



# Total Worker Health<sup>®</sup>

*Real-World Culture Building to Improve  
Worker Safety and Health*



## A Webinar for AGC



**AGC**  
THE CONSTRUCTION  
ASSOCIATION

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Centers for Disease Control and Prevention

The findings and conclusions in this presentation have not been formally disseminated by the National Institute for Occupational Safety and Health and should not be construed to represent any agency determination or policy.







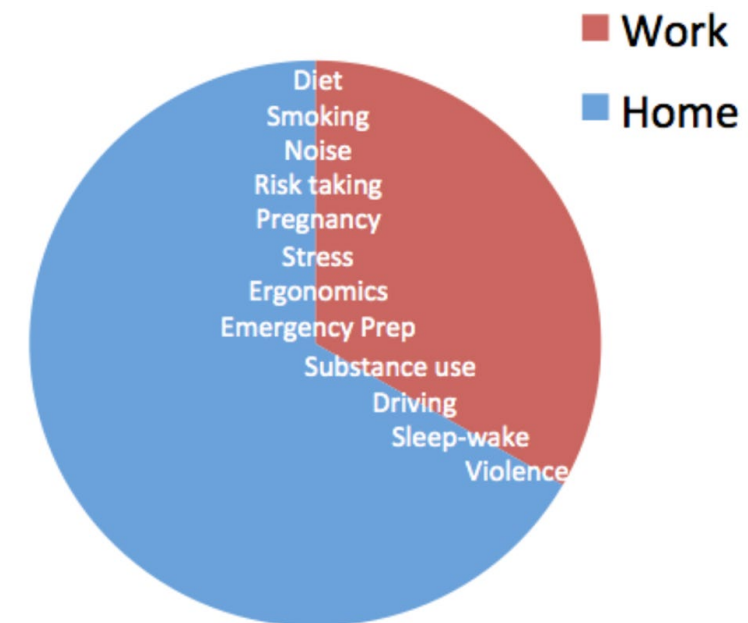
**Today's workers still face many hazards from work. Some traditional, some new.**





# Why is work so influential to our health and well-being?

- Work conditions = Risk for injury, illness and disability
- Work = Wages, a strong predictors of health, longevity
- Work = Benefits (healthcare, workers comp, income security)
- Work = Where we live/How we commute
- Work = Time from other pursuits (sleep, exercise, preparing food/diet, rest)
- Work influences relationships, families



# Diseases Known to be Related to Work

*(at least some of the time)*

## Cancer

- Lung (& bronchus): 5-10%
- Mesothelioma: 75-98%
- Bladder: <1%
- Leukemia: 2%
- Laryngeal: 1-3%
- Melanoma (skin): 3-8%
- Sinonasal & nasopharynx: 12-19%
- Kidney (& renal pelvis): <1%
- Liver: <1%

## Non-cancer

- Pneumoconiosis: 100%
- Asthma: 11-26%
- COPD: 22%
- Coronary Heart Disease: 8-21%
- Tuberculosis: 5%
- Hepatitis B: <1%
- Hepatitis C: <1%
- Hearing Loss: 2-11%

[In blue: the attributable fraction (AF), based on % of population exposed and relative risk of that condition in the population]



# Total Worker Health<sup>®</sup>

**Keep Workers Safe**



**Establish workplace policies, practices and programs that grow health**



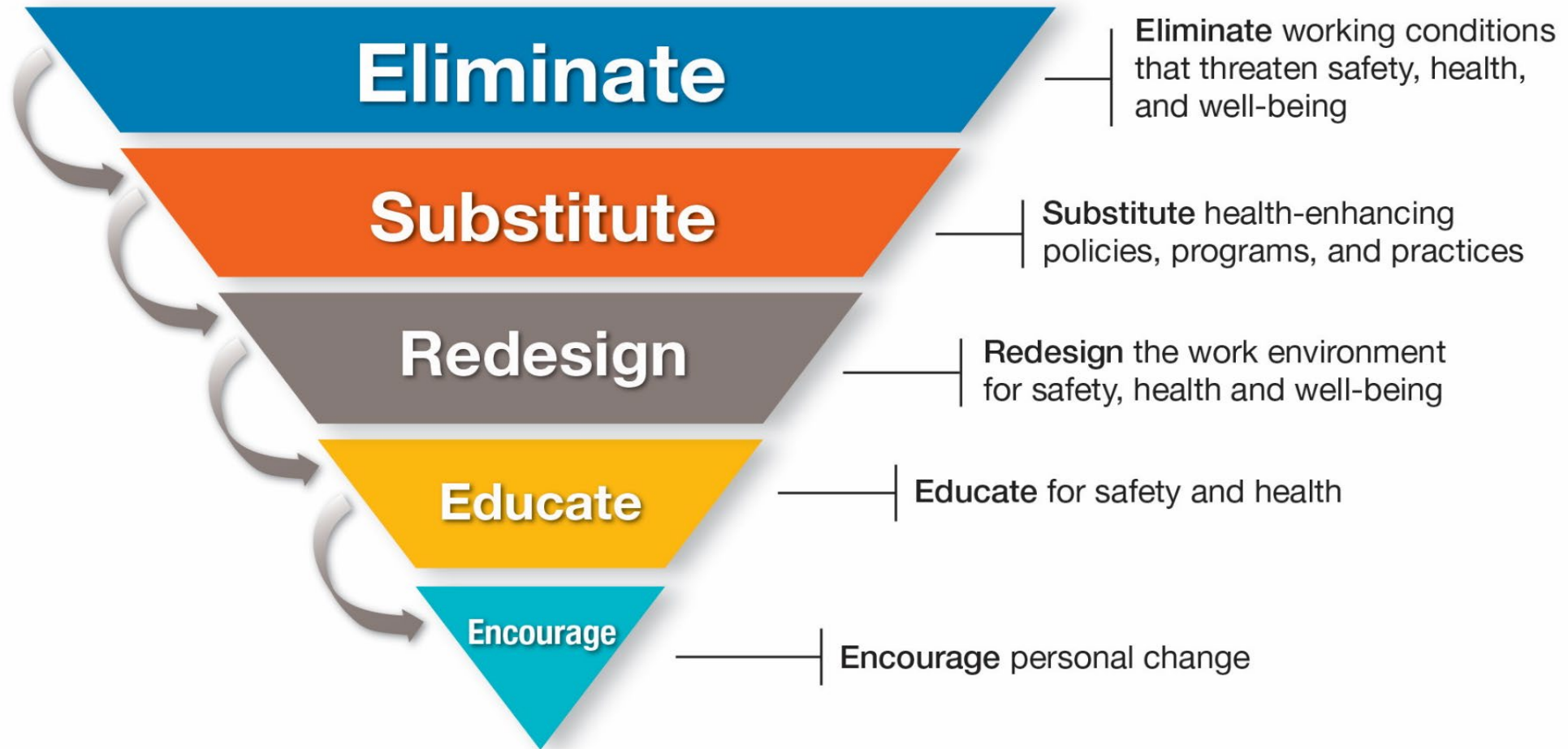
**Create Worker Well-being**

# Five Essential Defining Elements of TWH

- **Demonstrate leadership commitment to worker safety and health at all levels of the organization.**
- **Design work to eliminate or reduce safety and health hazards and promote worker well-being.**
- **Promote and support worker engagement throughout program design and implementation.**
- **Ensure confidentiality and privacy of workers.**
- **Integrate relevant systems to advance worker well-being.**



