

# Massachusetts Building Trades Unions Substance Use Recovery Programs



## **Occupational Health Internship Program Boston 2021**

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## Abstract

For this project, we have focused on substance use recovery programs in Massachusetts building trades unions. The opioid epidemic is disproportionately impacting workers in construction, and there is good evidence that peer support can have positive effects and play a key role in preventing fatal overdose deaths. Peers in union-run recovery programs offer support, personal connection, shared experiences, and direction for further help. The aim of our project was to describe how recovery programs support building trades union members as well as explore opportunities for cross-trade collaboration. We recorded interviews with recovery leaders from six Massachusetts building trades unions and found that their programs vary, and that approaches are tailored to the realities of work in the trade. Common in all interviews was the important role peers can play in providing support to their fellow union members, and the dedication of recovery leaders was clearly evident. Some barriers we found to implementing recovery programs were stigma, long working hours, and financial challenges. We also learned about strategies building trades unions use to promote recovery from addiction, as well as connections between recovery leaders across the trades. These leaders expressed interest in the formation of a Massachusetts Recovery Leader Council to collaborate on further cross-trade efforts.

## Introduction

This project focuses on substance use recovery programs in Massachusetts building trades unions, due to the urgency and national attention surrounding substance use, particularly of opioids. The opioid epidemic has claimed hundreds of thousands of lives across the general population in the United States in the last 10 years, with close to 70,000 (67,710) in 2020 alone.<sup>1,2</sup> Despite the massive, population-wide effects of the opioids crisis, workers in some industries have been particularly hard-hit. A Massachusetts statewide study found that during 2015-17, the opioid fatality rate for construction workers was seven times the average rate for all Massachusetts workers. Over 1,500 construction workers died – accounting for more than 24% of all opioid-related deaths among the working population.<sup>3</sup> That same study found that opioid overdose deaths in general were higher in jobs known to have high rates of work-related injury. This is consistent with previous research documenting that opioids are commonly prescribed for pain management following work-related injury.<sup>4</sup> One study of workers' compensation claims has found that compared with workers in other industries, construction workers were more likely to receive opioids and for longer periods of time when receiving pain medication, taking the type of injury into account.<sup>4</sup>

There are many factors which contribute to a higher risk of addiction for workers in the building trades. Physically demanding and dangerous work, high rates of work-related injuries and illnesses, and pain are just one of many contributing factors.<sup>3</sup> Another major factor is the relatively high job insecurity compared to other industries, due to the boom and bust nature of building projects which promotes long stretches of overtime work, as well as low availability of sick leave. There is also an acknowledged work culture surrounding alcohol use, and personal mental health factors come into play to influence addiction behavior.

In response to the problem, North America's Building Trades Unions (NABTU) established an Opioid Task Force composed of representatives from unions, employers, and employee associations, chaired by the director of the Center to Protect Workers' Rights (CPWR), the health and safety research and training arm of NABTU.<sup>5</sup> The task force "adopted a public health model to generate an action agenda of primary, secondary, and tertiary prevention activities." Primary prevention is focused on reducing use of opioids in the first place (by reducing injuries, for example), secondary with assuring that adequate treatment for injury and pain management alternatives are available for workers with injuries and other health problems, and tertiary prevention focuses on providing support to workers struggling with substance use. CPWR has produced information and training tools on opioids for use by unions.<sup>6</sup> CPWR has also worked to document the critical role that trade unions can play in providing peer advocacy and support for members struggling with drug and alcohol problems.<sup>7</sup> For this project, we have focused on substance use recovery programs in Massachusetts building trades unions.

As was noted in a review of the benefits of peer support as part of addiction treatment, "peer support can be defined as the process of giving and receiving nonprofessional, nonclinical assistance from individuals with similar conditions or circumstances to achieve long-term recovery from psychiatric, alcohol, and/or other drug-related problems."<sup>8</sup> Here, peer support will refer to building trade union recovery programs and the peer-to-peer recovery they facilitate and coordinate with their union membership. Peers in union-run recovery programs offer support, personal connection, shared experiences, and direction for further help. Recovery leaders, who range in their experience working in their trades, provide assistance to members in recovery, regardless of the certifications they may have. There is good evidence that peer-support, which can be a key part of preventing fatal overdose deaths, can have positive effects.<sup>9</sup> Research points to the value of peer workers being involved in addiction recovery programs. These peers themselves may see "increased self-esteem, confidence, positive feelings of accomplishment, and an increase in their own ability to cope with their challenges" as a result of their engagement with their peers.<sup>8</sup>

This project was carried out with the Massachusetts Building Trades Council (MBTC), a state council serving as a unified voice for building trades issues regarding

politics and legislation in the state. We aimed to document, through interviews, ongoing peer recovery programs in the Massachusetts building trades and to describe the approaches they take to supporting workers struggling with substance use. We also sought to identify union interest in and opportunities for cross trade collaboration to promote recovery among building trades workers in the state.

