

PAINFUL REALITY

The opioid epidemic hit construction harder than any other industry. How can remodelers protect their business and workers?

by Kyle Clapham

MORE than 70,000 Americans died from a drug overdose in 2017, according to the Centers for Disease Control and Prevention (CDC). Almost 70 percent of drug overdose deaths that year involved an opioid—six times higher than the rate in 1999. On average 130 people die each day from an opioid overdose, prompting a national public health emergency declaration in October 2017.

Construction workers had the highest proportion of drug overdose deaths and, more specifically, heroin- and prescription-opioid-related overdose deaths between 2007 and 2012. An analysis of fatalities from 2010 to 2016 found construction workers in Ohio were seven times more likely to die of an opioid overdose than in other professions such as education, health care and finance.

In Massachusetts, a report last year examining opioid overdose deaths in the state between 2011 and 2015 discovered that construction workers accounted for more than 24 percent of all opioid-related deaths among the working population. The problem has gotten so bad, state legislators in Pennsylvania dedicated an entire week to raising awareness and educating their communities.

Despite a growing consciousness of the issue, opioid abuse remains misunderstood because of

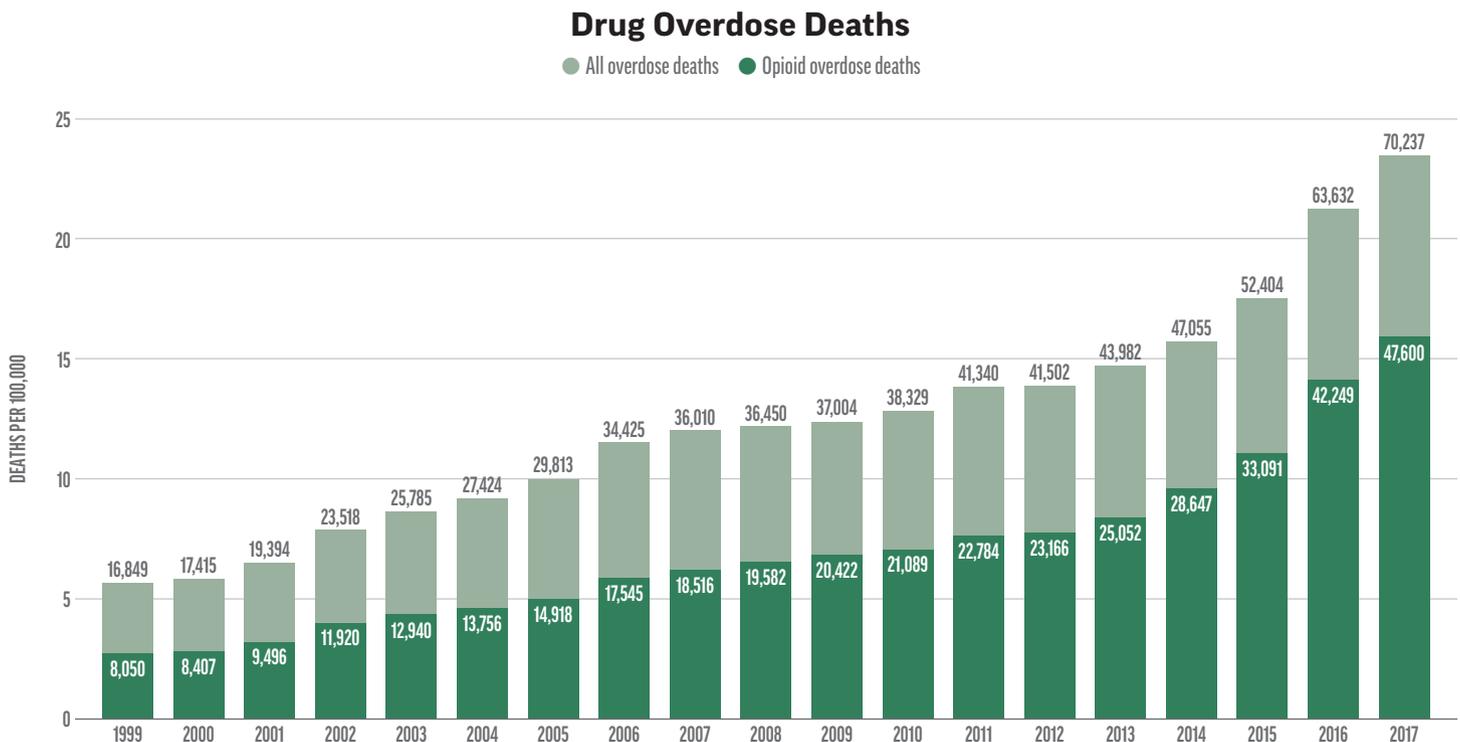
its personal nature. Workers struggling with addiction often feel ashamed and embarrassed and have trouble revealing their dependency to others, especially colleagues and employers. Many of them assume they will be terminated and sent away without any consideration for their predicament.

