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Stop the Addiction Fatality Epidemic

Saving Lives: Focus on Solutions

ASA National Convention October 1, 2026

safeproject.us

SUB Excel 2026 SUBS IN THE SUN

SEPTEMBER 29 – OCTOBER 1 Bonita Springs, Florida

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Stop the Addiction Fatality Epidemic

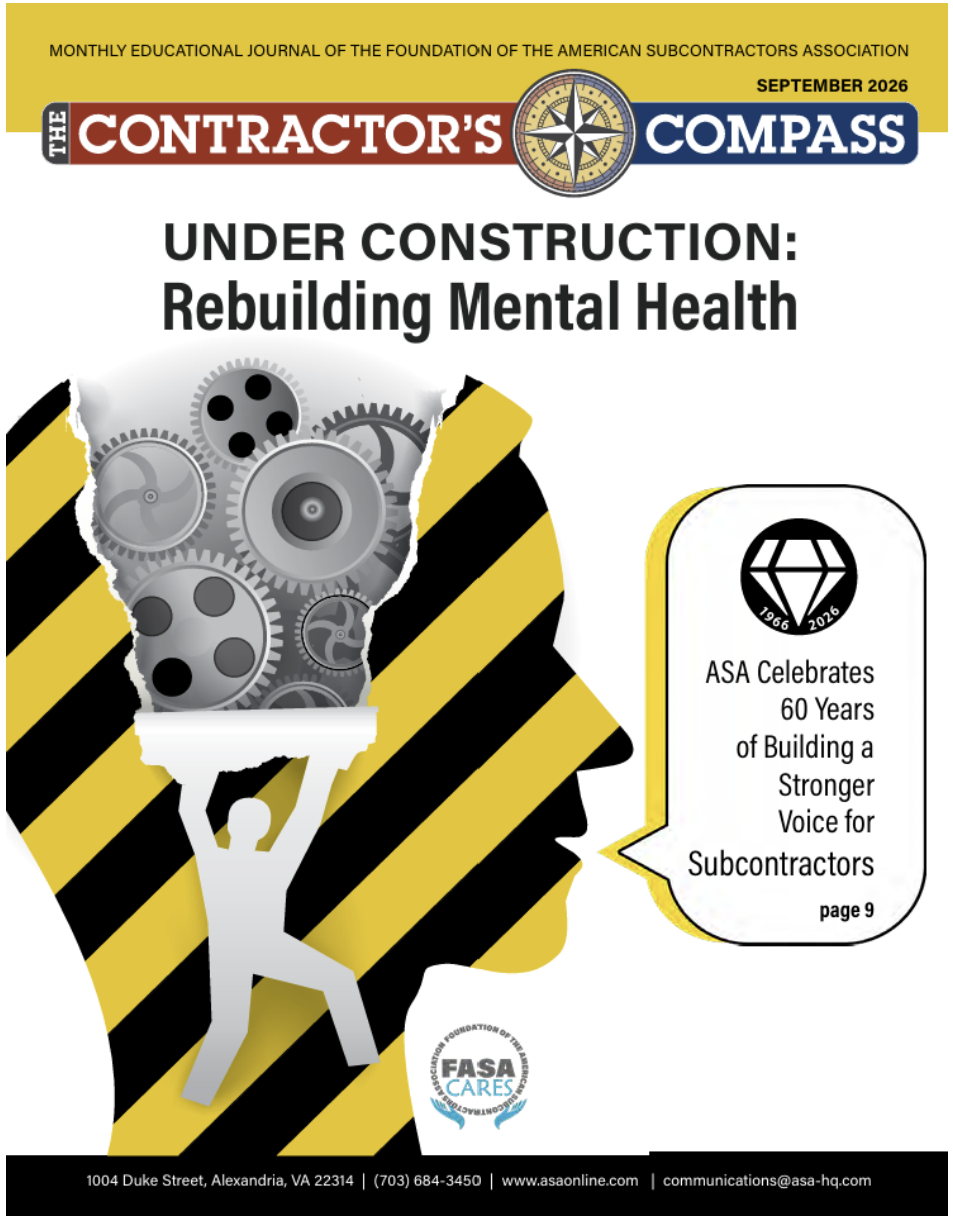
Our mission is to contribute in a tangible way to overcoming the addiction epidemic in the United States.

FEATURE

Spotlight on Substance Use Prevention, Harm Reduction, and Recovery in Construction

by Cal Beyer, CWP, NAC

https://fasacares.org/spotlight-on-substance-use-prevention



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Medical News in Brief

March 6, 2024

More Than 40% of US Adults Know Someone Who Died of Drug Overdose

Emily Harris

JAMA. 2024;331(12):1002. doi:10.1001/jama.2024.1571

More than 125 million Americans have lost
***at least* 1 person in their life to a drug overdose**

Glimmer of Hope Amidst the Darkness

- 2025 marked 3rd consecutive year of decrease of fatal drug overdoses and poisonings

- 14% decrease YET:
  - 69,973 deaths or 192 per day
  - Opioid deaths decreased from 55,296 in 2024 to 44,564 in 2025

Overriding Messages from Public Health Professionals:

- Overdose crisis is complex and involves other substances than opioids: *polysubstance overdose is the norm*
- Too early to declare victory – still losing tens of thousands

