

Construction Industry-Led Solution to the Overdose Epidemic

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Construction Industry
Rehabilitation Plan



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Executive Summary

The overdose epidemic in British Columbia continues to impact the construction industry disproportionately. Of the overdose victims who were employed at the time of death, over half worked in the construction sector. Substance use and related mental health issues are significant challenges for an industry that is also facing a growing demand for skilled workers.

The Cause

Understanding the relationship between the construction sector and substance use and mental health issues requires an understanding of the unique issues within the sector that have created, and continue to exacerbate, the problems workers face (Section 1).

These include:

- a history of over-prescription of opioids to manage pain from work-related injuries
- negative stigma toward substance use and mental health issues
- a work culture that takes a “work-hard, play-hard” attitude toward substance use
- a lack of resources to support mental health issues
- a lack of awareness of how to access existing resources for substance-use treatment
- barriers to returning to work after treatment for substance use and/or mental health problems.

The Construction Industry Rehabilitation Plan (CIRP) has provided substance use and related mental health treatment to the unionized construction sector in British Columbia for over 40 years. Since British Columbia declared a public health emergency in 2016, CIRP has continued to see annual growth in the numbers of people seeking help. There has been a 64% increase in demand for substance use

and mental health counselling and treatment services in the past year (2022) over the previous seven years for which CIRP has kept statistics.

CIRP's perspective and experience is vital to understanding the extent of substance use and related mental health issues within the construction sector. For example, 88% of CIRP's clients self-report problematic substance use of alcohol and marijuana. Through its screening program, CIRP knows that 80% of clients have moderate-to-severe mental health issues; 70% screen positive for post-traumatic stress disorder (PTSD) symptoms and 90% have significant early childhood trauma (for example: psychological, physical, or sexual abuse).

The Effect

The effects of the overdose epidemic on the construction sector are evident as personal, societal and economic repercussions (Section 2). The media is full of stories of lost lives of individuals (primarily men) in the construction sector. A recent survey of the construction industry conducted by CIRP – Substance Use and Related Mental Health in the BC Construction Industry – reveals 50% of respondents have concerns about substance use for themselves or others close to them within the construction industry. Fifteen percent (15%) of respondents reported missing work in the last year because of substance use and related mental health. The estimated annual cost to the industry of time lost due to substance use and related mental health issues is \$348 million. The subsequent estimated annual loss of revenue to the BC government due to substance use and related mental health issues within the construction sector is \$318 million.

The Solution

The solution to this crisis lies in supporting a prevention and treatment model that is developed *for* the construction industry, *by* the construction industry. An industry-specific model of care—as developed and implemented by CIRP over its 40 years of treating substance use and mental health within the construction sector—has had successful outcomes. From this vantage point, 16 recommendations have been developed and are presented in Section 3.

Recommendations for an Industry-Specific Model of Care

A. Overarching Principles

- i. Treat the Client within the Context of the Construction Industry
- ii. Recognize the Complex, Varied Work Environments and Needs of Construction Workers
- iii. Work with the Client in Collaboration with both Union and Employer

B. Prevention and Promotion

- iv. Raise Awareness and Educate Industry on Substance Use and Mental Health Issues Affecting Workers
- v. Ensure Overdose-Prevention Training
- vi. Build Peer Support Networks and Provide Worksite Education
- vii. Enhance Awareness of Treatment Services and Supports

C. Treatment

- viii. Ensure Appropriate Support for Clients Who Are Not Ready for Treatment
- ix. Utilize Industry-Specific Screening
- x. Ensure Timely Access to Counselling and Residential Treatment
- xi. Ensure Accessible Programming
- xii. Increase Access to Addiction Services: Detox, Beds, Counselling and Second-Stage Services
- xiii. Provide Options for Chronic Work-Related Pain Services
- xiv. Ensure Clinical Standards of Practice for Counsellors

D. Building Resiliency and Ongoing Support

- xv. Recognize the Need for Ongoing Support to Build a Resilient Workforce Going Forward
- xvi. Support the Development of a Structured Approach to Return to Work

The significant, and increasing, problems associated with substance use and related mental health issues in the construction sector mean these issues must be addressed in a more targeted way than in the past. Positive treatment outcomes can best be achieved through an industry-specific model of care that treats the individual within the context of work while also addressing the unique, industry-specific challenges of that work in the construction sector. Retaining skilled workers over the lifespan of their careers would benefit the construction industry enormously, as opposed to losing many workers to the scourge of substance use and mental illness, including death by overdose.

CIRP is founded on a partnership between the BC Building Trades and the Construction Labour Relations Association, demonstrating the importance both unions and employers place on supporting their members and workers. Cross-sectoral collaboration, and industry-provincial partnerships, are critical success factors in addressing substance use and mental health issues for the construction sector.

The CIRP model of care continues to see successful outcomes and is a model that has the potential to be expanded to support an even greater segment of the construction sector going forward.

Understanding the Substance Use and Mental Health Crisis in the Construction Industry

The Overdose Epidemic in British Columbia

As of November, over 1,600 people died of toxic drug overdoses in British Columbia in 2022 alone. By the end of 2022, the province is forecast to surpass 2,000 deaths from toxic drug overdoses for the second year in a row.

While the Northern Health region of the province continues to see the highest deaths per capita, Metro Vancouver and Fraser Health region continue to see the highest numbers of deaths. The most recent BC Coroner's Report from October 2022 indicates 70% of deaths were among individuals between the ages of 30 and 59, and 78% of the deceased were male.

The above demographics have dire implications for the construction sector as they align so closely with the construction workforce. Of the people who were employed at the time of their death, 55% were employed in the trades and transport industry¹. These numbers include deaths of individuals with a history of opioid prescription for chronic pain from work-related accidents.

"I always thought the overdose deaths were the drug users in the Downtown Eastside of Vancouver. But now it's the guys I work with... everyone in construction knows of someone who's died."

- Construction site supervisor

The construction industry is physically demanding on its workers and has an injury rate 77% higher compared to other industries. Treatment of many injuries results in prescriptions for opioid painkillers, at least in the initial stages of recovery. Prescribed opioids can lead to dependence in some individuals if not closely monitored. This can then cause injured workers to seek illicit opioids once their prescribed medications have been discontinued. Over half of individuals who die as a result of substance use and/or mental health issues within the construction industry had previously sought help for pain-related issues.