The construction industry has responded with a number of informational campaigns and outreach aimed at employers and workers, although most of that activity happens in the commercial sector. As more residential trade groups and associations galvanize to confront the dilemma, remodelers find themselves in a unique position to challenge opioid abuse and help people restore their lives.

Wear and Tear

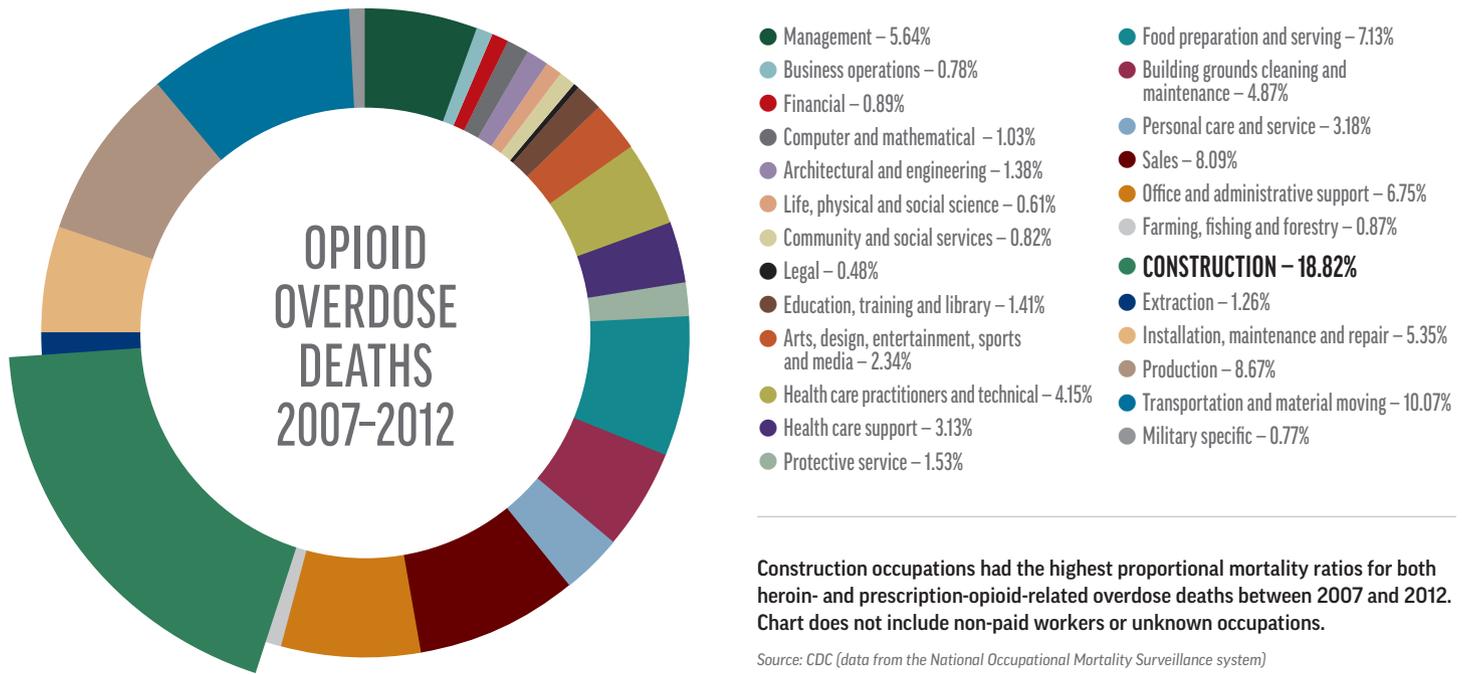
Physical labor defines the construction occupation, which frequently involves tasks that require repetitive motion and excessive exposure to vibration as well as bending, twisting and awkward postures. This grueling work strains shoulders, knees and other joints over time and can cause an injury, increasing the likelihood of doctors prescribing an opioid to assist with pain management.

