

Harnessing the tradition of brotherhood to reduce opioid overdose deaths among trade workers in Massachusetts

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Objectives

- Learn how data was collected, analyzed, and reviewed by stakeholders to plan strategies
- Understand the factors contributing to opioid use and overdose among trades/labor workers
- Understand the cultural context of working in the trades and how we aim to harness the tradition of brotherhood to reduce opioid overdose deaths
- Explain how strategies were chosen and why they are different for union vs. non-union workers



Who are we?

- Mystic Valley Public Health Coalition
- MA Opioid Abuse Prevention Collaborative

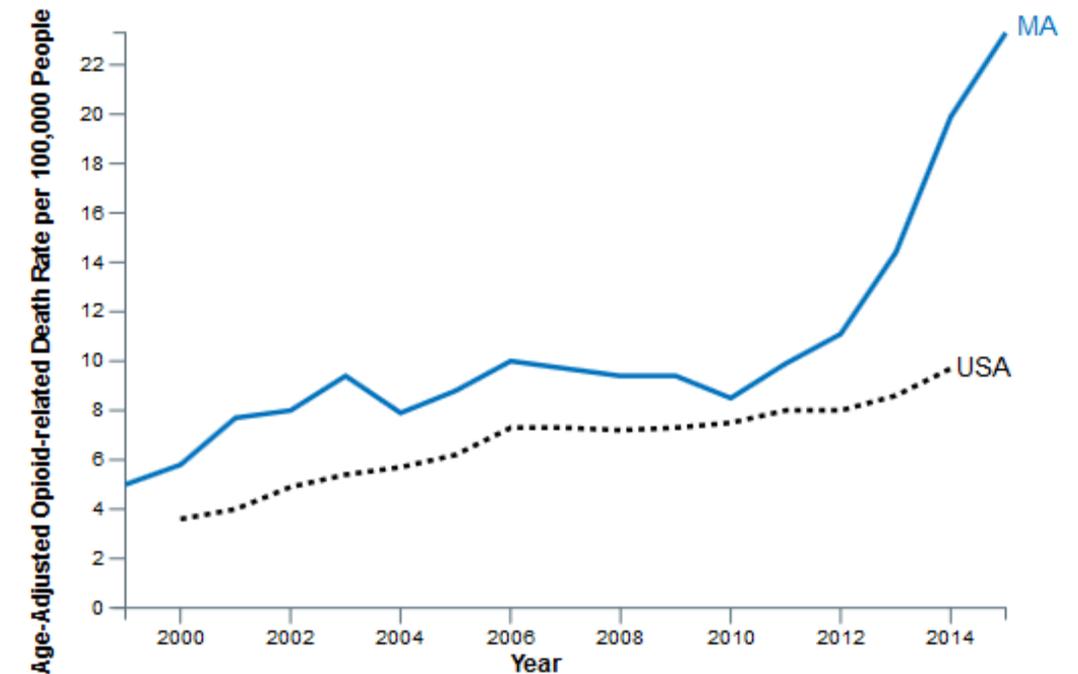


Opioid epidemic in MA

- 2013: MA Dept. Public Health, Bureau of Substance Abuse Services (BSAS) awards thirteen regional grants to prevent first use of opioids and prevent overdose deaths.
- 2014: Governor Deval Patrick declared public health emergency, directing all first responders be equipped with lifesaving Naloxone
- 2015: Governor Charlie Baker convenes Opioid Working Group
- 2016: #StateWithoutStigMA campaign kickoff & Gov. Baker signs into law the "An Act relative to substance use, treatment, education and prevention"