Studies have found that 60-80% of worker compensation claims involve opioid prescriptions and that approximately 20% of Employee Health Benefits claims are for opioids (double that of other industries).

Data from within the Construction Sector

CIRP has provided substance use and related mental health treatment and prevention services to the unionized construction sector in British Columbia for over 40 years. Because CIRP is in the unique position of providing substance-use treatment and prevention services specifically to construction workers, its data helps inform the picture of what is known about the impact of this epidemic on the construction sector. CIRP has documented client statistics since 2016 and, as a result, now has a significant picture of substance use and related mental health issues within the construction sector. [Note: The construction sector uses the terminology “substance use and related mental health issues” however the accepted healthcare usage is “mental health and substance use”.]

In 2022, CIRP saw a 64% increase from the previous year in clients accessing services. In total, there were close to 6,500 inquiries, and 542 intakes, resulting in 4,406 counselling sessions delivered. Of those clients:

- 67% are between 25 and 45 years of age
- 11% are female
- 10% are retirees from the construction sector who have struggled with a lifetime of mental health and addiction issues

Since 2016 when the epidemic was declared in British Columbia, the increasing toxicity of the drug supply has resulted in CIRP seeing a steady increase in the number of clients reporting fentanyl as their primary drug of choice. Furthermore, where clients are not identifying fentanyl as their primary drug of choice, they are reporting they are seeking more potency in the drugs they are consuming. This is due largely to the fact that fentanyl is now found in over 80% of all drugs.

In addition to substance use issues, CIRP clients show significant signs of mental health issues related to addiction, as follows:

- 79% report PTSD
- 81% report trauma
- 80% report depression
- 8% report acquired brain injury (ABI)
- 28% report suicidal ideation
- 12% report suicide attempts

Approximately 8% of CIRP's clients report confirmed or suspected ABI. ABIs are an important data point to collect and report as they can be an indication of workers' overall health. ABIs can occur as a result of overdoses, and, in fact, 11% of CIRP clients self-report a drug overdose while using substances. CIRP believes this number is under-reported due to the stigma attached to substance use.

Risk of suicide is significant amongst CIRP's clients. Twelve percent of CIRP's clients report at least one suicide attempt, and 28% report thoughts of suicide (suicidal ideation). Despite the complexity of issues and severity in presentation for many clients, less than 2% of clients report having a family physician.

Attitudes and Beliefs about Substance Use and Mental Health Issues within the Construction Industry

In 2019, CIRP approached WorkSafe BC to try to understand the attitudes towards substance use and related mental health issues within the construction industry.² The purpose was to identify barriers workers may face when struggling with these issues. The resulting study interviewed both unionized and non-unionized construction workers across British Columbia.

Key Findings

Over half of respondents in the surveys reported they had concerns about the prevalence of mental health issues and or substance use within the industry. This finding was consistent at all levels of industry, and shared both by employers and workers. One in three respondents self-reported mental health and substance-use problems.

While most construction workers believe substance use and mental health issues are highly stigmatized, there is a pervasive and persistent belief that there is greater stigma attached to substance use than there is to mental health concerns alone.

The stigma that individuals face related to substance use comes not just from the workplace but also from individuals themselves. And this type of thinking is pervasive. Individuals with substance-use issues describe themselves as "lazy", "stupid" or "incompetent" (direct quotes).

Lack of confidentiality is also a considerable barrier to accessing help. Workers fear judgement and gossip; they also fear being viewed as “unfit for the job” by management.

Many surveyed felt that the culture in the construction industry is simply to replace individuals who seek help for substance use and related mental health issues rather than to provide treatment and facilitate a return to work.

Four key themes emerged from the study:

1. Workers reported that due to widespread substance use within the industry, they were unable to tell if their own substance use was problematic or not. Drinking alcohol and using recreational drugs was seen as the norm. As a result, workers reported they found it harder to recognize if they had substance misuse issues versus being a social user.
2. Workers reported a significant fear of consequences should their employer learn of their substance use.
3. Stigma, both perceived and real, is a significant barrier for those struggling with substance use and mental health issues. Workers with substance use issues were seen as “unfit for the job” or “lazy” and substance use was often incorrectly thought of as a “willpower” issue. Substance use is more stigmatized than mental health.
4. Workers require a variety of resources to create a work environment that is supportive of open conversations around mental health and substance use.

This study helps to shine a light on the reason so few construction workers seek help for substance use and related mental health issues. Until negative stigma regarding substance use is addressed, workers will continue to feel they need to hide their substance use and related mental health issues.

Industry Challenges Regarding Return-to-Work Policies

For workers who have been off work as a result of substance use or mental illness, the return-to-work process can be a barrier and can, ultimately, contribute to the problem. In 2020, Fraser Health Authority partnered with CIRP to understand the issues with and barriers to the return-to-work process.

From consultation with stakeholders in construction, return-to-work was identified as a key component of long-term recovery with high potential for decreasing overdose risk, giving workers an opportunity to reintegrate into their workplace after a period of intensive recovery engagement.

Key findings identified promising practices as:

- Incorporating non-punitive approaches to workplace return-to-work policies can support workers to disclose a problem and reach out for help.
- Enhancing education for leaders and managers to recognize and support signs and symptoms of mental health and/or substance use issues, as well as championing peer support in the workplace.
- Improving return-to-work through reviewing and enhancing workplace policies and creating a supportive workplace culture with a commitment to supporting worker recovery.

The Impact of Substance Use and Related Mental Health Issues on the Construction Industry

Personal Impact

Newspapers and online media are full of accounts of workers' tragic and untimely deaths and the toll this is taking on families, communities and the workforce as a whole. A selection of recent headlines from news articles from BC media reveals the human tragedy of the overdose epidemic. Each of these articles recounts lives lost and families damaged by substance use and mental illness.

B.C. Man Haunted By “Successful” Brother's Death from Drug Overdose – Vancouver Sun, November 6, 2022

It was Aug. 8. Peter Murray poked around and found out his brother, who worked as a plumber on construction sites around Vancouver, hadn't shown up for work.

Peter spoke to The Times Colonist to say that if there was a safe supply of drugs and less stigma around their use his brother might be alive today. People from all walks of life — not just those living on the streets or experiencing mental-health challenges — are using drugs and they shouldn't be shamed into silence and seeking out a toxic supply, he said.