# Hierarchy of Controls Applied to TWH



# “How We Are Employed” Increasingly Vital to Worker Health and Wellbeing

- Rapid job extinction, new job creation
- “Gig” economy, platform work, contracting, subs
- Increasing risk of job insecurity, precariousness
- Minimal “traditional” advancement
- Hi-tech, highly mobile workers increasingly in demand, well-paid
- Non-skilled labor de-valued, commoditized
- Potential Risks of New Work Arrangements
  - Hazardous work “outsourcing”
  - Separation of benefits from employment
  - Union representation declining
  - Vulnerable populations become more vulnerable

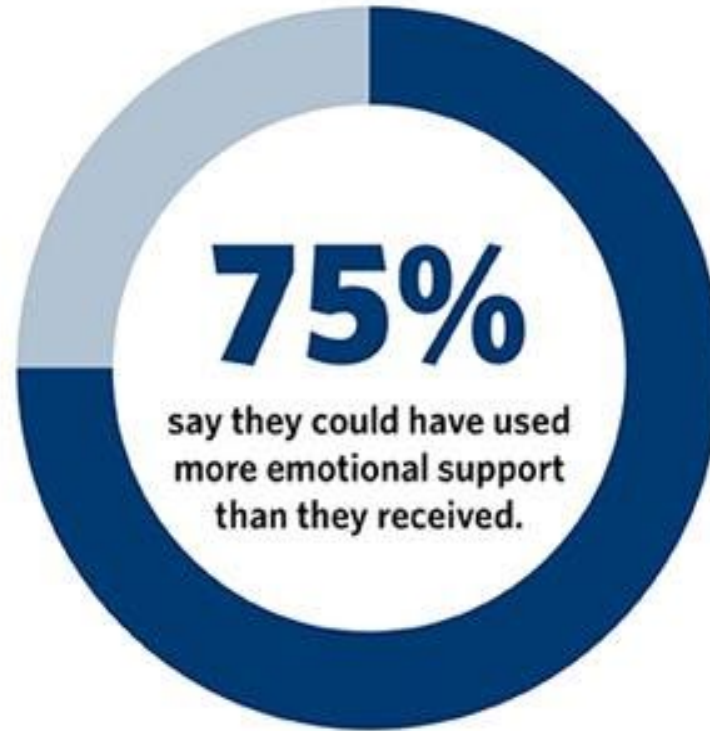
# *Total Worker Health*

## **Policies, Programs and Practices**

- Worker-centered; workers partner in solving workplace problems
- Equitable wages, safe staffing levels, voluntary overtime
- Attention to benefits, paid leave, sick leave
- Discrimination, harassment, and violence prevention
- Health-enhancing work design and work organization elements
- Healthier, supportive supervision
- Work-intensification prevention
- Fair performance appraisals & advancement opportunities
- Attention to work-life fit, work-family issues
- Address work factors known to be causes of chronic conditions
- Confidential occupational health and prevention services
- Programs to help workers manage their health challenges
- Support for productive aging across the working life span

PANDEMIC SURVEY

# 1 in 4 Essential Workers (25%) Diagnosed With Mental Health Disorder Since Start of Pandemic



# During late June, 40% of U.S. adults reported struggling with mental health or substance use\*

ANXIETY/DEPRESSION SYMPTOMS



STARTED OR INCREASED SUBSTANCE USE



TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS



SERIOUSLY CONSIDERED SUICIDE†



\*Based on a survey of U.S. adults aged  $\geq 18$  years during June 24-30, 2020

†In the 30 days prior to survey

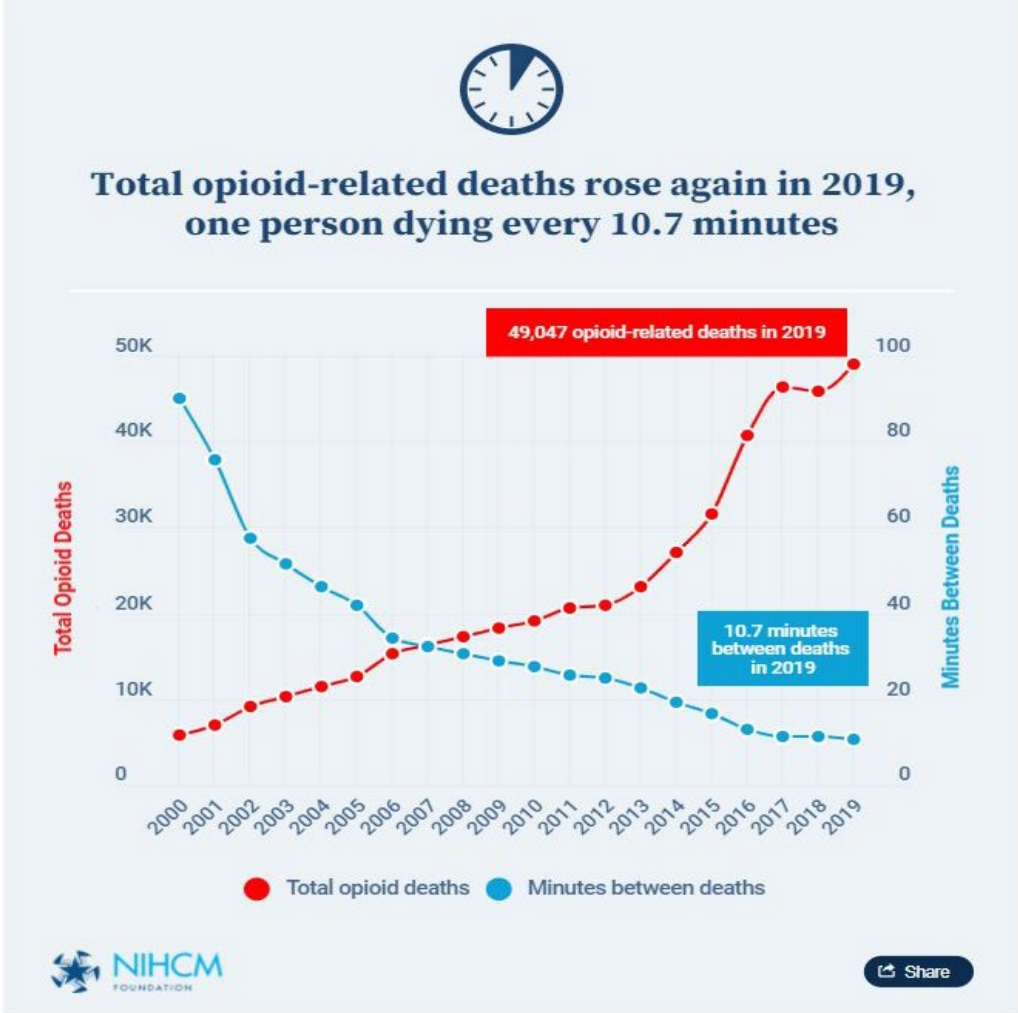
For stress and coping strategies: [bit.ly/dailylifecoping](https://bit.ly/dailylifecoping)



