

North American Building Trades Unions'
Construction Worker Resilience Training Program
MODULE 1:
Opioid Awareness Training
Facilitator Guide
V3: August 2020

Course Goal

The goal of this one hour module is to help union construction workers better recognize the risks associated with opioids and to encourage them to use the knowledge and resources this training provides to help themselves and others prevent opioid addiction and to seek help if they are struggling.

Course Objectives

1. Improve knowledge about opioids:
 - What are opioids and how they work
 - Why and how construction workers have been so affected by the epidemic
 - How to prevent, treat and recover from opioid use disorder
 - Point to helpful resources
2. Inspire and motivate trainees to take action:
 - Get more information and share it
 - Identify risk factors and take protective actions
 - Support our brothers and sisters in the trades who are struggling

Course Materials

- Facilitator Guide
- Participant Guide
- Whiteboard or large sticky poster paper with fresh markers
- Sticky notes (for the Stigma exercise)
- Internet connection
- Computer, projector and projection screen
- Speakers (audio capability)
- Microsoft PowerPoint software
- Adobe PDF reader

Course Preparation

1. Prepare any housekeeping notes (bathroom locations, emergency exits, course timing and breaks, and refreshments, etc.) and ground rules for the physical or virtual training space. What do you expect from the class with regard to their behavior during the training (e.g., cell phone use, cameras on)?

Ground rules should include the two points on **slide 5** regarding upsetting content and confidentiality. Some trainees may have deep personal experiences related to this topic, including having friends and relatives who may have died of an overdose. They may have feelings of sadness, discomfort, and/or anger. Expressing those feelings is appropriate in the training to some degree. After all, the course is giving the message that “it’s time to get uncomfortable”. However, some trainees may wish to take a break from the training to get it together. They may encounter negative opinions held by some in the training. In reviewing ground rules, trainees should know that they can step out without drawing a lot of attention to themselves. You may also wish to tell them at the beginning that you know that many construction workers are struggling and that this course will give them some ideas about how to get help. Please go to **page 38** of this guide to fill in some notes regarding those resources.

2. Prepare the “Support and Resources Available for Participants” template for use with slide prior to beginning the course.

Because this is a training to be used with construction workers in diverse trades throughout the United States and Canada, we cannot anticipate what resources your community, union, or public health agencies provide. However, this information is critical to the training. **Please find out what are the best numbers to call or websites for these participants to get assistance.** Examples include union-sponsored Employee Assistance Programs (EAP) or Member Assistance Programs (MAP), community or public health agency-sponsored HelpLines, and benefit funds or health insurance behavioral health contact numbers. These resources may have info cards or flyers that you can gather ahead of time to distribute while you are teaching. If your union sponsors an AA meeting, you might want to mention when and where it meets. Please go to **page 38** of this guide to fill in this information. During the course, either write the information on a whiteboard, or handout info cards or flyers. **DO NOT PRESENT THIS COURSE IF YOU CANNOT PROVIDE THIS INFORMATION.**

3. CPWR Physicians’/Providers’ Alert document: Print out enough copies of the CPWR Physicians’/Providers’ Alert document so that you can provide one to each student. See **slide 24** for more information.

4. Review all slides and this facilitator's guide.

Make sure you are comfortable with all the course content. You may not be used to discussing these issues and your preparation time for teaching this course may be greater than for subjects in which you are already an expert.

5. Select which questions you will ask participants versus ones you will ask and answer by clicking through.

One feature of this course is that many of the slides in this presentation contain questions that you can ask trainees and gather their responses before the “prescribed” answers appear on the screen. If you do not wish to have a discussion based on the question on the slide, you can ask and answer the questions by directly referencing the bullet points on the screen, or you can pass over certain questions completely. Additionally, this guide contains supplemental questions in the Instructor Notes that you can ask if you have time. Most likely, you will not have time to discuss each question with the class. Prepare for teaching this course by noting in this guide which slides contain questions that you will ask participants for responses, versus slides with questions that you will either review as lecture points or skip completely. **For your convenience and easy identification, all of the questions in this guide will be marked and highlighted with an “Optional Question:” label.**

6. Prepare optional materials: Review the following materials and determine if you would like to use them in your course presentation.

- 1. Optional Handout:** Common Names for Prescription Opioid Pain Medications (**slide 12**)
- 2. Optional Handout:** Opioid painkillers: How they work and why they can be risky (**slide 12**)
- 3. Optional Stickers:** Order “Warn Me” stickers from the National Safety Council (**slide 25**)

Course Time: This course is designed to be completed in a one-hour timeframe. Suggested times (per slide) to maintain the one-hour timeframe are provided. However, as the facilitator, you have the option of adjusting the pace at which you cover the material. As noted above, you can decide how to engage trainees in the content by selecting which questions you want to have for open discussion. This will affect the timing of the training. Most sections conclude with a slide with review points. If you are short on time, you may go directly to section summary slides to make sure each point gets reinforced. Alternatively, you may skip these summary points if you feel that trainees don't need the review.

Slide Guide

Slide 01 - Welcome

(Time: <1 minute)

The slide features a header banner with a construction crane and the text "Welcome" and "NABTU Opioid Awareness Training". The main content area contains the following text:

**North America's Building Trades Unions (NABTU)
Opioid Awareness Training Program**

**Opioid Hazard Awareness and Prevention (Module 1)
Our Common Struggles: Health in All Dimensions (Module 2)**

Welcome

Beta Version

July 2020 DRAFT

Check for the latest version at
cpwr.com/opioids-training

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Instructor Note:

- Introduce yourself to the class and explain your qualifications as the facilitator.

Slide 02 – Pre-Training Survey Link

(Time: 5 minutes)



The slide features a header with a construction crane image on the left, the NABTU logo in the center, and the text "Opioid Awareness Training" on the right. Below the header, the word "Introduction" is in the top left corner. The main title "Pre-Training Survey Link" is centered. A QR code is centered below the title. At the bottom, text instructs trainees to use their phone's camera to activate the QR code for an anonymous pre-training survey, or to visit a specific URL. A small number "2" is in the bottom right corner.

Introduction

Pre-Training Survey Link



For trainees only – before we start: please use your phone's camera to activate the QR code for the **anonymous** pre-training survey, or go to:
bit.ly/NABTUOpioidPre

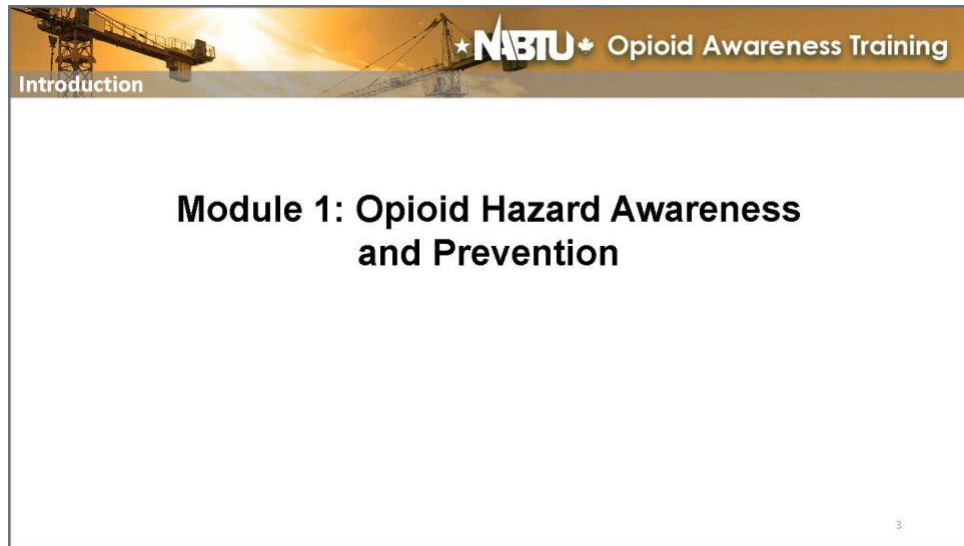
2

Instructor Note:

- CPWR on behalf of the National Association of Building Trade Unions is offering this pre-survey to assess trainees' knowledge, attitudes and skill prior to the training. After the training they will be offered another code for a post-training survey with many of the same questions. These surveys can be used to assess the impact and effectiveness of the training. They surveys take about 5 minutes and this time is not factored into the 1 hour training time. These surveys are optional and results will be shared with training centers.

Slide 03 – Module 1

(Time: < 1 minute)




Instructor Note:

- This one hour opioid hazard awareness training is part of a two module training. The second module is about mental health and suicide prevention.