- Declines are not universal experienced – disparities remain – *Alaska Native, American Indian, Black Americans, youth and older adults*
- 5 states experienced increases (NM, AZ, CO, SD & MN)
- Factors still being identified and researched

Overriding Consensus: Accessibility of Naloxone is Effective

Reality Check on Overdoses

- *It's still an airplane EVERY day!*
- 2022 = 107, 941 overdose deaths -- **296 per day** = *Boeing 787-9 Dreamliner*
- 2024: 81,313 overdose deaths -- **223 per day** = *Airbus A330*
- 2025: 69,973 deaths -- **192 per day** = **Airbus A321**

Hard Truths on Overdoses in Construction

- **Overdose death rate: 94.8** -- decreased from 135.0 (CPWR, 2026)
  - *Decreased from 15,900 to 11,300 deaths annually between 2023-2024*

- **Suicide death rate: 41.9 per 100k workers** – decreased from 43.2 (2023-2024; CPWR, 2026)
  - *5,000 suicides annually (decreased from 5,100)*

- **Comparison to occupational injury fatality rate**: 9.2/100k workers (BLS, CFOI; 2025)
  - 9.5% of all occupational fatalities are overdoses

226% MORE OVERDOSE DEATHS THAN SUICIDES

Why the Silence…?

Talking About “It” Busts Stigma

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No Shame Pledge Video

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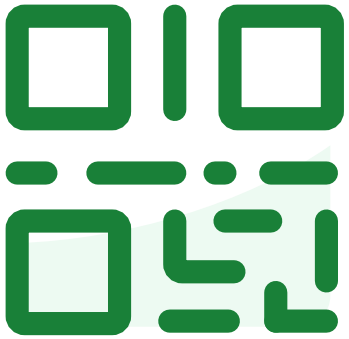

Join at slido.com
#1167227

Has your organization been impacted by the nation's 3 decade long opioid crisis?

How has your organization been impacted by the opioid crisis?

Protecting Your Families & Workforces

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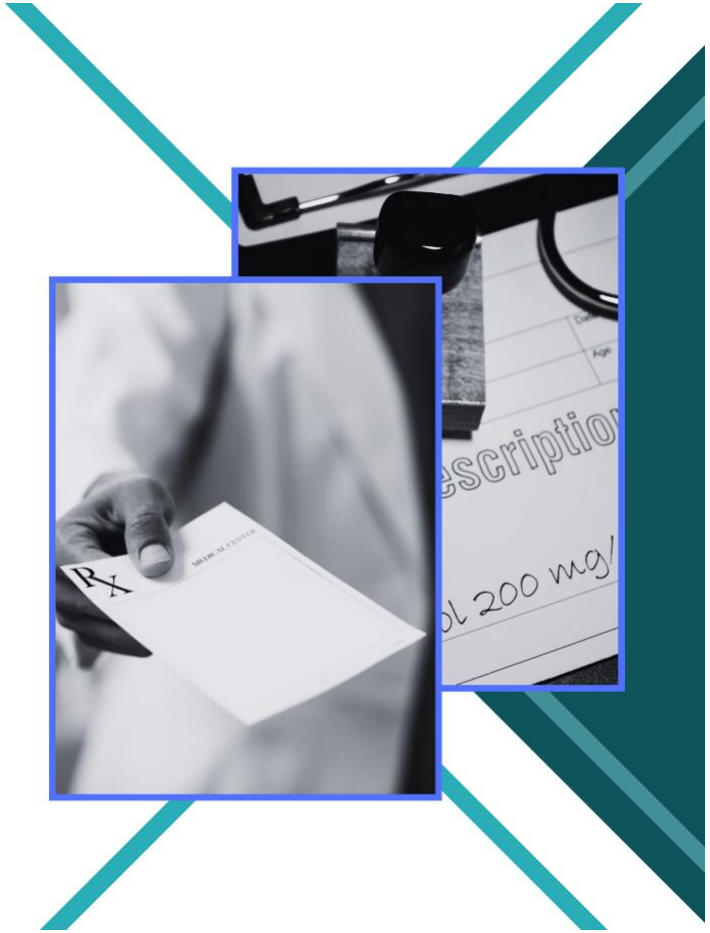
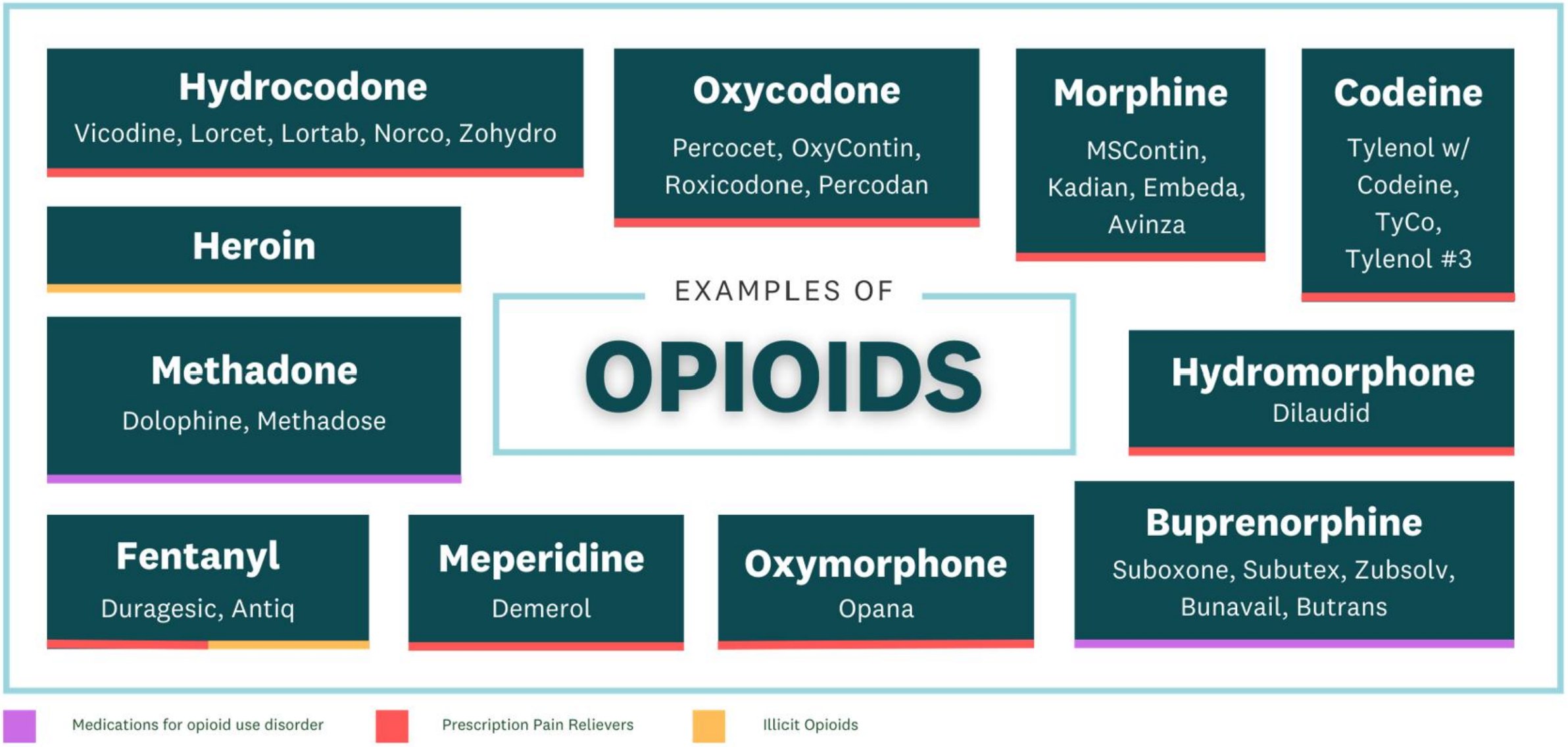
What Are Opioids…?



