 27, 2024

***Quote from mother of a IUEC Local 1 member who went through the
MAEP program:***

***“He hasn’t just changed in being sober. He has changed in being a
righteous man. He is trustworthy. He is honest. He is hard working,
dedicated, devoted, loyal. He doesn’t make a commitment that he
cannot fulfill.”***

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Executive Summary

Abstract

This case study examined the International Union of Elevator Constructors (IUEC) Local 1's Member Assistance and Education Program (MAEP). IUEC Local 1 represents 3,200 members in the elevator construction industry in New York City, Westchester, Rockland, Long Island and New Jersey. IUEC's certified members specialize in installing, servicing, repairing, and modernizing elevators, escalators, and other conveyances. Elevator construction workers are exposed to, struck-by, and caught-in electrical-related hazards and falls. This work is often physical and fatiguing, and injuries and occupational stress related to these exposures may lead to opioid misuse and addiction to other drugs and alcohol, as well as to depression, anxiety, and other mental health effects. As construction workers experience the highest mortality rates from suicide and overdose of any industry, effective member assistance programs are key to addressing this dilemma. Although member assistance programs have propagated throughout the construction industry, evaluations of the steps involved in implementing them have been sparse. Documenting key elements in establishing IUEC's member assistance programs can help inform key actors in the industry who are establishing similar programs.

Goals and Objectives

The goal of the case study was to yield useful insights into the establishment and functioning of a construction union-based member assistance program. The Center for Construction Research and Training (CPWR) previously performed qualitative research by conducting focused telephone interviews with members of the North America's Building Trades Unions (NABTU) Opioids Taskforce and published a [report](#) highlighting construction industry peer advocacy networks—this was the first qualitative research of its kind in construction. The study recommended conducting program effectiveness research to better understand how to achieve desired outcomes, including lowered substance use disorder (SUD) and relapse rates, and increased time in abstinence and recovery. The IUEC Local 1 case study was designed to further this work by conducting an in-depth case study of a specific program.

Workplan and Methods

This project took a case-study approach featuring in-depth, multi-faceted explorations of complex issues in their real-life settings. In such a case study approach, also referred to as a “naturalistic design,” the investigator has control over the variables of interest. This case study employed qualitative research methods, including key informant interviews, a focus group, record reviews, and a survey to document the efficiency and scalability of this innovative program. The final report documents key factors in establishing the program, program operability and effectiveness, and lessons learned that may inform the development of similar programs by other IUEC locals and other construction industry stakeholders. A participatory action research approach was utilized by forming an advisory committee of key stakeholders from IUEC Local 1 and from the Local's Training and Education Fund to provide input to the research team on the design and implementation of the research workplan and methods. The final report summarizes the key themes and lessons learned

from the MAEP Program Coordinator, leadership officials, family members, and program participants. The data collected is included in the appendix and features extensive quotes from the participants. Their voices illustrate the impact of an effective program on workers, families, and contractors.

Research methods included:

- 1) Establishing a project advisory group.
- 2) Interviewing key informants and leaders.
- 3) Conducting a focus group.
- 4) Developing and implementing a membership survey of apprentices.
- 5) Publishing a final report.

Key Findings

1. Key steps in establishing IUEC Local 1's MAEP program included generating interest, training, and building union leadership and employer commitment to the program. Once the commitment was established, additional steps included:
 - a. Having a qualified champion within the local union to spearhead the development of the program.
 - b. Introducing the program to the local union and employer leadership.
 - c. Training and educating leaders and members.
 - d. Identifying resources to fund the program and to provide treatment and recovery services to affected members.
 - e. Ensuring negotiated benefits are adequate for mental health and substance use treatment.
 - f. Developing timely access to effective treatment and recovery services including aftercare and sober living.
 - g. Recruiting and training a peer network within the workplace to expand the reach of the program.
2. The promotion of the MAEP, related training, and recovery resources it has established are clearly having a significant impact on the members who have used the program.
3. The benefits to workers' families and employers are a clear incentive to replicate and adapt this approach throughout the elevator construction industry and beyond. These benefits include saving lives by preventing overdose and suicide, as well as helping workers return to their jobs and families. Benefits to the employer include retaining qualified workers, improving safety, reducing absenteeism, and lowering the costs of healthcare and workers' compensation.
4. The case study illustrates that MAEP programs can help overcome stigma and the "deadly silence" in traditional drug-free-workplace programs.
5. Limited resources have led to a lack of systematic record keeping and limited the ability of MAEP to address leadership training and establish a family support network. There is a need to develop resources to address these gaps.

Limitations of the study include:

- 1) No comparison group—it would be beneficial to compare MAEP with traditional employee assistance programs and other member assistance programs.
- 2) Limited program data.
- 3) MAEP was established in an urban setting in a local union that had access to joint labor management funding for a full time MAEP coordinator, strong leadership support, and a vital local labor assistance program (LAP) chapter. The approach used by IUEC Local 1 may not be adaptable in settings with different characteristics.

