



Starting a Prevention Program for Opioid Abuse in Construction

 Washington University in St. Louis
SCHOOL OF MEDICINE

 HEALTHIER WORKFORCE
CENTER of the MIDWEST

What is the Problem?

Opioid addiction and overdose deaths are found everywhere across the US, but the construction industry has been hit really hard. Opioids are often prescribed to treat pain caused by work tasks and injuries in construction.



- **1 in 3** construction workers have injuries from work; prescription opioid use is **3x** higher among construction workers with a work related injury.¹

- **1 in 5** construction workers have a drug addiction.²



- Construction workers are **6-7 times** more likely to die of an overdose than workers from other industries.³
- Employers spend an average of **\$8,817** on each employee with untreated drug addiction.⁴
- Workers with untreated drug addiction miss an average of **29 days** of work yearly compared to 10.5 by the general work force.⁵

"Construction worker" icon by SBTS, "Back Pain" icon by Adrien Coquet, "Medicine" icon by Blaise Sewell, "poor" icon by Kamin Ginkaew, "Spasm" icon by Gan Khoon, "skid steer" icon by Alex Fuller, from thenounproject.com

How to Get Started

- Think through how your organization deals with drug use
- Review common steps →
- Recognize a multi-organization situation

Common Steps to Build a Culture of Care:

Step 1. Education for prevention

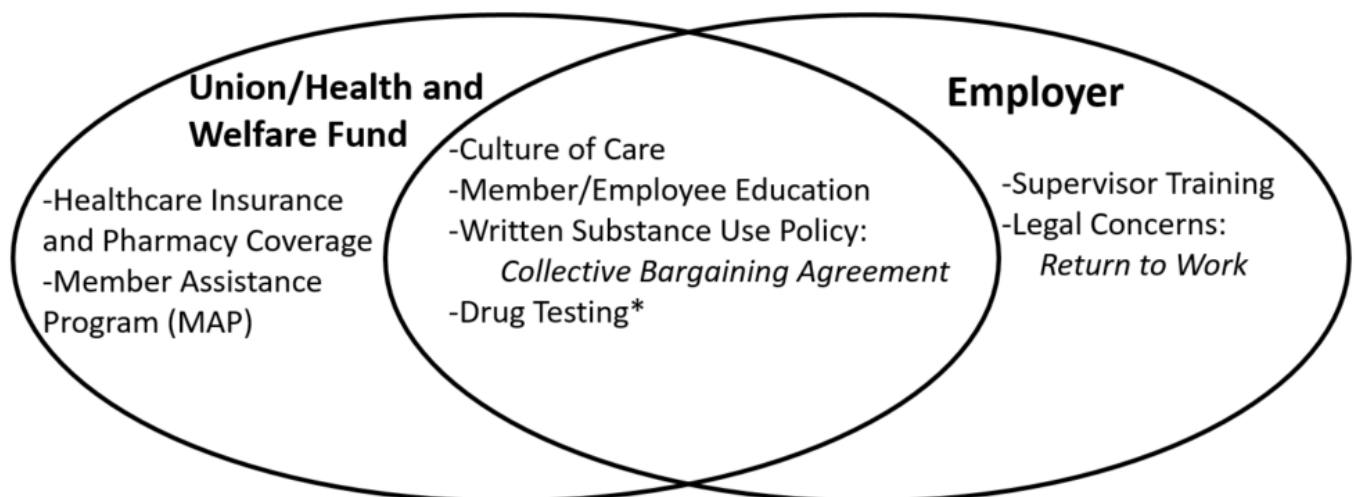
Step 2. Policy and compliance

Step 3. Mental and physical health care

Step 4. Working after treatment for opioid use disorder

Multi-Organization Situation

There are eight elements or parts of a prevention program for opioids and substance abuse. Employers, unions, and health funds each control different elements. Work with other organizations to address all elements. A program with all eight elements is the best program for workers.



*Drug testing requirements and responsibilities depend on collective bargaining agreement and State and Federal laws; certain industries and jobs involving safety sensitive tasks have specific drug testing mandates.

Important Elements of a Prevention Program

Below are eight elements recommended for an organization’s prevention program for opioids and substance abuse. These elements were based on employer guidelines from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Safety Council (NSC), peer-reviewed articles, and interviews with subject experts and industry stakeholders. Use this “how to get started” guide to review your company’s program and make a plan to improve it.



Build a Culture of Care

Building a culture of care starts with a commitment from leadership and sharing that commitment to all employees.

Each of the next eight sections will have questions for you to think through to see how your organization is doing and areas you could do better.