# The NIOSH Framework to Address Opioid Misuse Using the Total Worker Health Approach



- In 2019 one person died of an opioid overdose every 10.7 minutes



As the number of opioid overdose deaths grew more than eight-fold between 2000 and 2018 – reaching 49,047 deaths in 2019 – the minutes between deaths fell correspondingly. By 2019, one person was dying of an opioid overdose every 10.7 minutes.



# Long-Term Trends in Opioid Overdose Deaths

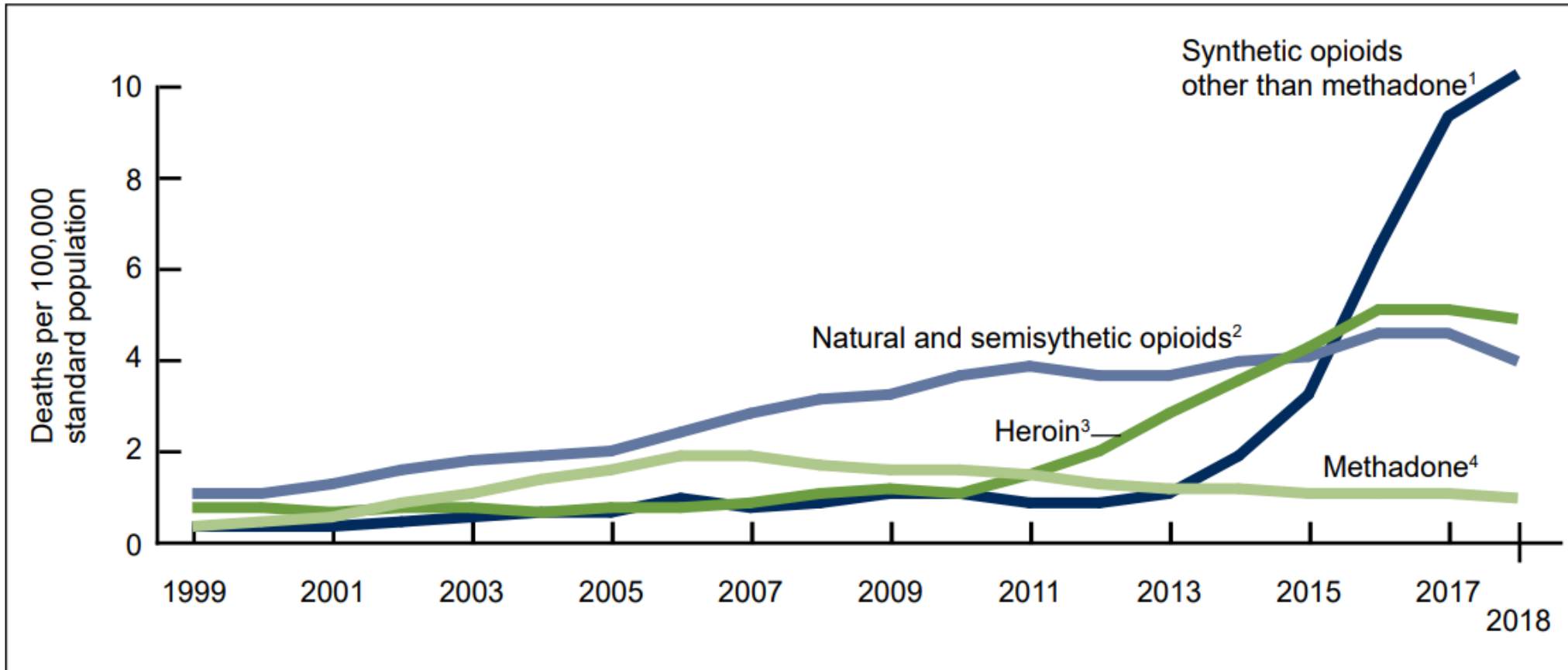


Figure title: Age-adjusted drug overdose death rates involving opioids, by type of opioid: United States, 1999–2018

Suggested citation: Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2018. NCHS Data Brief, no 356. Hyattsville, MD: National Center for Health Statistics. 2020. (Available from <https://www.cdc.gov/nchs/products/databriefs/db356.htm>)

# Exploring the Link: Opioids and Work



- Lack of employment
- Insecure employment, new employment arrangements
- Hazardous work and increased risk of work-related injury
- Wages, working conditions that can predispose to chronic health problems or pain
- Lack of benefits/paid sick leave
- Industry/occupational, cultural, and geographic differences



# Data to Characterize and Address the Crisis

- **August 2018 MMWR: Occupational Patterns in Opioid-Involved Overdose Deaths**
- NIOSH researchers analyzed drug overdose deaths within 26 job groups from 2007-2012.
  - 57,810 drug overdose deaths
  - Majority were: male (61.8%), white (89.8%), aged 45-54 (30.1%) or 35-44 (24.1%)
- PMRs from drug overdose were highest for six occupation groups
  - Construction (highest PMR for heroin and methadone)
  - Extraction (highest PMR for natural and semi-synthetic opioids)
  - Food preparation and serving
  - Health care practitioners and technical occupations (highest PMR for synthetic)
  - Health care support
  - Personal care and service
- PMR also significantly elevated for “unpaid/unemployed”

# Effects of COVID-19 on Substance Misuse, SUD, and OUD



- More than 40 states have reported increases in opioid-related mortality as well as ongoing concerns for those with a mental illness or substance use disorder (SUD) in counties and other areas within the state.
- “the perfect storm for folks who are substance dependent”
- SAMHSA disaster distress helpline has seen a nearly **900% increase** in calls compared to the same period last year
- Social distancing measures may cause individuals with SUD to be more isolated, lack social support, and have no one around to administer naloxone during an overdose
  - Hindered ability of individuals with SUD to access services such as counseling, therapy, and MAT