Strengths of the study include multiple streams of data, strong relationships developed between the participants and researchers, high response rate for the survey, and uniqueness of the study.

Recommendations for establishing a construction union-based member assistance program

For IUEC International

1. Brainstorm how to help smaller locals adapt the IUEC Local 1 program where they do not have a training and education fund.
2. Find champions within the locals and support their efforts to become LAP certified.
3. Help the local unions evaluate their member support programs and develop a strategy for improving them using local LAP, IUEC, and regional resources.
4. Consider the key steps in establishing a MAEP program and how they apply and develop an action plan accordingly.

For the Unionized Construction Industry

1. Educate leadership to build awareness and a commitment among key stakeholders.
2. Begin a dialogue among key stakeholders to assess the steps necessary, as outlined in the key findings above, to initiate or strengthen support programs.
3. Consider which steps taken by the IUEC Local 1 MAEP apply and which do not apply to local and industry conditions.

Overview

Background on the problem

This is a case study of the International Union of Elevator Constructors (IUEC) Local 1's Member Assistance and Education Program (MAEP). IUEC Local 1 represents 3,200 members in the elevator construction industry in New York City, Westchester, Rockland, Long Island, and New Jersey. IUEC's certified members specialize in installing, servicing, repairing, and modernizing elevators, escalators, and other conveyances. Elevator construction workers are exposed to, struck-by, and caught-in electrical-related hazards and falls. This work is often



physical and fatiguing, and injuries and occupational stress related to these exposures may lead to opioid misuse and addiction to other drugs and alcohol, as well as to depression, anxiety, and other mental health effects.

Construction workers experience the highest mortality rates from suicide and overdose of any industry (Morano et al., 2018) and a national study of construction workers found that individuals with occupational injuries were nearly four times more likely to use prescription opioids than those without injuries (Dong et al., 2020). Member assistance-based peer programs are an intervention designed to address this dilemma. Documenting cases where these programs are having an impact can contribute to propagating them throughout the industry.

Researchers Allison Weingarten and Jonathan Rosen formed a collaborative relationship with IUEC Local 1's director of member assistance and education, Brendan Loftus. Weingarten and Rosen originally met Loftus in the planning of the CPWR Workshop on Combatting Suicide and Overdose Fatalities Among Construction Workers that was held on August 1–2, 2022. Loftus has participated in the New York State Coalition to Prevent Addiction and Support Recovery in Employment (PARSE), which Rosen and Weingarten founded. This case study addressed one of the key goals from CPWR's 2022 workshop: to "highlight actions for targeted data collection, evaluation, and research for creating scalable programs with efficient implementation strategies."

Member Assistance Programs

Member Assistance Programs (MAPs) are peer-based programs designed to address mental health, suicide, substance use, and other personal problems among union members and their families (Bacharach et al., 1996). MAPs are the labor-based alternatives or supplements to management-based Employee Assistance Programs (EAP). Both are designed to help workers with personal problems such as financial, social, and mental health and/or substance use issues that affect job performance (Bacharach et al., 1996; SAMHSA, 2023).

MAPs are rooted in traditional union principles of solidarity, voluntarism, and mutual aid, with one of the main underpinnings being the use of peers, who typically are coworkers with lived experience, who themselves are recovering from substance use and/or alcohol use disorder. Lived experience provides experiential knowledge that peers use to provide support and inspiration to colleagues who are struggling (Stull et al., 2022). A difference between EAPs and MAPs, is that EAP personnel are forbidden from approaching workers who are struggling. Rather, it is up to the worker to approach the EAP. With MAPs, peers are on the shop floor with coworkers who are struggling and thereby accessible to listen, share experiences, and refer. While there is no uniform structure to MAPs, they typically include education, training, and promotional materials to help to change the culture of workplaces by decreasing stigma and making it easier for workers to seek out treatment for SUD and mental health issues (Jimenez, 2021). MAPs have also been effective in providing quick and accessible treatment for workers and in establishing peer networks for continued sobriety and recovery support (Jimenez, 2021).

Labor Assistance Professionals (LAP: <https://www.laborassistanceprofessionals.com/>) was established in 1990 and has been central to establishing MAP programs throughout the labor movement. Initially, its focus was on alcohol use disorder, but that has been expanded to include other substances, as well as mental health issues. The MAP approach recognizes the impact of

union- and industry-based peer support programs. LAP describes its mission as “MAPs mobilize peer counselors—trained union members who volunteer to prevent substance use, motivate coworkers to accept referral for treatment, and support them when they return to work. Union members helping each other to stay clean and sober.” LAP holds an annual conference, certifies its members, and helps to establish new MAP programs. In the case of IUEC Local 1’s MAEP, LAP played a significant role in advising and supporting the program. Furthermore, the MAEP Director, Brendan Loftus, is LAP certified and participates in the New York metropolitan LAP organization.