Opioids are a class of medication that are typically prescribed to relieve pain, such as Hydrocodone, Oxycodone, and Morphine.

Opioid pain relievers are generally safe (as prescribed by a doctor), but because they relieve pain and produce euphoria, they can be accidently overused or misused.



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Pictogram: Opioid Risk in Construction

Source: https://hwc.public-health.uiowa.edu/opioid-management-guidelines-for-the-construction-trades/

WHAT MAY LEAD TO OVERDOSE

- Misunderstanding directions for use, accidently takes an extra dose
- Combining substances, like alcohol and opioids, not realizing dangerous impact
- Combining opioids with over the counter products that depress breathing, heart rate, and other functions of the central nervous system.
- Misusing a prescription opioid or an illegal drug such as heroin due to substance use disorder
- Taking opioid medications prescribed for someone else

Work-Related Pathways to Substance Use

"….two intersecting pathways:

physical pain due to acute injury or cumulative physical trauma at work, and ***work-related psychosocial stress***."

Center for Disease Control and Prevention, Aug 22, 2023

Source: https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-07.pdf

Spotlight on 2 Intersecting Pathways to Opioids

Physical Pain – chronic from repetitive motion disorders and/or acute from traumatic injuries, etc.

Work-related Psychosocial Stress – safety culture, lack of psychological safety, job insecurity; lack of paid time-off; medical insurance concerns, etc.

Source: https://hwc.public-health.uiowa.edu/opioid-management-guidelines-for-the-construction-trades/

Protecting Your Families & Workforces

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Leading Gateways for New Persistent Opioid Use

- Chronic Pain
- On- and Off-the-Job Injuries
- Surgical Procedures
- Medical and Dental Procedures
- Diversion of Leftover Pills