Age-Adjusted Opioid-related Death Rate by Year^{4,7,8}

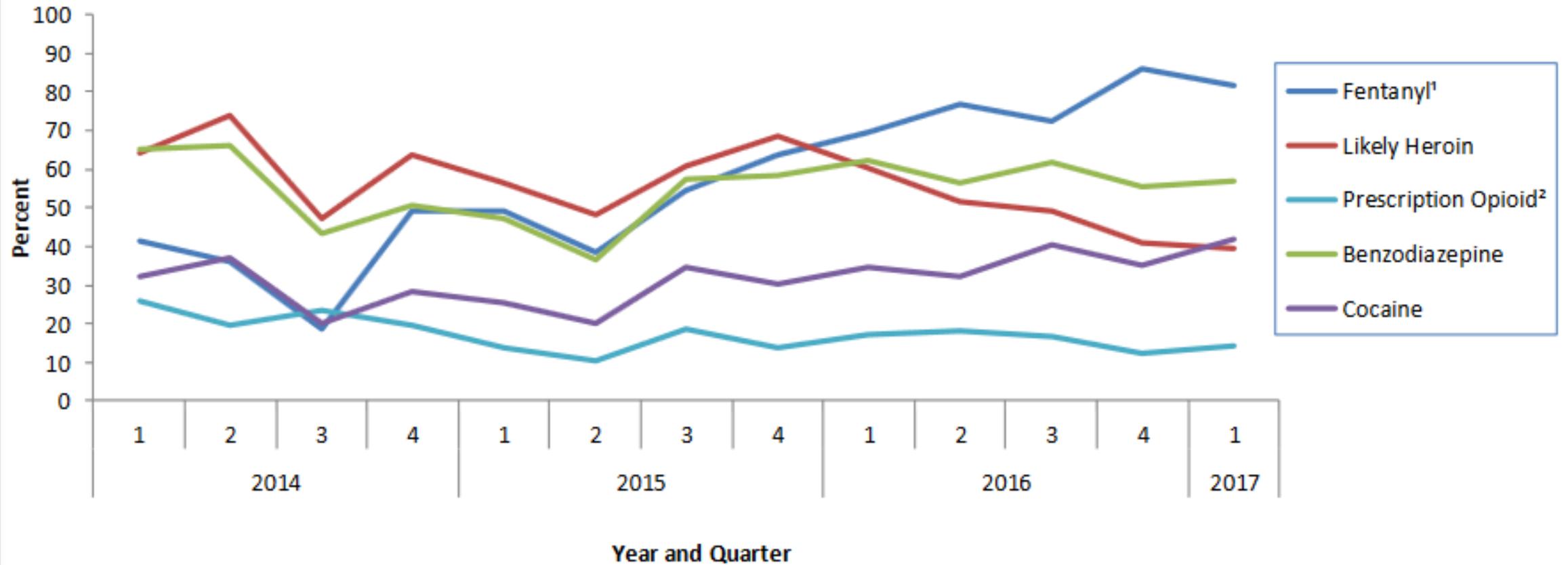
Comparing the opioid-related death rate of Massachusetts to the nation overall.



[View the dataset powering this visualization](#) ↓

Sources: Centers for Disease Control and Prevention, National Center for Health Statistics. [Multiple Cause of Death 1999-2014 on CDC WONDER Online Database](#), released 2015. [Massachusetts Registry of Vital Records and Statistics](#), [Massachusetts Department of Public Health](#).

**Figure 4. Percent of Opioid Deaths with Specific Drugs Present
MA: 2014-2017**



*Source: MA Dept. of Public Health "Data Brief: Opioid-Related Overdose Deaths Among Massachusetts Residents" Aug. 2017

MOAPC

- Year 1: assessment, capacity building, strategic planning
- Year 2: implementation (Narcans, info dissemination, relationship building)
- Year 3: implementation (stigma campaign)
- Year 4: workforce assessment and planning
- Year 5: current year, implement trades strategies, revise other strategies (sustainability)





STIGMA

MysticValleyPublicHealth.org

Who are we talking about?