Examples of MAPs:

- [NYC Carpenters MEND Program, Members Education & Network for Dependency](#)
- [Eastern Atlantic States Regional Council of Carpenters Member Assistance Program](#)
- [International Union of Operating Engineers Local 478 MAP Program](#)
[International Association of Sheet Metal, Air, Rail and Transportation Workers MAP Program](#)

Overview and History of Local 1’s Member Assistance and Education Program

The Local 1 MAEP was established in 2016 to help members and their families who are struggling with substance use disorder (SUD) or mental health issues. The program helps members and their families access treatment and recovery services. Maintaining employment by providing recovery support is an important aspect of the program that is completely confidential and is available 24 hours a day, seven days a week.

The MAEP was developed when the Local 1 president and business manager, Lenny Legotte, responded to a series of five deaths from drug overdoses among apprentices, all under the age of 30, in an 11-month period. He enlisted the leadership of Brendan Loftus, an executive board member and safety and health trainer. Brendan is a person in long-term recovery who is open about his lived experience. The Local 1 Education and Training Fund board of trustees approved a proposal for Loftus to work full time in establishing and leading the MAEP. The scope of that work included vetting treatment facilities, making referrals for treatment, facilitating group recovery meetings, training members and apprentices, and providing support to members and their families. Prior to 2016, only about 10% of members who went for treatment maintained their recovery. After the IUEC established the MAEP program, which includes aftercare, sober living, and other supportive services, 78% maintained recovery. The MAEP program director determined this by reviewing data from the treatment and aftercare providers on the status of members who had gone through their programs.

Training

Local 1 has integrated a two-hour drug and alcohol class into its training center program offerings. The IUEC Local 1 Education and Training Fund was established to provide continuing education to apprentices and mechanics. The two-hour drug and alcohol class is provided to all Local 1 apprentices and mechanics as required by NYC Local Law 196 of 2017 (see Appendix F). That law was passed by the New York City Council mandating workers at job sites that require a construction superintendent, site safety coordinator, or site safety manager to have 40 hours of site safety training by March 1, 2021. That training includes a two-hour drug and alcohol class. The law requires construction and demolition workers to have a Site Safety Training (SST) Card issued by a NYC Department of Buildings-approved course provider. IUEC Local 1 is an approved course provider. This two-hour drug and alcohol course is an important mechanism for raising worker awareness and has already led to referrals for treatment.



Brendan Loftus Toolbox Talk on Suicide Prevention

Study Specific Aims

The aims of this case study were to:

1. Document key action steps that led to the establishment of the IUEC Local 1 MAEP.
2. Document activities and methods employed by the MAEP to provide support to members who are struggling with substance use and mental health issues. This will be accomplished using qualitative research methods including key informant interviews, focus groups, and a survey.
3. Develop lessons learned from the case study regarding the effectiveness of the IUEC Local 1 MAEP, so they may be adapted to other IUEC locals and the construction community.

Research Process Steps

This project employed a case study approach, as it allows in-depth, multi-faceted explorations of complex issues in their real-life settings. In a case study approach, also referred to as a “naturalistic design,” the investigator has control over the variables of interest. This case study employed qualitative research methods, including key informant interviews, focus groups, and record reviews to document the efficiency and scalability of this existing program. This final report documents key factors in establishing the program, program effectiveness, and lessons learned that may inform the development of similar programs by other IUEC locals and other construction industry stakeholders. A participatory action research approach included forming an advisory committee of key stakeholders from IUEC Local 1 and from the Training and Education Fund to provide input to

the research team on the design and implementation of the research workplan and methods detailed here.

Research Process Steps



Detailed data from the research process steps is in the appendix including extensive quotations from the participants.

Themes and Lessons Learned

The project advisory group, key informant interviews, focus group, and worker survey identified themes and lessons learned that may be helpful to sister construction unions that are embarking on establishing or strengthening MAEP programs as detailed below.

1. **Theme: Generating Buy-In.** The entire union leadership was aware of the severity of the problem of substance use disorder among the membership. It came to a head when there were a series of fatal overdoses among apprentices.
Lesson Learned: Generating interest of the leadership and membership through training and outreach is key to gaining a commitment to establishing or strengthening a MAEP program.
2. **Theme: Joint Labor-Management Support.** The union leadership gained the support of the trustees of the education and training fund (joint labor/management) to fund a full time MAEP coordinator.
Lesson learned: Accessing resources to fund a qualified coordinator is a critical step in MAEP program development.

3. **Theme: Labor Assistance Professionals Support.** The union's MAEP coordinator became LAP certified and had the support of a regional network of union-based LAP professionals. This network helped him to develop an effective approach to member outreach, training, and accessing timely treatment.

Lesson learned: Unions should reach out to LAP personnel in their regions to gain access to knowledge, experience, and support.
4. **Theme: Leadership Engagement.** The entire union leadership team has been engaged in supporting the program and referring members to it.