“My brother and I were like best friends always, and so you just think they're going to tell you they use drugs, but they don't, they're ashamed,” said Peter. “So they end up going to places where they're accepted and unfortunately, they end up dying in places where they were accepted.”

BC's Construction Industry Is 'Ground Zero' for Opioid Crisis among Workers—TheTyee.ca, June 24, 2021

"Over the last three years, 12 people I have known personally in my life have overdosed or committed suicide," said Davis, an organizer with the Sheet Metal Workers, Roofers and Production Workers' Local 280. "It's insane."

Opioids Take Heavy, Deadly Toll—BC Building Trades Publication, June 30, 2021

"Five years? That makes me want to cry right there," said Sheet Metal Workers Training Centre coordinator Jud Martell of the suffering and death in the hard-hit construction industry. "How did we get five years into this thing?"

How Workers' Comp Fanned the Flames of the Opioid Crisis: Globe Examination Of Cases Involving Dozens Of Injured Workers Dependent On Narcotic Painkillers Reveals Deeply Entrenched Flaws In The Provincial Systems—The Globe and Mail, June 18, 2020.

Hardy Leighton was 31 when he died from an opioid overdose in North Vancouver in 2015. Five years earlier, he'd seriously hurt his neck working as a carpenter on a construction site. He began taking narcotic painkillers to cope with the pain. Then addiction took over. That day in 2015, Hardy and his wife took a mix of prescription and street drugs, including fentanyl. Both died. Their toddler son, who was visiting with grandparents, was orphaned.

Economic Impact

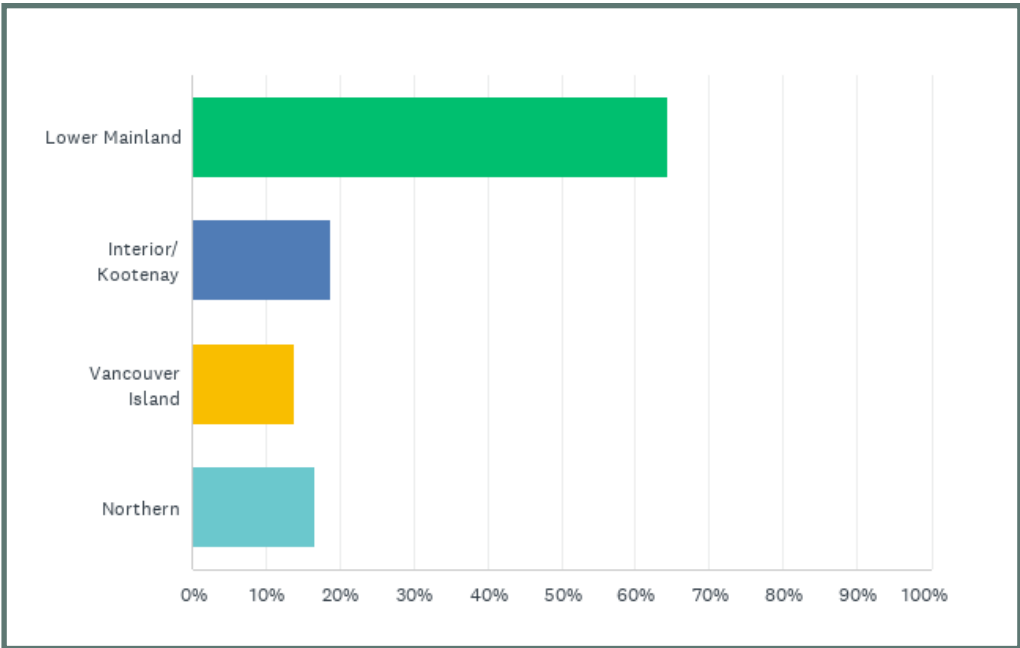
In September 2022, CIRP initiated a study of the economic impact of substance use and related mental health issues on the construction industry. An industry survey – Substance Use and Related Mental Health in the BC Construction Industry – asked respondents about the following two effects, as well as some general questions about substance use and related mental health issues.

- 1. Days of work missed because of substance use and related mental health issues
- 2. Days of work where a worker was present at work but “hungover” and was therefore not able to work at full capacity

The survey was designed to be easy to complete (in under three minutes) and respondents were assured of anonymity. The survey was conducted between October and early December 2022. Attempts were made to reach as many employees in the industry as possible, both unionized and non-unionized, by way of email and text, with messages describing the survey and its purpose and providing a link to the survey. There were 683 responses to the survey.

Key Results

Distribution of respondents:



- 50% of respondents indicated they have concerns about substance use for themselves or for others close to them within the construction industry. These results are consistent with the findings of the 2019 WorkSafe BC study on workers' attitudes and beliefs around substance use and mental health.
- 15% of respondents reported missing work in the last year because of substance use and related mental health issues.
- For those who missed work in the last 12 months because of substance use and related mental health issues, an average number of 19 days of work was missed.
- 12% of respondents reported showing up at work hungover or dealing with withdrawal symptoms in the last year.
- For those who reported showing up at work hungover or dealing with withdrawal symptoms in the last year, this occurred on an average of 29 days.

Estimation of Economic Impact of Missed Work

The survey responses showed:

- 15% of employees missed an average of 19 days of work in the last 12 months
- 12% of employees showed up at work hungover, or with withdrawal symptoms, an average of 29 days*

*Note: there can be an overlap in these numbers as some of those who missed work might also have showed up hungover. This does not change the overall estimates of costs for the industry.

Number of days of work missed

Based on an estimated 250,000 workers in the BC construction industry, 15% of workers missing an average of 19 days of work per year because of substance use and related mental health issues equates to 712,500 person-days of work missed.

Value of a day of work missed

There are two components to this value. First, there is the cost of the day of work missed by the individual. The report uses the conservative figure of \$400 as an average value of one day of work. Second, there is the loss of productivity for the entire crew with one member missing. The report assumes a crew of six workers and a loss of productivity of 15% for each remaining member of the crew, for a

value-lost estimate of \$300. This gives a total cost per person per day of work missed of \$700.

Estimated annual cost to the industry

Taking 712,500 person-days of work missed at \$700 per day equals an annual cost of just under \$499 million.