Slide 04 - Course Objectives


(Time: 1 minute)



Introduction

Course Objectives

1. Improve knowledge about opioids, including harms and prevention
2. Inspire and motivate trainees to take action:
 - Get more information and share it
 - Identify risk factors and prevent harm
 - Support our brothers and sisters in the trades who are struggling



"I tell the general contractor on the job, if there's anyone struggling, let me know, before they lose their job."

-- Ed O'Toole, Peer Advocate for Allied Trades Assistance Program

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Instructor Note:

- Review the course objectives.

Slide 05 - Course Content Sensitivity and Confidentiality

(Time: 2 minutes)

The slide features a header with a construction crane and the text "NABTU Opioid Awareness Training". Below the header, the word "Introduction" is written. The main title is "Course Content Sensitivity and Confidentiality". The content includes a "TRIGGER WARNING" and a "KEEP IT IN THE ROOM" instruction. A photograph of a person in profile is on the right. A small number "5" is in the bottom right corner.

Introduction

Course Content Sensitivity and Confidentiality

- **TRIGGER WARNING** – this is an upsetting topic. If you find the content overwhelming, take a break.
 - **BUT, know that help is available**
- **“KEEP IT IN THE ROOM”** – let’s use this class to talk honestly about an important topic. Please don’t talk about what someone shared.



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Instructor Notes:

- Review the housekeeping, ground rules and confidentiality information with the trainees.

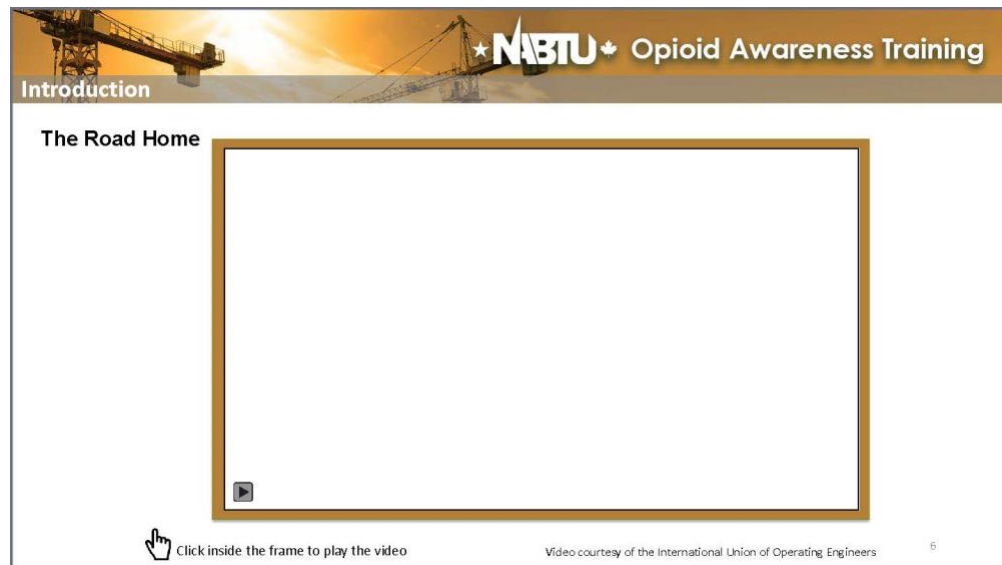
A. Ground rules:

B. What you will say to trainees regarding sensitive course content:

C. Plan of action – what they can do if they are having a hard time during or after the training:

Slide 06 - The Road Home

(Time: 3 minutes)



Instructor Notes:

- Play the video clip “The Road Home” presented by the International Union of Operating Engineers (IUOE).
- This video will be used to gain the attention of the class by showing construction workers talking openly about their addictions and recovery. This helps create an environment where people who need assistance will be more likely to talk about their issues.
- You may wish to reinforce the points:
 - Many of us have been personally impacted
 - Everybody can do something to help
 - It’s uncomfortable, but the first step is to talk about it

Slide 07 - Introduction

(Time: 1 minutes)



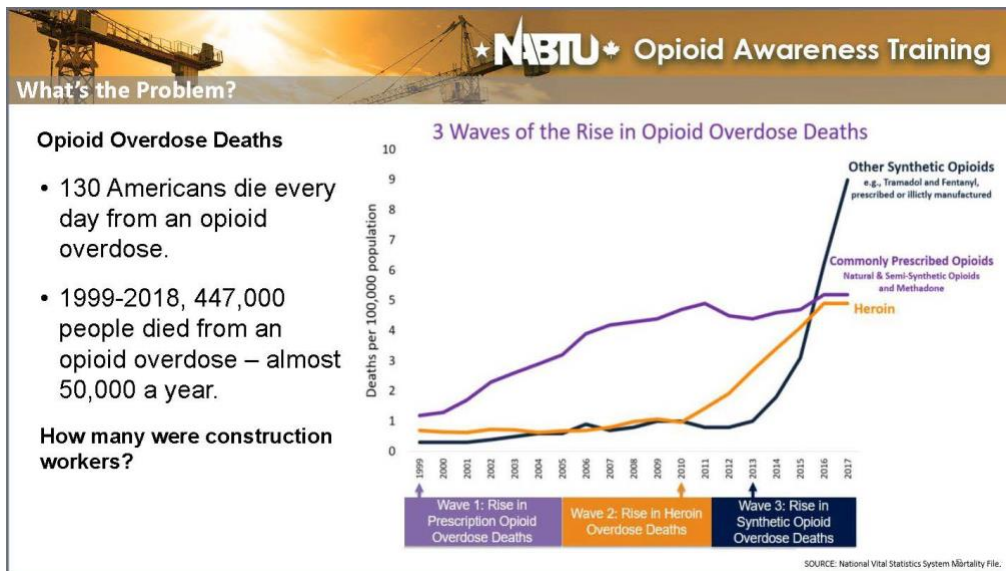
Instructor Notes:

- Explain that some of us have seen the headlines or know from personal experience, that the construction sector has been hit hard by the opioid epidemic. It can seem overwhelming when we see the statistics, but we can all play a part in preventing addiction and overdose.
 - We can make job sites safer so we don't get hurt.
 - We can speak up in the doctor's office to get good care that doesn't rely on opioids.
 - If we are struggling, we can get help ourselves and we can help others.

This training will help you be one of the people in construction who can make a difference.

Slide 08 - Opioid Overdose Deaths

(Time: 1 minute)

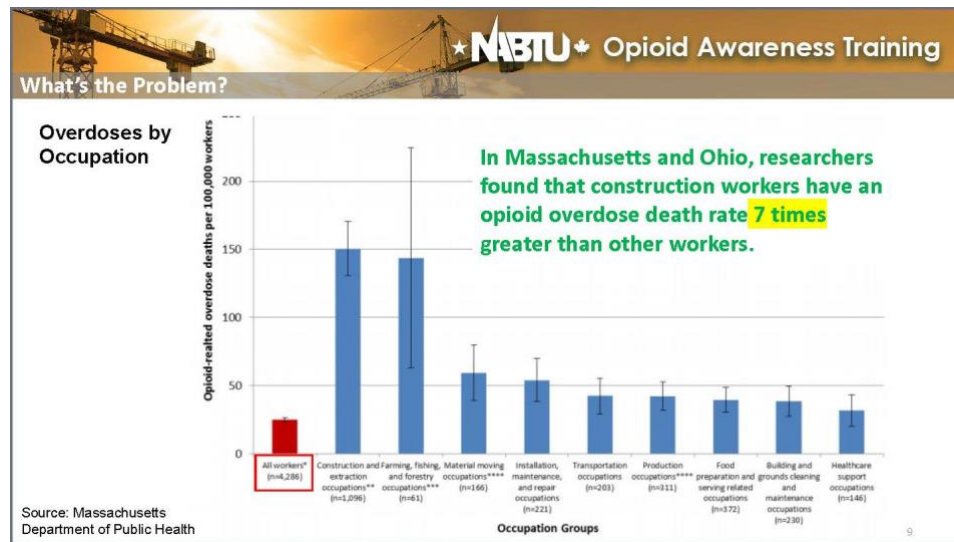


Instructor Notes:

- This slide includes basic statistics on opioid overdose deaths and displays a graph of how they have changed over time – in particular how the death rates have gone up sharply and how the type of opioids involved has shifted.
- Explain that the cause of these shifts had to do with first, the easy access to prescription pills, and then the restriction on “pill mills” and getting access to them, which caused people who were addicted to seek heroin which was cheaper and more available. Lastly, heroin became laced with fentanyl (a highly potent and cheap synthetic (made in a lab) opioid that is used by dealers to cut the cost of heroin production). Fentanyl is extremely deadly in small doses.
- **Optional Question:** Ask the trainees, how many of these deaths do you think were construction workers?
 - Discuss their responses or simply move to the next screen where the question is answered.
- **Graphic source:** National Vital Statistics System Mortality File (via the CDC website: (<https://www.cdc.gov/drugoverdose/epidemic/index.html>))

Slide 9 - Overdoses by Occupation

(Time: 1 minute)



Instructor Notes:

- This slide shows a graph indicating that construction workers are at much greater risk for opioid overdose death. The statistic is based on the occupations listed on death certificates from people who died of overdoses. We do not know how many of these construction workers were union versus non-union. Some union construction workers struggling with addiction may turn to non-union work where drug testing is less likely.
- **Graphic source:** Massachusetts Department of Public Health
(<https://www.mass.gov/files/documents/2018/08/15/opioid-industry-occupation.pdf>)
- **Other source:** Center for Disease Control (CDC)
(<https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a3.htm>)
- **Other source:** Cleveland.com (Rachel Dissell, The Plain Dealer)
(<https://www.cdc.gov/mmwr/volumes/67/wr/mm6733a3.htm>)

Slide 10 – Why Are Construction Workers at Greater Risk?