# What is Workplace Supported Recovery?

- Evidence-based policies and programs to:
  - Reduce the risk factors associated with initiating substance misuse and progression to a substance use disorder
  - Lower the threshold/barriers for seeking care
  - Educate, empower management teams
  - Lower stigma
  - Ensure privacy and confidentiality
  - Assist workers in recovery and reintegration/RTW



# NIOSH Resources for Employers



## Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers

### Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers

**Introduction**  
Opioid misuse and overdose deaths have become serious health issues in the United States. Opioid deaths involving prescription and illicit drugs doubled from 2010 to 2016, with more than 42,000 deaths in 2016 (CDC, 2018a). Recent data show that there were more than 49,000 opioid overdose deaths in 2017 (CDC, 2018c). In October 2017, the President declared the opioid overdose epidemic to be a public health emergency. Naloxone is a very effective drug for reversing opioid overdoses. Public health, emergency medical services providers, and non-emergency professional responders carry the drug for that purpose. The Surgeon General of the United States is also urging others who may encounter people at risk for opioid overdose to have naloxone available and to learn how to use it to save lives (DOD, 2017).  
The National Institute for Occupational Safety and Health



**Background**  
What are opioids?  
Opioids include three categories of pain-relieving drugs: natural opioids (also called opiates) which are derived from the opium poppy, such as morphine and codeine; synthetic opioids, such as fentanyl, oxycodone, hydrocodone and oxycodone and the illicit drug heroin; and semi-synthetic opioids, such as morphine, oxycodone and heroin. Fentanyl is 50 to 100 times more potent than morphine. Fentanyl and other potent opioids can be 10,000 times more potent than morphine. Overdose deaths from fentanyl have tripled compared to 2012 with the introduction of illicitly manufactured fentanyl containing the drug supply (CDC, 2018a; CDC, 2018c). The National Institute on Drug Abuse (NIDA, 2016) has more information about types of opioids.

**What is naloxone?**  
Naloxone hydrochloride also known as naloxone, NARCAN or NALOXON is a drug that can temporarily stop many of the life-threatening effects of overdose from opioids. Naloxone can help restore breathing and reverse the sedation and unconsciousness that are common during an opioid overdose.  
Side effects  
Serious side effects from naloxone use are very rare. Strong reactions during an overdose for nonopioid any risk of side effects. If the cause of the unconsciousness is something other than opioids, naloxone may lead to harm to the person. Only a rare case would naloxone cause acute opioid withdrawal symptoms such as body aches, increased heart rate, irritability, agitation, vomiting, diarrhea, and convulsions. Always react to naloxone in very uncertain.

**Limitations**  
Naloxone will not reverse overdoses from other drugs, such as alcohol, benzodiazepines, cocaine, or amphetamines. More than one dose of naloxone may be needed to reverse some overdoses. Naloxone does not work if someone has taken large quantities of opioids, very potent opioids, or long-acting opioids. For this reason, call 911 immediately for every overdose situation.

### Opioids and Work

Opioid overdoses are occurring in workplaces. The Bureau of Labor Statistics (BLS) reported that overdose deaths at work from non-medical use of drugs or alcohol increased by 40% this year compared to 2015 and 2016. The 217 workplace overdose deaths reported in 2016, year compared with 180 in 2015 (BLS, 2017). This large increase in overdose deaths in the workplace shows that drug overdoses are a serious occupational safety and health problem. The public (e.g., libraries, restaurants, parks) may also have visitors who overdose while onsite.

**Workplace risk factors for opioid use**  
Opioids are often initially prescribed to manage pain among those who engage in high-risk workplace conditions that lead to injury, such as slip, trip, and fall hazards or

### Considering a Workplace Naloxone Use Program

- Does the size where your workplace is located allow the administration of naloxone to non-trained employees in the event of an overdose emergency?
- What legal and liability considerations should be addressed? Does your state Good Samaritan law cover emergency use of naloxone?
- Do you have staff willing to be trained and willing to provide assistance?
- Do you have workplace staff other than first aid or emergency response volunteers (first aid kits, AEDs, trained first aid providers, etc.) available to assist?
- Are the risks for opioid overdose greater in your geographic location? The National Center for Health Statistics provides data on drug overdose deaths in an overdose state dashboard (CDC, 2018d).

### Establishing a Program

- Assess the risks for opioid overdose greater in your industry or among occupations at your workplace? (See NIOSH 2016 and CDC, 2018c.)
- Does your workplace have frequent visitors, clients, patients, or other members of the public that may be at increased risk of opioid overdose?

### Training

- Train staff to lower their risks when providing naloxone. Staff must be able to:
  - Recognize the symptoms of possible opioid overdose.
  - Call 911 to seek immediate professional emergency medical assistance.
  - Know the dangers of exposure to drug powders before entering.
  - Know when NOT to enter a scene where drug powders are visible and exposure to staff could occur.
  - Know how to use professional emergency responders when drug powders, needles, or other small containers are used.
  - Use personal protective equipment (PPE) to be gloves during all responses to protect against chemical or biological exposures including opioid needles, blood or other body fluids.
  - Address naloxone and naloxone who have additional doses are needed.
  - Address any exposures that may occur during the response, including agitation or convulsions from the person recovering from an overdose.
  - Use additional first aid, CPR/first aid support resources, and/or emergency care (use respiratory and cardiac care).
- Prepare for possible response to blood, needles or other sharp objects and the use of naloxone. Provide biohazard training to personnel and consider additional protective gear, such as respirators or gloves.

## NIOSH First Responder Tool-Kit

### Reducing Illicit Drug Exposure: Safety Measures for First Responders

WHEN YOU SUSPECT ILLICIT DRUGS ARE PRESENT:

**DO**

- Wear your personal protective equipment.
- Wash your hands with soap and water.

**DO NOT**

- Do not touch or disturb any pills, powder or liquids.
- Do not eat, drink, smoke, or use the bathroom while working in the area.
- Do not use hand sanitizer. It does not remove illicit drugs and may increase exposure.

**DO NOT**

- Touch your eyes, nose, and mouth.

**DO NOT**

- Use hand sanitizer, eat, drink, smoke, or use the bathroom.

### Reducing Illicit Drug Exposure: Safety Measures for First Responders

EXPOSURE CAN HAPPEN. PROTECT YOURSELF.

**DO:**

- Wear proper PPE to prevent exposure.
- Have emergency services on standby.
- Allow only properly trained personnel to use respiratory PPE for portable field testing.

## Guidance to Protect First Responders

Don't take it home with you. Protect your family from exposure to illicit drugs, including fentanyl.

When leaving a scene where illicit drugs were present or suspected to be present:

- Take off your gloves and dispose of them properly.
- Wash your hands with water and soap.
- Don't use hand sanitizer.
- Remove and launder your clothing if contaminated.
- Shower if necessary.
- Deteriorate equipment (radio, utility belt, etc.) according to your department's policies.
- Dispose of single use respiratory protection, and
- Deteriorate reusable PPE (i.e. respirator) according to the manufacturer's recommendations.