Lesson learned: Involving the entire union leadership team expands the reach of the program and solidifies their ongoing commitment to it.
5. **Theme: Strategic Partnerships.** The MAEP coordinator has access to an effective treatment provider that accepts members without delays.

Lesson learned: A critical need is vetting treatment providers to find effective and timely access for members.
6. **Theme: Return to Work Process.** The union's day secretary establishes lists when members are inactivated during treatment and is able to return them to work when they are ready.

Lesson learned: It is fundamental for members to know that when they enter the program, they will have a pathway back to work.
7. **Theme: Compensation During Treatment.** The program helps members access state provided disability compensation while members are in treatment and unable to work.

Lesson learned: Compensation during treatment is important as affected members are out of the workforce for a significant period of time.
8. **Theme: Aftercare and Sober Living.** The program requires members to participate in an aftercare program and encourages them to participate in sober living. This increased program effectiveness dramatically.

Lesson learned: A short term stay in treatment (usually 28 days) is not enough to help members maintain sobriety. They also need aftercare, and participating in sober living is an effective way of helping members develop a sober lifestyle in a sober social environment.
9. **Theme: The Collective Bargaining Agreement.** The MAEP program is codified into the collective bargaining agreement and is fully supported by the employers.

Lesson learned: Codifying the program in the collective bargaining agreement makes it the agreed upon standard of care as well as helps to establish accountability.
10. **Theme: Building the Programs' Reputation through Education and Training.** The program has a positive reputation among the membership and is promoted through mandatory safety and health training classes.

Lesson learned: Workers are more likely to access the program when they hear about it positively from co-workers who have gone through it and it is promoted through training classes or toolbox talks.
11. **Theme: Establishing a Peer Network.** A peer network is being established to further reach members who are struggling.

Lesson learned: Establishing a trained peer network can expand the reach of the program, break down stigma, and create a sober social network to help members maintain their recovery.

In the next section, the interviews and interactive processes are described through narrative and quotes that informed how researchers arrived at these themes.

Project Advisory Group

The project advisory group (PAG) included the research team, eight leaders from IUEC Local 1, and a member who went through the MAEP Program. This group met before the interviews and surveys were conducted to advise the research team on methods and to assist with logistics. Several of the participants identified themselves as people in recovery or as having a family member impacted by drugs and alcohol. The participants included the local president, organizers, vice-president/business agent, day secretary, safety director, and recording secretary. Advice from the PAG was an important step in ensuring access to leaders and members, and in gaining an understanding of the history and status of the MAEP program.

“Everyone on leadership team has gotten a phone call saying ‘thank you, this saved my life.’”

A brief review of the project goals and objectives was employed to ensure the PAG was united around the research goals and methods. Input on the history of the program revealed that, prior to the establishment of MAEP in 2017, the local had a long-standing program that featured two part-time volunteers conducting member assistance, limiting the program’s reach. The volunteers were not LAP certified. Additionally, training was not a key element of the program and widespread fear of job loss among rank-and-file members was a deterrent to coming forward for assistance. Vetting of treatment providers was not part of the program.

MAEP features a full-time LAP certified director with lived experience, who enjoys the full support and collaboration of the entire union leadership. Union leaders reported they are all involved in referring members to MAEP and the day secretary detailed his role in job assignments, job status, and return to work. In the recent collective bargaining, the union negotiated extensive language codifying the MAEP program into the agreement.

“This is a culture change: members can ask for help and not worry about repercussions.”

The union president detailed that, when a member who is confirmed to have SUD is referred to MAEP, they are required to go into treatment as a term and condition of future employment. The day secretary operates the hiring hall, and this ensures members have a return-to-work

process. Previously, members who were fired would routinely get a job at a sister elevator construction company, continuing the cycle of addiction and related job safety risks. The collective bargaining agreement ended this practice (see the collective bargaining language, Appendix F). Detailed comments about MAEP from the PAG are in Appendix B.

The PAG discussed how the MAEP program could be adapted by other locals in the IUEC to conform to a resolution passed by the International Union in 2021. That discussion revealed that smaller locals don’t have training and education funds and have smaller memberships. These factors

“Before MAEP: Great insurance card, don’t know what to do with it. Now there is ‘warm handoff’ to treatment; Brendan has built connections.”

make it more difficult to fund a full-time MAEP coordinator in these sister locals. Finding a source for regional training and identifying local champions were identified as important starting points. The PAG acknowledged the International Union and some locals have already begun taking steps to develop MAEPs, including obtaining LAP certification for key personnel.

PAG members shared stories about helping members who were suicidal. This identified the need for providing suicide prevention training to the union leadership. Regarding prevention, it was identified that currently there is no information provided to injured

“A member came into my office, crying, going to end his life. I am not trained in how to respond to this.”