Questions: Culture of Care	Resource
Has your leadership made a commitment to reduce harmful effects of opioids on your employees?	APA: Leadership Support
Has your leadership shown its commitment in writing or through actions (e.g., newsletter, mission statement, presentations)?	CSDZ Building a Caring Culture

CULTURE OF CARE: HOW TO GET STARTED

Have a leader of the organization pledge to help reduce the harmful effects of opioids on employees.

“Team Culture” icon by Pravin Unagar, from thenounproject.com

STEP 1: Education for Prevention



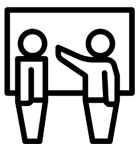
Educate Employees on Opioid Risks

Educate staff on how opioids affect health, job performance, workplace safety, workplace expectations, policies and prevention.

Question: Employee Education	Resource
Does your organization provide employees training about opioid risks and how to get help if they are struggling with opioids?	The Hartford: Shatter Proof Addiction

EDUCATE EMPLOYEES:
HOW TO GET STARTED

Include opioid training as part of the new hire process, toolbox talks, or staff meetings. See the resource provided for educational materials.



Train Supervisors on Managing Workplace Substance Misuse

All supervisors should understand the opioid policies and their role in managing substance misuse in the workplace. Training supervisors can help them better recognize problems and talk to workers about substance misuse.

Question: Train Supervisors on Managing Workplace Substance Misuse	Resource
Does your organization have any training for supervisors on recognizing signs of impairment and substance misuse?	NSC: Training for Supervisors

TRAIN SUPERVISORS:
HOW TO GET STARTED

If you already provide supervisor training on other safety topics, include topics on how to talk to workers and manage opioid related issues as part of your current training.

“education” icon by DPIcons, “teach” icon by Max Hancock, from thenounproject.com

STEP 2: Policy and Compliance



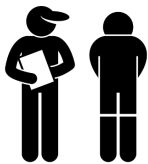
Written Drug Policy

A written drug policy should clearly state the company’s goal and meet the needs of the workplace. The policy should include the purpose, expectations, consequences, and appeals. Policies may cover the minimum requirements of the law or cover a broader range of substance use issues to improve health and safety.

Question: Written Drug Policy	Resource
Does your organization have a written drug free workplace policy?	SAMHSA’s Developing a DFWP Policy

**DRUG POLICY:
HOW TO GET STARTED**

Assemble a team to develop and review the policy. The team should include legal counsel, human resources, and employee relations.



Drug Testing Program

A drug testing program should be designed to protect the workforce, prevent employees from coming to work impaired, and keep equipment and property free from harm. Some industries and jobs with safety concerns have specific drug testing rules.

Question: Testing Program	Resource
Does your organization require routine drug tests for a drug free work force?	NSC: Drug Testing and Opioids

**DRUG TESTING:
HOW TO GET STARTED**

The drug testing policy should state which workers will be drug tested. The test must be the same for all workers in the same job title.

“Policy” icon by dDara, “dope test” icon by Gan Khoon Lay, from thenounproject.com

STEP 3: Mental and physical health care



Healthcare Insurance and Pharmacy Coverage

Provide healthcare and pharmacy coverage to support non-opioid pain management, behavioral health, and recovery treatment.

Questions: Health Care Insurance and Pharmacy Coverage	Resource
Does your organization’s medical insurance cover non-prescription opioid pain management (i.e. physical therapy)?	Structuring Health Benefits
Does your organization's behavioral health insurance cover inpatient and outpatient recovery services for those diagnosed with opioid use disorder?	
Does your organization's pharmacy benefit plan have an opioid prescription monitoring program?	
Does your organization's pharmacy benefit cover medication for opioid addiction treatment (i.e. buprenorphine) as a long term treatment?	MAT for Opiate Dependence

HEALTH CARE AND PHARMACY COVERAGE: HOW TO GET STARTED

Make sure employees can get access to behavioral counselors and providers. Provide nearby physical locations for in-person sessions, telehealth options, treatment hours outside of work hours, and crisis management hotlines.

“Health Insurance” icon by Dude Design Studio, from thenounproject.com



Employee/Member Assistance Program (EAP/MAP)

These programs can provide screenings for workers, short-term counseling, and referral to specialty treatment or behavioral health services. Most organizations' EAP/MAP have very low participation rates even though their employees' needs for these services are high. Call your EAP/MAP to find out about other services that may benefit your substance use program.

