

# HEAVY LOAD

Opioids  
and the  
Construction  
Industry

By Charlee Beasor



You're a bricklayer in Plainfield or any other Indiana community. One day, you turn and feel a pop in your back and then pain.

Work-related injuries in your field aren't unusual. A worker's compensation claim is set into motion and you head to the doctor. The advice is rest, ice, stretch and take a prescription pain medication, if you need it.

You do those other things, but the medicine makes you feel better – and faster. It gets you back on your feet. Your employer is asking when you can come back and in no time, you're thinking, "I'm fine. I can go back to work. I really can't afford to miss another day.

"I'll just take a few extra pain pills to get me through."

A February 2018 report from the Midwest Economic Policy Institute highlights several factors why the above scenario is all too common in the construction industry.

- The injury rate for construction workers is 77% higher than the national average of other occupations
- Fifteen percent of construction workers have a substance abuse disorder (compared to a national average of 8.6%)
- Most worker's compensation claims in the industry have involved opioids

"The construction industry is a more physical industry and you're going to have people who will experience that (physical body) degradation in the construction industry," offers Chris Price, president of the Indiana Construction Roundtable (ICR). "(Opioids are) just a highly addictive drug and something not everyone can use in a responsible way."

The ICR is an industry association that serves the interest of the construction consumer, or private and public owners of projects, including universities, hospitals, states and municipalities.

Price himself suffers from degenerative disk disease and understands the need for appropriate pain relief.

"When you go through even one script of OxyContin, you're well aware of the amount of pills you have in that bottle. That was the first time I realized I don't ever want

to use this ... and you shouldn't be thinking about how many are left (in the bottle), but that's what people are thinking of."

### 'We have an aging workforce'

The construction industry is already hurting for workers. A population that's aging and low unemployment are among the factors contributing to an ongoing labor shortage.

"We have an aging workforce. The average age of our tradespeople is 46. We have a lot of baby boomers who are still hanging around in the trades, nearing retirement," Price admits. "We have a mass exodus and we don't have the interest of young people."

That doesn't mean safety – and the drug testing that accompanies construction workplaces – should be discontinued or compromised to avoid losing out on employees or potential employees, Price maintains.

"Especially in a tight labor market, we can't lose track (of the importance of safety). I know we need people, but we can't just abandon and sacrifice a safe work environment for it."

While the situation is serious, representatives from two central Indiana construction management firms report they haven't seen a direct impact on their companies, due to Coalition for Construction Safety (CCS) efforts around substance abuse in the workplace.

Brad Skillman, president of The Skillman Corporation, and Sam Mishelow, chief strategy officer for Meyer Najem Construction, highlight the safety standards put into place by CCS as having made a preventative impact.

"We do so much public work that we're required to do drug screenings for contractors and employees that come on site," Skillman explains. "When the tradespeople are working around an occupied hospital environment, occupied K-12 school, there is a level of protection and scrutiny."

Mishelow also acknowledges the workforce shortage is the most pressing need for the industry.

"If labor shortage or the lack of skilled labor is a 10, I would say substance abuse is probably a one or two. That's from our perspective. (Others might) give a different perspective if they have their own workforce. We manage a construction process," he conveys.

"Is the (substance abuse) issue more dramatic for subcontractors? I don't have the data to answer that."

### Indiana efforts

Marcy Watson, CCS association manager, relays the non-profit organization's mission: to "send workers home safely every day, free from harm to themselves, their families and friends."

Leaders from Eli Lilly and (what is now) IU Health and others shaped the CCS substance abuse program in 1993.

Price says Indiana's safety culture and programs such as CCS have put the state on good footing in terms of substance abuse prevention.

"CCS really brought Indiana into a much higher standard for substance abuse (programs) than other states have. The companies and the industries utilizing that program are way ahead of employers in other states," she asserts.

But opioids present a particular challenge, Watson affirms.

"If somebody has a valid prescription for an opioid, even if they fail a test, they're going to show as passing that test in our system, because they have a valid prescription.

"But fitness for duty – that can get complicated. And you have to have really well-trained individuals on job sites to be able to recognize (when someone is not fit). I had a safety director say to me, 'One of the things that keeps coming up is what does an overdose look like? How do we know when someone is really under the influence?'"



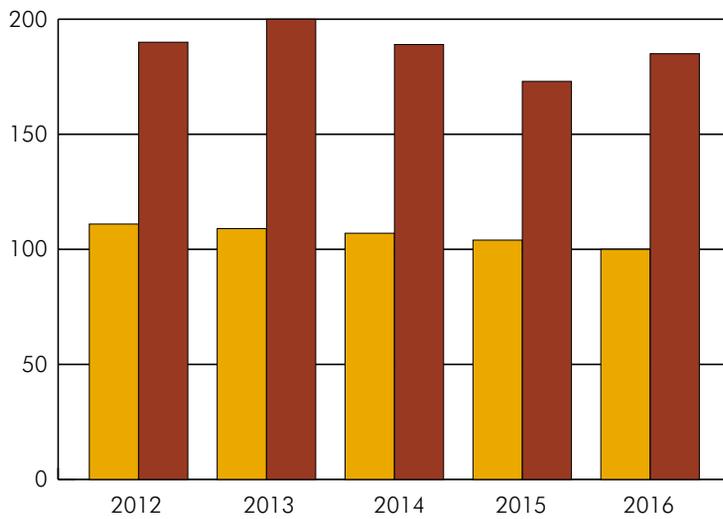
The Coalition for Construction Safety conducts monthly forum discussions on safety-related topics, including how to properly use pain medication.