## Methods

MBTC identified six member unions whose peer recovery programs were the most established and whose recovery leaders agreed and were available to be interviewed. Included were three union locals in the Boston area, one Massachusetts state council, and two larger regional councils. We interviewed Teamsters Local 25, the International Brotherhood of Electrical Workers Local 103 (IBEW 103), Ironworkers Local 7 (IW 7), the Massachusetts Laborers Benefits Fund (MLBF), the North Atlantic States Regional Council of Carpenters (NASRCC), and Painters and Allied Trades District Council 35 (IUPAT DC 35). Interview questions were developed and discussed by the project team (Letitia Davis, Dan McNulty, Annessia Jimenez, and Franziska Bright), with input from Frank Callahan, President of MBTC, Christopher Rodman of CPWR, and Cora Roelofs of University of Massachusetts at Lowell (Appendix A.). Topics covered included:

- Description of peer support offered by the unions
- Training and certification of recovery leaders
- Approaches to recovery (abstinence vs. Medication Assisted Treatment (MAT))
- Health benefits for addiction, mental health, and pain management offered by union Employee Assistance Programs (EAPs)
- Barriers to implementing recovery programs
- The impact of the pandemic on recovery programs and workers' needs
- Leaders' sense of the extent to which injuries play a role in addiction
- Perceived opportunities for cross-trade collaboration

Interview questions were adapted from CPWR's national survey of building trades unions about peer recovery programs.<sup>7</sup> The questions asked in the national survey were modified to be applicable at the local level. Dan McNulty made contact with union recovery leaders to introduce the project and schedule interviews. Interviews were conducted by Annessia Jimenez (AJ) and Franziska Bright (FB), together with Dan McNulty, who facilitated. The interviews lasted between one hour and two-and-a-half hours and were recorded with permission of the interviewees. Most interviews were transcribed using OtterAI and the transcriptions were edited by AJ and FB . Additional notes from Dan McNulty were reviewed. The project team developed an outline of discussion themes based on the interview questions and first several interviews. We (AJ

and FB) then conducted informal qualitative analysis to synthesize information from the interviews. All interviews were reviewed to identify common themes, as well as areas of agreement and disagreement, and relevant quotes were pulled. We (AJ and FB) also observed several recovery meetings and spoke with members in attendance.

## Results

### Models for peer recovery programs in the building trades

The models of member support for those struggling with addiction in the different building trades unions involve a variety of roles for peers and professionals. The Teamsters, Laborers, and Carpenters have paid and trained staff whose sole responsibility is to oversee peer recovery programs and treatment for members and their families. The recovery program staff at each of these three unions are employed by an internal Employee Assistance Program (EAP). They reach out to members who are struggling, lead recovery meetings, identify appropriate treatment centers, get members into treatment, visit members in treatment, and follow up with members and detox facilities in their transition back to work. The Carpenters Assistance Program has also designed their health insurance benefits to cover extended residential long term care, where members might live and transition in halfway houses. Within the internal EAP model there is still variation in the structure and design for internal staff. TeamstersCare works directly with the Teamsters' Health and Welfare Fund and includes credentialed staff, while their weekly recovery meeting of peers is their RAFT (Referral and Follow-up Team) program. The Laborers' LEAN (Laborers Escaping Addiction Now) program includes three full-time staff members, each of whom cover union laborers in a different region of Massachusetts.

In the unions included in this project, union member volunteers in recovery take on leadership roles like leading recovery meetings, organizing group support chats, and giving rides to treatment centers. The Painters have a contact card of six union peers who are available to assist members via a phone call. Volunteers, and particularly volunteer-led recovery groups, offer the main form of peer support in the three unions which utilize an external EAP - the Electricians, Ironworkers, and Painters. All three of these unions have hired an EAP called Modern Assistance, based in Quincy, MA, which provides counseling and coordinates treatment for addiction. In the three unions with external EAPs, the recovery leaders also hold roles as full-time Business Agents, with a host of other duties. Upon prompting, Chris Brennan, a Business Agent for the Painters and a recovery leader, stated that a peer does not necessarily have to be in recovery themselves to go through training to provide support for a coworker struggling with addiction. Across all six interviews, recovery leaders emphasized the importance of

peers, since they may be more trusted by their fellow union members than outside experts in substance use. In building trades unions, peers have “worn the tools” together and can relate across shared work experiences in their union. With this shared background and mutual respect, peers help members express their problems and begin the process of recovery. Marc Lyle, one of the three Laborer Recovery Specialists interviewed, shared: “We're members in long term recovery, we know what it's like to struggle and try to keep the job, the family, and everything else that goes with it.”

All recovery leaders emphasized the value of peers and the commitment of individuals to supporting their brothers and sisters in the union - and their families. Many of the peer recovery programs described by leaders have been around for decades with long histories of union hall recovery meetings.