- Strong
- Dedicated
- Hard workers
- Committed
- Mentors
- Selfless
- Family oriented
- Tough
- Intelligent
- Hands on
- Persevere
- Caring
- Team worker
- Driven
- Respected
- Resilient
- Humble
- Focused
- Logical
- Determined
- Diligent
- Sacrifices
- Strong Character
- Strong Willed
- Loyal



Industry Characteristics

General Trades Workforce

- Hierarchy for level of experience (i.e., apprentice, journeyman, master)
- Chain of command for communication
- Get the job done, *safely*

Union

- Workers visit hall to pay dues, union meetings/business, training, dispatch to jobs, benefits
- Business agents, stewards, supervisor, foreman
- Most have an Employee Assistance Programs (EAP's)
- About 10% in the state
- Commercial and industrial work

Private

- Majority of trades workers are non-union
- Large companies and independent, family-owned contractors
- Small, private contractors with no EAP or knowledge of/access to services
- Commercial and residential work



Trades Culture

- Chin up, chest out
- Keep your head down, mouth shut. Do your job, mind your business
- Don't be a rat, scab
- Low trust in "outsiders", need an insider
- Protect each other (safety & security)
- Besides you, not above you



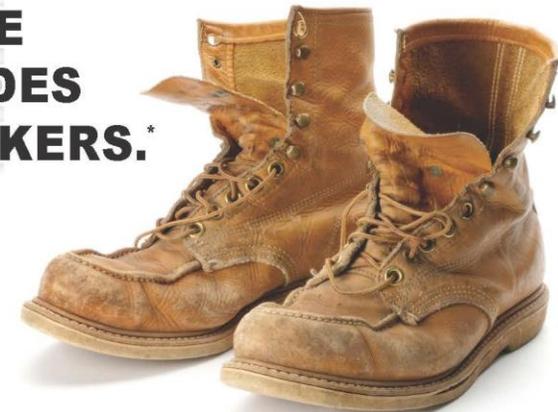
Workforce Assessment

Quantitative

- Opioid overdose death records collected from 2010-2016
- Analyzed for trends in occupation 2012-2015
- Monitoring polysubstance use

42% OF ALL OPIOID
OVERDOSE
DEATHS
IN THE MYSTIC VALLEY

WERE
TRADES
WORKERS.*



*2012-2015. Includes Malden, Medford, Melrose, Reading, Stoneham and Wakefield.

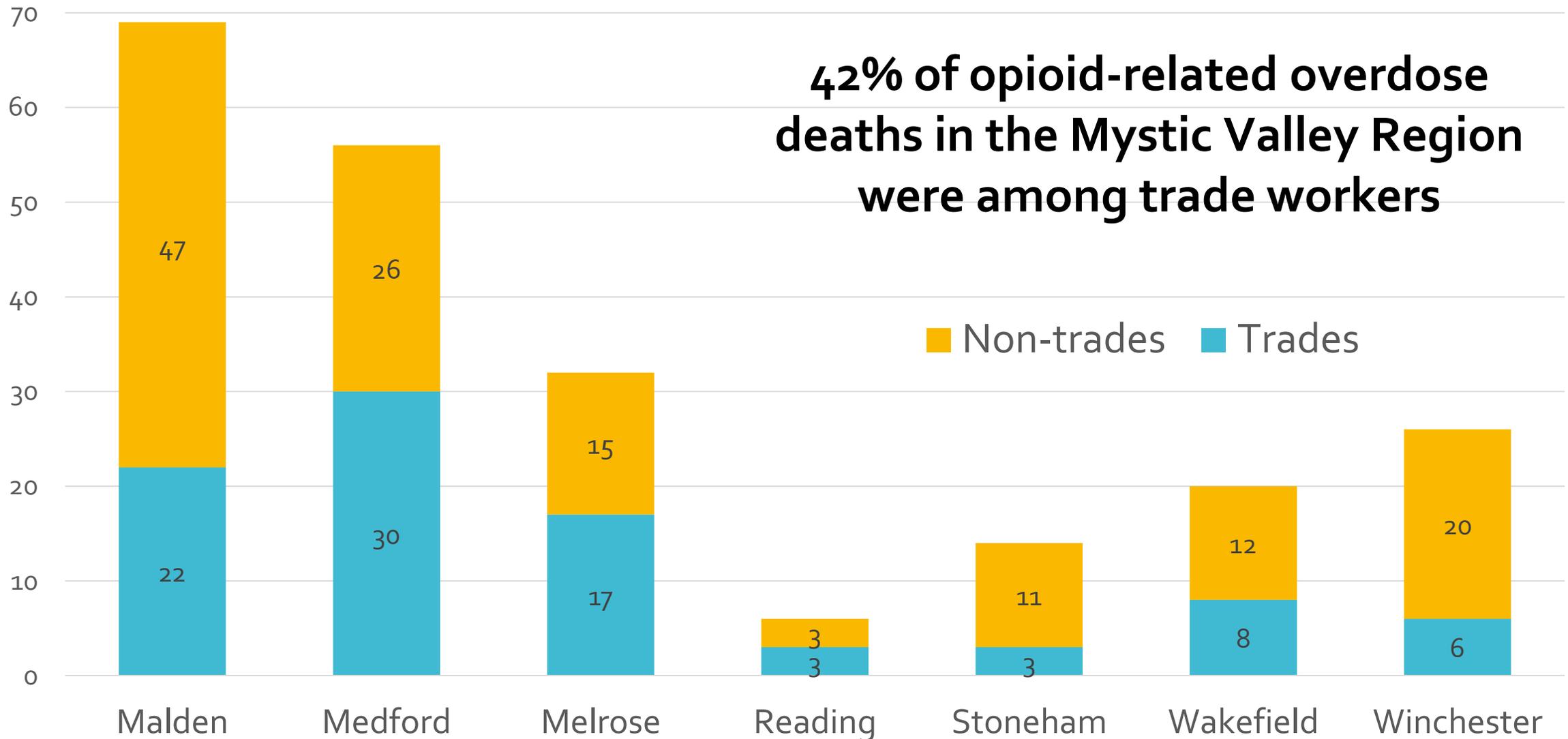
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Opioid-related Overdose by Community 2012-2015