Number of days of work while hungover or dealing with withdrawal symptoms

Using the same estimated number of workers, with 12% coming to work hungover or dealing with withdrawal symptoms, an average of 29 days per year equals 870,000 person-days of work while hungover or dealing with withdrawal symptoms.

Value of a day of work while hungover or dealing with withdrawal symptoms

Using the same average value of one day of work of \$400 and the same crew size of six members, and assuming that the performance of the individual who is hungover will be 50% of full capacity and that the effect of that sub-optimal performance on the crew will be a 10% reduction in the performance of every other worker equates to an estimated cost per person per day of \$400.

Estimated annual cost to the industry

Taking 870,000 person-days at work while hungover or dealing with withdrawal symptoms at \$400 per day equals an annual cost of \$348 million.

Total Estimated Annual Cost to the Industry

The total estimated annual cost to the industry from workers missing work and workers showing up at work hungover or dealing with withdrawal symptoms is \$847 million.

Cost to the BC Government

To estimate the financial impact of substance use and related mental health issues within the construction industry on the BC Government, it is necessary to first estimate the impact on the overall economy of BC. For this purpose, the study uses a multiplier of 1.5, which is conservative for the construction industry. A 1.5 multiplier gives an estimated annual negative impact on the economy of BC of \$1.27 billion. Applying an overall taxation rate of 25%, which represents the proportion of income in BC that ends up with the BC Government through all forms of taxation, the estimated annual loss of revenue to the BC Government due to substance use and related mental health issues within the construction industry is \$318 million.

Conclusion

As the survey findings show the cost of substance use and related mental health issues on the construction sector and the economy of the province is staggering. The potential cost savings of an industry-wide prevention and treatment program for the construction sector would be significant.

Industry Feedback: Indication of Needs in the Workplace

The findings of the survey – Substance Use and Related Mental Health in the BC Construction Industry – confirmed CIRP’s assumptions regarding the extent of the problem of substance use and related mental health issues within the sector. CIRP recognized there was a gap between the size of the problem of substance use and related mental health issues in the sector and the available resources to address the problem.

In November 2022 CIRP held two Industry Forums to engage employers and industry members in discussions regarding these challenges. The purpose of the forums was to: a) share the survey findings with the industry b) gain feedback from industry members on their needs regarding resources for substance use and related mental health issues in the workplace and c) put forward a case to government for an industry-led solution to address these needs.

Industry members were asked the following questions:

Question 1: *Based on your experience in the workplace, which of these addiction services does industry need: Detox; Counselling; Beds; Second Stage Services.*

The terms used in this question were clarified during the industry forums as:

- Detox – the process of medically supported withdrawal from substances, under the guidance and care of medical staff.
- Counselling – an umbrella term for a range of one-to-one psychotherapies including trauma counselling, counselling for PTSD, and related mental health issues, family issues and substance use issues.
- Beds – admittance to a residential treatment facility for a period usually ranging from 30 to 90 days, commonly referred to as “rehab”.

- Second Stage Services – supports that are required after an individual has completed the residential treatment process. This often includes accommodation for vulnerable individuals who may require additional supports as they return to work. The supported accommodation may include additional programs, counselling and medical resources, such as physicians and nurses on site.

Participants were asked a multiple-choice question allowing them to indicate one or more needs. In the first Industry Forum, held in-person in Burnaby, BC, there was a group discussion of the question and participants indicated their choices by posting their responses on flipcharts. This created a visual representation of preferences, indicating Counselling as the greatest need, followed by Detox, Beds and Second Stage Services.

The second Industry Forum was held on-line, allowing participants to attend from across the province. This virtual forum used Zoom’s polling feature which captured participants responses as follows:

- 44% of responses indicate a need for all four services
- Counselling: 100%
- Second Stage Services: 77%
- Detox: 50%
- Beds: 44%

Question 2: *If you have sent someone to treatment, how long has the wait time been?*

Combined responses from both Industry Forums indicate:

- 12% less than 3 weeks
- 62% between 3 and 8 weeks
- 26% more than 8 weeks

Question 3: *If you do not have access to CIRP’s services, how easy is it for you to access the following services: addiction detox; addiction rehab; addiction counselling.*

Combined responses from both Industry Forums indicate:

- Addiction detox: 10% easy; 45% with effort; 45% difficult
- Addiction rehab: 10% easy; 45% with effort; 45% difficult
- Addiction counselling: 18% easy; 45% with effort; 36% difficult

For the majority of non-unionized workers and employers – those who do not have access to CIRP’s services – accessing detox, rehab and counselling services can be challenging and frequently difficult. Many employers reported that the challenge is first locating rehab services that can be accessed in a timely manner, followed by finding available space for their affected workers. The majority of employers indicated a wait time of up to eight weeks for admission to treatment services which is not timely enough to treat a worker in urgent need of rehab.

Feedback from Industry Forums

“Our industry needs education, prevention, awareness, and to normalize seeking help without prejudice”

“We need more beds with less wait time; they need to be 100% funded, including loss of income during treatment”

Conclusion

This feedback from industry members confirms the need for more resources to address substance use in the workplace. Employers require timely access to all rehabilitation services including detox and residential treatment. Employers and non-unionized workers who do not have access to services such as CIRP’s require additional information and resources in order to support their workers. With the high rates of overdoses due to toxic drug supply it is imperative that individuals have immediate access to these services. Long wait times can be fatal to affected workers, as evidenced by the ever-increasing numbers of overdose deaths.