## Recovery meetings and sober events

Most of the unions have meetings inspired by the Alcoholics Anonymous (AA) program's readings and philosophies, but not all are directly affiliated. Recovery meetings in the unions included in this project are not limited to those with alcohol addiction, welcoming those struggling with opioids or other drugs as well. These meetings are open to members' families - spouses and dependents - and some are completely open meetings which anyone from the community could attend, such as Ironworkers Local 7's Monday night “Dew Drop Inn” AA meeting. An Ironworker in recovery explained how he felt about recovery meetings at the union hall: “I feel like I'm sitting at a dinner table with my family. Other meetings are probably a little different, but here I can open up with my brothers and sisters.” Additionally, the Teamsters highlighted their women's recovery group, led by licensed clinical social worker Leslie Russell, which draws from AA but is tailored to the women participants in the group, who share poetry and other readings for discussion during meetings.

As sobriety and recovery groups have grown in these unions, they've contributed to a recovery culture on the jobsite and in the greater community. Being able to identify a sober peer on the job, by clothing or word of mouth, was mentioned as a way to reduce stigma and to encourage members struggling with addiction to reach out for support. Connections might also be made at various sober events, such as the Carpenters' softball league, sober cookouts at IBEW 103, and game nights the Ironworkers Local 7 sponsors. These are ways to get the word out about resources available for members struggling with addiction, including recovery meetings, and help those already involved in the program stay connected.

## Training and certification

Many recovery leaders are certified via the Labor Assistance Professionals (LAP)<sup>9</sup> Massachusetts chapter. In fact, almost all of the leaders interacted with one another during their participation in the LAP school. The membership of LAP, one of whose mottos is “Labor Helping Labor”, is composed of “members of a trade/industrial union, or a management counterpart of a Union Management joint program, who are involved in the actual provision or administration of employee/member assistance service programs with special emphasis on mental health, chemical abuse or dependency issues.” The following are testimonials from recovery leaders involved in LAP:

“[LAP] is an important group, it's probably the most important group I'm part of in my capacity with the union, I would say.” (Chris Brennan, Business Agent for IUPAT DC 35)

“Education is powerful, as far as the language to understand. So the more certs we get, the more we can utilize different resources and different methods.” (Marc Lyle, Laborer Recovery Specialist, MLBF)

“LAP's [motto] is ‘remember the member’, and we are saying “members helping members.” It's about the member. And ultimately, the member allows us to have this job, but our job is to put ourselves out of a job.” (Jonathan Ashwell, Laborer Recovery Specialist, MLBF)

A common certification which recovery leaders who are members of LAP have is the LAP-C certification. Some leaders are also Licensed Alcohol and Drug Counselors (LADC-I and/or LADC-II) such as Paul Greeley with the Carpenters, and three Laborers staff of MLBF are trained Recovery Specialists. Volunteers for the Painters are certified Peer Advocates after having gone through training in Philadelphia with the IUPAT's program Helping Hands.

## Visibility and promotion of recovery resources

As recovery leaders often mentioned, in order for members to utilize the resources offered for recovery, they have needed to develop methods tailored to the nature of their members' work. A number of visual signifiers were referenced which aid in identifying members in recovery or allies who support recovery work. T-shirts, posters, and hard hat stickers were an often cited way to increase visibility of recovery in the six building trades unions interviewed. Stickers from several of the unions can be seen in Appendix

C. “Stand downs” and “toolbox talks” were mentioned as another way to reach members, as these take place on a jobsite. Stand downs, stopping the jobsite for a prearranged recovery presentation on-site, have been used in the past to spotlight the work unions do to support worker health and wellbeing, but they are not a regular occurrence throughout the state. Marc Lyle of the Laborers suggested more frequent stand downs to get the word out: “Why not do it every couple months? And let people know, because the more they see us, the more they trust us, the more they trust us, the more they use us.”

Other unions have developed different methods of reaching their members with recovery services. The Teamsters developed “25 at 25” -- discussions during lunch breaks at Trade Show venues where Local 25 members work long days (detailed in Roelofs et al. 2021). To address the limited time workers have to call for assistance if they need it, the Carpenters ensure that their health and welfare staff are available in the middle of the day and during workers’ standard break times. The staff at TeamstersCare as well as Paul Greeley with the Carpenters also mentioned they have accessible presentations about smoking cessation where they start relationships with members who might be struggling with other addictions as well.

Another tool which helps make recovery tangible and visible is sobriety chips and medallions such as those which can be earned through AA. Following this idea, the Laborers created their own union-branded coins (Figure 6, Appendix C.), symbolizing sobriety. According to Christina Clegg, Manager of Health and Welfare for the Laborers (MLBF), “Those are like gold to our members.” They issue the coins in increments of one month, three months, six months, and a year.