(Time: 2 minutes)

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What's the Problem?

Question: *Why are construction workers at greater risk?*

- **High risk for pain and injuries = High risk for painkillers**
 - Health insurance + Doctors willing to write scripts for opioids
 - Pharma Companies marketed to construction workers
- Boom/bust cycles in construction work
- Long days, weeks of work without enough rest time or sick days
- "Heavy drinking/drugging is normal" culture?



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Instructor Notes:

- **Optional Question:** Ask the trainees to give possible explanations as to why construction workers are at greater risk of opioid overdose.
 - **Optional:** If you have a whiteboard or using the Whiteboard on Zoom or poster paper you may write their answers.
- Click through the recognized risk factors. They may argue with these and add others.
- Explain that pharmaceutical companies aggressively marketed opioid painkillers as the solution to work-related pain. They convinced doctors, with bad evidence, that the chances of addiction were low and that they were safe to prescribe. They paid doctors to convince other doctors that pain was undertreated, and they needed to ask every patient if they had pain.
 - **Optional:** Play the video "Anatomy of an Epidemic: The Opioid Movie."
<https://www.youtube.com/watch?v=10ZISSXiuP4> Though the video covers several individuals, you should play up to 02:05 of the video which tells the story of Johnny Sullivan, a construction worker, who was a "poster child" for Oxycontin (a brand of opioids). He appeared in two Purdue Pharma promotional videos saying that he got his life back and could work now that he was using Oxycontin. Unfortunately, he became addicted, unemployed, and died in an opioid-related car crash.
- **Optional Question:** Ask the question whether drinking and drugging is accepted among construction workers, or if that is changing.

Slide 11 - Risk Factors: The Job - The Pain - The Prescription

(Time: 1 minute)



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What's the Problem?

Risk Factors: The Job → The Pain → The Prescription

- Studies show:
 - Over 1/3 of construction workers report back pain
 - Almost 40% of construction workers older than 50 report chronic back pain
 - Construction workers are more likely to receive opioids for injuries compared to other workers (at higher doses and for longer periods of time)



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Instructor Notes:

- Explain that the construction trades have some of the highest rates of fatal and nonfatal occupational injuries compared to other occupations.
- Occupations with heavy physical demands and high injury rates are also the ones with the highest risk of opioid overdose deaths.
- Researchers find that construction workers report a lot of painful injuries, especially back pain, and that rates of back pain increase with age. Many construction workers take opioids for this pain so that they can continue to work. Many construction workers are working in pain with or without medication.
- Explain that according to a recent study of workers' compensation insurance claim data from 27 states, compared with workers in other industries, workers in the construction and mining industries were more likely to receive opioids for their injuries. They were also more likely to receive high-dose opioids and for a longer time period.
- **Information source:** Hawkins D, Roelofs C, Laing J, Davis L. Opioid-related Overdose Deaths by Industry and Occupation — Massachusetts, 2011-2015. Am J Ind Med. 2019;1-11 (<https://onlinelibrary.wiley.com/doi/abs/10.1002/ajim.23029>)

Slide 12 - Understanding Opioids - What are opioids?

(Time: 2 minutes)

Understanding Opioids

What are opioids?

- Prescription opioids: painkillers, narcotics
- Non-prescription (illicit opioids): heroin, opium, illegally-produced fentanyl (other synthetic opioids)
- Both the same chemically and how they act on the body
 - Change the brain to react differently to "noxious" stimulus (things that cause pain)

[Common Names for Prescription Opioid Pain Medications](#)

EXAMPLES OF OPIOID CONTAINING MEDICINES

	Generic	Brand Name
SHORT-ACTING	morphine	MSIR, Roxanol
	oxycodone	OxyIR, Oxyfast, Endocodone
	oxycodone (with acetaminophen)	Roxicod, Roxicet, Percocet, Tylox, Endocet
	hydrocodone (with acetaminophen)	Vicodin, Lorcet, Lortab, Zycodone, Hydrocet, Norco
	hydromorphone	Dilaudid, Hydostat
LONG-ACTING	morphine	MSContin, Cramorph SR, Kadian, Avinza
	oxycodone	Oxycontin
	fentanyl	Duragesic patch

Source: SAMHSA 12

Instructor Notes:

- Explain that all opioids are painkillers and narcotics. Whether they come from the opium poppy or are made in a laboratory (synthetic opioids), they all work the same way. Chemically, prescription opioids and heroin are basically the same.
- Explain that other examples of prescription opioids not listed on the screen include Tramadol, buprenorphine (bu-pre-nor-phine) (e.g., Suboxone®), codeine and Dsuvia™ (de-soo-vee-a), a new and even more addictive prescription.
- **Optional Question:** Ask the trainees for other examples of opioids, or more likely, what other names do they know for opioids – street names.
 - **Note:** Select the link on the screen to show a SAMHSA document that lists various generic names, brand names and street names for opioids.
- **Optional Handout:** (Substance Abuse and Mental Health Services Administration) Common Names for Prescription Opioid Pain Medications (<https://www.store.samhsa.gov/system/files/sma17-5053-12.pdf>)
- **Optional Handout:** (National Safety Council) Opioid painkillers: How they work and why they can be risky (<https://www.nsc.org/Portals/0/Documents/RxDrugOverdoseDocuments/opioid-painkillers-how-they-work-and-why-they-are-risky.pdf>)
- **Graphic source:** National Safety Council - Opioid painkillers: How they work and why they can be risky

Slide 13 - Side Effects of all Opioids

(Time: 2 minutes)

NABTU Opioid Awareness Training

Understanding Opioids

Side Effects of All Opioids

- Drowsiness
- Constipation and nausea
- Changes in the brain
- Physical dependence
- Addiction / Substance Use Disorder
- Withdrawal symptoms (dope sick)
- Respiratory suppression (overdose death)

CAUTION: OPIOID. RISK OF OVERDOSE AND ADDICTION.

MAY CAUSE DROWSINESS
ALCOHOL COULD INCREASE THE EFFECT
OF OUTRIGGER MEDICATION.
DO NOT DRINK
ALCOHOLIC BEVERAGES

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Instructor Notes:

- Explain that prescription opioids' intended effects are to help with pain. The “side” or unintended effects that are commonly experienced when using opioids are listed on the screen.
- Explain that overdose = taking too much of the drug. An overdose of an opioid causes the lungs to stop breathing. That is technically called “respiratory suppression.”
- Explain that there is a great risk of overdose when opioids are taken at the same time as benzodiazepines (“bennies”). Bennies are tranquilizers used to sedate, induce sleep, prevent seizures, and relieve anxiety. Muscle stimulants can also enhance the chance of overdose.
- Explain that there is a difference between physical dependence on opioids (experiencing withdrawal symptoms if the drug isn’t taken) which is very common, and addiction. It isn’t known who will develop an addiction -- it can happen to anyone. Addiction is defined as problematic drug-seeking behaviors.
- Explain that people with legitimate long-term high dose opioid prescriptions are almost certainly physically dependent, but because they have reliable prescriptions, they don’t do crazy things looking for the drug and may not be considered to have an addiction. This may still be problematic for the person and they will have the same treatment as someone who is diagnosed with a substance use disorder (SUD). They may also need pain management while reducing or eliminating their use of opioid medications.