“Our bodies get beat up pretty easily in construction,” says Bob McCall, director of safety for the Master Builders’ Association of Western



From 1999 to 2017, more than 700,000 people died from a drug overdose. In 2017, the number of overdose deaths involving opioids was six times higher than in 1999.

Source: CDC



Construction occupations had the highest proportional mortality ratios for both heroin- and prescription-opioid-related overdose deaths between 2007 and 2012. Chart does not include non-paid workers or unknown occupations.

Source: CDC (data from the National Occupational Mortality Surveillance system)

Pennsylvania, a trade group of commercial construction businesses. “And the older you get, the harder it is to recover from muscle strains and joint pains.”

The median age for a construction worker in 2018 was 42.5 years old, according to the Bureau of Labor Statistics. A study by the Midwest Economic Policy Institute last year noted the injury rate for construction is 77 percent higher than the nation-

IN 2016, TWO IN FIVE WORKERS' COMPENSATION CLAIMS FOR PRESCRIPTIONS INCLUDED AN OPIOID.

National Institute for Occupational Safety and Health

al average for other occupations. In the event a worker suffers an injury on the job, employers will typically file a workers' compensation claim.

In 2016, two in five workers' compensation claims for prescriptions included an opioid. Because the construction industry has such an elevated risk of injury, its workers have a greater exposure to opioids before even taking socioeconomic factors into consideration. Health care providers began prescribing opioids regularly in the

late 1990s after pharmaceutical companies said they would not become addictive.

“In the past—and this is changing now because of prescription drug monitoring programs and in general a stronger look at opioid prescribing rates—but oftentimes people were being prescribed opioids quite frequently,” explains Rachael Cooper, senior program manager of substance use harm prevention at the National Safety Council, a non-profit devoted to eliminating preventable deaths.

By 2012 more than 259 million opioid prescriptions had been written, enough for each American adult to have a bottle of pills, the CDC says. Construction has the second-highest rate of pain medication and opioid misuse after the entertainment, recreation and food business—about 1.3 percent of its workers are thought to be addicted to opioids, nearly twice the rate for all other working adults, according to data from the 2012-2014 National Survey on Drug Use and Health.

“They're looking for relief from these aches and pains, and oftentimes they turn to an opioid of some sort,” McCall notes. “The wear and tear on their body leads them to try to find a solution, so that they can go [back] to work. Our guys, if they don't work, they [usually] don't get paid.”

Recognizing Issues

Many construction workers do not have benefits such as health insurance, sick days and vacation time because they do not qualify as full-time employees. A number of companies, particularly in the residential sector, subcontract other businesses to

complete parts of their projects. The job might be only three or four weeks, consequently, so workers cannot afford to sit out consecutive days.

“Even though their injury might not be fully healed, it’s [likely] they’re going to continue to take opioids so they can go back to work. Because they don’t have any more sick time,” Cooper says.

The CDC estimates prescription opioid misuse costs the U.S. \$78.5 billion every year, including the cost of health care, lost productivity, addiction treatment and criminal justice involvement. Workers with a pain medication use disorder miss an average of 29 days per year, compared with 14.9 days for all substance use disorders, 10.5 days for most employees and 9.5 days for workers in recovery from a substance use disorder, according to the National Center for Health Statistics.