As was mentioned by most unions, outreach through the apprenticeship program can play a part in increasing awareness of addiction and support for recovery. A unique part of careers in the building trades are three to five year trainings through union apprenticeship programs. Paul Greeley (NASRCC) said he personally has met with each class of apprentices for the past thirty years to talk about the Carpenters Assistance Program. The Painters have trainings for apprentices incorporated into each year of their three year apprenticeship. First year Painter apprentices take a five-hour class called “Changing the Culture of Construction,” which talks about drugs and recovery resources and aims to reduce the stigma surrounding addiction and help-seeking. In the second year, the Samaritans, a suicide prevention group, give a 45-minute presentation about suicide prevention, and apprentices also go through Naloxone (brand-name Narcan) training. Third-year apprentices take a Mental Health First Aid course which, according to its website, “is a skills-based training course that teaches participants about mental health and substance-use issues.”<sup>12</sup>

## Views on Medication-Assisted-Treatment (MAT)

There was a consensus among recovery leaders about their views on approaches to recovery. The personal opinion of leaders was that abstinence was preferred, but that MAT should be available and covered by health and welfare funds for the people who need it. Sober houses were mentioned as a way that members coming out of residential treatment could sustain abstinence with the constant support of others in recovery. Leaders also felt that it was important that insurance cover alternative methods to treatment, such as meditation, acupuncture, and massages. These treatments were seen as important not only for managing pain due to injury, but also to address stress and mental health as well.

## Barriers to implementation and utilization of recovery programs

### *Stigma*

While conducting our interviews, we identified several barriers to implementing recovery programs as well as barriers for members seeking support. One of the biggest barriers is stigma. The recovery leaders interviewed said many members are afraid to speak up about their substance use struggles because they fear being perceived as weak, are hesitant to admit they have a problem, or feel embarrassed about asking for help. In addition to worries about their union peers, there is also the very real threat that their struggle could lead to action by their employer, potentially resulting in firing. When we asked what they believe is the biggest barrier to implementing a program, a common response we received was “the members themselves.” Some may not realize they have a problem and others are unwilling to come forward and ask for help. This can be associated with a culture of independence and toughness in the trades. Workers are supposed to be strong and capable of working through anything. They are expected to complete hard, physical labor through injuries, addictions, and mental health issues. Work conditions in the trades make it harder to get help, but it is also the work culture itself that reinforces this barrier. Mike Doucette, a Business Agent at Ironworkers Local 7, described the difficulty of reaching out in the face of stigma: “Recovery is an action. Taking that action to ask for help can be the hardest thing in the world.”

Through our research, we learned that there are varying degrees of stigma associated with different substances. Leaders mentioned that nicotine addiction with cigarettes or alcohol addiction were far more accepted among members, but with substances like opiates, members are less willing to ask for help or disclose their struggles. Seeking aid for mental health issues aside from substance use was even less common. The recovery leaders emphasized how intertwined these different substance

use struggles are, and how important it is to treat the underlying issues in recovery as well. If someone goes into detox for drugs or alcohol, if the underlying issues that led them to addiction are not dealt with, then they will likely pick up again. As mentioned, the Teamsters have a smoking cessation program which became a way for the union to build relationships and trust with their members before helping them work through other problems.

Jay Fraiser (IBEW 103) believes one way to fight against stigma is to talk about it. He shared with us that someone used the term “junkie” before a large group of people, and he called them out on it. He also thinks it is important to understand that no one “wants” to have a substance use disorder, “No one ever [said], runnin’ around [at] six, seven years old.... I never ever said, I want to be a heroin addict when I grow up. I want to be an alcoholic when I grow up. The bottom line is we need to realize that these are people's children; they’re sons, they’re daughters, they’re human beings.”

Paul Greeley (NASRCC) and his predecessor John Cavanaugh have run the Carpenters Assistance Program for thirty years and have had their reputations in their locals shaped by their work with recovery. When Paul would present to the apprenticeship classes, some instructors would even refer to him or introduce him as the “drug guy”. This language was contributing to stigmatization of people with addiction, and Paul called them out on it. Paul believes that everyone should be treated with dignity and respect, and no one has the right to judge anyone else. “Having a substance use disorder is a disease like anything else.... This is a sickness.” (Paul Greeley, NASRCC).

Chris Brennan (IUPAT DC 35) said that people, and especially people in positions of power, need to start talking about substance use addictions more. He also strongly encourages people in his union who are already sober to come forward to help others. Chris advocates that sharing one’s story about substance use and recovery reduces stigma and may help other members feel comfortable about telling their stories or reaching out for help. Mike Doucette (IW 7) shares a similar opinion; he encourages family members or significant others to come to the AA meetings as well. Listening in on the meetings can help give family members a better understanding of what it is like to struggle with substance use, as well as break down the stigma around it. Mike is open with his wife and children about his sober journey. During the pandemic when he was on Zoom recovery meetings, he would talk to his kids about what he was doing, and it changed his wife’s perspective as well. He explained that members should never feel they have to go hide and not let anyone know what is going on. Reducing stigma starts when light is shed on the issue.