Slide 14 – Addiction and the Brain: How Opioids Hijack the Brain

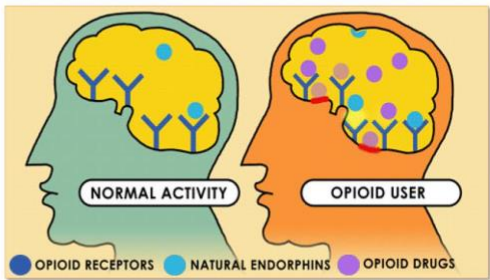
(Time: 2 minutes)

NABTU Opioid Awareness Training

Understanding Opioids

Addiction and the Brain: How Opioids Hijack the Brain

- Pain "killing" = Opioids increase the brain's ability to feel more pleasure than it would naturally.
- Then, the re-wired brain demands more opioids to satisfy "the new normal."
- If it doesn't get them, it sends out chemicals to make the addicted person feel anxious and sick.
- The re-wired brain even shuts down the part of itself that can help make good decisions.




Source: Danny Miller/Yahoo News
Courtesy of NIEHS


Instructor Notes:

- Explain to the trainees that this animation illustrates how opioids increase the number of opioid receptors in the brain and therefore the flow of chemicals (endorphins and dopamine) that cause the body to experience pleasure.
- Explain that these endorphins interact with the receptors in your brain that reduce your feeling of pain by allowing you to experience more pleasure than you would naturally.
- However, those receptors are waiting for the pleasure chemicals. If they don't get them, they signal the body to go get them. Those signals are experienced as withdrawal symptoms or being "dope sick."
- **Animation source:** Danny Miller/Yahoo News via the NIEHS Opioids and the Workplace Prevention and Response Program (2019)

Slide 15 – Addiction/Substance Use Disorder is a Disease

(Time: 2 minutes)



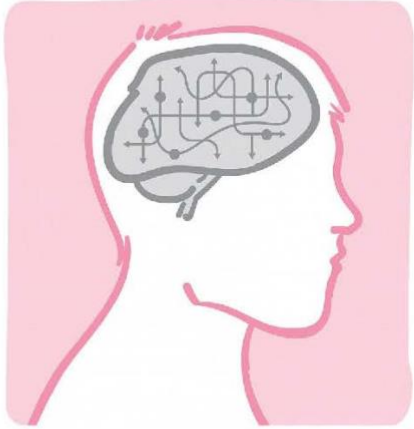
**Opioid Awareness Training**

Understanding Opioids

Addiction/Substance Use Disorder is a Disease

- **Substance Use Disorder (SUD):** An on-going brain ***disease** where the sufferer will look for and use drugs, despite harmful consequences.

 ***Disease =** A condition that changes the way the body functions.
- Opioids cause addiction in the brain by **rewiring** it.
- A person is diagnosed with SUD when they tell a medical professional that they **can't stop using even though they want to**.



Source: NIH

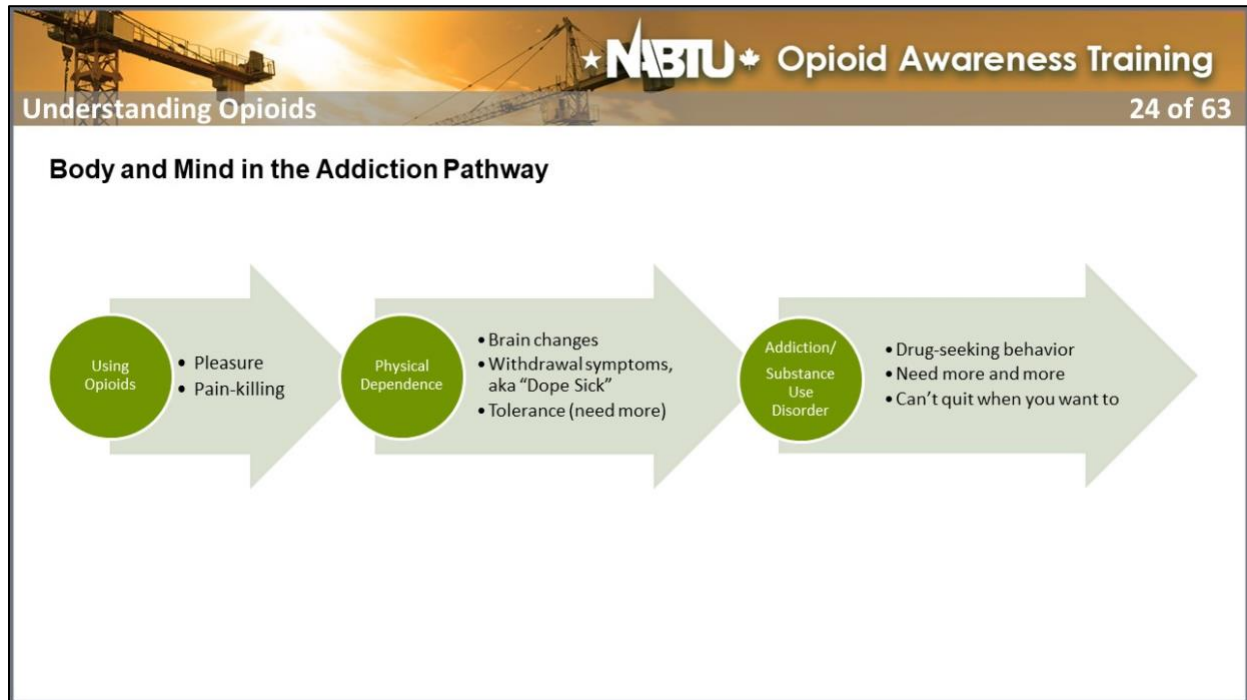
15

Instructor Notes:

- This slide introduces the idea that addiction – technically called substance use disorder (SUD) – is a brain disease that is caused by the drug re-wiring the person's brain to get them to keep taking the drug.
- Opioid use disorder (OUD) is a specific form of SUD.
- Explain that many people believe that addiction is a choice or that only "addicts" get addicted. However, for the most part, the drug works the same on everyone and it is not known why some people are able to fight addiction more easily than others.
- Explain that understanding addiction as a brain disease does not take the responsibility off a person for getting well. We all need to take responsibility for our health, whether it's dealing with asthma or diabetes or back pain or a SUD. But understanding SUD as a disease does help us understand why people most often need help to stop taking the drug.
- **Graphic source:** <https://newsinhealth.nih.gov/2015/10/biology-addiction>

Slide 16 – Body and Mind in the Addiction Pathway

(Time: 1 minute)

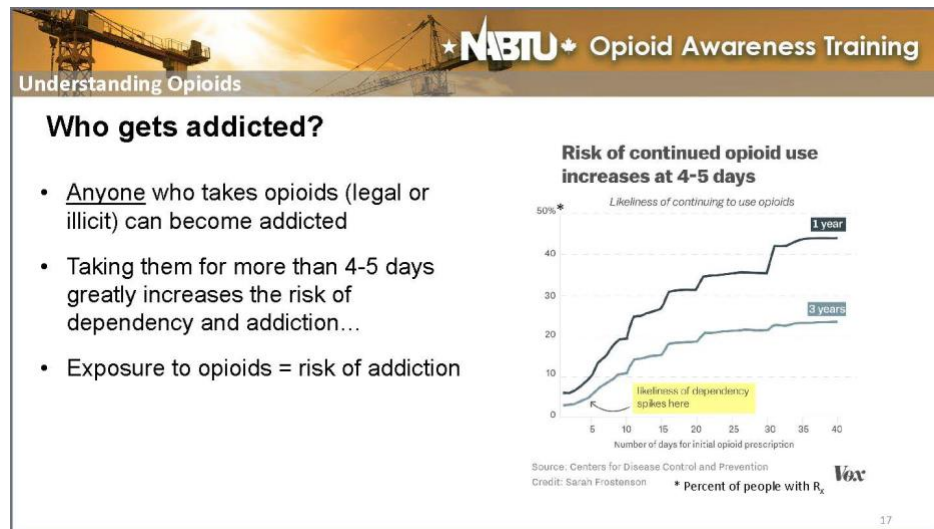


Instructor Note:

- This slide shows the path from the good feelings the drug gives, to the brain being re-wired to demand more drug (physical dependence – withdrawal), to developing a tolerance (needing more and more for the same effect), to a SUD characterized by problematic drug seeking behavior.

Slide 17 – Who Can Get Addicted?

(Time: 1 minutes)



Instructor Note:

- Explain that anyone can develop a physical dependence on opioids that may turn into an addiction. The key factor is how long someone takes them. The chart shows that after taking opioids for 5 days, the risk of addiction increases dramatically. Almost half the people who took opioids for 30 days are still taking them 1 year later.
- Explain that the best way to avoid the potential hazards of opioids is to avoid being exposed to them.