Brendan Loftus' Toolbox Talk on Suicide Prevention

members, at the time of injury, on avoiding opioid misuse and seeking alternative pain treatment. Use of the National Institute of Environmental Health Sciences (NIEHS) National Clearinghouse for Worker Safety and Health Training and CPWR factsheets on these topics could address this gap.

The PAG advised conducting interviews with leadership via Zoom and limiting interviews to 30 to 60 minutes. The interview questions are attached as Appendix B. The MAEP director agreed to provide contact information for leadership and family member interviews and set up an in-person focus group of MAEP program participants. The questions used to facilitate the member focus group are attached as Appendix C.

The PAG advised that a paper survey of the rank and file would yield a low response rate. Rather, having instructors distribute the survey to apprentices (n=600) would be more effective. The research team was able to use PaperSurvey.io software to yield a paper survey that could be scanned for evaluation purposes.

Key Informant Interviews

Seven key informant interviews were conducted, including with the Local 1 president-business agent, director of MAEP, the local's day secretary, two family members, and the New York District metropolitan manager of Kone, a global elevator construction contractor. This individual also served as an Education and Training Fund trustee.

Some of the key themes in the interviews:

- Before MAEP, signs of misuse and addiction were being ignored.
- Mental health issues are as prominent as SUD.
- Many PAG members reported about their own recovery or that of family members and close friends.

- There is significant reliance on Brendan Loftus, MAEP program director.
- Members deny, deny, deny. They have many enablers. Having Brendan and peers helps overcome the denials.

Detailed quotations from the key informant interviews are in Appendix C.

“After losing several apprentices, we were standing over a casket and I started getting mad, what is going on? There is something we can do and we are not doing it.” Lenny Legotte



Local 1 President/Business Manager Lenny Legotte



Brendan Loftus, director of MAEP, conducting a toolbox talk on suicide prevention.

Brendan Loftus, MAEP Director, is a person in long term recovery, is an Executive Board Member, represents the union in collective bargaining, and is a veteran safety and health trainer. Loftus is LAP certified and has taken courses to expand his skills. He has provided drug and alcohol training to over 2,500 union members in the past eight years as part of site safety training required by local New York City law. Loftus took five days of mental health training and he is in the process of taking neuro-linguistic programming

and life coaching. Loftus has also taken a psychological first-aid instructor course and is now using it to train peers.

“LAP gave what I was doing legitimacy. I wasn’t just making this up. From my experience, I knew about going to AA meetings. LAP taught me about vetting facilities, what questions to ask, assessment, and referral.” Brendan Loftus

“Members must be enrolled in intensive outpatient programs, including random urine screenings. Some members return to work, others are in intensive outpatient.”
Brendan Loftus

Day secretary is an elected union official position, in charge of all employment related Issues such as job selection and placement, including maintaining a layoff list and matching elevator mechanics to contractor job requirements.

“Stressors on the mechanics include physical demands for doing repair and construction. The service end is mentally demanding, to ensure you don’t kill anybody.” Lee Pirone, Day Secretary



Lee Pirone, Local 1 Day Secretary

“Work in NYC has slowed to the point where I have quite a few people on the out-of-work list. This impacts the ability to get people in recovery back to work after they come off the disabled list, but most return to work eventually. If companies balk, I remind them of the collective bargaining agreement requirements.” Lee Pirone

“I had no idea. I worked with this person every day. Not this guy who comes to work every day and does his job. Looking back, in this situation, I was willing to support him because I love him, he is a friend, I recruited him. I know his family; I know his kids. But if I am being truthful, when we pull a mechanic off a job because he is a drunk, I am probably less in the helpful frame of mind, more like, ‘let him go deal with this on his own, not on my dime.’” Justin Tomasino

“Lenny came to Justin and said, ‘I want the fund to employ a substance abuse person. I want to do this because I am tired of going to wakes and funerals.’ Lenny had a plan to pay for it. It has been an overwhelming success.” Justin Tomasino



New York District Metropolitan Manager of Kone U.S.A. Justin Tomasino

Justin Tomasino, New York District metropolitan manager of Kone, was involved in approving Brendan Loftus for the director of MAEP in his role as a trustee of the Training & Education Fund.

Jonathan Anderson is a member who went through the program and is active in helping peers.

“Brendan calls on me because he knows I am a good, sober man and I want to help. I will pick up or drop off members going to treatment at the airport when needed.”
Jonathan Anderson

“I had an incident where the guy I was working with was clearly impaired. I said, listen, I am not going on the elevator with you (that we were supposed to be working on). Let’s go home and try again tomorrow. We both went home. The supervisor came the next day and the coworker was impaired again. He ended up getting fired, laid off, and Brendan sent him to rehab. He is now working and doing good.”
Jonathan Anderson

Brendan Loftus was interviewed regarding his efforts to expand MAEP’s peer network.

