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PUBLISHED APRIL 2018

Beyond the Numbers



by JAKE LOCKLEAR

TAUC PRESIDENT
PRESIDENT AND CEO,
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***Behind the statistics about
opioid abuse are human
beings. People with hopes
and dreams, just like us.
People in need of help.***

WELCOME TO THIS Special issue of *The Construction User* magazine focusing on the opioid epidemic within our industry. It's not a pleasant subject, to say the least, but we at TAUC feel it's important to shine a light on this important topic and help raise awareness within the union construction and maintenance sector.

Our goals for this special issue are twofold.

First, we want to give our readers a chance to learn more about opioid abuse, because information and education are some of the most powerful weapons we can bring to this battle. Perhaps you've read a few news articles or saw something on the evening news. Maybe the epidemic has claimed the life of a friend or family member. Regardless of your situation, knowing the facts – and letting go of false information or misguided attitudes – can only help.

Second, we want to give experts in the field an opportunity to share their thoughts about the epidemic and discuss possible solutions. Within the following pages, you'll hear first-hand from people who deal with the human cost of substance abuse on a daily basis. What they say may surprise you.


There are dozens of statistics in this special issue

– facts and figures that lay out the scope of the opioid problem, both in construction and the country at large. I won't repeat them all here, but suffice to say, we are in the middle of a crisis. Overdose deaths are increasing at a rapid pace. Despair in many communities is growing. And yet, in order to fully confront this crisis, I believe we must move beyond the numbers and remember that each data point represents a human being, a person with hopes and dreams just like us – a person in need of help.

Let me tell you about my own personal experience with this issue. As many of you know, I coached little league football for a number of years. I love the game and I love the young boys we, in our own small way, help develop into men. One of those boys

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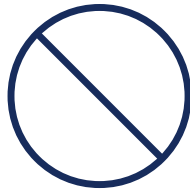
was also the son of a close family friend. Through football he gained confidence, played into high school, and more importantly graduated with excellent academics. He was admitted into a renowned engineering school. He maintained discipline with his grades and his physical fitness. But somewhere along his journey, he got mixed up with the wrong girl, the wrong crowd, and became addicted to prescription painkillers. The addiction ultimately led to his leaving school and entering a rehabilitation program twice. He is now struggling to stay out of those circles, break the addiction, and be a productive member of society.

As with many of my articles, I like to challenge us with a call to action. We have a grave moral responsibility to confront the opioid epidemic. But this dire situation also presents us with an incredible opportunity – to push ourselves further, to increase our capacity for compassion, to become the solution we are looking for. Here are some things all of us can do starting today:



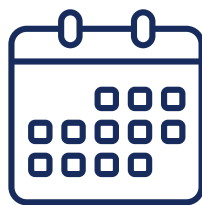
■ **Prioritize education.** Education is one of the main reasons we decided to do this special issue. But don't let the learning process start and end with you alone. Educate your management teams on the opioid crisis. Make sure they have access to the latest information and – more importantly – know how to identify and respond to substance abuse problems within your organization. Those of you who attended last December's State of the Union Construction Industry Forum in Washington, D.C. heard from three speakers with a wealth of experience

in educating leaders about substance abuse – Marko Kaar, Kyle Zimmer and Greg Williams. I am happy to note that all three gentlemen have written articles for this issue – please take the time to read them carefully.



■ **Be aggressive with enablers.**

If you have someone on a job who is peddling opiates, terminate them and work with our labor partners to keep them off future jobs. I believe we can all agree on that tough stance. More than that, work with your insurance partners (and other partners) to identify and aggressively deal with those in the medical and pharmaceutical communities who peddle opiates. There may be times when prescription painkillers are necessary and compassionate. However, there are also times when they are not, and instead are prescribed by weak doctors who cave to a demanding patient or a pushy salesman, or by greedy doctors looking to build a repeat client. If you suspect the latter, be aggressive, raise the concern, and press the issue.



■ **Relook at readiness to work.**

We all – craftsmen, contractors, labor leaders, owners – want healthy craftworkers able to do the job without injury. If someone attempts to work a job he or she is physically struggling or unable to do, he or she is a risk to himself and others. And as we learn more about this crisis, they are at risk of a future opiate addiction to manage pain. It may be controversial, but to

address this crisis, we need to relook at readiness-to-work programs that will certify a craftworker can physically perform a job and, to the extent we can, protect him from being put in a position to get hurt and start along the path of pain management.



■ **Reinforce our STOP programs.**

Most all of us have STOP programs that empower each of our employees to literally stop a job if they see something unsafe. It is unsafe to work with someone who is under the influence of opiates. Reinforce your STOP program with these concepts in mind: build the confidence to stop our neighbor if we see something concerning, and build the humility to receive a STOP moment as our neighbor caring for our safety and our future. When we have teams that care enough to stop a fellow neighbor, even in an uncomfortable moment, then we know our STOP programs are mature.

Opiate addiction is a tough topic. It requires tough leaders to respond – leaders that are candid about the crisis, leaders that have great compassion for the men and women affected by it, leaders that are passionate about working together to solve it. Are you one of those leaders? Then act now! Educate yourself, stand up to enablers/peddlers, protect others from future addiction, and STOP to intervene. Be a good neighbor to someone who needs help. The “Golden Rule” suggests you would want them to do the same for you.



The Next Challenge

By STEVE LINDAUER, TAUC CEO

**“The difficult we do immediately; the impossible takes a little longer.”
— U.S. Army slogan, World War II**

THIS ISSUE FOCUSES on the opioid abuse problem in our industry. It’s a tough subject and, frankly, there was some internal debate at TAUC over whether or not to make it the cover story. Would shining a light on the topic hurt the industry’s image? Did we want to “air our dirty laundry” for everyone to see? We’ve spent so much time and effort trying to turn things around after the mistakes made in previous decades – wouldn’t this just set us back?

These were all legitimate concerns, offered in good faith by people who care deeply about the union construction and maintenance industry. At the end of the day, I made the decision to move ahead, regardless of potential blowback. Why? In a word: history.

Like many others, I’ve built up a repository of experience and knowledge during my tenure in the industry (36 years and counting in my case). It’s like having access to a private library. When a problem arises – even one I’ve never faced before – I can often search through the shelves of my memory and find something that helps: a similar experience from years ago, lessons learned from a regrettable mistake, or wisdom passed down to me by mentors like the late Jim Willis.

Yes, the opioid problem is new, a situation unique to the twenty-first century society in which we live. The previous generation never had to tackle anything like it...or did they?

The biggest challenge our industry faced before the substance abuse crisis — even bigger than the market share decline of the 1970s and 1980s — was jobsite safety. People were dying needlessly. You’ve heard the stories a hundred times by now. They sound ridiculous to our modern ears, almost impossible to believe. Tell a new guy some of these stories and watch his reaction. “You mean serious injuries and fatalities were once considered ‘just part of the job’? No one thought they could be prevented?” Sadly, yes. It seems like a different world now, but it really wasn’t that long ago.

So how did we solve this problem? How did we completely transform our industry’s culture and the way

everyone thinks about safety in less than a generation? How did we go from “A few deaths are bad, but what are you gonna do?” to “Zero injury, all day, every day, no excuses”? To put it another way: How did we accomplish the seemingly impossible?

Simple. With the encouragement of the owner community, management and labor decided that change was necessary, regardless of what the naysayers said, and committed to that change one hundred percent. It wasn’t easy, and it didn’t happen overnight. We persisted, learning as we went. We saved countless lives. And we can do it again, through commitment and persistence.

Opioid abuse — and substance abuse in general — is the next generational challenge facing our industry. Although it may seem like an impossible problem, history and experience teach us the opposite. Remember,



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many people scoffed the first time they heard the phrase “zero injury.” They said it was a meaningless term dreamt up by know-nothings. They’re not scoffing anymore.

