

WORKSHOP SESSION SUMMARY
POST-CONFERENCE PROCEEDINGS
2018 National Trainers' Exchange

1. Session Title and Presenter's Contact Information:

Workshop title: #83 Opioid Abuse Creates Safety Hazards on the Work Site

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2. Workshop Summary:

There is no argument that first responders and first receivers face numerous safety hazards because of the opioid epidemic along with other drug abuse issues. What about ordinary workers on the job site? What if the person working next to you was addicted to an opioid or had progressed to heroin because he/she could not afford the prescription drug any longer? That person could be a safety hazard to you and the rest of the crew and to his/herself. What do you do to help, how do you handle this, how do you protect yourself? You wear your hardhat to protect yourself from falling objects but what do you wear to protect yourself when your coworker is high?

This session will present information on the magnitude of the problem and how the International Union of Operating Engineers Members Assistance Program (MAP) is an innovative solution to tackle the current opioid crisis and help members who are struggling with lifestyle issues. The Members Assistance Program trains staff, union members and contractors as peer counselors to help members and their families who are in need of assistance. MAP's success rate is around 80% of those who recover from substance abuse or other disorders, and do not relapse; much higher than the national average. Recently, the issue of substance abuse and suicide correlation has been a discussion point, and MAP is working closely with suicide awareness groups and devising a plan to battle the issue. The goal is to help the worker and make him/her a productive member of the workforce again and have them not be the safety hazard on the job site.

3. Methods:

Prescription opioid abuse is a public health problem in the United States. In the construction industry workers often start taking the prescription opioid because of the pain associated with an injury on the job. These workers need a paycheck so if they take the pain pills they don't feel the pain and can return to work earlier and/or keep working. Once those prescriptions run out then withdrawal symptoms kick-in; many will seek more potent drugs on the street. Statistics from one study showed that 94% of respondents in treatment for opioid addiction said they chose to use heroin because prescription opioids were far more expensive and harder to obtain.

Suicide is another concern in the construction industry. In 2015 there were 985 "OSHA related" deaths in the Focus Four (falls, struck-by, electrocution and caught-in or

between) in construction compared to 4,300 suicides in construction and 1,000 Midwest Construction workers (seven states) who died from opioid overdoses. OSHA's Focus Four in Construction has been a focal point for over a decade. However, with the staggering statistics of deaths among construction workers perhaps it is time to add a new and fifth focus: *Addiction, Suicide, and Mental Health*.

IUOE Local 478 in Connecticut developed a Members Assistance Program (MAP) and continues to expand it throughout the Operating Engineers union. This is a peer-based internal assistance program founded by Union Members that provides confidential help and referral services. MAP assists members with issues including addiction, stress, family/ marital issues, gambling, legal issues, anger management, conflict resolution, grief, financial burdens, emotional disorders, and dealing with change.

With an 80% success rate, the advantages of a peer program speak for itself, including:

- Increased productivity.
- Increased longevity with the company (less training costs).
- Reduced complaints with management.
- Reduced disciplinary problems.
- Increased job stability.
- Increased attitude of appreciation of work.
- Union members will recommend these programs to others.

Local 478 MAP members went to jobsites to discuss the addiction, suicide, and mental health issues with 300 contractors. Only two remain hesitant to participate. This means that if a worker has a problem the contractor agrees that after treatment the worker will have a job to return to, a huge factor in the success of this program. Local 478 also hosts an annual symposium for contractors to introduce and continue its efforts in the MAP program.

Not only is the success rate high, but it is cost effective: for every \$1 spent there is a return on investment between \$4-7. Local 478's Health Fund's experience is that while utilization is up, overall costs have come down. Proof again that MAP works.

What are the next steps now that we know MAP works? The IUOE recently passed a resolution that commits the IUOE to raising addiction awareness with journey persons, apprentices and union leadership, to develop curriculum to help prevent lifestyle addiction and suicide, and encourage its local unions to form partnerships with reputable third party advocates such as Facing Addiction and Labor Assistant Professionals (LAP) to assist locals in educating members about addiction. This is a huge stride to address this crisis nationwide among the IUOE's construction workers and save lives.

4. Main Points/ Key Points Raised from Participants:

There were a number of questions about the MAP and its success. One important item not mentioned during the formal presentation that is needed to make the MAP a

success is the support of the leadership of your local union, international union, organization, etc. Time must be devoted, and you need the commitment of the leadership to give you that time. The peers involved must have the dedication to give their personal time to make the program work.

Participants also discussed the role the contractors played to the success of the person receiving treatment for addiction. Having their job to come back to contributes immensely to their continued success once they return home.

A question was raised about how to deal with insurance/ workers' comp. Some companies claim that for a work-related injury you must be on pain medication for the injury; otherwise you must not really be hurt and you should be able to go back to work. This is a difficult situation and where education comes in – education of the insurance providers, education of workers, education of employers, and education of everyone involved in this epidemic.

The other issue that must be addressed is how to stop the work-related injuries from happening in the first place.

5. References:

CDC/OSHA data, <https://www.laborassistanceprofessionals.com/>, and The Construction User, Publication of The Association of Union Constructors, Spring 2018.

6. Workshop Handouts/ Resources:

PowerPoint.