I realized there were a lot of people in recovery and others who want to help, but don't know how to do it. I went to Mental Health First Aid (MHFA) instructor training. It was three days online and another day and a half of classroom training. It was a great class. It helps people learn how to deal with trauma and how to support a coworker and help them access resources. Brendan Loftus

"I believe the best way is peer based, people with lived experience, on-the-job, within the industry, and people in recovery. It was inspirational to me to hear a person within the industry, Bobby Stack, who was a volunteer when we had the bare bones of program."
Brendan Loftus

Where do you want to go with Peer Program in future?

"I want to train as many people as possible. I want it to be normalized to talk about SUD and MH. I want to see it spread everywhere, but especially in my union—change the culture." Brendan Loftus

There are no records kept on the number of people seen by MAEP. It is confidential between them and me. If they go on temporary disability, I will work with Lee on that. When I first started, I asked about records. I was told HIPAA has special requirements. When I first was trying to figure out the success rate, I called treatment and aftercare providers, including residential and intensive outpatient programs. I did calculations and determined a 78% success rate after adding aftercare and sober living to the program.
Brendan Loftus

Family Member Interviews

Two family members were interviewed, including the mother of a MAEP participant and the wife of another participant.

"It was not easy. We were married three months and he was on his way to rehab. You keep thinking people in active addiction will get better, but it keeps happening." Family member

"I know from my own experience, when my husband was newly sober, it was hard to come out of that whirlwind and realize that I needed someone to talk to as well." Family member

“You can say, ‘My aunt has breast cancer.’ You can say, ‘My mother has Alzheimer’s,’ and coworkers understand. When you are dealing with addiction, whether it is alcohol or drugs, there is no one to talk to. You are on an island by yourself and you don’t want anyone to know.” Family member

“I am sure when someone is sent away to the ‘farm’ that their family members would love to have a meeting of other family members who have kids or spouses at the farm. And maybe that is where the group starts. Get the wives together to bitch about their husbands or their kid.” Family member

“He hasn’t just changed in being sober. He has changed in being a righteous man. He is trustworthy. He is honest. He is hard working. Dedicated devoted, loyal. He doesn’t make a commitment that he cannot fulfill. Sometimes I think he is stretched too far.” Family member

Another part of recovery is getting the parent or the spouse to understand the person’s behavior is not something they are doing maliciously. They are not in their own frame of mind. Family member

“Yes, I think formalizing the family involvement would be helpful. It could be done by having a number or series of numbers of people to call, to share stories.” Family member

Focus Group of MAEP Participants

The research team conducted one focus group to gather program participant perspectives. The focus group included IUEC Local 1 members who have been through the program. The purpose of the focus group was to document experiences and satisfaction with the program, and to learn about ideas for expanding and improving it. Six members participated in the focus group. All but one were 35 years of age or younger. One was an apprentice. All reported going to rehab multiple times, before maintaining recovery.

“Great experience in treatment but it was spoon fed sobriety. The aftercare is what made a huge difference. I needed to live in a sober house for a year. Now you are getting reintegrated into the world.” MAEP Participant

“The thing I never lost was my job. Never got kicked out of the union.” MAEP Participant

“I was homeless, didn’t go to work, couldn’t see my child. I was an addict since 15, never had fun.” MAEP Participant

“My friend Steve (in the union) died from overdose. He had brief sobriety. We have trauma from losing friends to addiction.” MAEP Participant

“I had support from Brendan, but I was only getting that support if I did what he said. If you don’t do what he says, you don’t get support. He is like a drill sergeant.”

“It helps that Brendan is in recovery, too. Brendan can relate to you; you can relate to Brendan. He knows the manipulation addicts acquire during addiction.” MAEP Participant

“I would do anything for anyone else who is in the local. Guys trying to sober up, come to me for advice.” MAEP Participant

“Theres a lot of sober people in this union now. It’s not like it used to be. Now half my coworkers are sober.” MAEP Participant



Focus group of MAEP program participants with research team.

Survey Results and Analysis

A membership survey was developed to evaluate the reach and reputation of the program. Upon the advice of the Project Advisory Group, the survey population was 600 apprentices. The reason for this approach was to obtain a greater survey participation rate, as Local 1 instructors would have a “captive” audience of participants. Not all of the Local 1 instructors distributed the survey. The 317 apprentices who received the survey completed it. These results reflect approximately a 100% completion rate, a good representation of the apprentices. Note that Local 1 apprentices join the union after completing one year in their apprenticeship. They also work as helpers with a journeyman mechanic as part of their apprenticeship.

Key survey results included:

- Years in the IUEC Local 1 Apprenticeship Program:
 - 10% (n=31) had 0-1 years.
 - 85% (n=269) had 1-5 years.
 - 5% (n=17) did not answer the question.
- 6% (n=19) noted a culture of misuse of drugs and alcohol among union members.
- 23% (n=74) noted problems with stress, anxiety, and depression among union members.
- 54% (n=171) knew about the Member Assistance and Education Program (MAEP).
- 3% (n=10) of survey respondents indicated they have utilized the MAEP.
- 80% (n=254) would seek out the MAEP if they were to experience a drug, alcohol, or mental health problem.