My point is that as bleak as things may appear right now, let’s not forget that we’ve been in similar positions before, and fought our way out of them. Let’s learn from our recent successes and use our experience implementing zero injury as a springboard to attack the opioid problem. Where appropriate, let’s apply the same tactics and strategies to change the jobsite culture and personal attitudes.

Yes, this problem is different. But don’t forget: we are different, too. Our industry is still a rough-and-tumble place, but it’s also a wiser and more compassionate one. We have knowledge and tools our fathers and grandfathers didn’t. It would be foolish not to utilize them for the betterment of our industry and our country. 



Steve Lindauer is the CEO of The Association of Union Constructors and also serves as Impartial Secretary and CEO of the National Maintenance Agreements Policy Committee, Inc. (NMAPC).



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Our Construction Workforce: The Holistic View

by MARK BRESLIN

CONSTRUCTION IS NOT an easy career. And if you lack the life skills or tools to manage that career, things can unravel quickly, with significant negative effects on one's work, family and life in general.

Construction jobs are challenging for several reasons: unpredictable employment trends; periods of seasonal unemployment; wear and tear on the body and mind; exposure to hazards and the elements; often surrounded by a low-social/emotional intelligence peer group; and transient employment between contractors. None of these provide the stable, predictable platform enjoyed by most employed people in the U.S.. If several of these factors intersect in a negative way, an employee's life can destabilize quickly. Sometimes this destabilization is obvious and we see radical changes in behavior or attitude. But many times it isn't obvious at all, because those struggling with problems keep them well-hidden.

This month's magazine is focused on the opioid crisis. However, I believe this is a misnomer. There is no crisis

with opioids. It is a crisis of people and families. It is a crisis of addiction in general, be it with opioids, other drugs or alcohol. The nightmarish results are brutally evident all across our country.

All of the hidden difficulties and challenges of being a human impact our workforce – and our industry's culture and environment often discourages any admission of problems or requests for help. Not unlike the military and law enforcement fields, the union construction culture still operates on a series of unwritten rules. Struggling with depression, anxiety or self-destructive tendencies that could lead to disaster? Well, just tough it out. Suck it up. Keep it to yourself.

No more. The misguided notion that our hardhats serve as protective shells, somehow magically shielding us from



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the harsh realities of life, is literally costing lives. It's an illusion, and the time has come to acknowledge the obvious.

I recently read about a joint labor management organization taking on the issue of suicide among construction workers. I don't know why I was so shocked. I know that many unions have robust Employee Assistance Programs to help with drug and alcohol use, and I clearly need to learn more about them. I have friends and family who have gone through many dark, personal struggles, and I wonder: did I do enough to really help? Or, like many people on the jobsite today, did I just leave them alone, figuring they would work it out on their own?

If our industry is true to its value system, then safety is the number-one common foundational theme. Our primary focus is the welfare of every man and woman on the job. But this commitment must transcend the purely physical. What is going on inside our workers' heads – their thoughts and emotions – is perhaps more crucial to their long-term well-being than the protection any piece of PPE can provide.

Perhaps we need to view our workforce more holistically (jobsite stretch and yoga is already here) and think about the entire person. Perhaps apprenticeship programs need to devote more time and energy on basic life, health and relationship skills. Perhaps we need to train supervisors to add keen observation and empathy to their skill sets so that they can help those who won't (or can't) help themselves. And last but not least, we need to find a way to provide people in our rough culture with the permission to ask for help when they need it.

Working in the field has always been difficult, and it's not getting any easier. Just being a generally healthy, happy person in our society takes real effort these days. Therefore, it's up to those of us who have the vision, resources and responsibility to do what we can, when we can. It's not about the work, it's about the people. 



*Mark Breslin is a strategist and author of several books, including most recently, **The Five Minute Foreman: Mastering the People Side of Construction**. Visit his website at www.breslin.biz or contact him at (925) 705-7662.*





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Addressing the Opioid Epidemic Among Midwest Construction Workers

By JILL MANZO, MIDWEST ECONOMIC POLICY INSTITUTE

Editor's Note: The following is an abridged version of an important new report from the Midwest Economic Policy Institute, which provides timely, candid, and dynamic research on major subjects affecting Midwestern economies, specializing in infrastructure investment and the construction industry. To download the full report, go to www.midwestepi.org.

EVERY DAY ACROSS the country, more than 100 people die from opioid overdoses. One industry that has been disproportionately harmed by the opioid epidemic is construction. For example, in 2016, construction workers in Ohio were 7.24 times more likely to die of an opioid overdose than other workers.

Construction is one of the most physically demanding and dangerous occupations in the United States. The injury rate for construction workers is 77 percent higher than the national average for other occupations. In addition, an estimated 15 percent of construction workers have a substance abuse disorder, compared to the national average of 8.6 percent.

In recent years, most workers compensation claims have involved opioid prescriptions – as high as 60-80 percent in Midwestern states (Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio and Wisconsin). Opioids account for

about 20 percent of all total spending on prescription drugs in the construction industry, which is 5-10 percent higher than its share of spending in other industries.

Estimates based on available data sources suggest nearly 1,000 construction workers across the Midwest died from an opioid overdose in 2015, with Ohio (380 deaths) Illinois (164 deaths) and Michigan (160 deaths) at the top of the list.

There is a serious financial impact, as well; the opioid epidemic cost the Midwest's construction industry an estimated \$5.2 billion in 2015. Each construction worker with an untreated substance abuse disorder costs an employer \$6,800 per year in excess healthcare expenses, absenteeism, and turnover costs. But when a construction employee is in recovery from a substance abuse disorder, contractors save nearly \$2,400 per year.

ABOUT MEPI

The Midwest Economic Policy Institute (MEPI) is an associated organization of the Illinois Economic Policy Institute. MEPI is used when the researched policy, project, or market primarily impacts the Midwest region extending beyond the borders of Illinois. MEPI believes states must collaborate and learn from one another to build a high-road economy that works for all families.

MEPI uses reliable research techniques to evaluate working conditions, industries, labor standards, fiscal conditions, and policy changes throughout the region. Subjects of interest include (but are not limited to): prevailing

wage legislation, right-to-work and collective bargaining laws, employee misclassification, project labor agreements, public and private transportation investment, the utilities and energy industries, and human capital investment of the region's youth and workers.

MEPI's research mainly focuses on Indiana, Iowa, Minnesota, and Wisconsin. However, it also touches on other Midwestern states – such as Michigan, Ohio, Illinois, Kentucky, Missouri, North Dakota, and South Dakota.

Opioid Overdose Rates and Deaths Among Construction Workers in the Midwest, 2015

State	Fatal Opioid Overdose Rate for Total Population (Per 100,000 People)	Estimated Fatal Opioid Overdose Rate in Construction (Per 100,000 Workers)	Estimated Number of Construction Worker Deaths from Opioid Overdoses in 2015
Illinois	10.7	77.5	164
Indiana	8.5	61.6	83
Iowa	5.8	42	32
Michigan	13.6	98.6	160
Minnesota	6.2	44.9	54
Ohio	24.7	179	380
Wisconsin	11.2	81.2	92
State-Level Average	11.5	83.5	962 (*total)

The Scope of the Epidemic

The opioid epidemic is a serious public health issue across the United States. Opioids are a class of chemically-related drugs that interact with vulnerable receptors on nerve cells in the body and brain. Opioids are highly addictive because they relieve pain and cause euphoria as dopamine is released. The crisis began with the over-prescription of painkillers such as oxycodone and codeine. Since 1999, the sales of prescription painkillers have increased by 300 percent. By 2012, over 259 million opioid prescriptions were written—enough for every American adult to have a bottle of pills. Today, an estimated 2.5 million Americans are addicted to opioids. While the United States has less than 5 percent of the world's population, it consumes roughly 80 percent of the global opioid supply.