Slide 18 - Story of Pain Into Power


(Time: 3 minutes)


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Understanding Opioids

Story of Pain Into Power

Bobby McNeil,
Vice President
Ironworkers Local 7



 Hover over the speaker icon to open the audio controls and play the clip.

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Instructor Note:

- Play the audio clip which is Bobby McNeil, the Vice President of the Ironworkers Local 7 taking about how he went from prescription pills to heroin while working on the World Trade Center in NYC. He has been in recovery for four years and is now a leader in his union and a fierce peer advocate for anyone in the trades who needs help. Bobby gives hope to many ironworkers who are struggling with addiction.

Slide 19 - Three Components: Prevention and Harm Reduction

(Time: 2 minutes)



Prevention and Harm Reduction

Opioid Addiction/Substance Use Disorder Can be Prevented

- **Question:** How can we help prevent opioid addiction among construction workers?
- **LEVEL 1 Prevention:** Reduce/eliminate the risk factors for pain, including tasks or conditions that cause injuries.
- **LEVEL 2 Prevention:** If a construction worker is injured or in pain (job- or not job-related), encourage them to get care that doesn't include opioids.
- **LEVEL 3 Prevention and Harm Reduction*:** If they are taking opioids, help them reduce their use and stop. Help them get help. Prevent an overdose.

**Harm Reduction = actions to prevent the negative consequences of drug use*

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Instructor Notes:

- **Optional Question:** Ask trainees to give some ideas on how we can prevent opioid addiction among construction workers.
 - **Note:** The slide will share the overall framework for thinking about points of prevention.
- Explain that there are three levels of prevention and harm reduction and the goal is to go “upstream” – to go to the source or root of problem if possible.
 - In **Level 1 Prevention** we try to prevent the harm or injury that would cause someone to take an opioid.
 - In **Level 2 Prevention** we try to prevent the person from relying on opioids to deal with the pain.
 - In **Level 3 Prevention, also called “Harm Reduction”** we try to reduce the harm that is caused by taking opioids, usually by getting someone help to stop taking them or, in the worst case scenario, saving their life with Narcan (nar-can), the overdose reversal medication. Harm reduction means that we want to reduce the negative consequences for the person who is taking opioids
- **Note:** These components will be examined more closely in the remainder of this section.
- **Note:** All this involves talking about uncomfortable topics, such as reporting hazards, or talking with peers about personal struggles.

Slide 20 - LEVEL 1 Prevention: Prevent the Causes of Pain

(Time: 2 minutes)

 NABTU Opioid Awareness Training

Prevention and Harm Reduction

LEVEL 1 Prevention: Prevent the Causes of Pain

- **Question:** What are some examples of ways to prevent painful injuries on construction job sites?
 - Ergonomically designed tools
 - Safety and health committees to identify and address hazards
 - Report hazards
 - Housekeeping to prevent slips, trips and falls
 - Proper personal protective equipment
 - Positive safety culture and program
 - Ergonomics = "Fitting the task to the worker" to prevent musculoskeletal injuries



NATIONAL SAFETY STAND-DOWN
TO PREVENT FALLS IN CONSTRUCTION
MAY 6-10, 2019

Source: OSHA

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Instructor Notes:

- **Optional Question:** Ask the trainees to answer the question on the screen.
 - Discuss their responses and then reveal the answers provided.
- Explain that construction sites that have strong "**safety culture**" -- for instance, workers are encouraged to take the time they need to do a job safely – are more likely to have fewer injuries.
- **Optional:** Select the photo to show the OSHA – Stand-Down to Prevent Falls in Construction website (<https://www.osha.gov/StopFallsStandDown/>)

Slide 21 - Musculoskeletal Disorders (MSDs)

(Time: 1 minute)

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Prevention and Harm Reduction

Musculoskeletal Disorders (MSDs)

- **Musculoskeletal disorders:** injuries or pain in the human musculoskeletal system, including the joints, ligaments, muscles, nerves, tendons, and structures that support limbs, neck and back
- **Injury risk factors:** repetitive motion, lifting materials and tools, working in awkward postures, forceful exertion (gripping, pushing and pulling), combination of risk factors



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Instructor Notes:

- Explain the definition of musculoskeletal disorders (MSDs) and the injury risk factors for them.
- **Optional Question:** Ask trainees to give examples of tasks that could cause MSDs in their trade?

Slide 22 - Examples of Ergonomics in Construction

(Time: 1 minute)



Instructor Notes:

- This slide shows two examples of ergonomics in construction. The examples show how the task (overhead drilling and carrying drywall) was done before the equipment was changed, and how new equipment made the same task easier on the body.
- Explain that the body has limits and that helpful equipment and task design can reduce injuries and make the body last longer without injury.
- **Optional Question:** Ask the trainees for their ideas about how these new tools would make the job easier on the body and what the tools limitations may be.
- **Optional Question:** Ask the trainees for other examples of ergonomics in construction.
- **Optional:** Select the link on the screen to show the CPWR: Manual Materials Handling Planning Tool and Resources page on the CPWR website (<https://www.cpwr.com/research/research-practice-library/construction-ergonomic-research-solutions>)
- **Graphic source (overhead drill press):** Laborers' Health and Safety Fund of North America (<https://www.lhsfna.org/index.cfm/lifelines/may-2010/new-device-takes-strain-out-of-overhead-drilling/>)

Slide 23 - Stretch and Flex Program

(Time: 1 minute)



Prevention and Harm Reduction

Question: What are the benefits of a stretch and flex program?

Answer: Good for loosening up and team building...No scientific evidence that stretch and flex programs prevent injuries.

- Why? They don't reduce or eliminate the hazards that cause them.



Photo by Amanda Creel

23

Instructor Notes:

- **Optional Question:** Ask the trainees to answer the question on the screen. Discuss their answers.
- Explain that doing stretch and flex exercises isn't a bad thing, but many people believe that these exercises can prevent injuries. However, there isn't evidence (in the form of research studies) that show that they do. Safety and ergonomic programs and tools as shown on the previous screen reduce hazards that can cause injuries.
- **Information source:** Linda M. Goldenhar and Pete Stafford - Journal of Safety Research (<https://doi.org/10.1016/j.jsr.2015.08.002>)
- **Graphic source:** Amanda Creel (used with permission)

Slide 24 - LEVEL 2 Prevention: Avoid Exposure to Opioids

(Time: 2 minutes)

The slide features a background image of a construction site with a crane. The NABTU logo is in the top right corner, followed by the text 'Opioid Awareness Training'. Below this, the title 'Prevention and Harm Reduction' is displayed. The main content area is titled 'LEVEL 2 Prevention: Avoid Exposure to Opioids' and lists three bullet points: 'Avoid long-term prescriptions', 'Avoid combined prescriptions (tranquilizers + muscle relaxants + painkillers)', and 'Advocate for good care, including non-opioid treatment'. To the right, there is a graphic of a document titled 'Physicians'/Providers' Alert: Pain Management for Construction Workers'. Below the graphic, the text reads: 'CPWR Physicians'/Providers' Alert Document. Complete the "To My Doctor" form (page 2) and give it to your doctor to include in your medical records.' A hand icon points to the bottom right corner of the graphic, and the source 'Source: CPWR' is noted at the bottom right.

LEVEL 2 Prevention: Avoid Exposure to Opioids

- Avoid long-term prescriptions
- Avoid combined prescriptions (tranquilizers + muscle relaxants + painkillers)
- Advocate for good care, including non-opioid treatment

CPWR Physicians'/Providers' Alert Document

Complete the "To My Doctor" form (page 2) and give it to your doctor to include in your medical records.

Physicians'/Providers' Alert:
Pain Management for Construction Workers

Source: CPWR

Instructor Notes:

- Explain that most people first encounter opioids after a visit to a doctor's office.
- **Resource Document:** Hand out a copy of the CPWR Physicians'/Providers' Alert document to each student and discuss.
 - **Note:** Click on the graphic to see the full document.
- Review the main points of the document listed on the screen.
- Explain that doctors are much more aware of the problems of overprescribing opioids than in the recent past, but you **MUST** be your own advocate and avoid opioids if possible.
- **Graphic/document source:** CPWR Physicians'/Providers' Alert document (https://www.cpwr.com/sites/default/files/publications_handouts-and-toolbox-talks_physicians-alerts_opioids.pdf)

Slide 25 - Tips for the Doctor's Office

(Time: 2 minutes)

NABTU Opioid Awareness Training

Prevention and Harm Reduction

Tips for the Doctor's Office

- Ask if prescribed medication is an opioid
- Talk about substances you or your family members may struggle with
- Describe your work and ask if medications could be unsafe at work
- Ask about alternatives to opioids, including physical therapy and skills for pain management



Source: National Safety Council

25

Instructor Notes:

- This slide contains more suggestions for self-advocacy to avoid unnecessary opioid prescriptions.
- **Optional Stickers:** You may elect to order these “Warn Me” stickers from the National Safety Council so that you can hand them out during class (<https://safety.nsc.org/stop-everyday-killers-supplies>).
- **Graphic source:** National Safety Council

Slide 26 - But what about my pain?