Section Three: The Solution

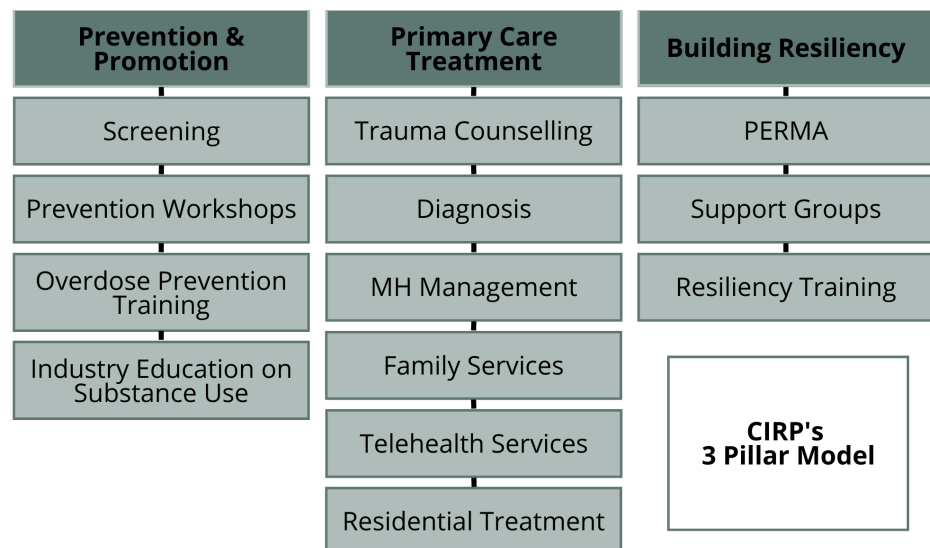
An Industry-Specific Model for the Prevention and Treatment of Substance Use and Mental Health Issues in the Construction Sector

Developed from over 40 years of experience supporting the construction sector, CIRP's program is built on three foundational pillars which provide a continuum of care for the prevention and treatment of substance use and related mental health issues. The three pillars framework focuses on keeping employees healthy across their lifespan rather than treating their illness in isolation. The framework is based on a biopsychosocial model which takes into account the physical, mental and social needs of the worker.

This holistic, evidence-based approach centres on the worker and supports them in the context of their work, family and whole life. It is widely acknowledged that substance use and mental health treatment produces the best outcomes when

family members are included in treatment plans. Experience has also taught that engaging unions and employers in the recovery process, especially through educating them about the worker's journey to recovery, increases the likelihood of successful return-to-work.

Prevention and Promotion and Building Resiliency provide the greatest "return on investment" and create the biggest impact. Through education, CIRP can prevent deaths and build resiliency for those individuals who are facing stressors or who are in recovery.



Recommendations for an Industry-Specific Model for the Prevention and Treatment of Substance Use and Mental Health Issues

Based on the successful model developed by CIRP, and the feedback generated by industry, presented below are the critical components of the substance-use prevention and treatment program designed specifically for the construction sector; elements which need to be in place in order to create a program that is able to support the client within the context of the construction sector. These 16 recommendations are divided into four categories that parallel CIRP's Model:

A. Overarching Principles

- i. Treat the Client within the Context of the Construction Industry
- ii. Recognize the Complex, Varied Work Environments and Needs of Construction Workers
- iii. Work with the Client in Collaboration with both Union and Employer

B. Prevention and Promotion

- iv. Raise Awareness and Educate Industry on Substance Use and Mental Health Issues Affecting Workers
- v. Ensure Overdose-Prevention Training
- vi. Build Peer Support Networks and Provide Worksite Education
- vii. Enhance Awareness of Treatment Services and Supports

C. Treatment

- viii. Ensure Appropriate Support for Clients Who Are Not Ready for Treatment
- ix. Utilize Industry-Specific Screening
- x. Ensure Timely Access to Counselling and Residential Treatment
- xi. Provide Accessible Programming
- xii. Increase Access to Addiction Services: Detox, Beds, Counselling and Second-Stage Services
- xiii. Provide Options for Chronic Work-Related Pain Services
- xiv. Ensure Clinical Standards of Practice for Counsellors

D. Building Resiliency and Ongoing Support

- xv. Recognize the Need for Ongoing Support to Build a Resilient Workforce Going Forward
- xvi. Support the Development of a Structured Approach to Return to Work

Recommendations for an Industry-Specific Model for the Prevention and Treatment of Substance Use and Mental Health Issues

A. Overarching Principles

i. Treat the Client within the Context of the Construction Industry

The foundation of this model is that it is developed *for* the construction sector, *by* construction sector to address the specific issues affecting workers within the construction sector. As a result, all components of the program – from screening and assessment, education for employers and unions, and supporting the return-to-work process – are tailored to the needs of the “client as worker”. The program recognizes and incorporates the industry-specific demands that the client (a construction worker) faces. Program counsellors and case managers are aware of the unique issues that the construction worker faces and have experience navigating these issues; in particular: scheduling-demands, workplace stresses, and return-to-work challenges.

ii. Recognize the Complex, Varied Work Environments and Needs of Construction Workers

Clients from the construction sector work in a broad range of roles and organizations – from remote camps to large urban environments. Understanding and managing the unique challenges of each client is an essential part of a successful treatment plan. In this capacity the case manager fulfills a critical role.

Each client is supported by a case manager who creates a profile of the client’s spectrum of needs which are taken into account as part of treatment planning. A case manager is able to create a holistic picture of the client’s needs, which may include housing, family challenges such as marital or child-custody issues, and medical care such as from a family physician. CIRP’s data shows that, of clients seeking treatment, less than 2% have a physician and 6% are homeless.

Client case management is an essential component to the success of the treatment process.

Recommendations, continued

iii. Work with the Client in Collaboration with Both Union and Employer

Both the union and the employer have a vested interest in supporting the worker and seeing that individual return to work after completing a treatment program. In order to ensure successful treatment, it is critical the workplace understand the issues faced by the worker being treated. CIRP achieves this by engaging both the client's employer and union, providing education and training around substance use and related mental health issues, and informing the employer of its responsibility within the program.

CIRP destigmatizes substance use and mental illness by helping employers understand the process of the worker's treatment "journey", and how they can support their workers undergoing treatment and in recovery. This approach helps to resolve conflict which can arise as a part of an individual worker's substance use. This type of collaboration consistently results in the client/worker feeling understood and valued as an employee and supported by their employer and union.

When individual workers feel that someone representing the employer "has their back", they have a positive connection to the workplace and thus more incentive to seek treatment when required. When an employee has an urgent need for support, an employer or co-worker with the skills to listen and support the affected worker in taking the next steps to treatment can make all the difference. Building awareness and understanding, and reducing stigma, around substance use and mental health issues is a critical step in helping both employees and employers see each other as people first, who care about and try to understand one another, and who seek and offer help as needed.