These highly-addictive drugs are extremely deadly. When taken for a short time as prescribed by doctors, opioids are generally considered safe. However, regular use can lead to psychological and physical dependence, addiction, and a desire for stronger, cheaper, and illicit forms of opioids. Addicts have turned to illegal substances—such as heroin, fentanyl, carfentanil, and U-47700—when they are unable to get opioid prescriptions. Four out of five heroin users started out using prescription pills.

Reasons for the Opioid Epidemic in Construction

Opioids also have had a disproportionately negative impact on the construction industry. Although data is limited, research indicates that opioid use is likely greater in construction than in other industries. An estimated 15 percent of construction workers have a substance abuse disorder, compared to the national average of 8.6 percent, according to the National Survey on Drug Use and Health by the National Safety Council (2017). Blue-collar construction and extraction, specifically, “have twice the [substance abuse disorder] rates of educators, professional, office and administrative support workers” (NSC, 2017).

In addition, opioids also account for about 20 percent of all total spending on prescription drugs in the construction industry, which is about 5 to 10 percentage points higher than its share of spending in other industries (CNA, 2015). The construction industry must take steps to combat this problem plaguing its workforce.

It is estimated that employers pay almost \$1 billion each week in workers' compensation costs alone. Employers tend to want employees to return to work as soon as possible to reduce these costs associated with injuries and illnesses. Likewise, many workers want to return to the job quickly in order to maximize take-home pay and benefits. One way workers have been able to return to work at a faster rate is by being prescribed painkillers. Doctors over the past few

decades have prescribed opioid pain relief to treat workers for injuries they sustain on-the-job, such as a fall or pulled muscle. Opioid painkillers, such as OxyContin, Vicodin and Percocet, have been used by workers to “pop a pill” and get back to work, even when their bodies are not fully healed from the injury.

While the high rate of workplace injury and the pressure by employers for injured workers to get back to work as soon as possible are the primary drivers of the huge opioid problem in construction, another contributing factor is the high male presence in the occupations. Approximately 61 percent of those who misuse pain medication are male; 66 percent are also between the age of 18 and 34 years old. Men – who are twice as likely to abuse prescription drugs as women – comprise 98 percent of all blue-collar construction workers across the United States.

Recommendations to Combat the Crisis

There are a variety of options that contractors, labor unions, and elected officials can consider to combat opioid addiction in the construction industry in the Midwest:

1. **Provide health insurance that covers substance abuse treatment and mental health treatment.** One of the major ways to combat substance abuse is health-care that covers treatment. Labor unions and construction companies should provide health insurance for their employees that covers at least 30-day substance abuse treatments. Workers’ compensation systems should also cover substance abuse treatment and mental health treatment services.
2. **Adopt new policies in health plans that limit dosages of opioid medications.** Opioid prescriptions should be limited for people with sudden injuries or dental procedures, for instance. In Washington and Ohio, doctors and dentists are only allowed to prescribe seven days of opioids to alleviate short-term pain. Workers’ compensation systems should also stop covering opioids as the “first choice” for treating injury-related pain and should strengthen prescription monitoring so doctors and pharmacies know the quantities of opioids received by their patients.
3. **Encourage physical therapy and anti-inflammatory medications for chronic wear-and-tear injuries due to construction work.** Opioids are less effective at reducing pain associated with lower back injuries, shoulder pain, and knee pain. Physical therapy, chiropractic care, rest, and anti-inflammatory medications are often more impactful. Workers’ compensation systems should also encourage these alternatives for pain relief.
4. **Educate employees about responsible prescription opioid use.** Labor unions and construction companies should inform construction workers about the potency of opioids, the health and workplace consequences of using prescription drugs, alternatives for pain relief, doctor shopping, and physician dispensing. Apprentices

The High Cost of Construction Worker Opioid Overdose Deaths in the Midwest, 2015

State	Estimated Number of Construction Worker Deaths from Opioid Overdoses in 2015	Estimated Long-Term Cost Per Construction Fatality (Lost Production, Lost Income, and Pain and Suffering)	Estimated Total Cost of Construction Worker Fatal Opioid Overdoses Per Year
Illinois	164	\$5.28 million per fatality	\$865.9 million
Indiana	83	\$5.42 million per fatality	\$449.9 million
Iowa	32	\$5.24 million per fatality	\$167.7 million
Michigan	160	\$5.36 million per fatality	\$857.6 million
Minnesota	54	\$5.40 million per fatality	\$291.6 million
Ohio	380	\$5.36 million per fatality	\$2,036.8 million
Wisconsin	92	\$5.69 million per fatality	\$523.5 million
Totals	962	\$5.40 million per fatality	\$5,193.0 million

could receive this education as part of their training. Health plans should include warnings on using opioids to relieve pain.

5. Provide at least two weeks of paid sick leave.

Construction workers often have families they need to provide for. When a construction worker gets injured on the job, he or she is often not getting paid while injured. If employees are provided paid sick leave they need to safely heal their injuries and return to work, they may not turn to opioids to quickly get back to work and receive a paycheck.

6. Update employee policies to include regular drug testing, but do not immediately fire employees who test positive.

Most contractors conduct stringent drug testing of apprentices and have random drug tests on job sites. Those who fail are taken off the job for health and safety reasons, preventing dangerous accidents from occurring. However, an unintended consequence is that those who fail might be fired or kicked out of the union, which can lead to depression, financial hardship, and increased dependency on recreational drugs. Conversely, research indicates that strong social networks help to combat substance abuse disorders. When a worker tests positive for opioids, contractors should first help the worker receive the treatment they need.

7. Temporarily put employees on prescription opioids in low-risk positions.

If possible, workers who are prescribed opioids for an injury should temporarily be placed in low-risk positions where they are less likely to cause injury to themselves and their coworkers. When the prescription to opioids ends and any dependency is reduced, the workers should be allowed to resume their former positions.

8. Fund substance abuse treatment programs and workforce development initiatives.

In recent years, social services have been cut or underfunded in states across the Midwest. For example, in Illinois, over 800 programs were closed or reduced due to a two-year budget impasse. Substance abuse and prevention programs, health clinics, and workforce development programs were among those impacted. States should increase funding for these services instead of imposing budget cuts.

The opioid epidemic has hit the Midwest construction industry hard – but through better understanding of the problem and implementing the above recommendations, progress can be made. Everyone in our industry – contractors, union craftworkers and the clients they serve – has an important role to play.

For the full report, go to www.midwestepi.org.

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Follow the MAP: Helping Craftworkers with Substance Abuse Problems

An innovative new program is helping local unions combat opioid addiction – and more

BY KYLE ZIMMER, MEMBERS ASSISTANCE PROGRAM (MAP) COORDINATOR, IUOE LOCAL 478

OPIOID ABUSE AND alcohol addiction are major problems in our country. According to a recent report by the Surgeon General, in 2015, 66.7 million people in the United States admitted to binge drinking and 27.1 million people admitted to being current users of illicit or misused prescription drugs. Alcohol abuse alone contributes to 88,000 deaths per year, and in 2014, the report noted, “there were 47,055 drug overdose deaths including 28,647 people who died from a drug overdose involving some type of opioid, including prescription pain relievers and heroin — more than in any previous year on record.”

Since that report was released more than a year and a half ago, the situation has grown worse. The number of Americans who died from overdoses spiked to more than 64,000 in 2016, due in large part to an upswing in the use of fentanyl-laced drugs. Fentanyl, an opioid, is estimated to be between 50-100 times more potent than morphine, depending on volume used.

