**CONFERENCE SPEECH**

**FOR**

**ENID LAVERNE THOMPSON**

Hello everyone.... (**if you want to acknowledge any conference organizers, do that here**). I’d like to thank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for organizing this event. If you are here, in this audience, it means that you’ve been affected by a widespread condition that is growing virally... one that affects everyone in some way.... and whether you are a loved one, neighbor, or colleague of someone in the maritime industry, the crisis we speak of today will eventually hit all of us. I’m here to discuss an urgent situation close to each one of us... bordering on an epidemic... We here at National Health Plan, as part of our commitment to dock workers and longshoremen from Maine to Texas, are consistently faced with confronting critical issues and we are tasked with finding solutions. It’s time to identify the problems, face them head on, and formulate lasting, productive, proactive plans before conditions become even worse... before even **MORE** lives are lost.... before even more families and individuals suffer.

When we take a look, I think it’s safe to say that longshoremen and dock workers just might possibly be the unsung, unrecognized heroes of all of the industries that support our economy and our communities. There isn’t much that gets past these hardworking people.... just about everything we touch, use, drive, eat, live in, or wear has encountered a shipping container and a port on its way to feed, clothe, shelter, and transport us. In a report released by the Department of Transportation, we learn that “Water was the major mode for foreign trade. Approximately 69 percent... 1.4 **BILLION** freight tons, valued at 1.5 **TRILLION** dollars.... moved by water in 2016.” In the current economy, trends show that those figures are growing exponentially, and while that’s good for business and the maritime industry, it’s become increasingly urgent to acknowledge the damage being done to the workers... we must address the issues and conditions created by all of this literal and figurative “heavy lifting.”

It is no secret that dockworkers are at increasingly high risk for work related injuries. Prescription opioids used to treat pain injuries are being prescribed and dispensed at an alarmingly high frequency and quantity and, as a result, may and **WILL** place **YOU**, and the valuable workforce, at increased risk for developing substance disorders and dependency, resulting in **MORE**... **more** workplace injuries, **more** dependency and addiction, **more** risk. As stated by the Centers for Disease Control and Prevention, in a report from The National Institute for Occupational Safety and Health, “Marine terminals are dynamic environments with high vehicle traffic.... Longshoring work involves strenuous physical labor. The hazards of work include subjection to extreme temperatures, heavy lifting, repetitive motions, work in awkward postures, chemical exposure, work in enclosed spaces, work around dangerous machinery....” (**if you want to make a little joke, you can say**)... But you **already** knew that.... (**and wait for the laugh**)...

Further reports published by the CDC regarding drug related deaths tell a grim story... In 2017, the number of all drug related deaths numbered over 70,000. Of that number, almost 48,000 were due to opioid abuse and of that, over 17,000 deaths were attributed to prescription drug abuse. That’s the loss of life for 17,000 human beings... people that had a right to live an active, productive life... 17,000 people that left unfinished business... broken families.... lost friendships... diminished communities... resulting in even greater increases in pain and suffering. In the Bulletin of the World Health Organization, we learn, “The number of patients with chronic pain prescribed opioids for long periods of time has increased in other high-income countries as well... But it is mainly the USA and Canada that are seeing epidemics of dependency and a large toll of overdose deaths. Health-care providers **underestimate** the risk of addiction of opioids and they **overestimate** the benefits.”

We clearly know there’s a problem. What can be done about it? How do we work smarter to remedy these very serious issues without compromising the safety, well being, health, and productivity of this very viable and valuable segment of our workforce?? The WHO article goes on to advise, “Alternative methods other than opioids should be used first. Instead the very first thing … what doctors [in this country] do is go straight to the opiates and straight to the oxy, referring to oxycodone, a commonly prescribed opioid.” ... and there are many other drugs classified as opioids...

Families... neighborhoods.... infrastructure... communities... and even medical practices and insurance companies.... are at the affect of the opioid epidemic. At some point, the buck has to stop somewhere. Something needs to be done. We, at National Health Plan have taken a close, serious look at the cause, effect, and possible remedy for this crisis. We have developed the Substance Use Disorder Treatment Program. It is available for all of our members across the board. So far, the program has saved over 74,000 lives.... we’re just **beginning**....

At MILA, we have a strategy... we’ve developed a twelve month program to support those struggling with addiction.... or beginning to struggle with addiction... and we strongly encourage participation. We are here to provide more details and to formulate a concrete plan to see to it that the suffering and shame that comes from the vicious cycle of pain, medicating, over-medicating, and addiction is broken. The program has no out of pocket cost and involves thirty days of inpatient care, including medical detox as needed. Medical and psychotherapy services are offered on site. We will do an initial screening to determine need. All meals, bedding, personal hygiene products and other necessary supplies are provided during the stay. Family members are encouraged to participate as they are able to logistically. We also provide eleven months of follow up continued care and monitoring.

What we are committed to doing at MILA is a good start. In order to be effective in combatting this epidemic, it will take a multi-pronged initiative of awareness and **ACTION**. While our family members, friends, and colleagues may find themselves slipping into the “opioid hole,” it’s up to each one of us to be there to identify behaviors and support resistance. In Corporate Wellness Magazine, it’s suggested that we all become conscious of signs and signals... “From drowsiness to slurred speech, there are several signs employers and friends should be aware of when trying to determine if someone is abusing opioids.“ Avoiding the issues will no longer work. This affects **ALL OF US**. Consider monitoring opioid prescriptions.... checking on discarding expired scripts... making sure that people don’t share prescribed medications with others... caring enough to watch for signs that people you know may be taking more than the prescribed dosage... we **CAN** do something... it is no longer acceptable to sit by idly.

At National Health Plan, we are here to serve and to contribute to the quality of life of our clients and participants. We recognize the vital, difficult, strenuous work done by longshoremen and dockworkers, and it is our intention to be part of the resolution of this growing problem. We encourage you to take a look at your situation and how we can support you in living a more viable, pain diminished, productive life. Thank you all!