B. Prevention and Promotion

iv. Raise Awareness and Educate Industry on Substance Use and Mental Health Issues

To tackle the issue of substance use within the construction industry effectively, treatment can be only part of the focus. Prevention and promotion strategies are critical as means to building a healthy workforce for the long term, one in which workers are aware of the importance of positive mental health and self-care. Additionally, employers require an awareness of, and the ability to support,

Recommendations, continued

positive health practices and create psychologically safe workplaces; workplaces that facilitate open communication to reduce stigma around substance use and related mental health issues.

While large organizations may have training programs and human resources departments in place to support the practices outline above, approximately 90% of construction companies in BC employ fewer than 20 workers. These smaller companies do not have the same capacity to support workers needing treatment. Resources to promote healthy work practices and prevent overdoses need to be readily available to all industry members, regardless of the size of the company or workplace.

As part of the Prevention and Promotion pillar, CIRP provides industry education on substance use and mental health issues. Such education includes the following resources/courses: Workplace Suicide Prevention; How to Manage Workplace Crises; How to Create a Resilient Workforce; Take Home Naloxone.

Promotion of available treatment and support for workers is critical; if organizations are not aware of these services, they will not access them and in turn will not promote them to their workers. To date, demand for courses offered by CIRP consistently exceeds their capacity to deliver these resources. This strongly suggests a significant unmet need within the construction sector.

"We know stress and mental health affects the lives of our apprentices - for many even returning to school can be very stressful. When CIRP counsellors come in to do a workshop on stress and mental health, we know maybe our members don't need help today but they will have the information and resources for down the road."

- Instructor, Trades Training Centre

v. Ensure Overdose Prevention Training

Construction workers must be able to recognize the signs of overdose and be able to take appropriate steps to reduce harm to themselves and their co-workers. Since 2017, the industry has taken steps to try to provide this vital education. CIRP's program, *A Kit in Every Hand*, offered through the Construction Industry Steering Committee on the Overdose Epidemic, has a mandate to get as many naloxone kits

Recommendations, *continued*

into the hands of as many construction workers as possible. Since 2017, over 5,000 naloxone kits have been distributed along with monthly naloxone training through this program.

In addition, CIRP has partnered with the BC Provincial Health Services Authority and LifeGuard Digital Health to produce *BuildStrong*, an app designed to prevent overdoses, and to provide educational material and resources to CIRP members, regardless of their geographic location. This resource provides just-in-time learning and life-saving information that is accessible anywhere at anytime; a vital resource due to toxic drug poisoning.

vi. Build Peer Support Networks and Provide Worksite Education

Front-line initiatives in construction sector workplaces that build understanding and promote discussions around substance use and related mental health issues are key to creating awareness amongst the workforce. Recent education programs, such as *Tailgate Toolkit* by the Vancouver Island Construction Association, and CIRP's original mental health literacy program, are examples of critical initiatives by the construction sector to increase awareness within the workforce.

vii. Enhance Awareness of Treatment Services and Supports

Greater promotion of addiction services is important to ensure workers are able to access treatment and support. A lack of awareness of treatment services by both workers and employers was cited as a reason workers were not accessing, or being referred to, services.³ As well, CIRP's own capacity to meet demand for services constrains its ability to promote its services more widely given that promotion increases demand which cannot be fulfilled by current staff and treatment levels.

"I had no idea CIRP offered these workshops or that we could get them delivered at our workplace. We desperately need the session on stress and suicide awareness."

- Feedback at recent Industry Forum

Recommendations, *continued*

C. Treatment

viii. Ensure Appropriate Support for Workers Who Are Not Ready for Treatment

A crucial condition for successful addiction treatment is the worker's readiness to undertake such treatment. It is widely documented that readiness for treatment is a significant indicator of successful outcomes when treating substance use and related mental health concerns. CIRP's research has shown that over 90% of workers are not ready for treatment when they initially reach out for help.

The research also points to the common practice of "soft referrals". This is the practice within the construction sector of supervisors instructing workers to reach out for help individually under threat of more serious consequences if they fail to do so.

These soft referrals are usually well intentioned, in that supervisors indicate they don't wish for workers to "get into trouble" or get caught up in employer's workplace drug use policies. Such engagement could result in job loss. Instead, the supervisor makes a "strong recommendation" for the individual to get help before they are forced to engage the worker formally in the employer's workplace drug use policy process.

Soft referrals, while often well meaning, are in fact counterproductive for a number of reasons. For example, soft referrals often identify individuals not yet ready for treatment. Workers not yet ready to engage with treatment are more likely to experience failed outcomes. In addition, soft referrals preclude access to important supports such as workplace accommodations, formal return-to-work plans, worksite education, and legal protections.

For the above reasons, providing interventions that are tailored to workers not yet ready for treatment using an established model – such as "motivational interviewing" – and providing treatment within an appropriate framework – such as the "transtheoretical model of change" – is imperative if we are to improve the health of workers with substance use issues.

In the treatment model developed by CIRP, clients are "met where they're at" and engaged in a phased approach to treatment. The first phase typically works on stabilization and "readiness" work, providing much-needed supports to encourage intrinsic motivation for the client to begin eventual clinical treatment to tackle

Recommendations, *continued*

substance use issues. This work can take anywhere from a number of weeks to a year to improve or create readiness in the individual client.

For workplaces in which workers have access to an Employee Assistance Plan or Employee Family Assistance Plan (EAP/EFAP), an average of six sessions is available. For workers who are not yet ready for treatment, six counselling sessions are likely inadequate to help the worker move to the action stage.

"Policies that incorporate a non-punitive approach can support workers disclosing a problem and reaching out for help"

- RTW Study

ix. Utilize Industry-Specific Screening

The link between trauma and substance use is well documented, and it is known that individuals often use substances to help cope with past traumatic experiences. Screening workers seeking treatment will identify underlying issues that may be contributing to substance use and related mental health issues. Screening enables counsellors to make appropriate referrals for formal diagnosis and co-pharmacological interventions if needed, as well as to create individualized treatment plans based on the reasons underlying the individual worker's substance use.

The recommended substance use and mental health model should include a program of screening such as that developed by CIRP. All clients complete multiple screening tests that measure common issues known to exist within the construction sector – issues such as suicidality, major depression disorder, anxiety disorders, and trauma. They also complete an overall Quality of Life screening questionnaire.