These are troubling statistics – but even more troubling is dealing with the very real impact of substance abuse on individuals and families. As the Members Assistance Program (MAP) coordinator for the International Union of Operating Engineers Local 478, I deal “up close and personal” with the human side of the numbers I just cited on a daily basis. My local covers all of Connecticut and represents 3,400 construction workers. Just in our state alone, 917 people died in 2016 due to opioid-related overdoses, compared to 729 deaths in 2015 and just 357 deaths in 2012.

I started working for Local 478 in 2006, and in 2012 transferred over to the union office. It was there I first noticed that more and more construction workers were struggling with lifestyle issues and work-related injuries. As you know, construction is hard on the human body, and workers often develop addictions to the drugs they are prescribed in the aftermath of injuries. When those prescriptions run out, withdrawal symptoms kick in, and many will seek out more potent drugs on the street – not exactly a safe scenario. According to a study, “94% of respondents of people in treatment for opioid addiction said they chose

to use heroin because prescription opioids were far more expensive and harder to obtain” (Cicero, Ellis, Surratt, Kurtz, 2014). After seeing the scope of the problem, I knew our local had to do something to help our members and their families. With the approval and assistance of Local 478 Business Manager Craig Metz, our Members Assistance Program was launched.

How MAP Works

The MAP is an innovative solution to tackle the current opioid crisis and help union members who are struggling with lifestyle issues. It’s a “peer-to-peer counseling service.” What does that mean? We offer training opportunities to our business agents, staff, contractors and members on how to handle lifestyle issues. The data shows that this type of approach works. In a 2006 study, for instance, more than 800 construction workers were asked how they coped with stress and over 80% said that support from colleagues helped them the most. Creating a workplace that is constructive instead of punitive, and that does not stigmatize an employee’s effort to get help with a substance abuse or mental health problem, is a win-win for everyone. The proof is in the numbers. MAP’s success rate is much higher than the national average; around 80% of those who enter the program and are recovering from substance abuse or other disorders do not relapse.

80%

of those who enter the program and are recovering from substance abuse or other disorders do not relapse.

IUOE Local 478 also has outside providers that help with the overall employee assistance program where members can get help if they don’t want to go through the MAP program, and we also retained a license clinician to assist with the program.

The Contractor Element

Contractors are an important part of MAP and provide crucial support, especially when it comes to removing the stigmas that are often associated with substance abuse problems. Frankly, we were a little surprised at first! We had strong support from our business managers and trustees, but we thought it would be a “hard sell” to tell contractors that some of their employees may be abusing substances – and then ask if we could put them back to work after they completed treatment. We figured they would be skeptical at first at this approach, but we were pleasantly surprised on how well received the program was and is. Our union contractors were completely supportive.

In fact, I’ve spoken with many contractors who say they want the employees back after treatment because they are good workers. It’s not uncommon for us to get a member into treatment, and upon release, place them back to work with the same company they left. Contractors recognize that in order to survive, a person in recovery needs their job – which is usually what drives that person to stay clean and sober after treatment.


Contractors also recognize the economic and financial benefits of supporting those with substance abuse problems. Training workers to use complex equipment is very costly; they have a lot invested in our folks, and recognize their value. Our MAP conducts a yearly seminar for contractors, where they gather to hear about the latest developments in the program and learn practical, effective ways to communicate with those members of their workforce who are struggling with addiction.

Frankly, the biggest challenge we face isn’t with contractors, but with the addicted members themselves and their families. Again, it comes back to the stigma placed on many people who are brave enough to admit that they have a substance abuse issue. Many times they put that stigma on themselves. At Local 478, we knew we had to first gain the trust of those members who were in trouble and show that

we really care. So, we began meeting those who reached out to us at a location of their choice so that they could feel comfortable. We knew word-of-mouth would be our best success, and thankfully it was. Once we helped a few members, they became advocates of the program, and now most of our members know where to come to if they need help.

Moving Forward

Currently, we are engaged in efforts to reach out to all 3,400 of our members and make them aware of what MAP has to offer, but it’s been difficult. Since the program’s inception in 2012, we have helped hundreds of members and their families – a great start, but more has to be done.

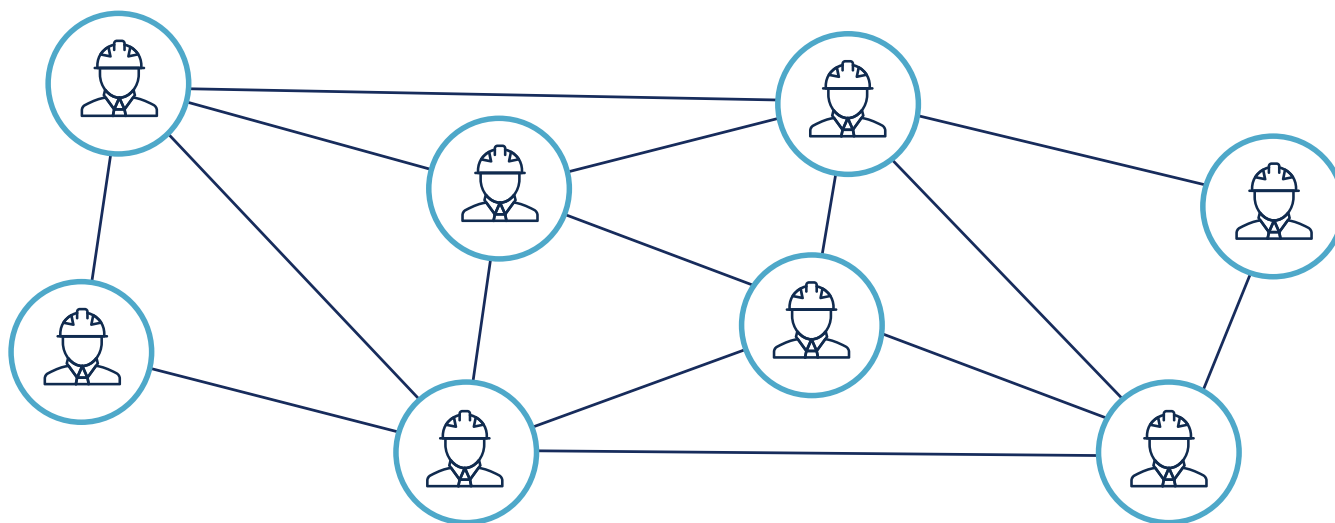
One thing is certain: the value of a peer-to-peer support system to help members deal with substance abuse and other lifestyle issues has proven to be extremely beneficial within Local 478. Our success can be proved through the data, the trainings we conduct, and most important of all, the testimonials of how our program saved someone’s life and/or family. 

For more information, contact:

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Director & Members Assistance Program
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www.facingaddiction.org
www.laborassistanceprofessionals.com



What the Addict Knows:

A Q&A with Greg Williams

GREG WILLIAMS IS the Executive Vice President of Facing Addiction with NCADD (www.facingaddiction.org), a national non-profit organization dedicated to finding solutions to the addiction crisis by unifying the voice of the over 45 million Americans and their families directly impacted by addiction. Greg is a person in long-term recovery from addiction, and the award-winning documentary filmmaker of *The Anonymous People* and *Generation Found*. He has a Masters degree in addiction public policy from New York University, and over a decade of experience working with non-profits and government agencies on addiction. Greg served as the Campaign Director and one of the executive producers of the historic UNITE to Face Addiction rally on the National Mall on October 4, 2015.

This interview was conducted via e-mail by *The Construction User* Executive Editor David Acord.

Q As someone who has struggled with addiction in the past, what can you share with contractors and unions about what someone goes through on a daily basis?