Learn more: [www.cdc.gov/niosh/topics/fentanyl/](http://www.cdc.gov/niosh/topics/fentanyl/)

A-Z Tools  
NIOSH  
Advanced Search

The National Institute for Occupational Safety and Health (NIOSH)

Workplace Safety & Health Topics

Workplace Supported Recovery

Resources

Visit Opioids Topic Page

Click here to visit the Opioids topic page for more information.

Related Topics

Medication-Assisted Treatment for Opioid Use Disorder

Fentanyl

On This Page

## WORKPLACE SOLUTIONS

From the National Institute for Occupational Safety and Health

## Medication-Assisted Treatment for Opioid Use Disorder

### Summary

The opioid overdose epidemic continues to claim lives across the country with a record 67,000 overdose deaths in 2017. (This number represents 67.8% of the 70,237 overdose deaths from all drugs) (CDC, 2018a). More Americans now die every year from drug overdoses than in motor vehicle crashes (CDC, 2016). The crisis is taking an especially devastating toll on certain parts of the U.S. workforce. High rates of opioid overdose deaths have occurred in industries with high injury rates and physically demanding working conditions such as construction, mining, or fishing (Massachusetts Department of Public Health 2018; CDC, 2018b). Certain job factors such as high job demands, job insecurity, and lack of control over tasks have also been linked to opioid use (Kowalski-McGraw et al., 2017). Medication-assisted treatment (MAT) (also known as medication-based treatment) has been shown to be effective for many people with opioid use disorder (SAMHSA, 2015b; National Academies of Sciences, Engineering, and Medicine 2019). In addition to providing general information about MAT, this document provides information for employers wishing to assist or support workers with opioid use disorder.

### Treatment

What is medication-assisted treatment (MAT)?  
MAT uses medications approved by the U.S. Food and Drug Administration (FDA) in combination with counseling and behavioral therapies to treat OUD involving misuse of either prescription

\*Note that some experts recommend the term "medication-based treatment" or MBT instead of MAT. This change in nomenclature aligns with the premise that OUD is a chronic disorder for which medications are first-line treatments (often an integral part of a person's long-term treatment plan) rather than complementary or temporary aids on the path to recovery (National Academies of Sciences, Engineering, and Medicine 2019).

†The White House Council of Economic Advisors (CEA 2017) estimated the economic cost of these deaths related to opioids "using conventional economic estimates for valuing life routinely used by U.S. Federal agencies." The CEA report "also adjusts for underreporting of opioids in overdose deaths, includes heroin-related fatalities, and incorporates nonfatal costs of opioid misuse." CEA estimates that in 2015, the economic cost of the opioid crisis was \$504.0 billion, or 2.8 percent of GDP that year."

**Background**  
Challenges related to prescription drug misuse, illicit drug use, and addiction

Sources:

<https://www.cdc.gov/niosh/topics/opioids/default.html>  
<https://www.cdc.gov/niosh/twh/totalhealth.html>

## HANDOUTS, PLANNING TOOLS & TRAINING PROGRAMS

[Home](#) > [Research](#) > [Research to Practice \(r2p\)](#) > [r2p Library](#) > [Handouts, Planning Tools & Training Programs](#) > Mental Health & Addiction

### Mental Health & Addiction

Mental health issues – in particular opioid addiction and suicide – are impacting construction workers at alarming rates. Rates of both opioid use and suicides have risen dramatically throughout the US over the past several years, and studies have shown that these are areas of particular concern for the construction industry.<sup>[1], [2]</sup>

[Click here](#) to find information and resources about opioid deaths, prevention, and pain management alternatives.

[Click here](#) to find resources to help organizations and individuals understand suicide prevention, start a conversation, and play a role in supporting friends, co-workers and family members.

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

[National Suicide Prevention Lifeline](#)— a free and confidential resource that connects individuals with skilled, trained counselors 24/7. (United States)

Call 1-800-273-TALK (1-800-273-8255)

Use the [online Lifeline Crisis Chat](#)

CPWR also has a Toolbox Talk on workplace stress available in English and Spanish:

#### ← RESEARCH

[Research Projects](#) +

[Data Center](#) +

[Research to Practice \(r2p\)](#) +

[Training and Awareness Programs from Research](#) +

[Management Resources from Research](#) +

## Mental Health Resources

### Including Mental Health in Your COVID-19 Response

**Description:**

Information on creating a culture of care during these challenging times.

**Source:** Associated General Contractors (AGC) of Washington

**Date:** 07/13/20

### WHO Risk Communication Guidance

**Description:**

Links to guidance on social stigma and risk communication, mental health considerations, and getting your workplace ready.

**Source:** World Health Organization (WHO)

**Date:** 07/13/20

### WHO - Mental health and psychosocial considerations during the COVID-19 outbreak

#### Resource Categories

[About the Virus \(17\)](#)

[Guidance on Workplace Practices \(87\)](#)

[Safety in Action \(13\)](#)

[Training Resources \(16\)](#)

[Employer Recommendations & Requirements \(30\)](#)

## Suicide Prevention Resources

Suicide rates have risen dramatically in recent years in the U.S. There are roughly 129 suicides per day or 1 death every 11 minutes.<sup>[1]</sup> The construction industry has one of the highest suicide rates compared to other industries.

There is not a simple answer to why this increase has occurred – particularly among construction workers. However, just as we develop and identify resources to help construction workers and employers prevent visible injuries and illnesses, we are also committed to preventing those that may be less visible but equally as important to the safety, health, and well-being of the construction workforce.

There are a growing number of resources available to help organizations and individuals understand the issue, start a conversation, and play a role in supporting friends, co-workers and family members. This online resource is intended to help construction employers, unions and workers quickly find information on suicide prevention.



**IF YOU OR SOMEONE YOU KNOW NEEDS IMMEDIATE HELP, PLEASE CONTACT THE:**

[National Suicide Prevention Lifeline](#)—

a free and confidential resource that connects individuals with skilled, trained counselors 24/7. (United States)

Call 1-800-273-TALK (1-800-273-8255)

Use the [online Lifeline Crisis Chat](#)

# HAZARD ALERT

# SUICIDE PREVENTION



# IN CONSTRUCTION



## Suicide Prevention in Construction



- ✦ Learn to recognize the warning signs of suicide.
- ✦ If someone you know is exhibiting warning signs, don't ignore them. Reach conversation.
- ✦ Offer support and encourage them to get help.
- ✦ If you believe someone is in immediate danger, call 911, take them to a nearest room, call the National Suicide Prevention Lifeline at 1-800-273-8255, or the Crisis Text Line by texting "HELLO" to 741741 to connect with a crisis counselor.