Question: EAP/MAP	Resource
Does your organization's EAP/MAP participate in delivering programs or services in your organization (i.e. deliver training, assist with getting workers to treatment and return to work)?	EASNA: EAP Purchaser Guide

EAP & MAP: HOW TO GET STARTED

Ask for your organization's participation rate. Increase awareness and trust to use this service by posting information, and holding meetings on meaningful topics.

Step 4. Working after treatment for opioid use disorder



Legal Concerns

Make sure your organization follows workplace laws. These include the Americans with Disabilities Act Amendments Act of 2008⁶ and the Mental Health Parity and Addiction Equity Act of 2008⁷. These laws include workers' return to work rights after receiving treatment for a substance use problem.

Question: Legal Concerns	Resource
Does your organization's return to work policy cover employees with substance use disorder?	JAN-Drug Addiction

LEGAL CONCERNS: HOW TO GET STARTED

Make sure your substance use program provides accommodation for workers in recovery. Work with your legal counsel to make sure you are following the law.

"assistance" icon by Kieu Thi Kim Cuong, "legal" icon by Seb Cornelius, from thenounproject.com

Resources:

1. APA: Leadership Support: <https://www.apa.org/news/press/releases/2016/06/workplace-well-being>
2. CSDZ Building a Caring Culture: <https://cloud.3dissue.com/60737/61018/252895/MENTALHEALTHWHITEPAPERCONSTRUCTIONSINGLE/index.html?r=25>
3. The Hartford: Shatter Proof Addiction: <https://www.thehartfordisshatterproof.org/open-access/>
4. NSC Training for Supervisors: <https://www.safetyandhealthmagazine.com/articles/21869-impairment-recognition-and-response-nsc-unveils-online-training-program-for-supervisors>
5. SAMHSA's Developing a DFWP: <https://www.samhsa.gov/workplace/toolkit/develop-policy>
6. NSC: Drug Testing and Opioids: <https://www.nsc.org/getmedia/e91b2608-2584-43d9-b8ef-3d5a26cb1fdc/understanding-drug-testing-and-opioids.pdf.aspx>
7. Structuring Health Benefits: https://www.rti.org/sites/default/files/related-content-files/structuring_a_health_plan.pdf
8. MAT for Opiate Dependence: https://www.rti.org/sites/default/files/related-content-files/medication_assisted_therapy.pdf
9. EASNA EAP Purchaser Guide: <https://archive.hshsl.umaryland.edu/bitstream/handle/10713/4006/EASNA-PURCHASERS-GUIDE-TO-EAPs-FINAL-2009%20%20Attridge%20etal.pdf?sequence=1&isAllowed=y>
10. JAN- Drug Addiction: <https://askjan.org/disabilities/Drug-Addiction.cfm>

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2. National Opinion Research Center and National Safety Council. *Substance Use Disorders by Occupation*. 2020 [cited 2022 February 24,]; Available from: <https://www.nsc.org/getmedia/9dc908e1-041a-41c5-a607-c4cef2390973/substance-use-disorders-by-occupation.pdf>.
3. Dong, X.S., R.D. Brooks, and C.T. Cain. *Overdose fatalities at worksites and opioid use in the construction industry*. 2019 [cited 2022 February 24,]; Available from: <https://www.cpwr.com/wp-content/uploads/publications/Quarter4-QDR-2019.pdf>.
4. National Safety Council. *New Analysis: Employers Can Save Average of \$8,500 for Supporting Each Employee in Recovery from Substance Use Disorder*. 2020 [cited 2022 April 13]; Available from: <https://www.nsc.org/newsroom/new-analysis-employers-stand-to-save-an-average-of>.
5. Goplerud, E., S. Hodge, and T. Benham, A Substance Use Cost Calculator for US Employers With an Emphasis on Prescription Pain Medication Misuse. *Journal of occupational and environmental medicine*, 2017. 59(11): p. 1063-1071.
6. U.S. Commission on Civil Rights. *Chapter 4: Substance Abuse Under the ADA*. 2008 [cited 2021 September 23]; Available from: <https://www.usccr.gov/files/pubs/ada/ch4.htm>.
7. Centers for Disease Control and Prevention. *Health Insurance Portability and Accountability Act of 1996*. 2018 [cited 2021 September 23]; Available from: <https://www.cdc.gov/php/publications/topic/hipaa.html>.

Authors: These guidelines were created by members of the Healthy Work Center at Washington University School of Medicine in Saint Louis and their internal advisory team.

Disclaimers: These guidelines provide general information on the topic of addiction in the workplace but the content should not be taken as legal advice. Please consult an employment attorney to discuss your workplace’s unique circumstances before implementing any policies related to the topics described in these guidelines. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the National Institute of Health.

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