(Time: 1 minutes)

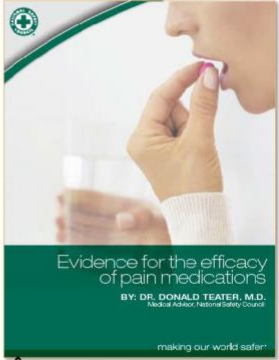
★ **NABTU** ★ Opioid Awareness Training

Prevention and Harm Reduction

But what about my pain?

Study after study shows that **opioids aren't effective painkillers.**

Opioids didn't work as well as acetaminophen (Tylenol) and ibuprofen and other ways of controlling pain in studies that looked at dental pain, pain after accidents, post-surgical pain, severe pain from kidney stones, back pain, and chronic pain. And they cause tremendous harm...



Source: National Safety Council

26

Instructor Notes:

- Explain that the evidence for opioids' effectiveness as a pain medication just doesn't add up.
- **Optional:** Select the graphic on the screen to show the trainees where they can sign up for a new report on the Evidence for the Efficacy of Pain Medications.
(<https://safety.nsc.org/painmedevidence>)
- **Graphic source:** National Safety Council

Slide 27 - LEVEL 3 Prevention: Reduce the Harms of Opioid Addiction

(Time: 2 minutes)



Prevention and Harm Reduction

★ NABTU ★ Opioid Awareness Training

LEVEL 3 Prevention: Reduce the Harms of Opioid Addiction

- **Question:** How can we reduce the harms of opioid addiction among construction workers?
- Offer support and help:
 - Communicate directly about your concern.
 - Eliminate stigma and judgement, including about treatment.
 - Share resources for help.
- Be ready to reverse an overdose. Make sure Naloxone (Narcan®) is in the site first aid kit.



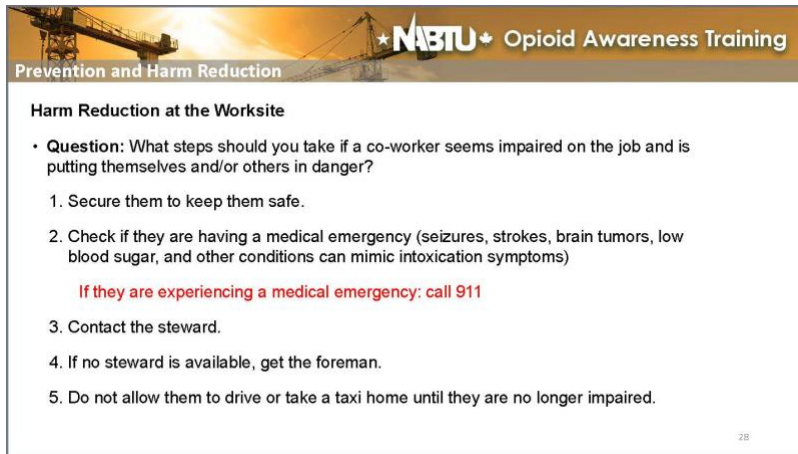
27

Instructor Notes:

- **Optional Question:** Ask the trainees the question on the screen and discuss their answers.
- Explain that after someone has developed an SUD or physical dependency, we can take action to prevent more harm from happening to them and their families.
- Review the three main strategies on the screen.
- Narcan is a safe and effective way to reverse an opioid overdose. Construction site first aid responders should know where it is on the site and how to use it. Unfortunately, more and more overdoses are occurring on construction sites.

Slide 28 - Harm Reduction at the Worksite

(Time: 2 minutes)



Harm Reduction at the Worksite

- **Question:** What steps should you take if a co-worker seems impaired on the job and is putting themselves and/or others in danger?

1. Secure them to keep them safe.
2. Check if they are having a medical emergency (seizures, strokes, brain tumors, low blood sugar, and other conditions can mimic intoxication symptoms)
If they are experiencing a medical emergency: call 911
3. Contact the steward.
4. If no steward is available, get the foreman.
5. Do not allow them to drive or take a taxi home until they are no longer impaired.


28

Instructor Notes:

- **Optional Question:** Ask the trainees to answer the question on the screen.
- Explain to the trainees that if they encounter someone who is impaired (or they themselves are impaired) and a danger to themselves or others on the worksite, they should take action.
- **Optional:** Use the points below to elaborate on the discussion.
 - Best- and worst-case scenarios:
 - **Best case scenario:** the union will be help them to get access to resources and fully support them in their recovery and will do its best to save their job and thus their health insurance.
 - **Worst case scenario:** there is reasonable suspicion drug-testing and dismissal, lose income, health insurance, etc.
 - Other concerns:
 - They go home and do themselves/yourself more harm.
 - They stay at work because everyone ignores it and covers for them/you.
 - They get injured or cause an injury.
 - They sleep it off in the truck while everyone does their work and nothing changes.

Slide 29 - LEVEL 3 Prevention: Understanding and Reducing the Harms of Stigma


(Time: 1 minute)

 NABTU Opioid Awareness Training

Prevention and Harm Reduction

LEVEL 3 Prevention: Understanding and Reducing the Harms of Stigma

- **Question:** Why do we react negatively to someone struggling with addiction or mental health problems?
- **Stigma** - shame or disgrace attached to something regarded as socially unacceptable.
- Believing only bad people have problems or they deserve to be punished for making bad choices



Source: Bridges of Hope/Studio L Online

29

Instructor Notes:

- **Optional Question:** Why do we react negatively to someone struggling with addiction or mental health problems?
- The answers relate to understanding the concept of stigma.
- **Note:** Many trainees may continue to hold negative attitudes towards those struggling with addiction. In fact, it is possible to have a negative attitude and still be compassionate and helpful.

Slide 30 - Stigma Harms

(Time: 2 minutes)

NABTU Opioid Awareness Training

Prevention and Harm Reduction

Stigma Harms

Question: How does stigma cause harm?

- It stops people who are struggling coming forward for help.
- Millions struggle with substance use. Few receive treatment. Stigma is one of the largest reasons for the gap.
- It's a hope killer.

HELLO,
I AM

Not my addiction

30

Instructor Notes:

- **Optional Question:** Ask the trainees to answer the question on the screen.
- Explain that expression of negative attitudes toward people with SUDs or mental health issues is very harmful because it prevents them from getting help that could allow them to get better. People can and do get better all the time. People who are struggling need compassion and encouragement rather than ridicule.
- Explain that hope is a really important motivator for entering recovery and staying there, and that feeling worthless is a major reason why people don't get help.

Slide 31 – Reducing and Eliminating Stigma

(Time: 2 minutes)

NABTU Opioid Awareness Training
Prevention and Harm Reduction

Reducing and Eliminating Stigma

- Create an environment where people can speak openly about substance use
- Show empathy instead of casting judgement.
- Recognize that SUD is a disease that needs treatment.
- Support people in taking action for their health.
- Encourage those in recovery to assist others.
- Support a “recovery-friendly” workplace (e.g., social activities that do not include drinking/drugs).