## Prevención del suicidio en el sector construcción



En los últimos años, la tasa de suicidios ha aumentado y ahora es la 10.ª causa de muerte en los EE. UU. La industria de la construcción tiene una de las tasas de suicidio más altas en comparación con las de otras industrias. Si bien no existe una razón sencilla que explique este aumento, aprender las señales de alarma y la forma de buscar ayuda podría salvar su vida o la de un compañero de trabajo.

### La historia de John y Matt

Matt notó que John, su compañero de trabajo, actuaba de manera diferente, se molestaba con facilidad, no cumplía las prácticas de seguridad en el trabajo y almorzaba solo. Reconoció que estas podrían ser las señales de alarma del suicidio. Durante el almuerzo, llamó a una línea directa de crisis y pidió consejo sobre cómo hablar con John y conseguir que lo ayudaran. Al final del día, Matt se acercó a John y le dijo que últimamente había notado un cambio en su estado de ánimo y comportamiento y que estaba preocupado. Le preguntó a John si había tenido ideas de suicidio y le contó sobre la línea directa. Al principio, John se enojó, pero luego admitió que se había sentido deprimido y aliviado de poder hablar con alguien al respecto. Matt convenció a John de que llamara a la línea directa de crisis. Ahora, John recibe la ayuda que necesita y Matt continúa ofreciéndole apoyo.

- ✦ ¿Conoce a alguien que haya tenido ideas suicidas o que se haya suicidado?
- ✦ ¿Cuáles son algunas de las señales de alarma del suicidio?
- ✦ ¿Cómo podemos ayudar a un compañero de trabajo cuando hay señales de alarma del suicidio?

### Recuerde esto

- Reconozca las señales de advertencia:

- Hablar sobre:
- El deseo de morir
  - Culpa o vergüenza
  - Ser una carga para los demás

Sensación:

- De vacío, desesperanza o de no tener razones para vivir

- Sumamente triste, ansioso, agitado o enojado
- Dolor emocional o físico insoportable
- Comportamiento:
  - Planificación o investigación de formas de morir, adquisición de un arma
  - Alejamiento de amigos, parientes o actividades, despedidas, regalo de posesiones o elaboración de un testamento
  - Agitación o ira – mayor conflicto entre compañeros de trabajo
  - Cambios de humor extremos
  - Cambios en la personalidad o descuidos de la apariencia personal
  - Toma de riesgos peligrosos, como un mayor consumo de alcohol o drogas, o conducción de manera imprudente
  - Comer o dormir en mayor o menor medida
  - Aumento de la impuntualidad para llegar al trabajo y absentismo laboral

- Si algún conocido suyo presenta una de estas señales, no lo ignore. Inicie una conversación. La mejor manera de averiguar si una persona tiene ideas suicidas es preguntar directamente.
- Escuche sin juzgar y exprese preocupación y apoyo. Asegúrese que la ayuda está a su disposición.
- NO le diga a nadie que lo haga, no debata el valor de vivir y no discuta si el suicidio es correcto o incorrecto.
- NUNCA prometa mantener en secreto sus pensamientos suicidas.
- Anime a la persona a que vaya a consulta con un profesional de la salud mental o ayúdela a ubicar un centro de tratamiento.
- Si cree que alguien está en peligro inmediato, llame al 911, llévelo a una sala de emergencias cercana, llame al 1-888-628-9454 de la Línea Nacional de Prevención del Suicidio, o comuníquese con la Línea de Texto de Crisis enviando el mensaje de texto "HELLO" al 741741 para comunicarse con un orientador para las crisis.
- Manténgase en contacto con esa persona después de una crisis para ver cómo le va.

Si usted o alguien que conoce necesita ayuda inmediata, comuníquese con el 1-888-628-9454 de la Línea Nacional de Prevención del Suicidio, use su chat en línea, o envíe el mensaje de texto "HELLO" al 741741 para comunicarse con un orientador para las crisis. Estos ofrecen apoyo gratuito y confidencial con orientadores capacitados las 24 horas, los 7 días de la semana.

### ¿Cómo podemos estar a salvo hoy?

¿Qué podemos hacer hoy para ayudar a evitar el suicidio?

1. \_\_\_\_\_
2. \_\_\_\_\_



Together we can help  
**Prevent Suicide in  
Construction.**



The construction industry  
has one of the  
highest suicide rates.

Remember,  
**You are not alone.**

Learn about the warning signs and  
how to start a conversation at  
[tinyurl.com/cpwrsuicideprevention](https://tinyurl.com/cpwrsuicideprevention).



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

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Reach Out  
Respond  
Connect

Together,  
we can help prevent  
**Suicide in  
Construction.**

Reach Out  
Respond  
Connect



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# CPWR Opioids Resources

cpwr.com/research/opioid-resources

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

April 2020

### Physicians'/Providers' Alert:

#### Pain Management for Construction Workers

This Alert was developed to help ensure that all construction workers who visit a doctor or other healthcare provider because of pain from an injury are aware of treatment options and understand the potential risks of addiction associated with using prescription opioids. **Please:**

(1) **read and print this Alert;**

(2) **keep the "Tips for Talking with Your Doctor"; and**

(3) **fill in the "To My Doctor" form and give it to your doctor to include in your medical records.**

#### Tips for Talking with Your Doctor: *What You Need to Know Before Accepting an Opioid Prescription*

Opioids, such as fentanyl (Duragesic®), hydrocodone (Vicodin®), oxycodone (OxyContin®), oxymorphone (Opana®), hydromorphone (Dilaudid®), meperidine (Demerol®), diphenoxylate (Lomotil®), tramadol, buprenorphine (e.g., Suboxone®), morphine, and codeine are often prescribed to help manage pain. In addition, new drugs are entering the market place, such as Dsuvia™, which are considered even more addictive. Since these medications can be addictive, they should only be used if other treatment options are not effective. When prescribed, they should be used for the shortest time possible, be closely monitored, and include counseling.

Talk to your doctor about treatment options and how the medication may affect you. Remember to tell your doctor:

- ✓ If you have been or are being treated for another health issue or have been prescribed other medications by another doctor.
- ✓ If you have a history of addiction to tobacco, alcohol or drugs, or if there is a history of addiction in your family.
- ✓ About your work environment. Let your doctor know that 1) taking opioids on the job can be a safety hazard because they can make you drowsy, and 2) testing positive for some drugs, even when prescribed for pain, can negatively impact employment opportunities. Some employers have expanded panels of drugs they test employees for, which are regularly reviewed and updated. The Department of Transportation's drug test panel, for example, includes:
  - Opioids (codeine, morphine, 6-AM (heroin), hydrocodone, hydromorphone, oxycodone, oxymorphone)
  - Phencyclidine

Don't be a statistic. Protect yourself from an opioid overdose.