42% of opioid-related overdose deaths in the Mystic Valley Region were among trade workers



Source: Death Records 2012-2015

Polysubstance Use

Percentage of deaths with substance listed on death certificate (2012-2016)

	Fentanyl	Cocaine	Benzodiazepines	Methadone/ Buprenorphine
2012	3%	14%	17%	17%
2013	18%	8%	3%	7%
2014	42%	36%	7%	2%
2015	65%	13%	5%	10%
2016	83%	24%	7%	13%

Source: Death Records 2012-2015

Occupations

- Contractor
- Construction
- Carpet Installer
- Roofer
- Tree Cutter
- Carpenter
- Plasterer
- Electrician
- Mover
- Laborer
- Painter
- Automotive
- Plumber
- Landscaper
- Mechanic
- Iron Worker
- Paving
- Mason
- Welder
- Machine Operator
- Lineman
- Sheet Metal Worker
- Heavy Equipment Operator
- Tradesman
- Tile Setter



Assessment Continued

Qualitative

- 25 interviews
- 60+ surveys



From the Source

- “I believe if you tell your mind that the harder you work, the more rewards you deserve. So I believe people working in trades are at higher risk because they tell themselves it is okay, as long as they get up and work hard.”
- “Early mornings, late nights, limited time to unwind, around a lot of hard work, which may lead to injury and self medicating.”
- “Not getting any sick time is a major factor forcing people to take pain medication to continue working, so they won’t get laid off if they miss time.”
- “People get hurt and don’t report the injury for fear of losing their job, so they mask the pain with pills.”
- “The extra push for progress on the job, usually the hours can wear and tear on the body and a lot of us turn to drugs to stay awake, our bodies are so beaten that we need them to relax.”
- “High rate of addicts that work in the trades. When you have a high concentration of addicts, working in one place, that will bring more drugs. An example, that one guy may have beans, another has johnnies, and then someone has heroin. That gives the addict/user more options, and there is more mixing of different drugs.”