- Of the largest barriers to getting help for SUD or mental health concerns, apprentices ranked:
 1. Fear of losing the apprenticeship
 2. Financial loss
 3. Stigma
 4. Other reasons

These survey results show a very favorable impact of the MAEP program. Many construction-based apprentice programs terminate participants who test positive on a drug or alcohol test. In contrast, Local 1 has placed apprentices into treatment and recovery programs and returned them to their apprenticeship status. The indication that 80% would use MAEP if they experienced a drug, alcohol, or mental health problem indicates the program has a strong reputation and the majority of apprentices were aware of its availability. The barriers illustrate the need to continue and expand MAEP training and outreach, and to continue development of the peer program.



"Peer Patch" Logo

What stressful or hazardous conditions in the industry would you change?

Of stressful or hazardous conditions in the industry to change, 43% (n=136) of program respondents reported they would change paid sick leave (because access is limited), followed by prevention of strains and sprains (25%, n=79). Other conditions respondents noted to change include having safer job sites, a four-day work week, more realistic deadlines and less pressure of time and feeling rushed, improved worker morale, proper equipment, proper training and better education, maternity leave, and burn out assistance.

Largest barriers to getting help

Of the 123 respondents who ranked the question as 1-4 (1 indicating the largest barrier and 4 indicating the smallest barrier), the largest barriers to getting help for SUD or mental health concerns were: rank 1) fear of losing the apprenticeship, Rank 2) financial loss, Rank 3) stigma, and rank 4) other reasons.

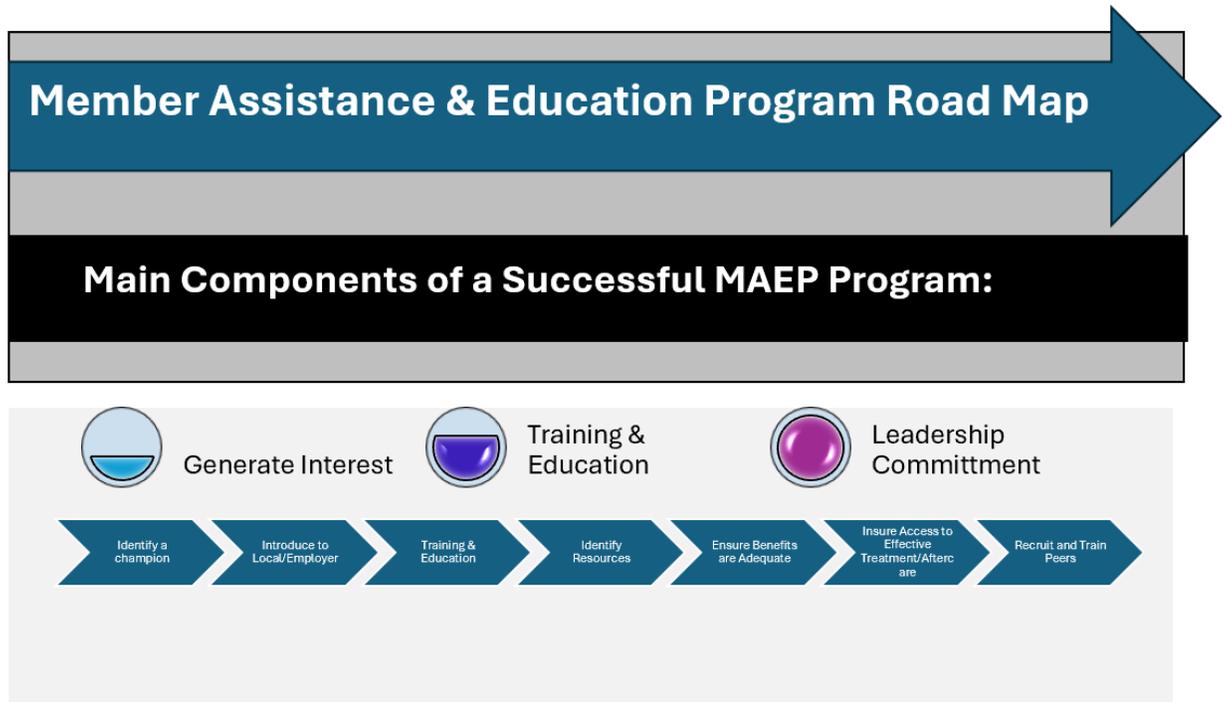
Detailed survey results and tables are captured in Appendix G.

Summary

This case study has documented key elements in establishing a construction union member assistance and education program including:

- ✓ Top leadership commitment from the union and contractors.
- ✓ Resources to fund a full-time program director.
- ✓ LAP or equivalent certification of the program director to enable:
 - Vetting and selection of timely and effective treatment and aftercare resources.
 - Program promotion.