A There is no single uniform addiction experience. Just like many other chronic illnesses, every journey – and more specifically, the circumstances around that journey – are unique. If someone is not supported to be open in their workplace environment, addiction can often fester in secrecy and create cycles of shame. Thoughts center around how to continue to find the substance and are not focused on work.

Q Looking back on the time you struggled with addiction, what do you wish other people (co-workers, boss) would have known? What do you wish you could have told them?


A My addiction took hold at an early age, so it was my first few jobs in life where my employers could have played a much bigger role than they did in my recovery. The most important thing they should have known is that what was happening to me wasn't something that I wanted. So the mistakes I was making – and the tardiness and the poor attitude – all related to a much larger struggle going on for me. I don't think my employers had any idea about anything and I wish they had talked to me about it, offered help and support. But I certainly could have taken steps to ask for help as well. These small-business settings didn't have employee assistance or human resources departments, but for many workers in those kinds of environments, it is imperative to ensure people are encouraged to use those services through multiple channels.

Q What would be your message to a construction worker facing an opioid addiction?

A You are not alone. Millions of other people are going through what you are, and more than 23 million Americans have found a way out. The journey ahead is not easy, but reach out for help. The most important part of beginning the journey to recovery is getting an assessment by a

professional who can help navigate the services and supports you might need. Facing Addiction offers an Addiction Resource Hub (resources.facingaddiction.org) where you can find independent – not pay-to-play – local resources for specific addictions. It's a great place to start.

Q What would be your message to a contractor who may have to deal with workers with opioid problems?

A We are all human and have health challenges. Addiction might manifest itself in different ways, but it really is no different than any other illness. If you can start with the same compassion and empathy you might have for a worker with asthma or another disability, then you can help save their life. This is a deadly illness and acting swiftly is vital. If you can help get someone on the road to recovery it is not only going to help them, but also your business long term. Individuals in recovery are great workers and extremely loyal. We have to begin to view all the current workers who are in recovery already (typically 10%) as great assets to help others. The power of positive peer pressure can transform the culture of a workplace. 



Thinking Outside the Opioid Box

By MARKO KAAR, CHST

THE CONSTRUCTION INDUSTRY is in the midst of an opioid epidemic. So what can we do to fix it?

And perhaps more importantly, where should we be looking for solutions?

I believe the first thing that has to happen is for all of us to recognize there is a national problem with *substance use disorders*, and the opioid crisis is part of that problem. In other words, we have to look at opioids *in context*. That means confronting some common misconceptions about the problems related to substance use disorders, and perhaps getting out of our comfort zone when looking for potential remedies.

We have to first educate ourselves regarding the effects of substance use disorders overall, and more specifically opioid abuse. We have to understand the difference between acute (signs of intoxication) and chronic (the damage that substance use can cause, and the impact on those around the individual) effects. Until we as an industry are fully informed, committed and focused on the problem proactively, nothing is going to change. You wouldn't send a crew out to a jobsite without the proper tools to complete the work, so why send them out with inaccurate or misleading information on the greatest crisis we currently face?

Education can only come through time, and conversation. Training is one component of the process, but many times training gives us only the "what to do," and not the "why to do it." We have to increase our knowledge, but we also have to increase our understanding and compassion. That's where the entire tripartite team (contractors, owner/clients and labor) can work together. Management and labor must be in lockstep on this



issue – no finger-pointing, no not-in-my-backyard attitude. Everyone, from the supervisor down to the youngest apprentice needs to know the warning signs of opioid abuse and what to do when they suspect there's a problem (either with themselves or a co-worker).

For instance, supervisory personnel are often unprepared to confront co-workers or crew members about potential opioid abuse. Why? Because many of them are close friends. It's a difficult, sticky issue, but we can't run away from it. As my good friend Kyle Zimmer (see article on Page 18) likes to say, "It's time to get uncomfortable." Here's a key point to consider: substance use disorders are not "only" a craftworker problem, and not "only" supervisors have the responsibility to confront it. That's part of the misconception that we have to address. The problem exists at every level of practically every organization. If the president of the company has a problem, doesn't all of his or her employees? The same is true of our entire industry – leadership shares the problems, and the solutions, with their "subordinates." It's not "them," it's "us."

Getting uncomfortable yet? That means you're paying attention. Here are a few more things to consider:

- Even in today's modern, incredibly advanced society, many people respond to the conversation around addiction with statements like, "It's a choice," or "It's not affecting me," or "Treatment enables users." But addiction and substance use disorders are diseases, not choices. Once we treat them like *diseases*, just as we do cancers, we can begin to have a real effect.
- The elephant in the room is alcohol misuse. Opioids are absolutely a problem, but so is alcohol. Overall, it's *addiction* in all of its guises that we have to confront. Deaths from opioid overdose exceeded 64,000 in 2016 alone. Excessive alcohol use has cost nearly 90,000 lives each year for the past ten years. Each is important, and each cause of fatality is trending upward. It's the disease, not necessarily the antagonist, which we need to be concerned about.
- When it comes to opioids, we're not just talking about injectable drugs like heroin; we're talking about pills, too. In fact, more often than not, heroin use only comes *after* addiction to pills.
- Seriously, many of us have to change our thinking about who becomes addicted to opioids. It's not just "druggies." People who have had severe pain – car accidents, broken bones, the effects and treatment of cancer – are also at prime risk, as are people with



a genetic predisposition to addiction; those with mental health and depression issues (including young adults); and everyday folks dealing with hard times in life, such as the sudden loss of a spouse, child or career.

- Let's look at it from another perspective: suicide alone took more than 4,000 construction-related lives in 2015. In the same year, nearly 1,000 construction workers were killed on the job. The industry focuses primarily on four areas of safety – fall protection, struck-by, caught in between, and electrocution hazards. These are indeed critical focus areas. However, many of us are starting to believe that we should add a fifth element of focus, one that combines addiction, suicide, and overall mental health into the equation. How much overlap do you think there may be between these issues and injuries on the job?

Helpful Tools

There is no real shortcut to solving the opioid crisis, addiction, suicide, or mental health challenges, but there are some great tools and ideas out there – and many of them come from outside the construction industry.

For example, the U.S. DOT's Federal Motor Carrier Safety Administration (FMCSA) has a

requirement for supervisory training regarding alcohol and controlled substance misuse when an employer has personnel with CDL licenses. There are any number of training programs available that meet the requirement (two hours), and it's a relatively easy way to help develop recognition of intoxication. In the short term, it's worth looking at adapting and integrating these types of programs into our own industry.

Another example is Mental Health First Aid (www.mentalhealthfirstaid.org/). Their goal is to “make Mental Health First Aid as common as CPR.” But here's the challenge – the course is 8 hours long. Will your organization support that level of commitment? (I understand MHFA is working on developing a shorter program, recognizing that potential obstacle).

And of course, within the industry, National Labor Assistance Professionals (LAP) (www.laborassistanceprofessionals.com) is continually developing and implementing programs to address substance abuse and addiction issues. They have great training resources, as well as certifications that cover a broad range of mental health issues, and cutting-edge aftercare and counseling services – all specific to the union construction industry.


Need more information on Substance Abuse and Mental Health? There are a huge number of available resources – one place to start is the Substance Abuse and Mental Health Administration and some of their programs: <https://www.samhsa.gov/programs-campaigns>

Something very few are talking about at this point, but which goes hand-in-hand with substance abuse and mental health challenge discussions – suicide. Once again, there are many resources available, but the Construction Industry Alliance for Suicide Prevention (preventconstruction-suicide.com) has some great

resources and is continuing to raise awareness.