Construction work can result in painful injuries that are often treated with prescription opioids.

Opioids are addictive and should be the last option to treat your pain. Talk to your doctor about non-addictive medications.



**REMEMBER:** Addiction is an illness that can be treated.

Call this confidential national hotline:

**1-800-662-HELP (4357)**

Visit: Facing Addiction — <https://resources.facingaddiction.org/>

1 out of 4 people prescribed opioids for long-term pain become addicted.\*



\*Centers for Disease Control and Prevention, Promoting Safer and More Effective Pain Management, <https://www.cdc.gov/pain/>

In 2017 alone, more than 72,000 people died in the U.S. from an overdose — over 49,000 of which involved an opioid.\*



\*Centers for Disease Control and Prevention WONDER, Provisional 2017 data, <https://wonder.cdc.gov/>

Overdose deaths that occur on the job are on the rise.\*



\*Bureau of Labor Statistics, Census of Fatal Occupational Injuries, News Release, 2018, <https://www.bls.gov/news.release/ocinjury.html>

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CPWR THE CENTER FOR CONSTRUCTION RESEARCH AND TRAINING

## Opioid Awareness Training Program

The latest addition to CPWR's resources for responding to opioids in construction is an updated training program, intended for use by experienced instructors to increase awareness of opioids and decrease the stigma associated with opioid use.

Construction has been hit particularly hard by opioids — state-level studies have found that construction workers are six to seven times more likely to die of an opioid overdose than workers in other professions. CPWR is playing a leading role in helping our industry respond through a [wide range of resources](#).

The training program below was updated in August 2020 after extensive field testing. A second module will be added later this year. We welcome your feedback on how to make it even more effective.

- [NABTU Opioid Awareness Training Program — Module 1](#) (before downloading, be aware that this is a 100 MB+ PowerPoint file)
- [Opioid Awareness Training Program Facilitator Guide — Module 1](#)
- [NABTU Opioid Awareness Training Program Participant Handout — Module 1](#)