As discussed, to help bring awareness to the stigma surrounding addiction, many of the building trade unions we interviewed have posters and hard hat stickers for members who share they are in recovery. Leaders mentioned how some members feel that wearing these is a “badge of honor.” It gives them a sense of empowerment, as

their advocacy directly helps their peers or initiates conversations they wouldn't otherwise have. These stickers, shirts, and pins help others to come forward because it creates a safe space for someone to be open about their struggles. These items are important in the fight against stigma. Each recovery leader we spoke with was in recovery themselves. They share their own experiences with substance use and recovery with their members because they've been where they are. Telling their personal stories can impact the members and help them realize they can be open with the leaders as well. Thomas Vitiello, a Recovery Coach with TeamstersCare, shares how he thinks this can help fight stigma: "[If] they see me and I tell my story, I'm out in the open, everybody in the local knows who I am and my story. So to have someone that steps forward in the open about who they are reduces the stigma." Breaking down stigma is a hard and long process and can only be taken one day at a time. As Marc Lyle (Laborer Recovery Specialist, MLBF) stated, "It took years to create the stigma, it's going to take years to curb it, change the language, and the way people look at us."

### *Long Working Hours*

In the trades, the nature of the work requires long hours of physical labor. When work is thriving and deadlines on a job approach, members oftentimes will work 10-12 hour days, up to seven days a week. Some members simply cannot take time off work to go to treatment, counseling, recovery meetings, or even doctor's appointments. For Teamsters who are out on the road driving 12-14 hours a day, making a call or carving out time for an appointment is just not doable. They typically will have to use their newly available MA Paid Family Medical Leave Act benefit (PFMLA), to go to a primary care appointment. So, getting them to outpatient weekly recovery or counseling appointments is near impossible. The unions try their best to eliminate this barrier for their members. The Teamster's will make calls and schedule appointments for their members. As described previously, Paul Greeley (NASRCC), ensures that health and welfare staff do not go on break at the same time workers on the job site have their breaks; this way they can be available to help them. Sometimes these breaks are the only chance members have to make a call to schedule care, so having someone ready to help them is essential. Accessing care around building trades work can be a large barrier for members seeking help.

### *Financial Insecurity*

Financial insecurity can also be a factor with many union members in the trades. In construction work, hours are available as long as work has been bid on and won, which is dependent on seasonal and other factors. It is common for workers to seize as many hours as possible when work is available to not only build up their savings but also to

accumulate hours for pension, annuity, and healthcare benefits. Many building trades workers experience unemployment throughout the year and push themselves to support their families. Programs like PFMLA can now help with time off but it may not be enough to encourage members to get support. Finances are also a large barrier to treatment because it is so expensive:

“Someone might need a year and a half, two years of treatment. But how do they afford that? Lack of funding puts them back in the field faster than they need to be. Which is what they say they want to do; they just want to get back to being normal. But it exposes them, they get exposed to everything they shouldn't be getting exposed to that early in treatment. So that turns to relapse, which hopefully, it's just starting back to where we were, but sometimes it's a lot worse than that,” Mike Doucette (IW 7).

## Injury Contribution & Opioid Awareness

Work in the trades can be very physically demanding and pose a high risk of injury to workers. We asked the recovery leaders their sense of how injuries contribute to addiction, and we received mixed answers, with some leaders stating it plays a large role and others calling for more research on the topic. However, there was a consensus that prescriptions for injury treatment and pain have been a significant path to addiction. If a worker needs to go to the doctor for an injury, chronic pain, or in some cases needs surgery, the doctor will often give them a prescription for pain management, and this can contribute to people becoming addicted. “In going back years, we now know that physicians prescribed opiates readily. [If] you came in with a hangnail, you got a prescription, tooth removed, you got a prescription, you got [a] broken bone naturally, you're going to get a prescription, but that continued.” (Mark Staniul, License Mental Health Counselor with TeamstersCare).

All of the unions interviewed are working hard to bring awareness around opioids and the risk of opioid access through prescriptions. The Teamsters and Ironworkers participated in a opioid training pilot project with the Massachusetts Coalition for Occupational Safety and Health (MassCOSH). The training focused on teaching workers about the risks of using opioids for chronic conditions, alternative pain methods, how workers can advocate for themselves when going to the doctor, and what addiction treatments there are available to them.<sup>10</sup> The Electricians also educate their members to stand up for themselves when going to the doctor. Jay Fraiser with the IBEW 103, teaches his members what questions they should be asking: “Doc, what are you prescribing me? Is it addicting? How long am I going to be on it? Is there anything else I can take? A doctor hears a patient speaking like this, all of a sudden he realizes I got an educated patient in front of me.” The Laborers have created a program through Hinge

Health for chronic pain and injuries which connects people with health coaches and physical therapists that provide virtual sessions for pain relief.<sup>13</sup> This gives union members an alternative method of treating their pain or injuries.