“When you have someone who’s not showing up for work or not at full capacity, you can agitate the rest of your employees,” explains Carl Heinlein, director at large for the American Society of Safety Professionals, an association for occupational safety and health professionals. “You can have absenteeism, and you can get violence. You can have theft on the job to pay for drugs.”

Roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them, according to the National Institute on Drug Abuse. Between 8 and 12 percent of patients develop an opioid use disorder, and an estimated 4 to 6 percent of those who misuse prescription opioids transition to heroin. About 80 percent of people who use heroin, furthermore, misused prescription opioids.

“When you’ve got a worker who is using opioids, they’re putting themselves in danger; they’re also putting all the workers around them that are on the jobsite in danger, as well as the general public who might walking [around] a jobsite,” says Gary Hill, executive director of the Job-Site Safety Institute, a nonprofit that conducts safety research for residential and commercial jobsites.

“But if somebody’s abusing drugs—be it legal or illegal—most of us probably aren’t going to be educated enough to be able to recognize those issues,” he adds. “So it becomes harder to know if you really have a problem. It’s hard for someone to come in and say, ‘Hey, I’ve got a problem.’”

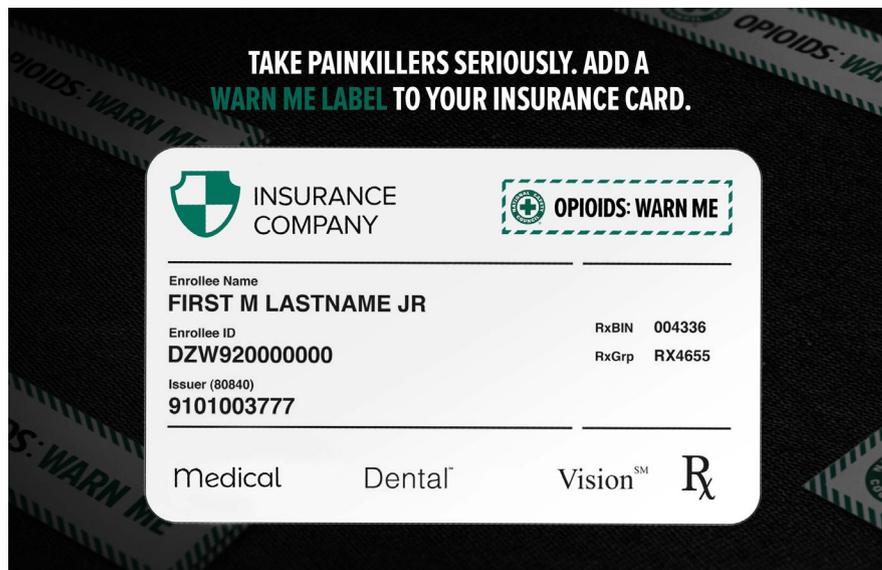
Conversation Starter

Jon O’Brien spent his first six months as executive director of Keystone Contractors Association, a commercial construction trade group based in Lemoyne, Pennsylvania, traveling to offices and jobsites, getting to know members. He sat down with executives and discussed their companies, and the challenges they faced, when he noticed a recurring issue throughout many conversations.

O’Brien went back to the association board and said they should do something about the opioid epidemic, and the board agreed. They hosted a couple of meetings to talk about the problem and what the group could do to help, but they did not reach an actionable conclusion. Then the issue showed up on their doorstep and compelled the association to stop debating and act on the plight.

“In meetings for the carpenters’ unions, they give an update on the apprenticeship program,” he says. “And at back-to-back meetings, they talked about two apprentices who passed away; and it was heroin. They started off with pain meds, and then they worked their way up to street heroin.”

At that point, O’Brien approached the board and said they needed to enact a solution immediately. As he drafted an informative booklet for employers and organized “toolbox talks” for their



The National Safety Council offers self-stick labels that read, *Opioids: Warn me*, to remind patients to begin a discussion with their medical providers about the risks of prescribed opioids and whether there are safer, effective alternatives. The label fits on insurance and prescription cards without covering up important information.

workers, a friend suggested he reach out to the National Safety Council, which offers timely resources on opioid misuse. O’Brien called and the two organizations partnered on an initiative.