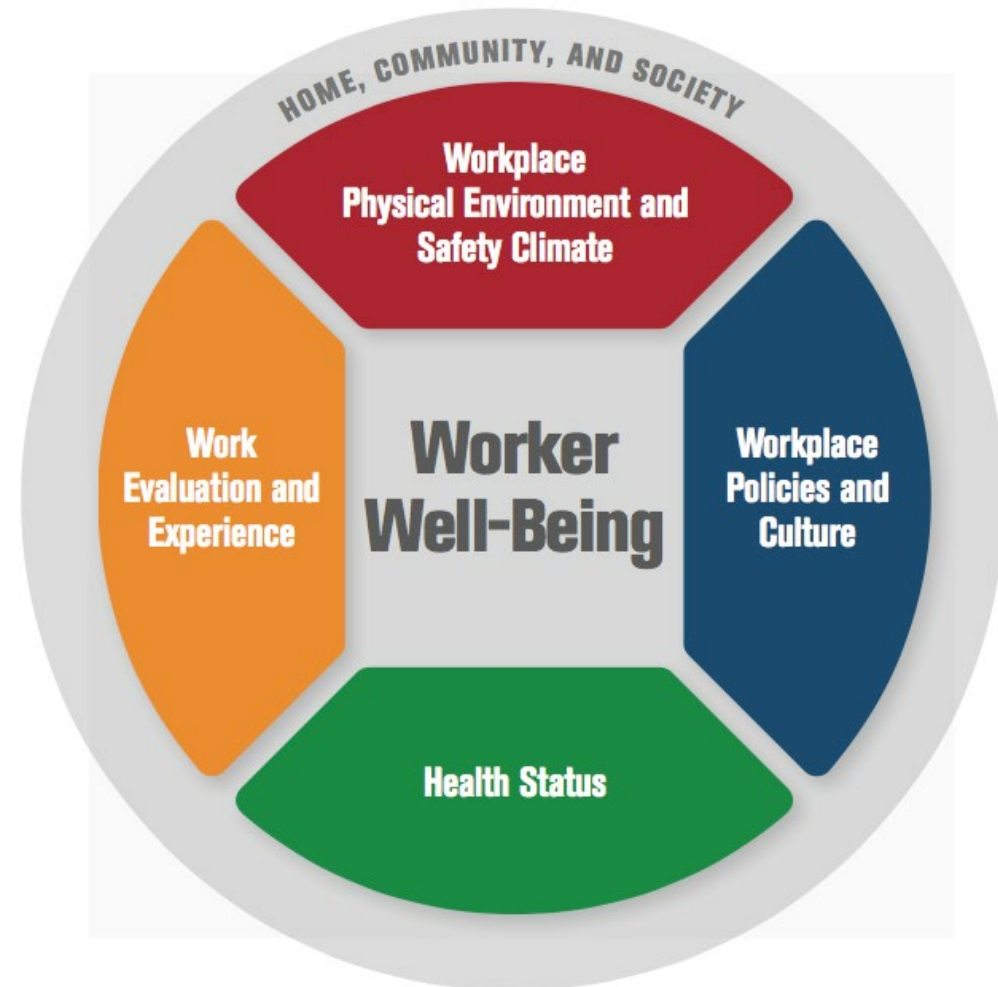


# Protecting and Expanding the Mental Health of Workers

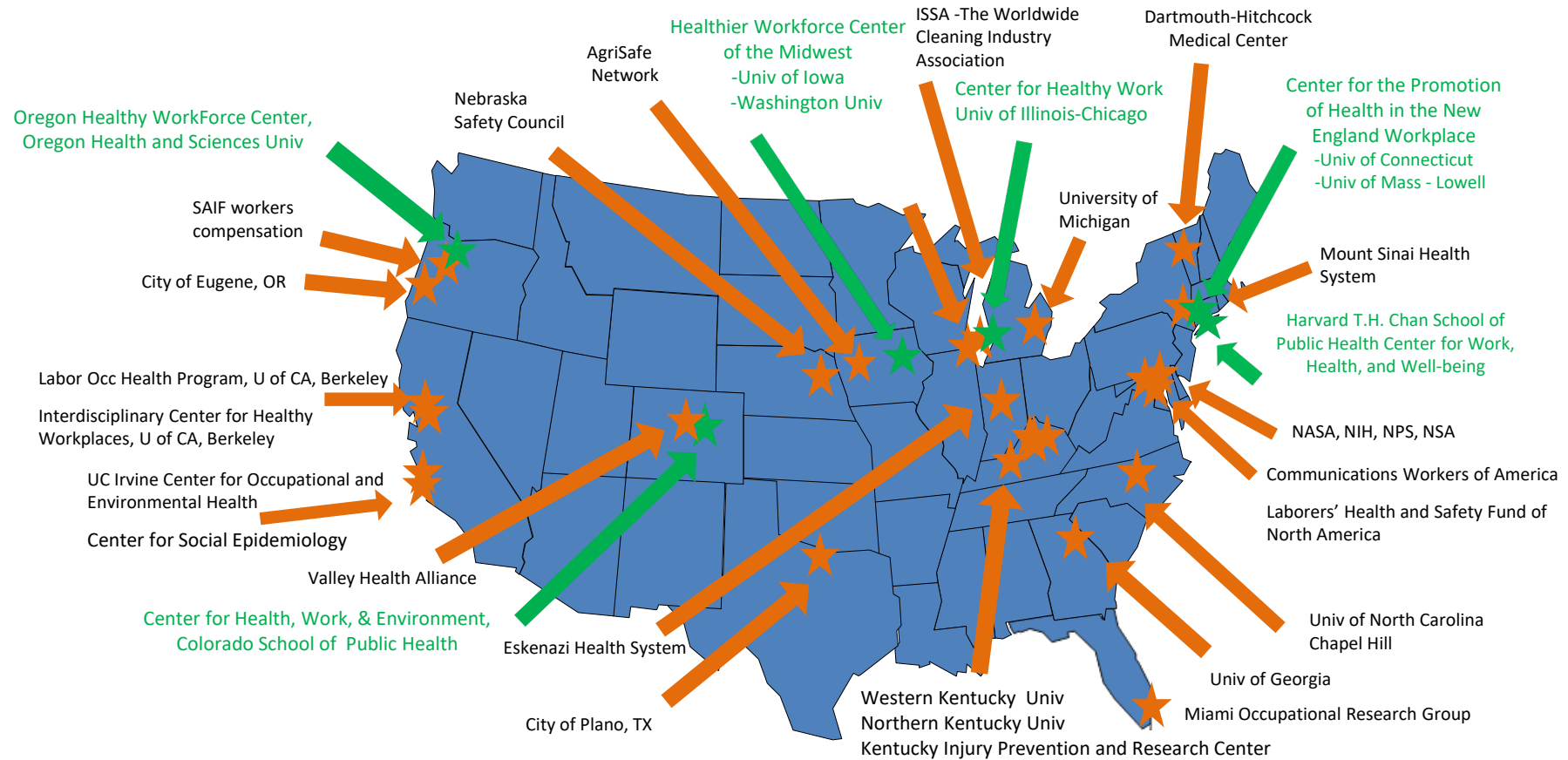
- Preserving/supporting worker mental health be an organizational goal
  - It's not an add-on or time-limited program
  - Ongoing, becomes part of the culture
- Raise awareness, diminish stigma
- Lower barriers to seeking help
- Improve training of supervisors in prevention and in helping
- Privacy and confidentiality are essential

# NIOSH Worker Well-Being Questionnaire (WellBQ)

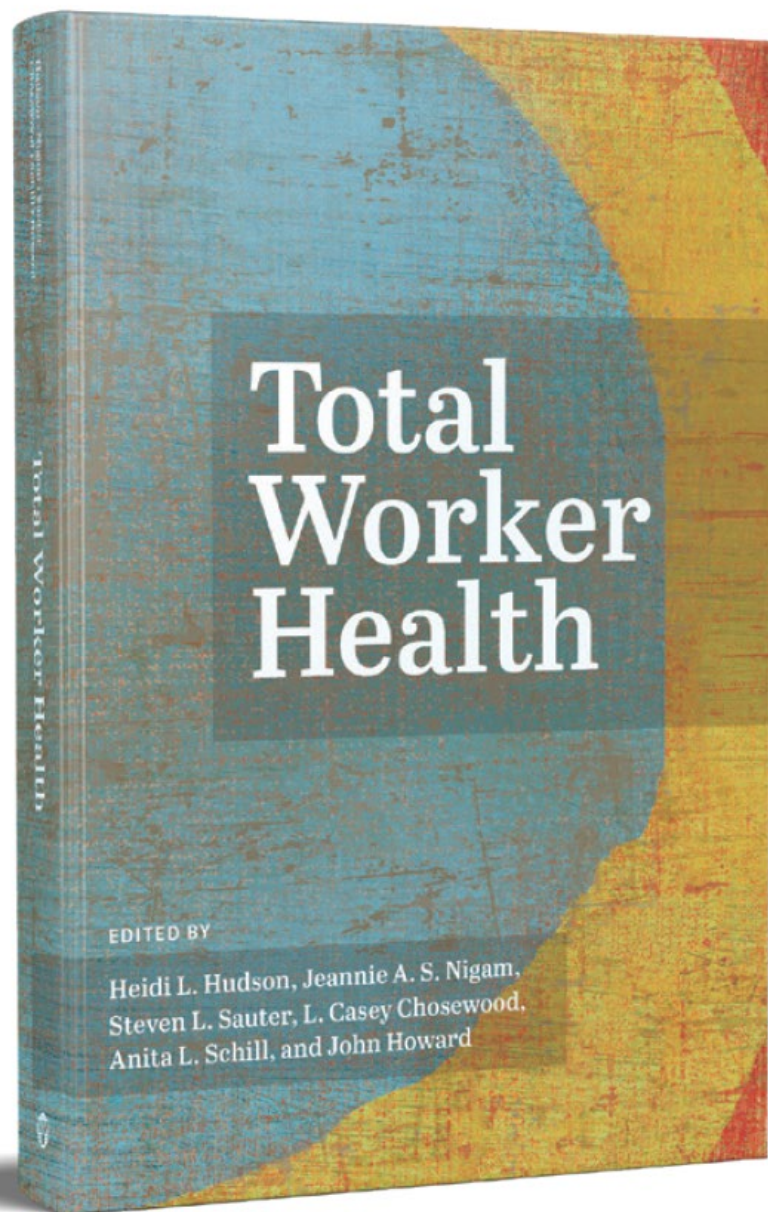
- NIOSH WellBQ released April 2021
- First-ever survey to comprehensively measure worker well-being
- Characterizes quality of life by:
  - Health status
  - Work-related physical environment/safety climate
  - Work evaluation and expertise, psychosocial factors
  - Workplace policies and culture
  - Home, community, society



# NIOSH Total Worker Health<sup>®</sup> Centers of Excellence and Affiliates



National organizations: AAOHN, ACOEM, ACPM, AIHA, AOHP, Industrial Minerals Association - North America, International Brotherhood of Boilermakers, National Safety Council  
 New Affiliates: HealthPartners Institute, Ohio Bureau of Workers' Compensation, SOHP, St. Louis Area Business Health Coalition, St. Luke's Health System, University of Buffalo, University of New Hampshire Institute on Disability, University of New Hampshire School of Nursing, University of Rochester



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Questions and Discussion