Key Themes

- Culture
- Demanding Work
 - Long hours
 - Pace of work can lead to injury
 - Stress
 - Working injured and in pain for fear of losing job/income
 - Injury leads to Addiction
- Ease of Access
- Lack of Communication/Education of Services
- Barriers to offering/seeking help*



Strategic Planning

- Convened three planning meetings with diverse group of stakeholders
- Presented data & themes
- Prioritized strategies based on what is:
 - Changeable
 - Feasible
 - Will make an impact
 - Have resources available now



Cultural Competency

- 1-on-1 meetings with other key partners (unions, EAP's, private contractors)
- Product over process; want something tangible and available
- Has to come from within, not from outsiders



Implementation

- Medford Prevention Initiatives
- Peer Support Training
- Toolkit: Employment Law Considerations
- Social Marketing Campaign



Medford Prevention Initiatives

- Training developed in partnership with Armstrong Ambulance and Medford Office of Prevention & Outreach
- Lifesaving Skills Training to 400 high school seniors
- Workforce Injury Prevention & Lifesaving Skills Training to junior/senior co-op vocational students
- CPR, tourniquet, AED, overdose response with Naloxone



Peer Support Training

Goal: work with a local union (Pipefitters 537) to develop a peer support team of identified individuals

- Peer supporters connect individuals to EAP services

Limitations: challenge identifying a union and involving in the process to develop (No product? No thank you.)

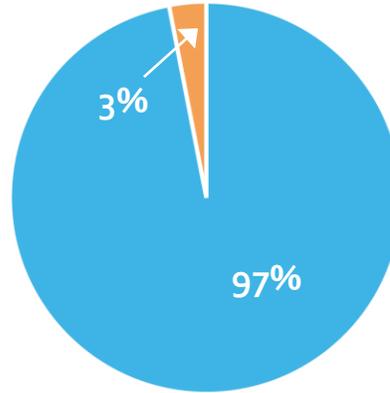
Modification: intro training on mental health, substance use, principles of recovery coaching, and the continuum of treatment

Next Steps: two versions (short & long) of peer support training

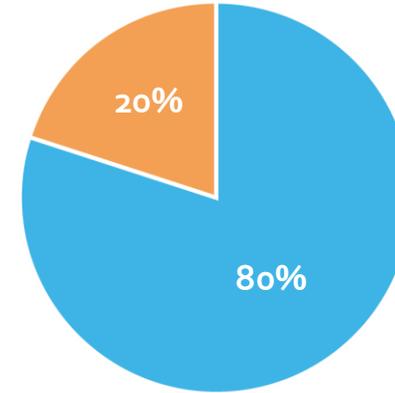


EAP's

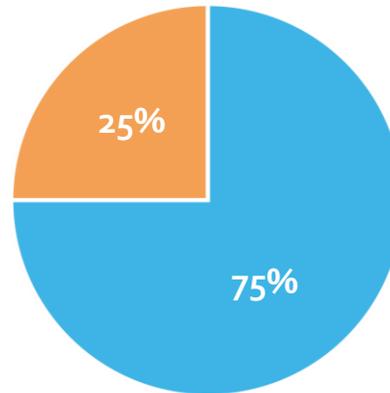
> 5,000 employees



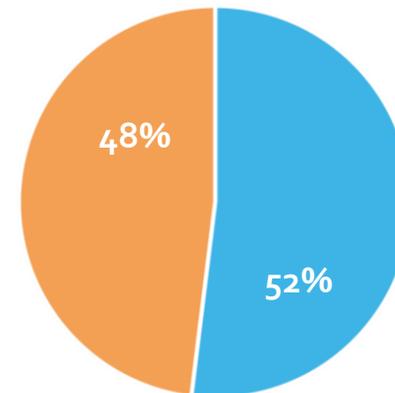
1,001 – 5,000 employees



100 – 1,000 employees



1 – 99 employees



Employer Toolkit

The Opioid Epidemic & Our Workplaces: Employment Law Considerations

June 14, 2017

Presented by:
Arielle Kristan and Catherine E. Reuben
Hirsch Roberts Weinstein

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Other Support Materials

Good Samaritan Law: protects the caller and overdose victim from arrest in time of emergency, except when active warrants, trafficking/selling are involved, or conflict is caused with police.