Conclusion

This is a lot of information in a small space, and perhaps a lot to absorb. What's ultimately true is that it's impossible to adequately address substance use disorders, suicide, and mental health in a few paragraphs. This has to be an ongoing conversation – and we all have to listen – carefully.

Again, we have to get comfortable with being uncomfortable. We have to say “Enough is enough” and take actions, not just repeat platitudes. The boxes of naiveté and indifference that so many of us have been in for so long have to become *toolboxes* for prevention, treatment, and recovery. 

Marko Kaar has been working in the construction industry since 1983, with a focus on construction safety as a career since 1989. He has worked with, and for, contractors large and small, around the country – consulting, training, motivating, and driving the message of life, health, and safety as core values of any organization. His varied background and field experience give him a unique outlook on the concepts of safety culture, risk management, and employee engagement. Equally at home in the field or in the boardroom, he continually presses for change and improvement in our fast-paced industry.





ARE YOU TAUC GM MATERIAL?

The weather is getting warm and that means one thing: baseball is back! Around the league, general managers are busy putting together what they hope will be winning teams.

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Don't delay – become a TAUC Governing Member Today!

Contact: Todd Mustard

Senior Director of Government Affairs and Member Services
(703) 524-3336 x112
tmustard@tauc.org

Union Construction in the Age of the Customer

By JACOB SNYDER

ACCORDING TO RESEARCH and advisory firm Forrester, we are five years into the “Age of the Customer.” This is the time in which newly empowered customers place elevated expectations on every interaction they have. Further, according to Salesforce’s most recent “State of the Connected Customer” report, this trend in elevated expectations applies not only to individual consumers but also to business consumers.

The connected customer report identifies four core elements of the new customer experience: immediacy, personalization, consistency and anticipation. All of this information about the changing customer requires unions and contractors to reevaluate how they are going to market. It is imperative that unions and contractors find ways to adapt our model of construction service to meet the demands of the more informed, more demanding customer. Below I will outline several areas where we can be more predictive and innovative to improve the customer experience.

We must develop an easy, transparent, mobile method to make labor resources available

When you think about how we deliver labor resources to sites, it is often based on antiquated processes and systems that yield little information to the customer (whether it is the contractor or owner). People want access to information to make choices and they want the process to be simple. We need mobile applications that let contractors request

manpower from their mobile devices, and quickly access information about available resources, skills, and demographics.

Every project we face has a different set of requirements. To have the ability to plan with ease and use this type of technology as a selling point would be invaluable. Imagine if you could pull up an app on your phone that would show a customer how many workers are in a given union, how many are available, what skills they have, and evidence to show training and certifications. Consumers are demanding innovation and information, and we must find ways to give it to them.

We need to eliminate paper requests and faxes, and we need to make workforce knowledge and accessibility much easier. Customers are demanding verification of the ability to get an adequate and trained workforce, and contractors are looking for an easier way to operate, so let’s make it happen. The best possible solution would be to have information on all the crafts available in a single mobile interface. To a customer, the ability to get union labor should be a seamless process, not one where they have to deal with 14 or more individual groups and methods to staff a project.

We must be more adaptive to customize our offerings to customers

Customers want to feel important and want an experience that matches their unique situation. Union contractors and union labor have tried to come up with lots of rules and

standards that make doing business for unique clients difficult. We have standard labor agreements, hundred-year-old jurisdiction information that nobody understands, and too many organizations involved to make decisions easy.

According to Salesforce, 66% of consumers are likely to switch brands if they are treated impersonally, like a number, and 75% of business customers expect service providers to anticipate their needs. We must find ways to anticipate the needs of our customers and we need the ability to do different things for different markets and projects. Some situations may call for selectivity of people, or composite crews, more automation, or embracing new concepts. We must be willing to embrace quick change if we are going to survive in the current marketplace.

We must embrace technology

According to Salesforce, 57% of consumers say it’s important that the companies they buy from be innovative. Further, in a sector where our workforce is more expensive per man-hour, we must find ways to be more efficient to compete.

Technology is far more than just using a computer or new software. Technological change in our market will mean providing new training and investing in new technology for all facets of construction. This includes things like drone technology, virtual welding, 3-D mapping, new methods of payments for services and payroll, and many others.



Technology is changing at a more rapid rate than ever before. And to be efficient and provide more demanding customers with what they require, we need to leverage our training resources and collaborate with industry partners to find and embrace new technologies that will make us desirable -- and possibly even transform us into market disruptors, where it becomes extremely difficult not to use union contractors and labor based on all of the benefits we bring to the table.

TAUC is holding its first-ever Industrial Grade Innovation Conference and Expo in Dearborn, Michigan June 19-21 (see Page 16) in order to highlight technologies like the ones I just discussed. If you're serious about remaining competitive and upgrading your technology to appeal to the new business consumer, I highly recommend attending.

We need to make it personal


A full 89% of business buyers say they expect the companies they work with to understand their unique needs

and expectations and 82% say that personalized customer care influences their loyalty. Further, 80% of business buyers say they expect providers to interact with them in real time.

The good news about this objective is that we work in a business that is based on relationships. Unions and contractors have better relationships and communicate more than ever. Further, unions are locally based organizations that have the infrastructure to build personal relationships with local contractors and customers.

The bad news is that we have struggled to respond in real time and we have in many cases demanded things in interactions with our customers rather than focusing on listening and meeting their needs.

Meeting with customers to understand their needs is imperative. Getting to know customers on a personal level will increase their loyalty. And, we must find a way to respond quickly when contacted because that is what the marketplace demands.

Think about the companies you know that have challenged the status quo and embraced the new customer demands. For me, it's companies like Amazon, Netflix, Google, Uber, and Airbnb. All of these organizations have listened to consumers and have followed a model similar to what I've described above to allow them to grow and flourish in the age of the customer. If we are going to survive, much less expand our market share, we must embrace what the markets are telling us and adapt to the demands of our customers. 



Jacob Snyder is the TAUC Industrial Relations Committee Chairman and Director of Safety and Labor Relations for Enerfab Power & Industrial, Inc.

You Don't Know Until You Ask

By **SCOTT D. FISHER**

HAVE YOU EVER thought about the power of asking a simple question? In a recent article on this subject in *Forbes*, leadership consultant and former Navy SEAL Jeff Boss pointed out, “Nothing has such power to cause a complete mental turnaround as that of a question. Questions spark curiosity, curiosity creates ideas and ideas (well, good ones) lead to innovation and dollar signs.”

Think of where you might be in life or your career if you had never asked a question or reached out to a colleague or supervisor for help. You probably wouldn't have made it far in life or past the first few weeks in your career! Questions drive change, solutions and progress. You simply can't get anywhere without asking questions. Peter McWilliams (American self-help author) put it this way: “Learn to ask for what you want. The worst people can do is not give you what you ask for, which is precisely where you were before you asked.”

As Chairman of the TAUC Local Employer Organization (LEO) Committee, I have had the privilege, on a number of occasions, to speak with national contractors that work on projects in multiple states. They often share their frustrations about the unknowns when they are about to start a project in an unfamiliar area — for example, problems with local unions, local work agreements, manpower requirements, or other issues. When I hear these stories, I always ask the same question: “Did you call the LEO in the area and ask for assistance?” The answer is almost always no. In fact, oftentimes the contractor will indicate that they never even thought to do that, “But it makes sense now that you mention it.”

Talk about missed opportunities! LEOs know their region inside and


out. They are on a first-name basis with local union leaders, contractors and local officials. Their labor relations teams negotiate and administer the local collective bargaining agreements that traveling contractors will be subject to.

