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

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

Year 1: assessment, capacity building, strategic planning

Year 2: implementation (Narcan, 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)
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
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
Quantitative

- Opioid overdose death records collected from 2010-2016
- Analyzed for trends in occupation 2012-2015
- Monitoring polysubstance use
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
### Percentage of deaths with substance listed on death certificate (2012-2016)

<table>
<thead>
<tr>
<th></th>
<th>Fentanyl</th>
<th>Cocaine</th>
<th>Benzodiazepines</th>
<th>Methadone/Buprenorphine</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>3%</td>
<td>14%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>2013</td>
<td>18%</td>
<td>8%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>2014</td>
<td>42%</td>
<td>36%</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>2015</td>
<td>65%</td>
<td>13%</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td>2016</td>
<td>83%</td>
<td>24%</td>
<td>7%</td>
<td>13%</td>
</tr>
</tbody>
</table>

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
“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: 3% EAP, 97% No EAP
- 1,001 – 5,000 employees: 20% EAP, 80% No EAP
- 100 – 1,000 employees: 25% EAP, 75% No EAP
- 1 – 99 employees: 48% EAP, 52% No EAP
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
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**
**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)

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