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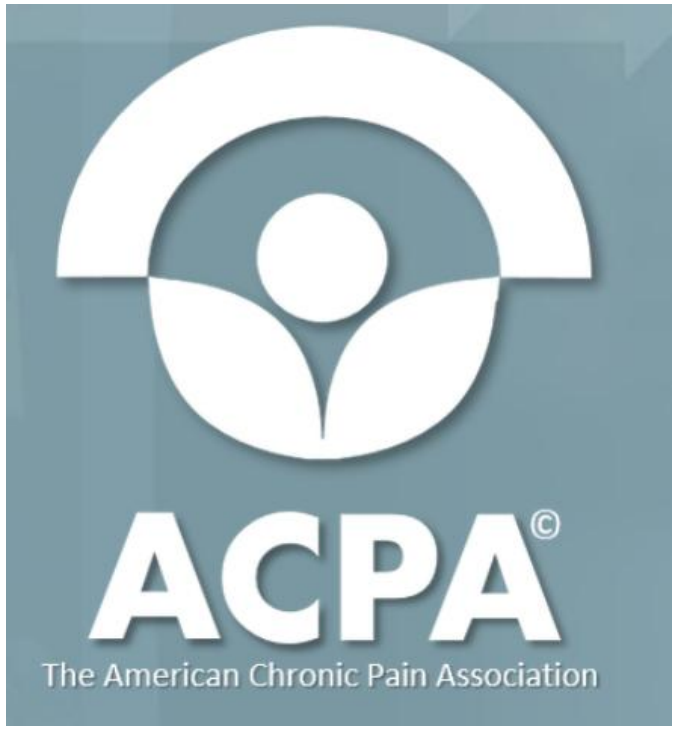
Sensitivity and Support for Those Experiencing Chronic Pain

- Chronic pain is a real, complex medical condition frequently treated by large doses of opioids
- In 2021, an estimated 20.9% of U.S. adults (51.6 million) experienced chronic pain
  - 6.9% (17.1 million) with **high-impact chronic pain** resulting in substantial restriction to daily activities

Please be sensitive and avoid judging and shaming those experiencing chronic pain.

Consider safe storage of medications and naloxone in case of accidental overdose



https://www.acpanow.com/

Opioid First Dose Prevention Strategies (Solutions)

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Injury Prevention is Opioid First Dose Prevention

- **NIOSH/CDC -- 2020**
  - Construction industry has a high frequency AND severity of work-related musculoskeletal disorders (WMSDs)
    - “Overall injury rate that is 77% higher than other industries”
    - “34% of construction workers will have at least one WMSD”
    - “construction workers with WMSDs are **3 times more likely to be prescribed opioids**”

Educate Employees About Alternatives to Opioids

- Improvement has been made in opioid prescribing in Workers Compensation injuries, however, few employees are being educated about the availability of non-opioids alternatives
  - For persons in recovery, this is problematic

- **National Council on Compensation Insurance (NCCI) -- 2020**
  - "quantity of opioids prescribed to injured workers is **more than double the average number prescribed** to those in all other industry groups."
  - "contracting industry group claimants, on average, receive both **20% more opioid prescriptions** and opioid prescriptions that are 20% stronger."

What Labor & Management Has Done to Address Opioids

- NABTU Opioid Task Force
- Member Assistance Programs
- Labor Assistance Professionals (LAP-Certification)
- Peer Support Programs
- Building Trades Recovery Week
- Recovery-Friendly Workplaces
- Naloxone in workplaces and on jobsites
- Mental health and preventive wellbeing in Joint Apprenticeship Training Programs

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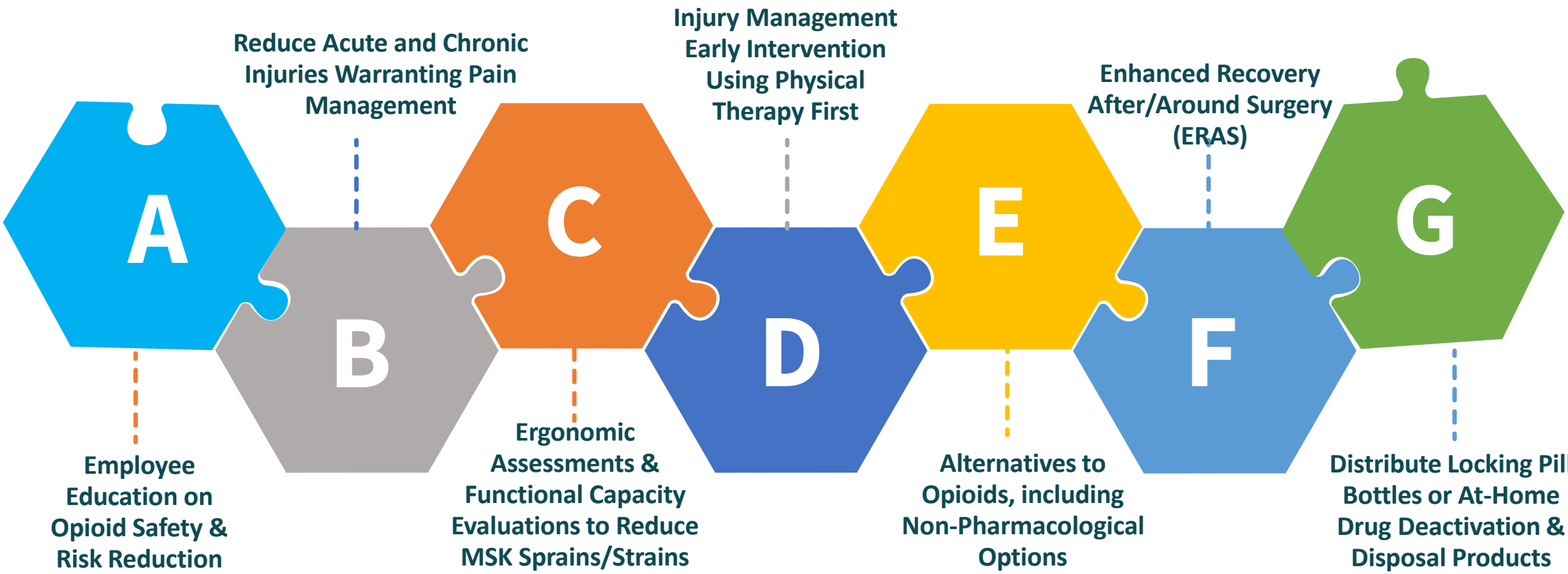
First-Dose Prevention Strategies for Employers