Additionally, many LEO representatives serve as trustees on multiemployer pension, health care and apprenticeship funds. I can't guarantee that a Local Employer Organization can fix all of the problems you may encounter. But the personnel in our Labor Divisions know the terms and conditions of a local CBA, we know the financial condition of the trust funds and we know the union officials that service the area.

Certainly all LEOs are not created equal and we don't have magic wands that can fix every problem that comes up. However, a simple phone call to a LEO and a request for assistance could make your project run a lot smoother, especially when the stakes are so high.

I'd like to offer a suggestion to all of my national contractor friends. As you prepare your next project, reach out to the appropriate LEO with a quick phone call or email. Introduce

yourself and let them know about what you're working on. You may not have any need for their assistance yet, but at the very least, you've made contact. Then later on, if difficulties do arise, you know who to call. If you don't know which LEO operates in a certain region, call TAUC LEO Committee Liaison David Acord at (703) 628-5545 or email him at dacord@tauc.org and he'll point you in the right direction. And if your problems still persist, let our Committee know. There may be something we can do to help at the association level.

Please consider this an open invitation to call any of us at any time. You might be pleasantly surprised at the amount of assistance that we can provide. 



Scott Fisher is the TAUC LEO Committee Chair and Vice President of Labor Relations, Safety & Health and Workforce Development for the Associated General Contractors (AGC) of Michigan.



Congress Must Pass the GROW Act to Save Multiemployer Pensions

By TODD MUSTARD, TAUC SENIOR DIRECTOR OF MEMBERSHIP SERVICES AND GOVERNMENT AFFAIRS

SINCE DECEMBER 2014, The Association of Union Constructors (TAUC) has been advocating for legislation that would authorize the use of flexible composite plans, which provide local joint labor-management trustees of multiemployer pension plans a new voluntary – not mandatory – tool to ensure the long-term viability of their funds and the benefits they provide by authorizing more choices in retirement plan models.

Thankfully, Reps. Phil Roe (R-TN) and Donald Norcross (D-NJ) recently introduced legislation to do just that: H.R. 4997, the “Giving Retirement Options to Workers Plan” (GROW Act). This bill would provide the retirement policy changes our industry needs, and would do so at no cost to the federal government or pension plan participants.

“The GROW Act is the right legislation at the right time,” said TAUC CEO Steve Lindauer. “It provides a crucial tool for plan trustees to chart a

responsible and sustainable course for the future and ensure retirees receive the benefits they deserve - and were promised.”

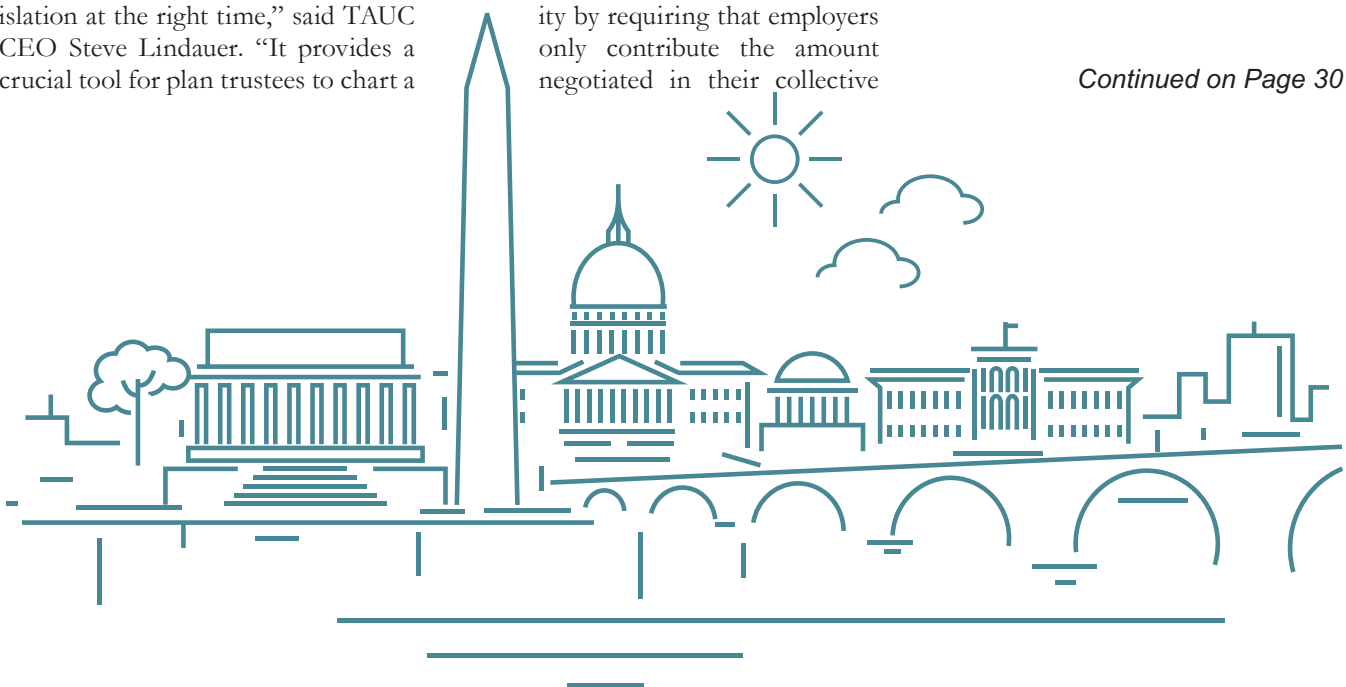
Lindauer continued: “Composite plans are strong yet flexible, and provide local labor-management trustees a tool to ensure their plans can confront today’s financial realities. These plans provide reliable, lifetime retirement security for plan participants through an annuitized life-time benefit, much like defined benefit pension plans. At the same time, they provide employers with the cost certainty typically associated with defined contribution plans.”

More significantly to TAUC member contractors, the composite plan system authorized through the GROW Act would also eliminate withdrawal liability for employers going forward, thus providing much-needed cost predictability by requiring that employers only contribute the amount negotiated in their collective

bargaining agreements and not take on additional unknowable liabilities.

Our members are committed to maintaining the pension benefits and retirement security for the men and women they employ to construct and maintain the nation’s industrial infrastructure. Unfortunately, market volatility and concerns about unfunded pension liability have caused many contributing employers to question their continued participation in multiemployer pension plans. This instability in the current multiemployer pension system has employers worried about the viability of their businesses, adding further pressure for many of them to leave the system. The GROW Act would help to alleviate many of these concerns, by giving plan trustees the flexibility they need to improve not only the stability of pensions, but the health of the industry as a whole.

Continued on Page 30



The Power of Habit – and the Epidemic Shortening American Lives

By JOE LASKY, JR., CSP, CHMM

I HAVE BEEN READING an excellent book entitled *The Power of Habit* by Charles Duhigg (2012). The book explains why habits exist and how they can be changed, even in serious areas like drug abuse. This disturbing habit has resulted in an epidemic of fatalities from drug overdoses. Last year alone, the number of overdose fatalities exceeded the number of Americans who died from auto accidents and gun homicides combined – and more than 3 in 4 of the overdose deaths involved opioids. Heroin and prescription painkillers account for the majority, but the newest and most lethal drug is fentanyl, a synthetic opioid 50 times more potent than heroin. Deaths involving this and other synthetic opioids more than doubled last year to 19,413.

Duhigg's book draws on hundreds of academic studies, interviews with more than 300 scientists and executives, and research conducted at hundreds of companies. It focuses on habits as they are technically defined: the choices that all of us make at some point, and then stop thinking about but continue doing, often every day (i.e. wake up at a certain time, brush your teeth, hop in the shower, etc.). After a while these behaviors become "automatic." This is a natural consequence of our nervous system's response.