## Effects of Pandemic

The pandemic has had a huge impact on workers in the trades, and the unions have had to come up with ways to still support and connect with their members. Most of the unions moved their recovery meetings to Zoom and then met outside with masks and social distancing when it was safe to do so. Many of the unions stated they want to continue to use Zoom in some capacity to be able to reach more members and use it as a backup for holidays or in cases of bad weather.

During the pandemic, the Teamsters were experiencing more people reaching out for help for anxiety and mental health because of the increase in online purchases and delivery which contributed to more hours and longer days for workers. The staff at TeamstersCare began checking in with more of their members to make sure they were doing okay and to ask them if they or their families needed any kind of help or support. They also noted that they were no longer able to enter treatment facilities to visit their members who may have been in treatment at the time but adapted around these challenges to help members. They began using Zoom for this reason to still check in and support their members while they were in facilities. Telehealth became a useful tool over the pandemic so members were able to have continued access to counseling and doctors' appointments.

## Solidarity & Recovery

Each program has different ways of operating, but all agreed that a union thrives on the strength and connection of its members and their abilities to support and help each other. Union culture encourages members to call each other "brother" and "sister" and fosters solidarity and mutual aid whenever possible. This philosophy clearly guides their recovery programs. These recovery programs support and help their members around the clock in any way they can, including extending this help to members' families. The leaders mentioned times where they had helped union members outside of their own union because their recovery philosophy doesn't end with trade jurisdiction. Getting a member into treatment, giving them resources, and getting them healthy is what matters above everything else. "Like I said, that doesn't matter. You can wear a Carpenter belt, Electrician belt, doesn't matter when we're helping people. We're one, we're labor, we're organized labor." (Mike Doucette, IW 7).

Even if there is something they themselves cannot specifically help with such as financial counseling, which many of these unions have covered under their Health and Welfare benefits, they find someone to help the member and set them up with resources for what they may be struggling with. They provide direction in any way they can. It is all about coming up with solutions for the members so they can live healthy lives.

Recovery leaders work hard to build trust with their union members and establish strong relationships. This includes helping the members build sober relationships with other members. Some of the relationships among the leaders were developed from when they themselves were getting sober. Several of the leaders from different unions mentioned how Larry Libby, Labor Assistance Professional with the Teamsters 25 program, helped them get sober by getting them into treatment and into Teamster's weekly RAFT recovery meetings. Given the philosophy and nature of recovery in building trades unions, "burnout" for recovery leaders is a real consideration. Each leader interviewed noted having to work at any hour of the day. When their phone rings at 3AM, they know a member is in trouble and need to answer it to help avoid a possible crisis. Some of the leaders mentioned sacrifices to their personal lives and missing family events because of their work and its demanding pacing. Each leader knows what it takes to be in this position and knows that there is nothing more important than the work they do supporting members in recovery. The challenges of doing this work were well noted and the union's respective health and welfare offices acknowledge the difficulties: "The only way to make a program like this work, because they're on 24/7, is they have to carve out some self-care time. If you don't do that, then you're going to burn yourself out, you're not going to be able to help anybody. So that's very, very important in a program like this" (Christina Clegg, MLBF).

## Cross Trade Collaboration

We also asked the recovery leaders if there were possibilities of cross union collaboration, and each of the leaders had several ideas on how to do so. Recovery meetings that are open to all trades do exist, such as the Teamsters 25 RAFT meetings, and as mentioned earlier in this report, many of the leaders themselves attended the Teamsters meeting regularly. However, in our interviews, many of the leaders discussed wanting to emphasize and create more cross-trade meetings by developing a public schedule of daily union recovery meetings to bring workers from all trades into larger, more unified meetings. Additionally, they suggested there be more sober events that are open to all building trades members and their families, to help create a safe space for members in recovery and to build more relationships and solidarity across trades. The leaders also stated wanting to have more collaborative cross-trade stand downs on jobsites and more stand downs outside of the Boston area for members working across

the state. Another opportunity for cross-trade recovery collaboration that is proposed is to have a monthly or bi-monthly meeting of all the recovery leaders in a “Massachusetts Recovery Leader Council.” In these meetings, leaders could share useful techniques, information on detox and treatment facilities, come up with new ideas, organize cross-trade recovery meetings, and have the opportunity to formally support each other in their work.

## Discussion and Conclusion

After interviewing recovery leaders at six different unions, our impression was that there is no one-size-fits all for a successful building trades union recovery program. Each of the six unions included in this project had an approach tailored to their membership to support those with substance addiction. As stated earlier, some of the unions utilize an external Employee Assistance Program (EAP) while others have EAP staff in-house. These two models are not mutually exclusive, since the Painters contract with Modern Assistance, an external EAP, but also have union members who are trained Peer Advocates.