FINDING TREATMENT

Massachusetts Substance Abuse Information and Education Helpline
800-327-5050
www.Helpline-online.com

PAATHS (walk-in)
774 Albany St. Boston, MA
855-494-4057
Mon / Tues 7:30 a.m. - 3:30 p.m.
Wed 7:30 a.m. - 1:00 p.m.
Thur / Fri 7:30 a.m. - 3:30 p.m.

Substance Abuse Treatment Locator
800-662-HELP (4357)
www.findtreatment.samhsa.gov

Mental Health Services Locator
www.mentalhealth.samhsa.gov

DETOXIFICATION SERVICES

Andrew House (men only)
Jamaica Plain, MA
617-471-9600 www.baycove.org

Lahey Health Behavioral Services
Tewksbury/Danvers/Boston
978-259-7000 www.nebhealth.org

MEDICATION ASSISTED TREATMENT

Cambridge Health Alliance
Challiance.org 855-554-2248

Boston Medical Center (Suboxone)
617-414-6926

Community Substance Abuse Center (Methadone)
Woburn 781-933-0700

SOBER HOUSING

MA Alliance of Sober Housing
www.mashsoberhousing.org
781-472-2624

NARCAN TRAINING

Learn to Cope
508-738-5148
www.learn2cope.org

Healthy Streets
280 Union St. Lynn, MA
781-592-0243

SUPPORT GROUPS

Al-Anon/Al-Ateen Family Groups of MA
508-366-0556
www.ma-al-anon-alateen.org

Families Anonymous
www.familiesanonymous.org

Learn to Cope (parents/family)
508-801-3247 - www.learn2cope.org

Addict in the Family
www.thefamilyrestored.org
info@thefamilyrestored.org

GRASP
(Grief Recovery After a Substance Abuse Passing)
www.grasphelp.org

PEER RECOVERY

STEProx-Multi Service Recovery Center
9 Palmer St. Roxbury, MA
617-442-7837

Alcoholics Anonymous
617-426-9444 • www.aaboston.org

Narcotics Anonymous
866-624-3578 • www.nerna.org

SMART Recovery
www.smartre.org



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Social Marketing Campaign

- Involving trades workers in message development and marketing channels
- Played on Boston's top sports radio stations for 4-5 weeks – 98.5 The Sports Hub, WEEI
- “Tough Job” (target audience = worker in recovery)
- “Second Job” (target audience = worker using opioids)

Reach: WEEI: 323,100 Men aged 18-54

The Sport's Hub: 534,400 Men 25+

TOTAL: 857,500



Trades Logic Model

Problem identified by BSAS: Misuse/abuse of opioids and unintentional deaths/non-fatal hospital events associated with opioid poisoning.

Local manifestation of the problem: Between 2012-2016, 43% of persons who died of an opiate overdose in the MV region worked in a physical labor job (labor, trades)

			Outcomes		
Intervening Variable	Strategy	Target Group	Short term	Intermediate	Long term
Lack of communication and education of services available	1. Policy template	Private contractors, business owners	Increase knowledge of potential policy for contractors and small businesses around SUD	Utilize policy	Decrease fatal overdose deaths of persons working in physical labor jobs
	2. Referral resources	Private contractors, business owners	Increase knowledge of referral & treatment process by businesses/individuals	Increase referrals Increase communication of private contractors to employees	
	3. Peer Support Team	Union members	Increase knowledge of the peer support skills	Increase participation in peer support model	
Culture/Consequence	Social marketing to encourage peers to speak up and save a life	All workers and bystanders of users	Increase knowledge of SUD among trades/laborers	Increase peer referrals	

Progress Made

- Access to workers on large jobsites
- Potential for legislative opportunities
- Potential for continuing education requirement for licensure through MA Board of Building Regulations & Standards
- Potential collaboration with MassMen (suicide prevention)



What's Next?

- Continue to spread materials, resources, messages to leaders in the trades
- Continue to grow network of trades workers, both union and non-union
- Foster relationships and convene advocacy organizations and policymakers to identify statewide opportunities for change
- Join forces with fellow public health professionals and share data, resources, strategies



Thank you!

Questions?

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