So how do we change negative habits? The first step is to identify the underlying causes of the habit – and in the case of the opioid epidemic, expert studies have found several. Without a doubt, doctors have unintentionally played a part in their efforts to treat pain over the years.

Many have overprescribed opioids without adequate attention to the consequences. Pharmaceutical companies have been blamed and several have already been sued. Many even argue that drug makers fueled the epidemic to increase their sales. According to a *Chicago Tribune* article (Saturday, December 23, 2017), five suburban Chicago counties filed suit, accusing pharmaceutical companies of "aggressive and fraudulent marketing of prescription opioid painkillers." Also, the role of health insurers has received some attention. Recent studies analyzed by the *New York Times* have highlighted insurers' practices of providing easy access to opioids while limiting access to less addictive drugs.

In addition to these possible multiple causes, socioeconomic issues can be added to the list, too. Unemployment, lack of health insurance, and poverty are all associated with a higher prevalence of prescription opioid abuse and use disorders among adults.

With a basic understanding of the causes that have led so many people to develop opioid abuse habits, we can begin to work on solutions. The important thing is to approach the problem on a person-by-person basis: we have to understand the individual's habits first, and realize that no two addicts are alike. Each has their own story to tell. Once we know the story, we can work to change it and avoid an unhappy ending by altering the habits that led to the problem in the first place. Once again, we cannot underestimate the power of habit. In his book, Duhigg discusses the incredible success that has been

achieved in the area of workplace safety by transforming simple habits. Companies like Alcoa, Starbucks, Target, and many more attacked a single pattern among their employees – how they approached workplace safety. They focused on the patterns that shape every aspect of our lives and succeeded in transforming bad habits. It's not easy, but I believe we can use the same approach when it comes to opioids – after all, substance abuse is simply another type of workplace safety issue.

The EHS committees of both TAUC and the National Association of Construction Boilermakers Employers (NACBE) are currently involved in efforts to help address this crisis. These organizations stand ready to support any new initiatives to control this epidemic.

Bottom Line: I think the most important step in turning this epidemic around is for governments, agencies and our organizations to recognize the scope and severity of this crisis at every level, and to educate ourselves on the power of habits. For the tens of thousands of Americans at risk from dying of overdoses this year, time is running out.

Stay Safe Out There! 



Joe Lasky is Chair of the TAUC Environmental Health and Safety Committee and Director of Corporate Safety, Health and Environment for Sheck Industries.

Opioid Abuse Is Everywhere

By STEVE FELLMAN, TAUC GENERAL COUNSEL


SEVERAL MONTHS AGO, my wife and I had dinner with a couple we have known for many years. The dinner was in an upscale restaurant in Boca Raton, Florida. The man, recently retired, has a PhD and has held responsible positions in government and industry. For many years he has had to deal with chronic back pain which was not alleviated by multiple surgeries. After trying alternatives, his doctor prescribed opioids, which my friend now takes on a daily basis – he relies heavily on them, and feels he can't function without the prescription. During our dinner, my friend also confided that due to a concern over increased violence in our society, he had recently obtained a “carry permit” and was, in fact, carrying a loaded pistol under his shirt at the restaurant.

Unfortunately, my friend is a disaster waiting to happen. Although he obtains his pills legally, he is nevertheless

an addict – one who also happens to drive a fast car on public highways while legally carrying a loaded pistol. No, he doesn't fit the profile of the stereotypical person with a drug problem, but he is nevertheless representative of a growing number of people from all walks of life who have fallen into the opioid trap.

Take the construction industry, where opioid abuse is also a huge problem. My friend knows nothing about our industry, but he has a lot in common with the craftworkers who struggle on a daily basis with their addiction. See if this sounds familiar: a worker is hurt on the job and goes to a doctor, who prescribes a short course of an opioid to alleviate the pain during the recovery process. The worker finds that if he takes the drugs, his pain goes away and he can go back to work immediately. That is the beginning. Eventually, his doctor refuses to prescribe more opioids, so the worker goes to another doctor, or may find an illegal source of the drug. From a physical standpoint, his injury has healed long ago, but in its place the worker now is addicted to opioids.

In the union construction industry, owners, contractors and unions are all concerned about safety. We know that union workers on the job must rely on one another to work safely and prevent dangerous situations. However, we also know that having an opioid addict or a worker taking heavy opioids on the job imperils everyone. That worker is a danger to his or her family at home; a danger to him or herself and other motorists when driving to work; and a danger to everyone on the job.

Working together, all three legs of the “tripartite stool” must seek out the best way to identify and deal with employees who are either taking opioids on a short-term basis or who are addicted. These people need help. In recent months, there has been much publicity describing the magnitude of this problem. We cannot deny that the problem exists. My friend is an example of the pervasive nature of the problem – it is literally everywhere. We need to work together and find a solution. This is a responsibility that we all must accept -- and we must take action now! 




Steve Fellman is a shareholder with GKG Law in Washington, D.C. He is also general counsel to The Association of Union Constructors.

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TAUC, as well as other members of the Construction Employers of America (CEA), the National Coordinating Committee for Multiemployer Pension Plans (NCCMP), and the North American Building Trade Unions (NABTU), have all sent letters to Congress supporting the GROW Act and encouraging congressional passage of the bill. We had aggressively pushed for the inclusion of the bipartisan GROW Act in the omnibus appropriations bill, but unfortunately it was left out of the final package in late March. That said, we strongly urge all TAUC members to contact their members of Congress to ask them to cosponsor H.R. 4997 and support the GROW Act!

NCCMP Executive Director Michael Scott said, “The bipartisan GROW Act strengthens and modernizes the multiemployer pension system for the future at a time when the stakes could not be higher. Despite supporting 13.6 million American jobs in 2015, and contributing \$158 billion in federal taxes and more than \$1 trillion to U.S. GDP, today the system faces uncertainty and instability. The GROW Act will help safeguard this economic engine by better protecting workers’ retirement security, and providing greater certainty and stability to employers in the multiemployer system...”

While TAUC continues to champion composite plans, Congress is also taking action on addressing failing plans like the Central States Teamsters plan. As part of the budget agreement reached in February, congressional leaders established a joint House-Senate “super committee” to provide recommendations and legislation to address issues related to the solvency of multiemployer pension plans and the Pension Benefit Guarantee Corporation (PBGC). The new super committee is charged with providing legislative recommendations by Nov. 30th of this year.

TAUC members are committed to provide a safe and secure lifetime retirement benefit to employees without risking the survival of businesses. TAUC members provide good middle-class jobs to their employees, while offering important benefits for workers and society. 



Todd Mustard is the Senior Director of Membership Services and Government Affairs for TAUC. He can be reached at tmustard@tauc.org or (703) 524-3336 x112.



The graphic features a dark blue background with a repeating geometric pattern of squares and circles. In the center is a large white anchor with a thick rope coiled around it. Above the anchor, the year "2018" is written in a white serif font. Below the anchor, the words "LEADERSHIP" and "CONFERENCE" are written in a gold, sans-serif font, curving around the left and right sides of the anchor respectively. Below the anchor, the text "KEY LARGO, FL" and "TAUC" are written in a white, sans-serif font. At the bottom, the dates "MAY 15-18" and the phrase "REGISTER NOW!" are written in a gold, sans-serif font. At the very bottom, the website address "WWW.TAUCLEADERSHIPCONFERENCE.ORG" is written in a light blue, sans-serif font.



eLearning Resource Center

The National Maintenance Agreements Policy Committee, Inc. (NMAPC) has been serving the union construction and maintenance industry for more than 40 years. We negotiate and administer the National Maintenance Agreements (NMA), a series of collective bargaining agreements utilized by more than 2,000 industrial construction and maintenance contractors employing members of fourteen international building trades unions.

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