CIRP's screening program has been developed through its experience serving the construction industry. All CIRP clients are screened at intake for mental health issues including depression, anxiety and PTSD. In addition, data patterns strongly suggest that untreated attention deficit hyperactivity disorder (ADHD) is high within the construction industry. The screening tool CIRP uses for ADHD has 90% accuracy of predicted diagnosis.

Recommendations, *continued*

Similarly, CIRP now screens clients for acquired brain injuries (ABIs), which can occur as a result of a concussion in a workplace injury or as a result of an overdose. Approximately 8% of CIRP's clients report either confirmed or suspected ABI and 11% self-report a drug overdose while using substances. This means that the incidence of ABI is likely higher than client self-reporting suggests.

Beyond the standard screening for all clients, the model should include a range of screening options for other underlying disorders which can be unique to individuals, such as interpersonal violence and bipolar disorder.

When screening indicates a client shows symptoms of a mental health issue, that individual is referred for diagnosis by a physician – a process which typically takes six to nine months. Future programming should include rapid access to psychiatric services. Rapid access to a psychiatrist is imperative because a formal diagnosis is required in order for the worker to access other healthcare services, including safe, non-illicit medication. Without rapid access to safe medication, workers are turning to street drugs to self-medicate.

x. Ensure Timely Access to Counselling and Residential Treatment

With the high rate of overdose deaths among construction sector workers, timely access to treatment services is a matter of life or death. Unfortunately, current wait times for provincial treatment beds remain high, anywhere from one to six months. In the November 2022 survey of participants at two Industry Forums, 62% indicated they experienced wait times of between three to eight weeks when referring workers to treatment services.

The recommended industry model for substance use and mental health treatment should include rapid access to treatment beds and partnerships with evidence-based programs that offer biopsychosocial services and supports. Regrettably, the current need for beds to treat workers with significant substance use and related mental health issues constantly exceeds supply.

In addition to the rapid access to beds, the recommended program should include rapid access and greater access to counselling services that offer programming in line with best practice guidelines.

Recommendations, *continued*

xi. Ensure Accessible Programming

Many workers prefer to attend counselling sessions and treatment programs only when there is minimal disruption to their work schedule. Research shows that if workers are unable to access treatment outside of their work commitments, they will forgo treatment and attempt to “go it alone”, or simply not seek help. To address this, the recommended industry model for substance use and mental health treatment should include counselling and other services that are available evenings and weekends to accommodate construction workers’ employment schedules. Counselling services also need to be delivered remotely in order to ensure that a worker’s ability to travel to a counselling site is not a requirement of service delivery.

Even prior to the COVID-19 pandemic making remote service delivery common place, CIRP provided online/virtual counselling sessions. CIRP continues to use technology-supported counselling in order to ensure clients across British Columbia are able to access services. In addition, provincial Telehealth Services provide online/virtual, on-demand resources workers can access regardless of their location.

xii. Increase Access to Addiction Services: Detox, Beds, Counselling and Second-Stage Services

The need for addiction treatment services exceeds demand in the construction sector. As feedback from industry participants at two Industry Forums in November 2022 shows, employers are demanding access to more counselling services, more detox services, more beds for residential treatment and more second stage services, such as supportive accommodation for workers who have completed residential treatment. Without increased capacity for addiction treatment, workers who need and who are seeking such care will be left untreated; the follow-on effects of untreated substance use will mean the epidemic of overdose deaths within the construction sector will continue unabated.

xiii. Provide Options for Chronic Work-related Pain Services

Employers and unions have been searching for better pain management options for their workers for several years, in particular, alternatives to opioid prescription. In response, CIRP developed an opioid-free pain management service using

Recommendations, *continued*

emergent practices such as myofascial therapy, evidence-based psychoeducation and healing yoga as alternatives to opioids for the management of pain. This service has been incredibly well received and well utilized by clients and there continues to be demand for wider distribution of services.

The recommended industry model for substance use and mental health treatment should include provision of holistic, opioid-free pain management programs such as that offered by CIRP.

xiv. Ensure Clinical Standards of Practice for Counsellors

The construction sector is a unique industry with disproportionate numbers of workers struggling with significant substance use and mental health issues. From a clinical perspective they are individuals with complexities.

Counsellors supporting workers in the construction sector require an understanding of the stressors the worker faces on multiple fronts: the workplace, relationships, family dynamics, etc. These complex work environments and their resulting demands on workers mean counsellors working with clients from the construction sector will continue to encounter a complexity of social and psychological issues and concurrent disorders. Counsellors providing care to construction-sector clients therefore require a background in psychology in addition to expertise in addictions, concurrent disorders, and trauma counselling.

As such, the recommended industry model for substance use and mental health treatment should include counsellors who hold, at minimum, a Masters degree level of training with a background in psychology and specialization in concurrent disorders. With the demand for addiction treatment skyrocketing in BC, a lack of provincial regulations allows counsellors with little or no experience to work as addiction counsellors. Standards of practice need to be revisited to ensure clients are properly supported by well-trained and experienced counsellors. CIRP counsellors have all attained Masters degree level of training with undergraduate degrees in psychology.

Recommendations, *continued*

D. Building Resiliency and Ongoing Support

xv. Recognize the Need for Ongoing Support to Build a Resilient Workforce Going Forward

Workers in the construction industry who have received care continue to require support once they complete a residential treatment for substance use. Investing in building resiliency for such workers improves success for long-term abstinence from substance use and symptom-reduction in mental health issues. Building Resiliency is the third foundational pillar of the CIRP model. Together with the pillar Prevention and Promotion, it is the area in which the industry sees the greatest “return on investment”.

The recommended industry model for substance use and mental health treatment should offer evidence-based treatment plans rooted in best practice, such as long-term services. Brief solution-focused therapies, such as those offered by EAP programs, are not recommended. Workers should be offered a 12-month treatment plan built on three phases of treatment: Stabilization, Treatment and Maintenance. Established models such as the P.E.R.M.A model should be used as a basis for work in supporting clients beyond the treatment phase. The P.E.R.M.A model, developed by Martin Seligman, represents the five core elements of psychological wellbeing that can help people work towards a life of fulfillment, happiness and meaning. The elements are: Positive Emotions; Engagement; Relationships; Meaning; Achievement. Wherever possible, CIRP engages the client's family in treatment, providing counselling services, psychoeducation, mental health management, and group therapy both to the client and the client's family.

xvi. Support the Development of a Structured Approach to Return to Work

The recommended industry model for substance use and mental health treatment should include a return-to-work process that engages employers, workers and unions.