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Reducing Risk After Injuries

- Encourage non-opioid medications
- “Physical Therapy First” versus delaying injury treatment
- Consider a Risk Assessment Tool before employees or dependent family members prescribed pain management or being scheduled for medical, dental or surgical procedures
- Institute Enhanced Recovery around Surgery (ERAS)
- If Opioid is prescribed:
  - Ask for alternative (pharmacological and/or nonpharmacological)
  - Limit quantity of pills prescribed
  - Co-dispense with naloxone
  - Co-dispense with at-home disposal product

Enhanced Recovery Around Surgery (ERAS)
Multimodal Pain Management & Surgical Nurse Navigation

Goldfinch Prepared for Surgery Tool Kit

- 92% fewer opioid refills
- 32% faster return to work per patient

https://goldfinchhealth.com/

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Opioid Prescriptions Impact Whole Households

JAMA Network | Open

Original Investigation | Substance Use and Addiction

Association of Postsurgical Opioid Refills for Patients With Risk of Opioid Misuse and Chronic Opioid Use Among Family Members

Denis Agniel, PhD; Gabriel A. Brat, MD, MPH; Jayson S. Marwaha, MD; Kathe Fox, PhD; Daniel Knecht, MD; Harold L. Paz, MD; Mark C. Bicket, MD, PhD; Brian Yorkgitis, DO; Nathan Palmer, PhD; Isaac Kohane, MD, PhD

Abstract

IMPORTANCE The US health care system is experiencing a sharp increase in opioid-related adverse events and spending, and opioid overprescription may be a key factor in this crisis. Ambient opioid exposure within households is one of the known major dangers of overprescription.

OBJECTIVE To quantify the association between the postsurgical initiation of prescription opioid use in opioid-naive patients and the subsequent prescription opioid misuse and chronic opioid use among opioid-naive family members.

DESIGN, SETTING, AND PARTICIPANTS This cohort study was conducted using administrative data from the database of a US commercial insurance provider with more than 35 million covered individuals. Participants included pairs of patients who underwent surgery from January 1, 2008, to December 31, 2016, and their family members within the same household. Data were analyzed from January 1 to November 30, 2018.

EXPOSURES Duration of opioid exposure and refills of opioid prescriptions received by patients after surgery.

MAIN OUTCOMES AND MEASURES Risk of opioid misuse and chronic opioid use in family members were calculated using inverse probability weighted Cox proportional hazards regression models.

RESULTS The final cohort included 843 531 pairs of patients and family members. Most pairs included female patients (445 456 [52.8%]) and male family members (442 992 [52.5%]), and a plurality of pairs included patients in the 45 to 54 years age group (249 369 [29.6%]) and family members in the 15 to 24 years age group (313 707 [37.2%]). A total of 3894 opioid misuse events (0.5%) and 7485 chronic opioid use events (0.9%) occurred in family members. In adjusted models, each additional opioid prescription refill for the patient was associated with a 19.2% (95% CI, 14.5%-24.0%) increase in hazard of opioid misuse in family members. The risk of opioid misuse appeared to increase only in households in which the patient obtained refills. Family members in households with any refill had a 32.9% (95% CI, 22.7%-43.8%) increased adjusted hazard of opioid misuse. When patients became chronic opioid users, the hazard ratio for opioid misuse among family members was 2.52 (95% CI, 1.68-3.80), and similar patterns were found for chronic opioid use.

CONCLUSIONS AND RELEVANCE This cohort study found that opioid exposure was a household risk. Family members of a patient who received opioid prescription refills after surgery had an increased risk of opioid misuse and chronic opioid use.

JAMA Network Open. 2022;5(7):e2221316. doi:10.1001/jamanetworkopen.2022.21316

Key Points

Question What is the association between a patient's new opioid exposure after hospital discharge and subsequent opioid misuse and chronic opioid use in family members in the same household?

Findings In this cohort study of 843 531 patient and family member pairs, each additional opioid prescription refill for the patients was associated with increased hazard of opioid misuse among family members in adjusted models. The risk of opioid misuse and chronic opioid use increased in households in which the patient obtained refills.

Meaning Findings of this study suggest that family members in a household with a patient who received opioid prescription refills may have an increased risk of opioid misuse and chronic opioid use.

+ Supplemental content

Author affiliations and article information are listed at the end of this article.