The physical attributes of the construction industry lead to higher injury and illness rates than other occupations (Midwest Economic Policy Institute chart), potentially resulting in additional use of opioid medications.

### Injury and Illness Rate Per 10,000

■ All Occupations  
■ Construction and Extraction Occupations



Not every company utilizes the CCS program and the potential to work around its safeguards do exist.

“If ABC company or XZY company, they know they’re going to go to work for Duke or Lilly and they do random tests, they’re going to make sure the ones they’re sending there (can pass a screen), but they know (another) company over here doesn’t require drug testing,” Watson points out.

### Employer concerns

Sean Devenney is an attorney with Drewry Simmons Vornehm, LLP in Carmel and is part of the firm’s construction practice. Employment law is a factor for employer consideration in conjunction with safety and health practices. Since opioids are a legal drug for a health problem, the Americans with Disabilities Act comes into play, Devenney offers.

“The employer is now in a situation where somebody is getting a prescription that may or may not impact their ability to do their job and, for that time frame, they may need to be accommodated while they’re on that drug.”

His suggestion is that employers create clear and articulate job functions that can be applied in that situation.

“It’s a real problem for all industries, not just the construction industry. But it’s kind of unique in the fact that they are physical laborers that often have issues with chronic pain. The interplay is deeper than other industries.”

Skillman refers to the CCS program as a reason why he hasn’t personally seen the impact of opioids in his company. Another reason: an emphasis on workplace wellness.

“Knock on wood, but we’ve not had a need to focus on strictly opioid addictions. If we have enough issues with people using opioids, we’ve got a much bigger problem in how we’re keeping our employees healthy,” he says.

### More than opioids

According to a December 2018 Quest Diagnostics Drug Testing Index update, the construction industry experienced a year-over-year increase in marijuana positivity (on drug screens) between 2015-2017 at 26.7%, coming in third behind transportation and warehousing, and other services (except public administration) industries, both at 33.3%.

But methamphetamine positivity is where the industry really stands out – and not in a good way, having grown every year between 2015-2017.

Tiffany Ellefson, DISA Global Solutions general manager, notes that yes, the construction industry “statistically and historically” has higher drug use. DISA (formerly Midwest Toxicology) administers workplace drug and alcohol testing.

“The kind of workplaces you have (in construction), they’re open, not well controlled. You have an industry (where) you can make a lot of money quickly with a lot of work and overtime. Generally speaking, it tends to be an occupation where it’s easier to hide your drug use.”

She asserts that it’s more common now than it was 20 years ago that companies in the industry are proactively testing for substance use. Unions are also involved in getting members the help they need.

“A lot of the unions have seen the benefit of having (a testing program) in place. ... They don’t have to lose that good worker that they’ve spent five years training in an apprenticeship program. They’ve built this process where (workers) can go through the (employee assistance program) and turn their life around. I have heard the stories. ‘This guy, whether alcohol or using drugs, it worked and he’s working and sober.’ Even just helping one member makes a difference.”

Federal Department of Transportation (DOT) guidelines are the “gold standard,” Ellefson suggests. “Those that follow what DOT does have a pretty solid program.”

But marijuana still tops all other substances, she concedes, making up half of all positive results. It is followed by cocaine or methamphetamine, she says.

Evolving state laws on the issues of medical and recreational marijuana also make things challenging for companies.

“Policy is more important than ever. Company policies need to be reviewed by legal representation based on the states you operate in and you need to make sure the legal team can defend the testing program.”

Ellefson offers that education is one of the best methods of substance use prevention in the workplace, particularly regarding opioids.

“(Education) can be very helpful in trying to combat the problem, as well as encouraging companies to have employee assistance programs in place and have the supervisors trained to know what to do if someone comes forward asking for help.”

**RESOURCES:** Sean Devenney, Drewry Simmons Vornehm, LLP, at [www.dsvlaw.com](http://www.dsvlaw.com) | Tiffany Ellefson, DISA Global Solutions, at [www.disa.com](http://www.disa.com) | Sam Mishelow, Meyer Najem Construction, at [www.meyer-najem.com](http://www.meyer-najem.com) | Chris Price, Indiana Construction Roundtable, at [indianaconstruction.org](http://indianaconstruction.org) | Brad Skillman, The Skillman Corporation, at [www.skillman.com](http://www.skillman.com) | Marcy Watson, Coalition for Construction Safety, at [www.ccs-safety.org](http://www.ccs-safety.org)