Clean And Sober National Softball Association



Photo by Ty Empey

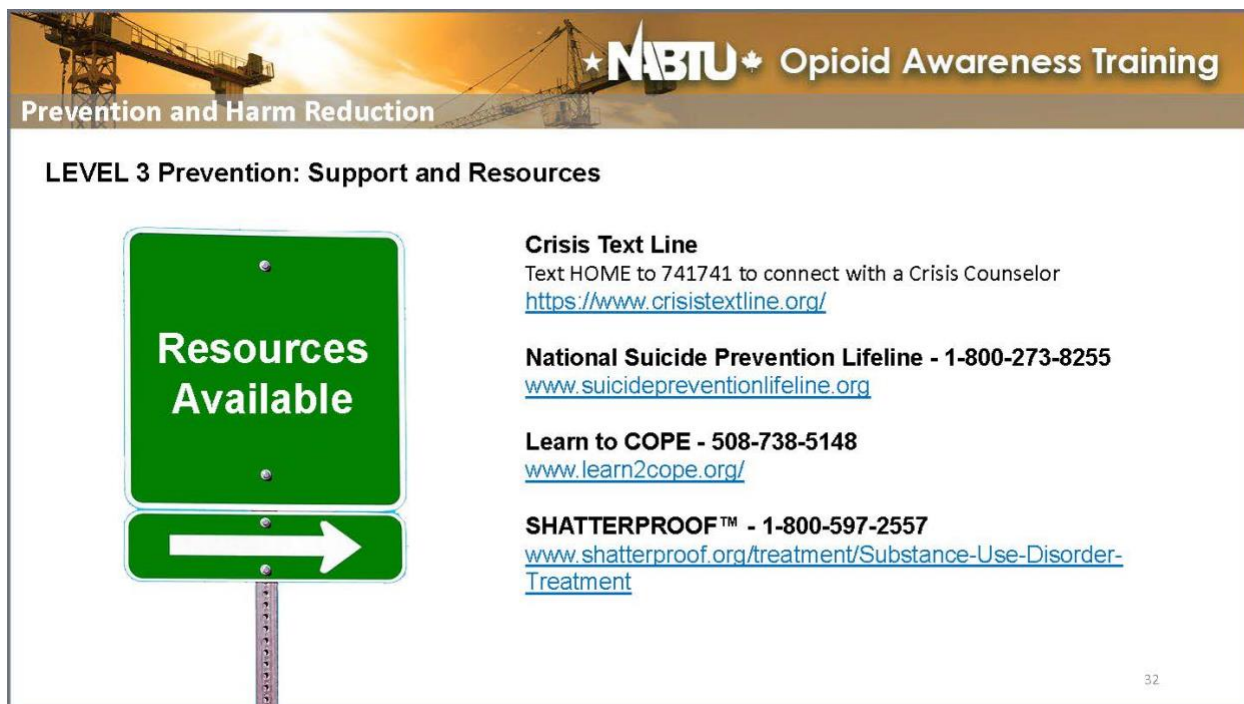
31

Instructor Note:

- The slide lists ways that stigma can be overcome and that trainees can participate in eliminating stigma about getting help.
- Remind them that at the beginning of the training, we mentioned that there is always something we can do, and “refreshing” our attitudes is one thing that can help change the statistics.

Slide 32 - LEVEL 3 Prevention: Support and Resources

(Time: 2 minutes)



Prevention and Harm Reduction

LEVEL 3 Prevention: Support and Resources

Resources Available

Crisis Text Line
Text HOME to 741741 to connect with a Crisis Counselor
<https://www.crisistextline.org/>

National Suicide Prevention Lifeline - 1-800-273-8255
www.suicidepreventionlifeline.org

Learn to COPE - 508-738-5148
www.learn2cope.org/

SHATTERPROOF™ - 1-800-597-2557
www.shatterproof.org/treatment/Substance-Use-Disorder-Treatment

32

Instructor Notes:

- Review the types of support and resources available to trainees, including any resources that your union can offer to members struggling with SUDs and mental illness.
- **Optional:** Use the points below to elaborate on the discussion.
 - Give a “menu” of options/steps for change:
 - Call the Peer Assistance number or HelpLine.
 - Go to the AA/NA meetings.
 - Talk to someone who has been through detox/recovery.
 - Call someone every day.
- Use the “**Support and Resources Available**” template provided to help you prepare a list of SUD and mental illness support and resources available either *from your union* or in the community that members can contact for help. Write this information on a whiteboard or hand out info cards or sheets.

Template: Support and Resources Available to Trainees

A. Substance Use Disorders (SUDs) Support and Resources

- Union resources:
 - Contact information:
- Community resources:
 - Contact information:
- Other Resources:
 - Contact information:

B. Mental Illness Support and Resources

- Union resources:
 - Contact information:
- Community resources:
 - Contact information:
- Other resources:
 - Contact information:

C. Other Available Resources

- Agency 1:
 - Contact information:
- Agency 2:
 - Contact information:
- Agency 3:
 - Contact information:

Resource Document: Substance Use Disorders and Mental Illness Resources

Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline

Call: 1-800-663-HELP (4357)

Website: <https://www.samhsa.gov/find-help/suicide-prevention>

National Suicide Prevention Lifeline

Call: 1-800-273-8255

Website: <https://suicidepreventionlifeline.org/>

Learn to COPE

Call: 508-738-5148

Website: <https://www.learn2cope.org/>

SHATTERPROOF™

Call: 1-800-597-2557

Website: <https://www.shatterproof.org/treatment/Substance-Use-Disorder-Treatment>

Clean and Sober National Softball Association

Call: 510-938-8740

Website: <https://www.csnsa.com/>

Government of Canada (Available Resources)

<https://www.canada.ca/en/health-canada/services/substance-use/get-help/get-help-problematic-substance-use.html>

Slide 33 - Steps in Treatment and Recovery

(Time: 2 minutes)



Understanding Treatment and Recovery

Steps in Treatment and Recovery

- Seeking and accepting help
- Identifying treatment options/Contacting union benefits office
- Withdrawal management (Detox)
- Substance Use Disorder treatment
- Recovery support while you get your life back
- Return to work with a "compliance" agreement and program



Photo by John Wilcox

33

Instructor Notes:

- Explain that treatment and recovery begin with a decision to get help and a desire to be well.
- Note the steps on the slide.
- Emphasize that if they or a family member is seeking treatment, they should call their benefits office to find out what their insurance covers. **DO NOT CALL THE NUMBER ON TV.** Those are scams which have provided bad or no treatment to union members, taking advantage of their good health insurance coverage.
- **Graphic source:** John Wilcox (used with permission)

Slide 34 - Types of Substance Use Disorder Treatment

(Time: 1 minute)



NABTU Opioid Awareness Training

Understanding Treatment and Recovery

Types of Substance Use Disorder Treatment

- In-Patient (residential) and Out-Patient
- Medication Assisted Therapy (or Treatment)
 - Talk therapy + medications
- Opioid Use Disorder Medications
 - Methadone
 - Buprenorphine [Suboxone®]
 - Naltrexone [Vivitrol® and Revia®]
- Talk therapy = behavioral therapy with a substance use counselor, social worker, or psychologist (Individual or Group)
- Union benefit plans determine what you can access for treatment – contact your union benefits office first
- Some people quit or reduce on their own, but it can be dangerous

Teamsters CARE

34

Instructor Note:

- Review the points provided on types of treatment and emphasize the importance of calling the union office to find out the union benefits for treatment which most likely covers family members as well.

Slide 35 – Recovery Programs

(Time: 1 minute)

NABTU Opioid Awareness Training

Understanding Treatment and Recovery

AA and NA (12-Step Programs)

- Meetings and peer support for recovery. Many union halls support AA meetings.
- Many people attending AA/NA are not 100% sober/off drugs.
- Many people use both AA and medications to help them recover from opioid addiction.

Alcoholics Anonymous (AA)
www.aa.org

Narcotics Anonymous (NA)
www.na.org

People in AA know....Relapse is a part of recovery.

Source: AA

Source: NA

Instructor Notes:

- Many people find that AA and/or NA are critical to their transition from treatment to recovery.
- 12-step programs allow individuals in recovery to connect with other individuals in recovery in a safe and supportive environment, typically at regularly scheduled meetings.
- Review the nuanced points on the slide.
- **Optional:** Select the links on the screen to visit the AA and NA websites.
- **Graphic sources:** AA (<https://www.aa.org/>) and NA (<https://www.na.org/>)

Slide 36 – Overcoming our Common Struggles

(Time: 1 minute)



NABTU Opioid Awareness Training

Overcoming our Common Struggles

It's Not Only Opioids

Many of us struggle with:

- Depression, anxiety, anger, stress and other mental health issues, including thoughts of suicide
- Alcohol and other substances
- Gambling
- Family conflict
- Financial problems

Time to get uncomfortable and talk about it...