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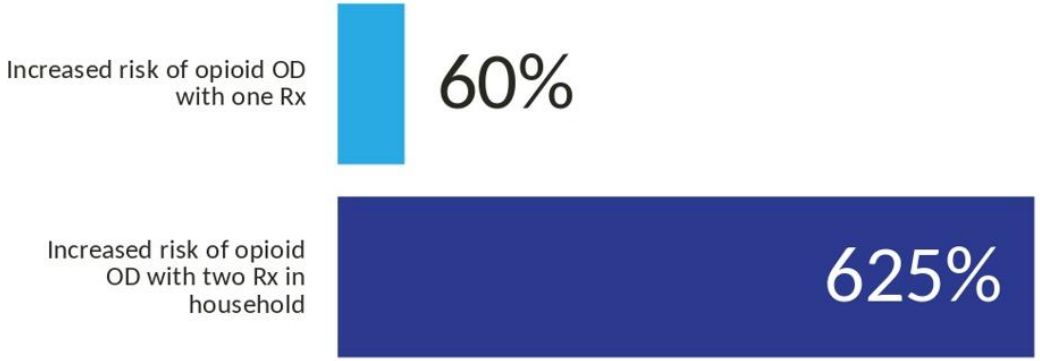

- *Journal of the American Medical Association study (July 2022)*
- >840,000 patients

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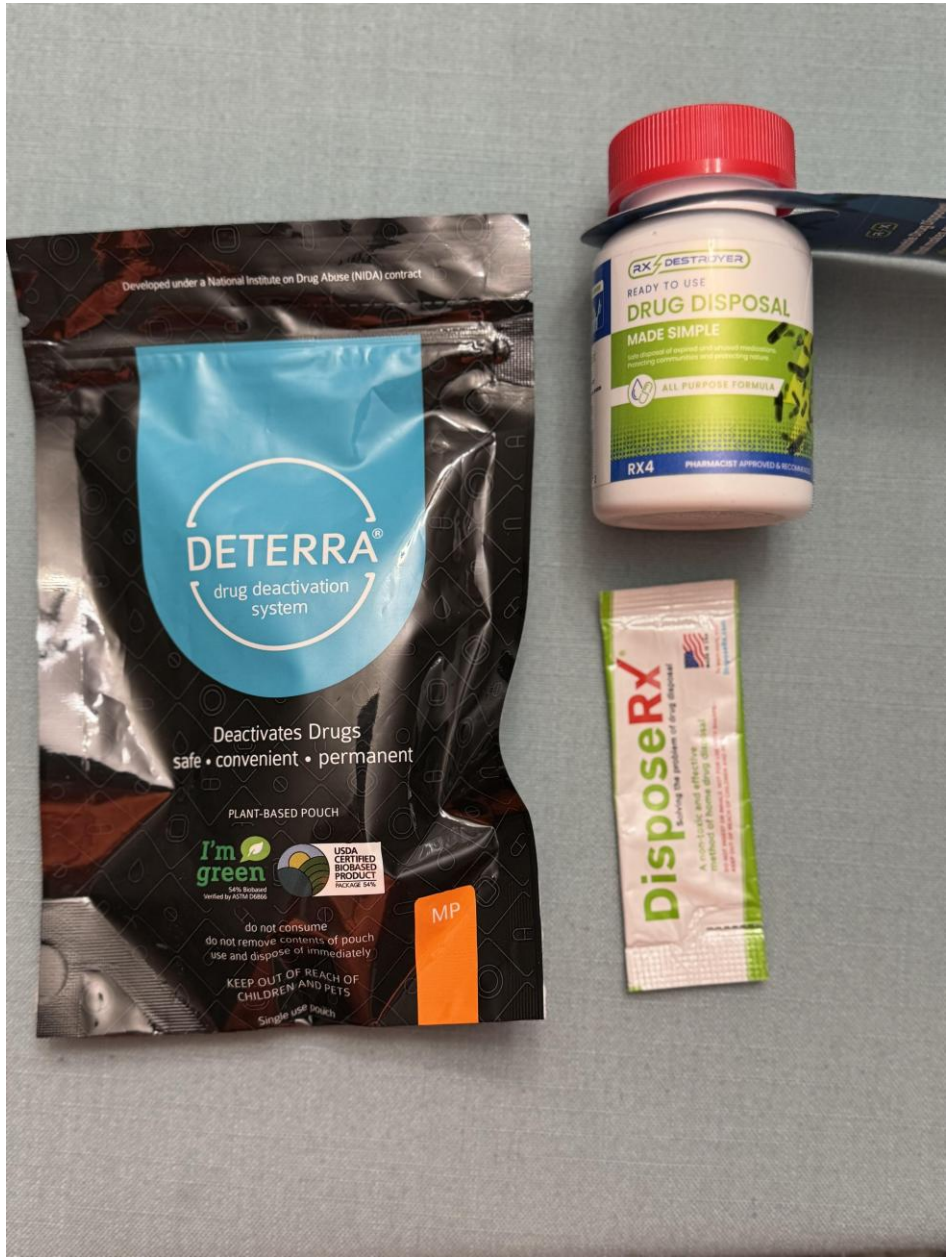

Drug Deactivation and At Home Disposal Products

- Different products for different uses and different price points
- Innovative idea to engage your workforce by distributing samples during Toolbox Talks
- Available online and any many retail pharmacies

Opioids in Construction: How Home-based Drug Deactivation & Disposal Saves Lives

https://www.forconstructionpros.com/business/construction-safety/article/22891746/safe-project-opioids-in-construction-how-homebased-drug-deactivation-and-disposal-saves-lives

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Naloxone/Narcan
Opioid Overdose Reversal

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Has your organization put naloxone in workplaces and worksites?