Keystone sent letters to all its members explaining pain medication abuse and included self-stick labels from the National Safety Council that read, *Opioids: Warn me*. The label fits on insurance and prescription cards without covering up important information, reminding patients to begin a discussion with their medical provider about the risks of prescribed opioids and whether there are safer,

Opioids in the Home Building Industry: Making it Your Business

Opioid addiction is our nation's leading public health crisis, and it affects people across all socioeconomic classes, races, genders and jobs. The home building industry is no exception.

- More than 700,000 people died as a result of a drug overdose between 1999 and 2017.
- Around 68% of the more than 70,200 drug overdose deaths in 2017 involved an opioid.
- On average, 130 Americans die every day as a result of an opioid overdose.
- There are close to 200 fatal and non-fatal opioid overdoses in the U.S. every day. That's eight overdoses per hour, including at least two from workers in the home building industry.

More than half of those who died from an overdose had suffered at least one job-related injury.

1 out of 4 people who are prescribed opioids for long-term pain become addicted to them.

4 out of 5 people treated for opioid abuse started on pain medications.

More than 12 million Americans used prescription painkillers nonmedically in the past year.

Click on the link for your state below to access resources from local public health officials.

AK | AL | AZ | AR | CA | CO | CT | DC | DE | FL | GA | HI | ID | IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO | MT | NE | NV | NH | NJ | NM | NY | NC | ND | OH | OK | OR | PA | RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY

The National Association of Home Builders launched a webpage about opioid addiction in February 2019.

effective alternatives. The card lists questions to ask doctors, dentists and pharmacists.

“We’ve distributed those too,” McCall notes. “[It’s] an opportunity to start a conversation with a medical provider about alternative methods. That’s an effective means to start that conversation.”

The National Safety Council also provides free, postage-paid, pre-addressed envelopes to aid in the safe disposal of unneeded or expired prescriptions, ensuring they do not fall into other hands.

O’Brien received tremendous feedback for his efforts and soon took a call from members of the Pennsylvania statehouse, who wanted to establish a Construction Opioids Awareness Week. In 2018

House Resolution 981 designated the last full week of July for understanding the dangers of prescription drug abuse. The state had the fourth-highest rate of opioid overdose deaths in 2016.

The Grassroots

The National Association of Home Builders forms committees to look for emerging issues in the residential sector and determine which resources, if any, the group could develop to empower its members. A committee on construction liability, risk management and building materials felt the industry had not addressed the opioid epidemic, so it united with a construction safety committee.

“This is certainly a safety issue; it’s also a financial issue, and it’s a risk issue,” says David Jaffe, vice president of construction liability for NAHB. “We combined to form a working group made up of members and have been working hard on this for some time now, trying to figure out what would be best for our members. We [created] an educational campaign, an awareness campaign.”

Earlier this year at the International Builders’ Show, the association introduced “Making It Your Business,” an initiative to generate solutions and educational resources that explore intervention points across the spectrum of prevention, treatment, recovery and return to work. NAHB teamed up with Job-Site Safety Institute and Advocates for Human Potential, a health services consultant.

“We’re not only talking to our members, we’re [also] talking to their trades. As you know, in our industry, a lot of work is done by trade contractors and subcontractors,” Jaffe says. “Even though they may not be employees of ours, we want to reach out and help educate them—and have them educate their employees. This affects family members, so we want to be a resource for families.”

A webpage with relevant statistics, fact sheets and the ability to click on any U.S. state to access information from local public health officials will be updated periodically, Jaffe notes. The goal is to provide as much instructional content as possible, using a multimedia strategy so the group can engage construction employers and workers wherever they choose to consume the material.

“When you’re in the business of treating people, you begin to notice that there are patterns as far as where people work and where they’re coming from, what they do for a living—and what their lifestyle consists of,” explains Patrick Gauthier, director of healthcare solutions at Advocates for Human Potential. “It doesn’t take you long to figure that out when you work in the treatment field.”

“We can only do so much at the national level,” Jaffe adds. “So, we’re working very closely with our state and local associations to try and push information down to the grassroots and have them

disseminate [it]. We try to make it available in the hope that it'll be helpful and useful to people."