FOR CONSTRUCTION INDUSTRY ALLIANCE SUICIDE PREVENTION

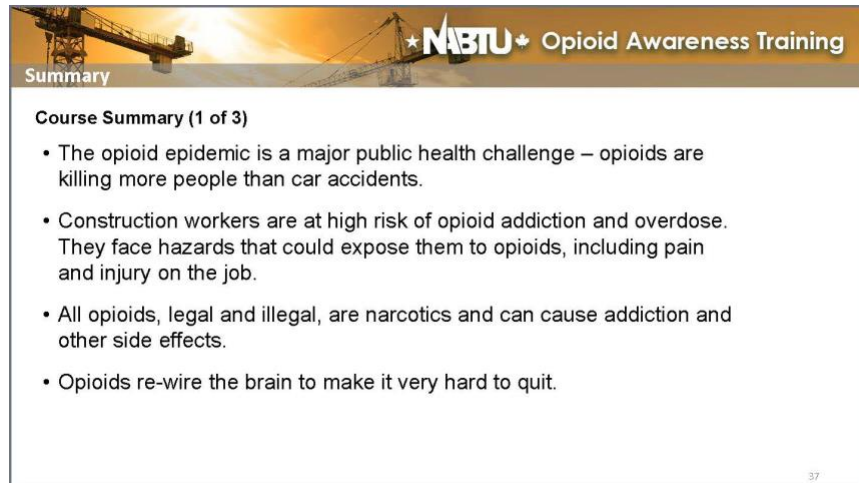
36

Instructor Note:

- Note that we recognize that opioids are not the only thing we are struggling with. In addition to other drugs and alcohol, there are many challenges that construction workers face in their mental health and well-being. Construction workers are also at higher risk of suicide. Module 2 addresses these issues and provides information for dealing with our health in all dimensions.

Slide 37 – Training Summary and Review

(Time: 1 minute)



Summary

Course Summary (1 of 3)

- The opioid epidemic is a major public health challenge – opioids are killing more people than car accidents.
- Construction workers are at high risk of opioid addiction and overdose. They face hazards that could expose them to opioids, including pain and injury on the job.
- All opioids, legal and illegal, are narcotics and can cause addiction and other side effects.
- Opioids re-wire the brain to make it very hard to quit.

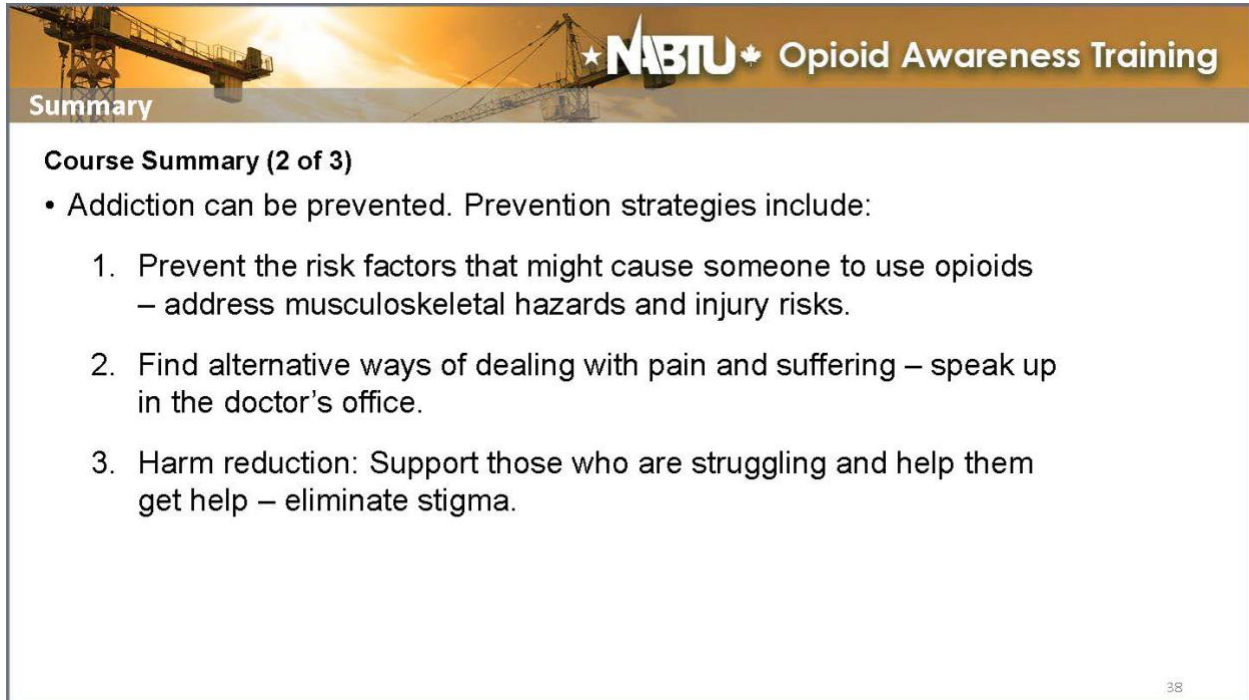
37

Instructor Notes:

- Ask the trainees to have patience as you take a couple of minutes to review what was just discussed. Briefly review the bullet points which continue on the next two screens.

Slide 38 – Review Continued

(Time: 1 minute)



Summary

Course Summary (2 of 3)

- Addiction can be prevented. Prevention strategies include:
 1. Prevent the risk factors that might cause someone to use opioids – address musculoskeletal hazards and injury risks.
 2. Find alternative ways of dealing with pain and suffering – speak up in the doctor's office.
 3. Harm reduction: Support those who are struggling and help them get help – eliminate stigma.

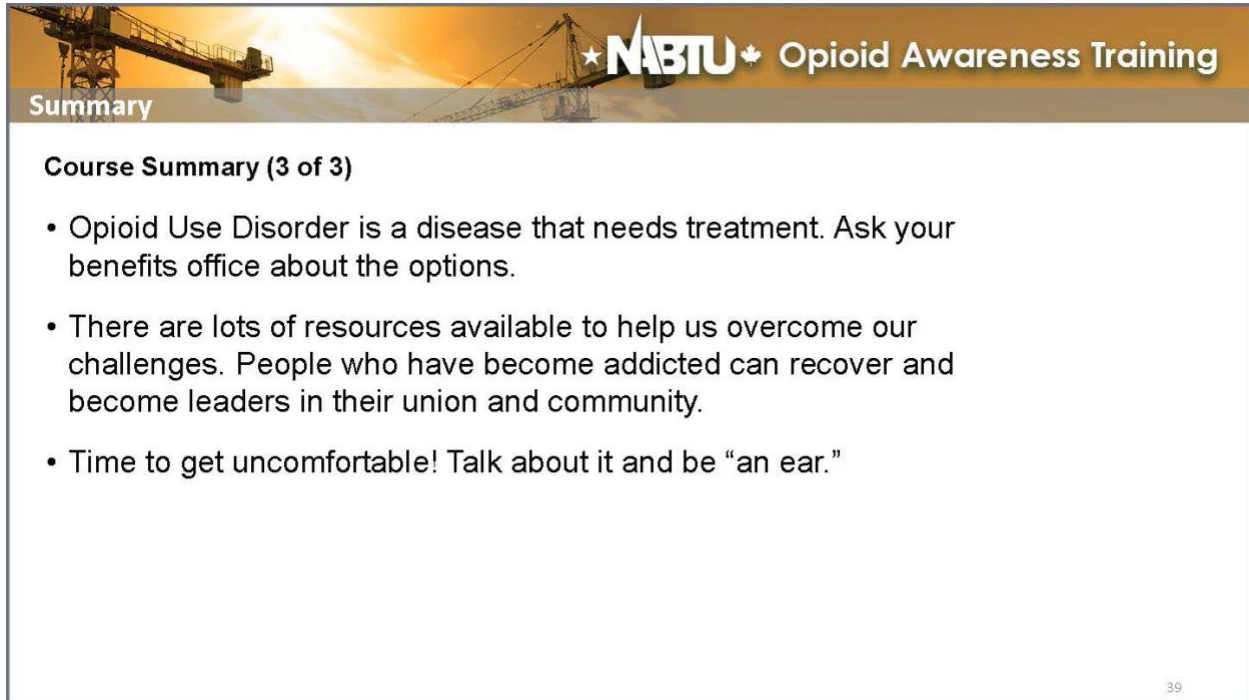
38

Instructor Note:

- Review the three strategies of prevention.

Slide 39 – Review Concluded and Course Concluded

(2 minutes)



Summary

Course Summary (3 of 3)

- Opioid Use Disorder is a disease that needs treatment. Ask your benefits office about the options.
- There are lots of resources available to help us overcome our challenges. People who have become addicted can recover and become leaders in their union and community.
- Time to get uncomfortable! Talk about it and be “an ear.”

39

Instructor Note:

- **Optional Question:** ask trainees to reflect on what they have learned and what they would share from this course.
- Ask the trainees if they have any questions before concluding.

Slide 40 – Post-training Survey Link

(5 minutes)

Course Complete

North America's Building Trades Unions (NABTU)
Opioid Awareness Training Program



Course Complete!

For trainees only – Please use your phone's camera to activate the QR code for the **anonymous** post-training survey, or go to:
bit.ly/NABTUOpioidPost

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Instructor Note:

- Thank the trainees for their participation and conclude the course.
- Invite the trainees to take the post-training survey and give their input on the training. The survey is anonymous and it will help us improve the course.