What are the barriers to putting naloxone in workplaces and worksites?

Strengthening Emergency Preparedness in Construction

NALOXONE: THE NEXT AED

- Share opioid risk factors and safety practices to reduce stigma.
- Stock naloxone in first-aid and emergency response kits
- Train supervisors and safety personnel on overdose response
- Include overdose response and emergency preparedness planning

Opioid emergencies can happen anywhere, including construction sites. Forward-thinking companies are adding naloxone to first-aid and emergency response kits to strengthen job-site preparedness and protect workers.

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CURT

Learn more at:
www.safeproject.us/workplaces

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ASA of Colorado and Nick Williams

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Free Opioid Overdose Reversal Training

- 5- & 30-minute versions
- English & Spanish versions available

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SAFE Project Resources

Quick Links:

- Good Samaritan State Laws
- Treatment and Recovery Housing Locator

Naloxone Overdose Reversal Trainings:

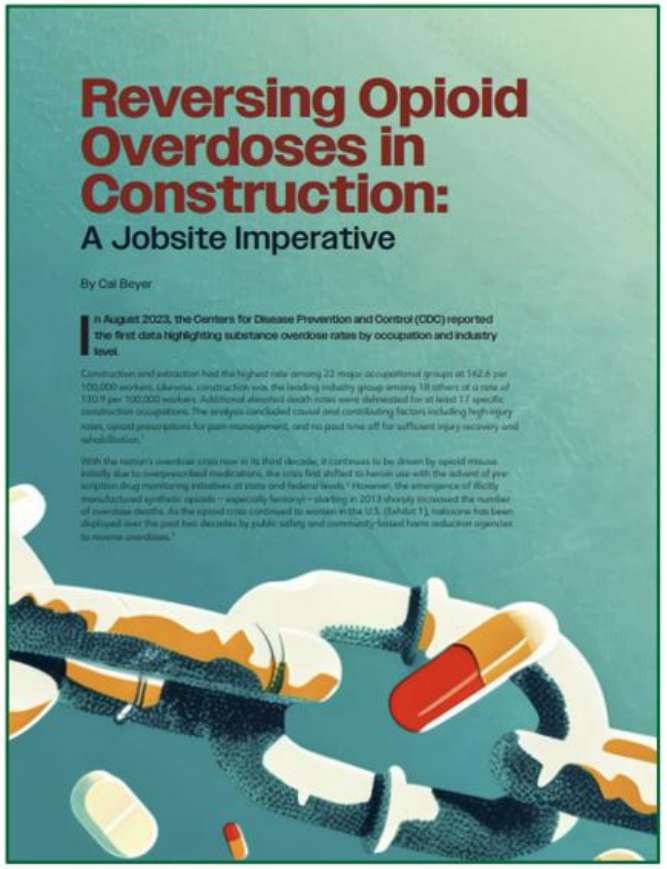
5 Minute Opioid Overdose Response Training

30 Minute Opioid Overdose Response Training

Administering Naloxone
Spanish Version

Administering Naloxone
English Version

Naloxone Resource Guide – Action Steps for Leaders



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Which solutions would you like to learn more about (webinar, action steps/checklists, toolbox talks, discussion forum, etc).

Mail Order Naloxone for Personal Use
(Not for bulk ordering by workplaces/worksites)

NEXT Distro
STAY ALIVE, STAY SAFE.

https://nextdistro.org/naloxone

IF YOU USE DRUGS OR ARE CONNECTED TO THOSE WHO DO, THIS PROGRAM IS FOR YOU!

Our naloxone mailing program thrives through collaboration with over 30 harm reduction programs nationwide. While some programs secure funding for state-wide distribution, many operate with limited funds or rely on volunteers and donations. **Our primary focus is individuals who use drugs or those closely connected to them.** If accessing naloxone proves challenging through other means, we are here to provide crucial support.

If you have health insurance, easy access to pharmacies, and/or are not directly linked to the drug-using community, we'd appreciate you using those alternative options. For any errors or resources in your state we didn't name, feel free to reach out to us at info@nextdistro.org

SafeSpot Overdose Hotline

We are a free, 24/7, national hotline that is staffed by a dedicated team of people with lived and living experience with overdose and drug use.

The number one risk factor for fatal overdose is using alone and we are there for you when others cannot be. We connect people who are using drugs with a trained operator who can call for help in case of overdose.