Each of the above recommendations represents a critical element in creating an industry-specific model for the prevention and treatment of substance use and mental health issues. Successful outcomes can be achieved when the construction worker is recognized as a valuable player within the industry as a whole.

Program Outcomes and Benefits

This industry-specific model of care produces successful outcomes. Feedback from clients and employers, collected through client case studies and letters, documents the success and positive impact of CIRP's program. Testimonials are the best illustration of how substance use does not exist in isolation but is compounded by workplace performance problems, self-destructive behaviours, marital and family crises, and mental health disorders.

"[Staff] has been a miracle, and I would like to thank them profoundly for reaching out and being 'doers' in my life while in recovery. I don't think I would still be in a healing process without their happy, proactive ability to make people with mental health disability feel like they are on the right road."

- CIRP Client

"For many of our male clients, this is the first time they have ever spoken about a traumatic event from their past. For the first time in their life the client feels safe enough to actually speak about it and feel vulnerable without feeling judged. This is a turning point for a lot of guys, and then we are able to get into deeper work and deal with their underlying issue."

- CIRP Counsellor

"CIRP went above and beyond in helping my brother-in-law. He was battling heroin addiction, jobless and a day away from being homeless at the time. He qualified as a family member and CIRP helped him out and got him into treatment. He is now five months clean and doing great."

- CIRP Member

This longer excerpt from a client letter speaks to the complexity of issues and the uplifting outcomes that have been achieved:

For the past few years my husband has been battling addiction in the form of alcoholism. For him, it started socially, then progressed to help with anxiety and stress. Due to influences in his construction trade the norm would be to drink after work. Fast forward to 5 months ago when our world was turned upside down with my husband hitting rock bottom.

As most spouses who are dealing with addicted partners can relate, I was DONE! I cannot express to you the hate and anger I felt towards my husband for repeatedly letting me and our kids down. Not to mention the lies, breach of trust and the fact that I hid all of his behaviours from his family, my family and my children. It was and has been a tough burden to bear.

As a result of his fear of losing his family, I gave him one last ultimatum to seek help. We reached out to our medical plan to find out if there were any supports. That's when he was referred to Construction Industry Rehab Program through his union. He started therapy as an outpatient 2-3 times per week. As he started his therapy I found myself becoming increasingly mentally unstable with all the hurt and anger I was holding in. I had tried ALANON before and did not find relief through them. On the verge of divorce and unable to cope, I reached out to Construction Rehab [sic] Industry and asked if there were any supports for spouses. I was able to meet with a counsellor the following week. That was the moment that changed our lives.

Slowly through regular therapy sessions, my husband and I were able to individually work through our issues and week by week, life became a little better. I noticed a huge change in his ability to communicate with me and manage his emotions. I was able to soften up towards him and manage my emotions. Most importantly, he has stayed sober and I don't feel like I have the weight of the world on my shoulders. After a few months of individual therapy we were referred by my CIRP counsellor, to a Psychologist to help with our marital issues. I am happy to say that although not perfect, our relationship is stronger than ever. I know without the involvement of CIRP we would not have made the kind of progress we did in a short period of months. I am so thankful for this service to be covered under our medical plan.

I believe I have a unique perspective as someone who has overcome alcoholism, dealt with a partner who has an addiction and being employed in the health care field. I see the judgement and how the system fails people who struggle with addiction daily. I would urge the addiction minister to examine the model CIRP uses and see how we can make more of these facilities available. In my opinion, the relatively fast intake, flexibility on frequency of appointments and year long support goes beyond a 28 day rehabilitation program.

The benefits of an industry-specific model positively impact both the worker and employer. Workers with positive mental health are more productive, dependable employees. Through effective education and information, referrals and treatment, less time is lost to substance use and related mental health issues. A decrease in absenteeism means more time spent on the job. Prevention and promotion of positive mental health and harm reduction increases workers' likelihood of making healthy choices. Timely access to support and treatment means workers are better able to receive help and return to a healthier lifestyle. These benefits manifest as improvements in the workplace, in the family, in society and in the economy of the British Columbia.

Partnerships as Key to an Industry-Led Solution

In addition to an effective treatment model, industry and provincial partnerships are critical factors in addressing substance use and mental health issues for the construction sector successfully. Collaborations across the construction sector and the province are proving key to change.

CIRP is an example of effective collaboration. CIRP is founded on a partnership between the BC Building Trades and the Construction Labour Relations Association. This collaboration demonstrates the importance both unions and employers place on supporting their members and employees. The Construction Industry Steering Committee on the Opioid Epidemic, a recent collaboration between the building trades, employer associations and the provincial Ministry of Health and the Ministry of Mental Health and Addiction, has been responsible for the training and distribution of Naloxone Kits through *A Kit in Every Hand* initiative.

Only through cross-sectoral conversations, sharing of resources and creative collaboration will the construction industry be successful in improving support for workers dealing with substance use and mental health issues.

Conclusion

The challenges the construction sector faces with regards to substance use and related mental health issues are widely documented, with more and more research shedding light on these challenges. The high numbers of anecdotal and documented deaths related to these issues have reached a crisis point in the province, requiring significant action to implement positive change and save lives.

The significant, and increasing, problems associated with substance use and related mental health issues in the construction sector mean these issues must be addressed in a more targeted way than they have in the past. Existing programs such as CIRP have demonstrated that positive treatment outcomes can best be achieved through an industry-specific model of care that treats the individual within the context of work while also addressing the unique, industry-specific challenges of the work in the construction sector.

Retaining skilled workers over the lifespan of their careers has significant societal and economic benefits both to the construction industry and to government. Neither the industry nor government can stand by and watch more lives lost to the scourge of substance use and related mental health issues, including death by overdose. This is a problem with proven solutions and action on a broader scale is required now.

Appendix

References and Resources

Footnotes

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Cindy E. Harnett, "B.C. man haunted by "successful" brother's death from drug overdose", Vancouver Sun, November 6, 2022.

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Additional articles and resources on substance use and mental health issues in the construction sector can be accessed at the following link:

<https://padlet.com/jfitz2/x0b8ko8bhejpm28b>