The barriers which leaders underscored in interviews were stigma, long working hours, and financial insecurity. These are similar to the findings from an earlier CPWR report, which identified Insurance, Buy-In, Stigma, and Trust as barriers to the implementation of recovery programs.<sup>7</sup>

This project has had several outcomes, one of them the convening of a recovery leaders’ lunch, where the formation of a “Massachusetts Recovery Leader Council” will be considered. Among topics which may be discussed are more labor-sided stand downs across the state to reach more members, as well as cross-union recovery meetings and sober events. Convening this recovery council might spur more building trades unions to start similar peer programs, including cross-trade recovery meetings. Discussion around substance use recovery training and resources might lead to the sharing of curriculum ideas, teaching strategies, and collective efforts. We have also created a give-back product, flyers advertising building trades union addiction recovery resources. These will be distributed at the leader lunch meeting and encouraged to be posted in union halls across the state.

The opioid epidemic in Massachusetts and the nation is intensifying, with Massachusetts seeing a 5% increase in opioid overdose deaths in 2020.<sup>14</sup> The problem is also receiving increased media attention due to several multimillion-dollar settlements with pharmaceutical companies. Most recently, Massachusetts settled with Purdue Pharma for 90 million dollars.<sup>14</sup> This money is intended to be used to address the opioid crisis. This is in addition to 11.5 million dollars in a trust fund from a previous settlement with the consulting firm McKinsey and Company.<sup>15</sup> Some portion of these resources

could be directed towards building trades unions to build on existing recovery programs and create new ones.

In the process of conducting interviews for this project, the compassion, strength, and dedication of recovery leaders was evident. We appreciate their openness and honesty in sharing with us. It was clear to us that they greatly impact their members, families, unions, and communities.

## Acknowledgements

Many people and organizations were involved in this project, and we couldn't have done this work without them. We would like to thank all recovery leaders who gave us their time and opened up to us, as well as those who allowed us to be part of their recovery meetings. Of course, we owe a great deal of gratitude to MBTC and would like to thank especially Dan McNulty and President Frank Callahan for hosting us in their organization. Letitia Davis was our academic mentor who advised us on aspects of qualitative research and the writing of this report. We also met with Cora Roelofs of Umass Lowell, Christopher Rodman of CPWR, and Jodi Sugerman-Brozan of MassCOSH, who provided valuable insight for our research. Lastly, we would like to thank OHIP, especially Matt London and Ingrid Denis, for providing us this opportunity, as well as NIOSH and CPWR, for funding us throughout this internship.

## Challenges and Successes

While we encountered several challenges during our time as interns, we are proud we overcame them as best we could. Despite the continued covid pandemic, we were able to interview recovery leaders in person, and met in the MBTC office twice a week to work together. Scheduling time to meet with leaders was somewhat challenging, as they are so busy, but with the help of Dan McNulty of MBTC, we were able to carry out all the interviews. The task of transcribing these interviews was daunting, even with using Otter AI, since we manually ensured the language was correct and looked for quotes. Afterwards we realized we could have just listened to the transcripts a second time and taken notes, instead of worrying about a perfect transcript. One of the successes of this project is a lunch that will be attended by all the recovery leaders, in order to discuss future collaboration in a Massachusetts Recovery Leader Council. This was not able to be scheduled within the time frame of this project, but will take place on August 17th, 2021.

# Personal Reflections

Annessia Jimenez

During this internship I learned more about unions, specifically trade unions, and it really gave me a better perspective on the trade industry and unions. This internship has made me think more about my future career, and I realized that pursuing a job within a union could potentially be a good fit for me. All of those we interviewed and met with were compassionate and dedicated people. Their work is not just a job to them, it is their passion and for them it is about helping people, which is what I plan to do.

Something I will take away from this internship are the people I met. Dan and Frank at MBTC welcomed us with open arms. Dan dedicated almost all of his time to this project. He went with us to all the interviews and taught us the inner workings of trade unions. Meeting with and interviewing the leaders was one of my favorite parts of this internship. They all had big personalities and were enjoyable to talk to; I truly learned something from each one of them. I am grateful to have been part of this internship and to have worked on this project. I believe that we made a real impact, and this report could potentially be used in the future to continue facilitating positive change.

Franziska Bright

I chose to take part in OHIP to gain experience working in occupational health, a field I was interested in but had little experience with. I wanted to learn directly from workers about the realities of their jobs, which influence their day-to-day and ultimately their health. This project in Boston, with MBTC, gave me the opportunity to learn about the building trades specifically, and granted me insight into the successes and challenges of organized labor. It was eye-opening to meet with and interview recovery leaders who had powerful personal stories. Speaking with everyone I met through OHIP and MBTC made me reflect on my experiences and those of friends and family.