This is not a recovery or treatment helpline; we are committed to your safety and confidentiality and provide this service to anyone who is at risk of overdose.

info@massoverdosehelpline.org

https://safe-spot.me/

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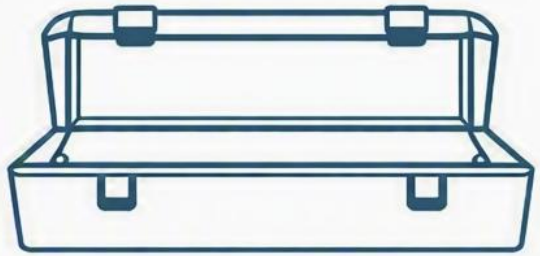
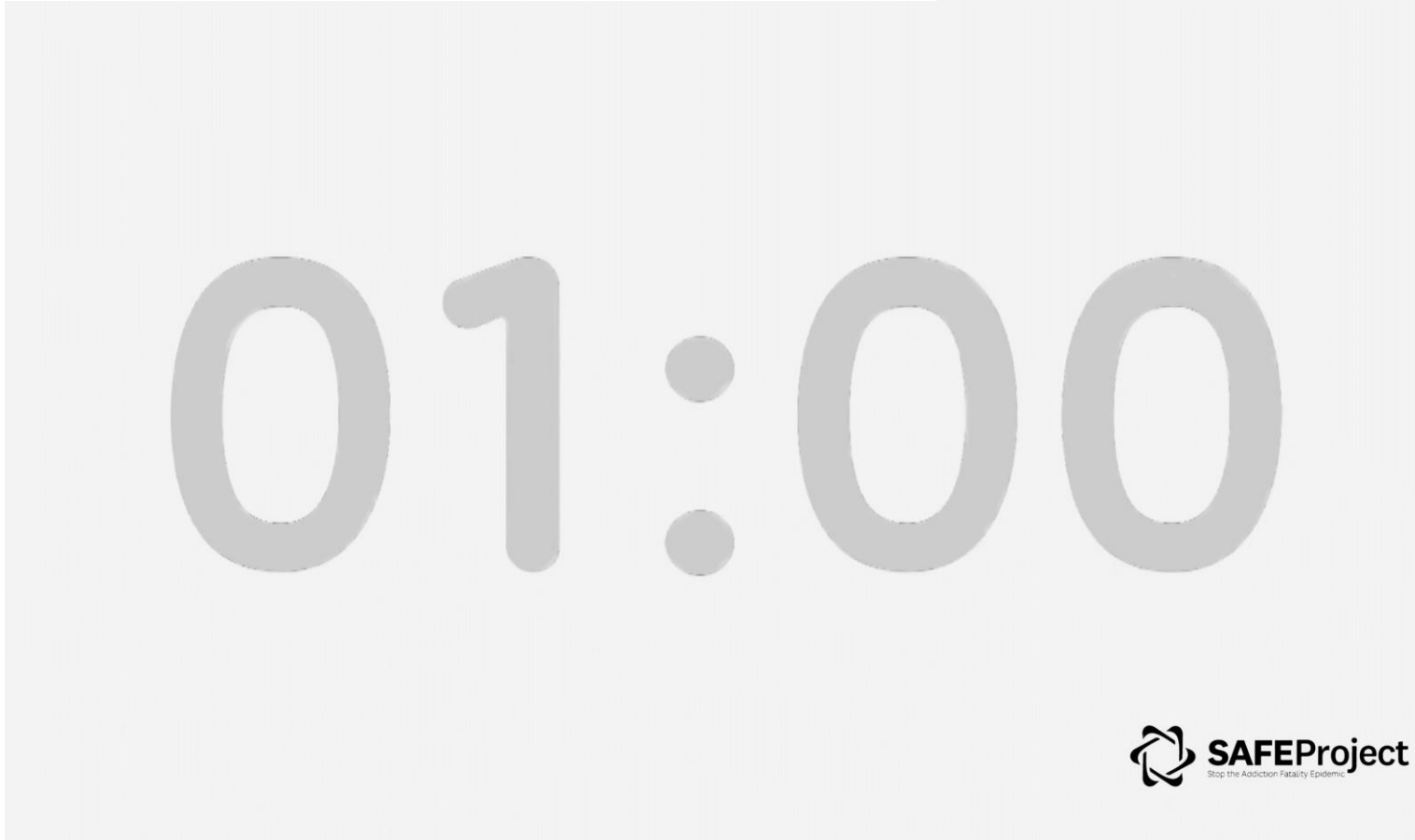
Opioid Risk Reduction Toolkit



1. #**NoShame** Pledge
2. 5 Leading Gateways
3. Ergonomic Assessments & Functional Capacity Evaluations (Injury Prevention)
4. Injury Management Protocols & Physical Therapy First
5. Alternatives to Opioids (pharmacological & non-pharmacological)
6. Chronic Pain Plan & Coaching
7. Enhanced Recovery After Surgery
8. Safe Medication Storage
9. Safe Medication Disposal
10. **Overdose Response Kits**
11. Naloxone Training (English & Spanish)
12. Next Distro Mail-Order Naloxone
13. SafeSpot Overdose Hotline

SAFE Project Naloxone Training Video



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5 Takeaway Actions for Your Workplace

1. Recognize the Risk

Substance use and overdose can affect any workplace.

2. Lead the Conversation

Stigma reduction is prevention
It increases help seeking.

3. Build Readiness Capability

Engaging. Educating.
Empowering. Equipping.

4. Connect People to Help

Know your EAP, benefits and community treatment and recovery resources.

5. Be Ready to Respond

Ready workplaces are prepared. Lives can be saved.

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