

CONSTRUCTION DESTRUCTION:

HOW THE OPIOID EPIDEMIC INFECTS AND IMPACTS THE WEST VIRGINIA CONSTRUCTION INDUSTRY

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In 2016, West Virginia paced the nation in overdose deaths from opioid abuse – an astonishing 43.4 deaths per 100,000 people.¹ The opioid epidemic impacts all aspects of society, from our social lives to our places of business and employment. Unfortunately, opioid abuse severely effects the construction industry. In fact, the construction industry has significantly outpaced other industries in deaths related to opioid abuse throughout the United States.²

To combat this epidemic, employers must understand the importance of complying with the West Virginia Safer Workplaces Act (WVSWA) and OSHA, and properly educate their employees and independent contractors about the risks of opioid abuse.

The construction industry faces unique challenges from the opioid epidemic because most of the work involved depends on manual labor. Until very recently, doctors would often prescribe opioids to patients who complained about injuries incurred from their physically demanding work. As a result, some workers became addicted and dependent on the drugs. Such dependency morphs into addiction, which, if left unchecked, creates a potentially unsafe and unstable working environment.

The WVSWA provides employers a mechanism to maintain a safe workplace.³ Under the WVSWA, “[i]t is

lawful for an employer to test employees or prospective employees for the presence of drugs or alcohol, in accordance with the provisions of this article, as a condition of continued employment or hiring.”⁴ A construction company must maintain proper drug testing policies to ensure that its workers are drug free and safe while working.

As most employers know, enforcement of drug testing policies often results in the necessary dismissal of an established and experienced employee and/or prevents the hiring of an otherwise qualified candidate. To combat the real and potential risk of an employee developing an opioid addiction, construction companies need to properly educate their workers and contractors. For instance, promote the option of alternative treatments for chronic pain, including, chiropractic care, exercise, anti-inflammatory medication and physical therapy.⁵ Construction companies should be mindful of selecting health insurance plans which provide substance abuse treatment and more freely allow for physical therapy, massage, acupuncture and chiropractic care.

In addition, maintaining a safe work environment can help discourage opioid problems in the first place. If workers can more easily avoid injury on the job due to an employer’s strict adherence to safety standards, workers can outright avoid chronic pain and the

threat of becoming entangled in opioid dependence.

An employer should also be mindful of their workers and contractors’ hours, shifts and travel schedules in assessing overall injury risk.

Finally, a construction employer must foster an environment where an employee feels comfortable sharing their potential problems with opioids. A stigma exists around drug abuse and addiction, and, unfortunately, many individuals would rather withhold discussing their problem than confide in someone and seek help. This is especially true in regard to their employers.

Many programs exist around the country to assist individuals with opioid addiction. Creating policies and a company culture that encourages an individual to participate in an abuse program and disclose their challenges with opioids will tremendously benefit the organization and its employees.

In sum, education, a sensible drug screening policy and a safe, supportive environment serve as the best tools to combat the opioid epidemic in the West Virginia construction industry.

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¹ See West Virginia Opioid Summary, Nat’l Inst. On Drug Abuse (Feb. 2018) <http://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/west-virginia-opioid-summary> (last visited Nov. 15, 2018).

² See Laurel Harduar Morano, Andrea L. Steege & Sara E. Luckhaupt, Occupation Patterns in Unintentional and Undermined Drug Involved Overdose Deaths - United States, 2007-2012, 67 MORBIDITY & MORTALITY WEEKLY REPORT 925, 926 (Aug. 24, 2018).

³ See W. VA. CODE § 21-3E-1 (2017).

⁴ See W. VA. CODE § 21-3E-4 (2017).

⁵ See Gordon Dickler, 7 Safe Alternatives to Opiates for Those in Recovery <https://www.smartrecovery.org/7-safe-alternatives-to-opiates-for-those-in-recovery/> (last visited Nov. 15, 2018).