The building trades are a powerful economic and political entity, with a culture that was described by many as “macho”, but I felt privileged to be privy to workers’ vulnerabilities. Participating in this project left a huge impression on me, and I have great respect for the work recovery leaders do within their unions, which has snowball effects for the communities around them. I also see the value of unions as organizations which provide support to workers when work is such a big part of people’s lives. I can envision huge opportunities for the government to support the work unions are doing, since union leaders truly are the experts in their fields and know their membership. In my career, I hope to uplift the work of unions and worker organizations which act

collectively to protect their common interests and do what will best support their members.

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# Appendix

## A. Interview Questions

1. Could you please provide an overview of your peer- to-peer recovery program?
  - a. Could you provide a framework for the different roles in your recovery program?
  - b. Is this a local resource or regional?
  - c. How do you identify, recruit peers to provide support to others?
  - d. How does the program support workers with SUD in finding help/ resources? What approaches do you think are most effective?
  - e. How does your program support workers in navigating the workplace after returning from treatment or other type of care? What approaches do you think are most effective?
  - f. We know stigma can be a barrier to building recovery programs. What are some best practices for reducing stigma ?
2. Are peer recovery leaders trained? If so, by whom? Are they certified? Are they volunteer or paid? Does one need to be in recovery themselves?
3. For what substances and life issues do you see workers seeking support from the peer recovery program?
4. How does your member assistance program integrate with your health benefits? E.g. Modern Assistance Program (MAP) or otherwise.
5. What third party organizations, certifications, state agencies, etc. are involved in the program, if any?
6. What approaches to recovery does your program support? e.g. abstinence, medication-assisted-treatment (MAT)?
7. Before implementing the peer program, what approaches was the union/local taking to support workers with addiction struggles?
  - a. What was the impetus for implementing the program? Was something not working about the previous approach?

8. We've already talked about stigma-- What other barriers are there to recovery program implementation? (management, workers, peers, stigma, etc.?)
9. What advice would you give to a union endeavoring to start a peer program? What are essential building blocks for a successful program?
10. Please describe if and how the program is evaluated.
  - a. Have you implemented any changes because of evaluation?
11. How has the pandemic changed workers' needs, the program, practices?
12. We know that injuries can play a role in addiction. What is your sense of extent to which work-related injuries have contributed to addiction struggles among workers (very often – often – sometimes – rarely)? What other factors about work in the trades might contribute to addiction?
13. How could cross union or cross trade collaboration enhance recovery programs?
14. Is there anything in particular you would like the MBTC to do to help support this recovery work?

#### B. List of Interviewees

- a. Teamsters 25 (TeamstersCare, Local 25 Health and Welfare)
  - i. Larry Libby, Labor Assistance Professional
  - ii. Leslie Russell, EAP Program development Manager and Recovery Coach Supervisor
  - iii. Mark Staniul, Senior Case Manager
  - iv. Thomas Vitiello, EAP Case Manager/Recovery Coach
- b. Laborers, Massachusetts Laborers Benefits Fund, (MLBF)
  - i. Marc Lyle, Laborer Recovery Specialist
  - ii. Christina Clegg, Manager of Health and Welfare
  - iii. Jonathan Ashwell, Laborer Recovery Specialist
  - iv. Glenn Troy, Laborer Recovery Specialist
- c. Carpenters, North Atlantic States Regional Council of Carpenters, (NASRCC)
  - i. Paul Greeley, Executive Director of New England Carpenters Benefit Fund Carpenters Assistance Program
- d. Electricians, International Brotherhood of Electrical Workers Local 103, (IBEW 103)
  - i. Jay Frasier, Business Agent

- e. Ironworkers (Iron Workers (IW 7)
  - i. Mike Doucette, Business Agent
- f. Painters (Painters and Allied Trades International Union District Council (IUPAT DC 35)
  - i. Chris Brennan, Business Agent

C. Figures



Figure 1. Hard hat sticker for IUPAT DC 35.



Figure 2. IUPAT DC 35's Recovery Group stickers.



Figure 3. Teamsters Local 25 Recovery pin.



Figure 4. IBEW 103 Local 103 Sobriety Group hard hat sticker



Figure 5. NASRCC Carpenter's Assistance Program hard hat sticker (left) and fold-out pamphlet (right).



Figure 6. Laborers LEAN sobriety coin.

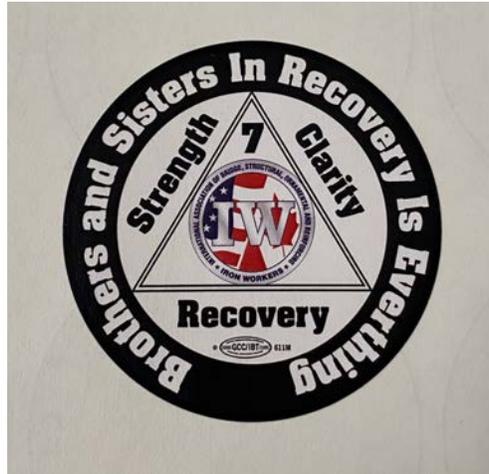


Figure 7. Ironworkers Local 7 recovery sticker.