- Education and training of leaders, members, and peers.
- Establishing a system of referral and payment of providers.
- Establishing a system for temporary disability status and return to work.
- Establishing a peer recovery and family support system.
- Integrating culture change and compassionate support into the program.
- ✓ Establishment of a peer network to be the eyes and ears of the program on the shop floor.
- ✓ Consideration of benefit changes and codifying the program into the collective bargaining agreement.



Key Findings

1. Key steps in establishing IUEC Local 1's MAEP program included generating interest, training, and building union leadership and employer commitment to the program. Once the commitment was established, additional steps included:
 - A. Having a champion within the local union to spearhead the development of the program.
 - B. Introducing the program to the local union and employer leadership.
 - C. Training and educating leaders and members.
 - D. Identifying resources to fund the program and to provide treatment and recovery services to affected members.
 - E. Ensuring negotiated benefits are adequate for mental health and substance use treatment.
 - F. Developing timely access to effective treatment and recovery services including aftercare and sober living.

- G. Recruiting and training a peer network within the workplace to expand the reach of the program.
2. The promotion of the MAEP, related training, and recovery resources it has established are clearly having a significant impact on the members who have used the program.
3. The benefits to workers' families and employers are a clear incentive to replicate and adapt this approach throughout the elevator construction industry and beyond. These benefits include saving lives by preventing overdose and suicide, as well as helping workers return to their jobs and families. Benefits to the employer include retaining qualified workers, improving safety, reducing absenteeism, and lowering the costs of healthcare and workers' compensation.
4. The case study illustrates that MAEP programs can help overcome stigma and the "deadly silence" in traditional drug-free workplace programs.
5. Limited resources and privacy concerns have led to a lack of systematic record-keeping and limited the ability of the MAEP to address leadership training and establish a family support network. There is a need to develop resources to address these gaps.

Limitations of the study include:

1. No comparison/control group. It would be beneficial to compare MAEP with traditional EAP and other MAEP programs.
2. Limited program data.
3. MAEP was established in an urban setting in a local union that had access to significant resources, strong leadership support, and a vital local LAP chapter. The approach used by IUEC Local 1 may not be adaptable to settings with different characteristics.

Strengths of the study include multiple streams of data, strong relationships developed between the participants and researchers, high response rate for the survey, and uniqueness of the study.

The case study revealed a number of opportunities to improve the program, detailed in the recommendations listed below.

Recommendations

For IUEC International

1. Brainstorm how to help smaller locals adapt the IUEC Local 1 program where they do not have a training and education fund.
2. Find champions within the locals and support their efforts to become LAP certified.
3. Help the local unions evaluate their member support programs and develop a strategy for improving them using local LAP, IUEC, and regional resources.
4. Consider the key steps in establishing a MAEP program and how they apply and develop an action plan accordingly.

For the Unionized Construction Industry

1. Educate leadership to build awareness and a commitment among key stakeholders.
2. Begin a dialogue among key stakeholders to assess the steps necessary, as outlined in the key findings above, to initiate or strengthen support programs.

3. Consider which steps taken by the IUEC Local 1 MAEP apply and which do not apply to local and industry conditions.

Recommended dissemination

- CPWR: The Center for Construction Research and Training, the National Institute for Occupational Safety & Health, and the National Institute of Environmental Health Sciences National Clearinghouse for Worker Safety and Health Training websites.
- North America's Building Trades Unions and affiliates.
- National Safety Council.
- The White House Office of National Drug Control Policy to share with federal workgroup and consider posting on U.S. Department of Labor Employment and Training Administration's Recovery-Ready Workplace Resource Hub.
- Substance Abuse and Mental Health Services Administration.

Potential Publications

- New Solutions Journal of Environmental and Occupational Health Policy
- American Journal of Industrial Medicine
- National Institute for Occupational Safety and Health Total Worker Health Newsletter or Blog
- American Public Health Association, The Nations Health
- Potential posting of CPWR report: National Clearinghouse for Worker Safety & Health Training, Substance Abuse and Mental Health Services Administration website, U.S. Department of Labor Recovery Ready Workplace Resource HUB

Future Research and Funding

Research on member assistance programs in the construction industry is needed to identify key elements in establishing them, data sources, peer programs, program effectiveness, training strategies, and access to resources. Funding sources may include but are not limited to:

- The National Institute for Occupational Safety and Health
- The Substance Abuse and Mental Health Services Administration
- U.S. Department of Labor Employment and Training Administration
- CPWR
- Private foundations

Appendices

- A. Detailed Key Informant Interviews and Focus Groups
- B. Agenda for the PAG
- C. Leadership and Focus Group Questions
- D. Survey
- E. Survey Results and Tables
- F. NYC Local Law 196 factsheet
- G. Collective Bargaining Language (2022 – 2027)

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