Right Direction

Construction will always entail physical labor and dangerous situations; as a result, injuries could occur at any time in spite of abundant caution and ample training. Some workers, moreover, will be prescribed opioids to manage an injury.

A number of states have enacted laws that restrict the prescribing or dispensing of opioids, and the majority of them instituted seven-day supply limits for naïve (first time) patients. But drug testing ensures workers are sober once they come back.

"That's the proof in the pudding," Gauthier says. "If you're not doing it, then you're subjectively trying to rely on your diagnostic skills. [Because] there are a lot of reasons why somebody might be behaving a little off today, and you don't want to get into that. Your job as an employer is to measure performance and recognize and reward it—or provide consequences if you don't see it."

"EVERYBODY, INCLUDING YOUR COWORKERS, MANAGERS AND SUPERVISORS, NEEDS TO KNOW WHAT'S GOING TO HAPPEN [IF SOMEBODY TESTS POSITIVE]."

Rachael Cooper, National Safety Council

Many companies, nevertheless, rely too much on a drug testing program to identify workers who might have a substance use disorder. Employers must understand why they want to conduct drug testing and, subsequently, what they should be screening for when vetting prospective employees and checking on current personnel—whether through a random test or following an injury report.

"There's a lot of confusion about what works and what doesn't work," says Cooper, who adds that many standard drug-testing panels do not even screen for common prescription opioids such as oxycodone, which includes painkillers like OxyContin and Percocet. "It's something that can be tough for employers to navigate, and the cost factor is certainly prohibitive for a lot of people."

When the Master Builders' Association of Western Pennsylvania began drug testing members

in 2000, the panel did not screen for opioids, McCall notes. As the group became more aware of the issue, however, they were eventually incorporated into the tests. "The first year we did find a fair amount of people who were indeed positive; but by year three, we were finding fewer and fewer."

"We contribute that to not only a deterrent of testing, but also to the education that was a part of the process," he says. "We've actually gotten calls from family members who said, 'Thank you,' for putting him or her through this—and for getting them started off in the right direction again."

"Everybody, including your coworkers, managers and supervisors, needs to know what's going to happen [if somebody tests positive]," Cooper adds. "Because otherwise people aren't going to report incidents. If something happens and you don't want somebody to get fired, you're just not going to tell. That's just what people do—they try and protect those who matter to them."

Time to Invest

Compassion—a pity and concern for the suffering or misfortune of others—should play a central role in any approach to the opioid epidemic. People need to be in an environment where they feel comfortable talking with their superiors about substance use, and employees must be confident in alerting management if they repeatedly notice any warning signs of opioid abuse in a coworker.

Employee assistance programs, which offer counseling and referral services to workers struggling with personal or job problems, can provide an opportunity for resolution. "But it has to actually be confidential, and people have to know that it's confidential," Cooper notes. "I would be very hesitant to go talk to someone who my workplace recommended if I wasn't 100 percent positive that it was going to remain confidential, especially if I had some sort of [substance abuse] issue."

Effective communication about proper staffing and jobsite layout decreases the odds of an injury, reducing the chance of a worker being prescribed opioids in the first place. Gathering feedback from employees on how to prevent injuries by mitigating or even eliminating workplace hazards, and collaborating with healthcare providers and insurance companies if an injury does occur will necessitate a collective effort. "The more proactive you are on it, the better it goes," Cooper says.

"That's the bigger picture," Heinlein adds. "How are we making sure it doesn't happen? And if it does, how are we pointing [workers] in the right direction? Because these aren't just disposable people we put back on the street. They're still part of our communities. If we can get them back on the right path, they may be the best employees we've ever had. We've got to invest the time." **QR**

5 Ways to Combat the Opioid Epidemic

- Educate employees and subcontractors about responsible prescription opioid use.
- Provide health insurance that covers substance abuse and mental health treatment.
- Update policies to include regular drug testing but do not fire people immediately.
- Encourage physical therapy and anti-inflammatory medication for chronic injuries.
- Reward workers with at least two weeks of paid sick leave so they can heal safely.