

ADDRESSING THE OPIOID CRISIS

ELECTRI International White Paper • Roundtable Discussions





The opioid crisis has been called the construction industry's simmering threat. A 2017 study revealed that construction workers are among the most susceptible to opioid abuse, second only to food service industry employees. CNA – a business insurance provider – estimates 15.1% of construction workers have used legal and/or illegal drugs illegally.¹ Opioid abuse is costing every firm money and threatening lives.

The Centers for Disease Control and Prevention estimates the total “economic burden” of prescription opioid misuse alone in the United States is **\$78.5 billion per year**, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.² Everyday, **more than 130 people in the United States die** after overdosing on opioids.³ A person born in 2017 has a greater chance of dying from an accidental opioid overdose than from a motor vehicle crash. Opioid overdose is now a Top 5 cause of death behind heart disease, cancer, chronic lower respiratory disease and suicide.”⁴

Safety is the top priority for our workforce, employers, and customers and is the leading driver of concern over the opioid crisis. Our employers, with the support of the National Electrical Contractors Association (NECA), have adopted drug testing policies to address safety concerns and to focus on the treatment and rehabilitation needs of their employees.

While drug testing policies do exist, they vary according to adoption by local jurisdictions. Joint Apprenticeship and Training Committees (JATCs) require drug testing according to their standards of apprenticeship which vary by region. These policies are basically standardized according to regulations adopted by the Commercial Diving License (CDL) trucking industry. JATCs conduct drug testing prior to enrollment.

Many NECA members have drug-free work zone policies in place. These often have procedures to refer workers to Employee Assistance Programs (EAPs) and rehabilitation. These policies can allow for the administration of panel tests. However, the medical review officer can only offer a simple “compliant/non-compliant” response to the test results, due to privacy laws. This limitation could cause an employee's opioid addiction to go undetected.

The need is great for nationwide adoption of H.R.6, **“SUPPORT for Patients and Communities Act”**. This is now Public Law #115-271 and has a strong policy governing opioid prescriptions. The new law includes “specific language” such as the following:

- If a different drug is available instead of an opioid, legislation and policy should require prescribing that medication as an alternative to opioid.
- In cases where no opioid alternative is available, strict prescription limits pertaining to refill frequency and the number of pills per prescription should be dictated.
- Prescribing limits should include clinical guidelines, drug monitoring programs, and continuing education on dispensing and recommending opioids.

Public Law #115-271, the policy for governing opioid prescriptions, also includes language for establishing an advisory committee to address opioid use in the workplace. Links provided at the end of this white paper give readers access to the full bill highlighting the opioid crisis in America, a summary of the legislation, and key takeaway highlights.

RAISING AWARENESS

Policy implementation is varied across the country and is struggling to keep pace with the opioid crisis. This reinforces the need to raise awareness through training and programs targeted at recognizing opioid abuse. A great place to begin opioid awareness would be to include an opioid awareness section as part of OSHA's training-related requirements. Awareness includes disseminating information on the signs of addiction or addictive behavior. One approach to developing awareness is to provide a list that identifies which drugs or opioids are addictive. This list should be posted physically in the workplace and available on websites to call attention to these drugs as a warning and to offer alternatives for prescription medications that do not have an addictive component.



Every day, more than **130** people in the United States die after overdosing on opioids.

Many customers now require a contractor to show proof that the company is monitored and is “drug-free”. In raising awareness, a company's statements or declarations should highlight strong programming, including interventions and treatment plans. A forceful statement also shows potential employees that our contractors care and are focused on each person's well-being.

INTERVENTION AND TREATMENT

Interventions or recommended treatments for employees should be positive. There should be no punitive responses or reactions when trying to help or address opioid addictive behaviors in the workplace. Because of the negative connotation associated with asking for or seeking help, NECA, member employers, and industry partners should advocate awareness and use of EAPs. Contractors recommend a concerted effort by NECA and the International Brotherhood of Electrical Workers (IBEW) to draft a standardized approach or policy from a Labor Relations standpoint regarding the opioid crisis, especially raising awareness of the problem within the industry as well as suggesting interventions and treatment. Many employers may have to bargain over these policies if they are implementing them for current employees. The minimum standards when implementing the “NECA-IBEW Local Areawide Substance Abuse Testing Policy” (Category I) requires a rehabilitation component.

Benchmarking what other industries and manufacturers are doing regarding programs, treatments, and responses to the opioid crisis is highly recommended. Conducting a survey of professionals (counselors, treatment programs, educators, etc.) would help guide the EC industry as we develop programming and suggested treatments.

As awareness campaigns, educational programing, and recommended treatment plans are developed for NECA members, particular care should be given to the total health and welfare of the individual (mind, body and spirit).



1. Tyler March, M. (2017) Construction Workers Among Most Susceptible to Opioid Abuse, Retrieved from: <https://www.constructiondive.com/news/construction-workers-among-most-susceptible-to-opioid-abuse/508546/>

2-3. National Institute on Drug Abuse (2019) Opioid Overdose Crisis, Retrieved from: <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

4. Pierce,S. (2017) Odds of dying: For the first time, opioid overdoses exceed car crashes, Retrieved from: <https://www.tmc.edu/news/2019/01/odds-of-dying-for-the-first-time-opioid-overdoses-exceed-car-crashes/>

H.R.6 became Public Law #115-271, Policy for Governing Opioid Prescriptions

The bill – <https://www.congress.gov/bill/115th-congress/house-bill/6>

Summary – <https://www.govtrack.us/congress/bills/115/hr6/summary>

Key take-aways – <https://www.naco.org/blog/house-and-senate-reach-agreement-comprehensive-opioid-response-package>

Additional resources

CFMA (Construction Financial Management Association) has established the Construction Industry Alliance for Suicide Prevention at #SuicidePreventionCFMA.

Centers for Disease Control and Prevention – Helpful Materials:
<https://www.cdc.gov/drugoverdose/patients/materials.html>

Centers for Disease Control and Prevention – Frequently Asked Questions:
<https://www.cdc.gov/drugoverdose/patients/faq.html>

The Central Indiana Chapter NECA has provided a copy of its substance abuse policy for consideration. Here is the link:
<https://electri.org/wp-content/uploads/2019/07/Central-Indiana-Substance-Abuse-Policy.pdf>