The opioid epidemic has hit the building trades in Massachusetts like a tidal wave. In the construction industry, the opioid death rate is six times the average rate for all Massachusetts workers. This is a massive problem, but it's not limited to this industry—it's affecting industries across the state and the country. That said, there are steps that everyone, and particularly construction companies and subcontractors, can take right now.

The Impact of the Epidemic on the Country, the State, and the Industry

In the United States, the epidemic has been spreading geographically and throughout all demographic groups. One of the most definitive ways of measuring the impact of the epidemic is through overdose deaths, and according to the Centers for Disease Control, drug overdoses killed over 70,000 Americans in 2017. This means more Americans have died of overdoses than those who have died of guns, car crashes, or HIV/AIDS in any given year. It means that more Americans have died of overdoses than all US military casualties in the Vietnam and Iraq wars combined. 66% of those deaths involved a prescription or illicit opioid like heroin and fentanyl. Overdose deaths increased in all categories of drugs examined for men and women, people ages 15 and older, all races and ethnicities, and across all levels of urbanization.

Massachusetts has been one of the most affected states, with 2,227 deaths in 2016. This number makes Massachusetts one of the top ten states with regards to overdose deaths. Furthermore, the impact of the epidemic isn't limited to a small group of people; a majority of Massachusetts residents know someone addicted to opioids, and over a quarter know someone who died from an overdose.

And although many in the state are affected, there are some industries that see higher rates of addiction and overdose. Within the construction industry, the opioid death rate is six times the average rate for all Massachusetts workers. Construction and extraction workers accounted for almost a quarter of all opioid-related deaths among the working population from 2011 to 2015.

The Impact of the Epidemic on the economy

The epidemic has also hurt the economy. One estimate put the national economic costs of the opioid epidemic at $504 billion as of 2015, or 2.8% of the GDP. The majority of these costs are due to nonfatal consequences like healthcare spending, criminal justice costs, and lost productivity due to addiction and incarceration. The other 27% of costs are attributed directly to overdose deaths, and the lost potential earnings. Princeton Economist Alan Krueger suggests that the epidemic accounts for a 20% decline in labor force participation among men.

In Massachusetts, calculations from the Massachusetts Taxpayer Foundation puts the cost of lost productivity and wages at over $70 billion since 2000, averaging $7 billion in slowed economic growth for the past five years. The Foundation report found that opioid use disorder has kept 32,600 people in Massachusetts from participating in the workforce over the last 7 years. Given other economic factors like an aging workforce and low unemployment, the impact of this lost productivity is particularly problematic. And the epidemic hasn't just led to unemployment. Among the employed, the epidemic has had a major impact. 143,000 people reported pain reliever misuse, causing an average of 18 more days off of work.

What Your Company Can Do

As massive as these problems might seem, the personal and economic costs of addiction are not inevitable. Addiction can be treated effectively, and people can and do achieve long-term recovery. Addiction is a medical condition that impairs health and function and is characterized by the prolonged, repeated misuse of a substance. It is a chronic disease—like diabetes, hypertension and asthma. And like those other chronic diseases, addiction can be managed successfully. In fact, most people who get into and remain in treatment stop using drugs.

At Boston Medical Center (BMC), we have long history of caring for those with addiction. Over the last 25 years, BMC has become one of the most comprehensive and
influential centers for addiction treatment in the country. And in 2017, we launched The Grayken Center for Addiction with a generous gift from the Grayken family – the largest private gift in the US in the last decade in the addiction field.

From the start, we thought about how to help the greatest number of people. We knew that people in every industry were affected – including healthcare. One of our first acts was to look at our own employees and try to understand how they were impacted by the epidemic, and how we could help. We found that almost a third of BMC’s employees had an immediate family member who had experience with a substance use disorder. We also found that a majority of those surveyed did not know what mental health and/or substance use treatment services their health insurance covered. And many were afraid to speak to a manager about their concerns due to their desire for the information to stay confidential and their fear of missing out on possible career advancement.

We knew that we had to do something to address these problems. And more than one thing – we had to try many different strategies to reduce stigma and fear, and increase the awareness of the help that was available, that employees just didn’t know about.

To address stigma, we did a few things. Our CEO signed a letter from NAMI Massachusetts (the National Association of Mental Illness), pledging to be a CEO Against Stigma. We developed the “Words Matter” pledge, outlining how certain words (addict, abuser) can actually hurt the chances that a person with a substance use disorder can recover, and shared it with all our employees, in every department. Each September, we celebrate Recovery Month on campus, handing out the Words Matter pledge as well as resources about various types of substance use treatment we offer, and essential human resources information.

And our Human Resources department led the charge on helping our employees understand how to navigate the care system. They worked to help employees understand their coverage, and provide the support they needed. This included expanding our care navigation services for employees, developing a mental health and addiction resource guide with specific information, offering a group for family members dealing with a loved one with addiction. They worked to make sure our drug and alcohol policies were clear and centered around employees’ health. And furthermore, they made sure to share this updated information and support with all new employees at their orientation.

In the process of developing this multi-faceted approach, we realized that what we learned, and the programs and policies that we developed, could be helpful to other organizations. We created a free online Employer Resource Library (bmc.org/library), with the tools and resources that employers can use to address the impact of substance use disorders in their own organization. On the site we offer 25 downloadable tools, in five key categories – from working with managers to developing policies and practices.

Two of the most important areas that employers can address are reviewing your benefits and creating a more open, stigma-free culture. Contracts for health benefits should ensure that employees are offered high-quality, evidence-based treatment, particularly medications for addiction treatment. The Massachusetts Health Policy Forum put forward recommendations for employers that include steps like removing co-pays and prior authorization on opioid use disorder-related medicines and counseling. Your benefits contracts should support health care providers who offer alternative pain therapies to opioids, and provide guidance to those providers. Once you have quality benefits in place, it’s also up to employers to make sure that employees know about it – through regular communication and a comprehensive employee resource guide.

To reduce stigma, everyone needs to be engaged, including top executives. Leadership shapes company culture, and when CEOs and other senior leaders are clear that they support an open dialogue about mental illness and substance use disorders in the workplace, it matters. Engaging the organization on a broader scale might include an employee survey, sharing a “Words
Matter" pledge like BMC’s, or providing open forums for employees to discuss their experience and their needs in regards to the opioid epidemic. This is not comprehensive, but it’s a place to start. As our Senior Vice President and Chief of Human Resources Lisa Kelly-Croswell often says, “You don’t have to do everything, but it’s important to do something.”

As we’ve started sharing our Employer Resource Library, we heard from individuals working at companies in many industries, hoping to address this issue. And many have taken action - Blue Cross Blue Shield of Massachusetts created an opioid overdose tool kit with naloxone to allow employers to reverse overdoses right away. Most importantly, the business community can lead by example and eliminate stigma and create recovery-friendly workplaces to encourage more people to come forward, seek help, and reclaim their lives. Some of these companies have already started engaging employees and supporting them through their experience with the epidemic. We know that we can all learn from each other, so we hope to build a community of employers exchanging ideas that will help us fight the epidemic. Despite the numbers of people affected by the opioid epidemic in every industry throughout the state, there is hope. There are things we can all do, and employers have a powerful role to play.

Michael Botticelli is the Executive Director of the Grayken Center for Addiction at Boston Medical Center. He previously served as the Director of National Drug Control Policy at the White House under President Obama.

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