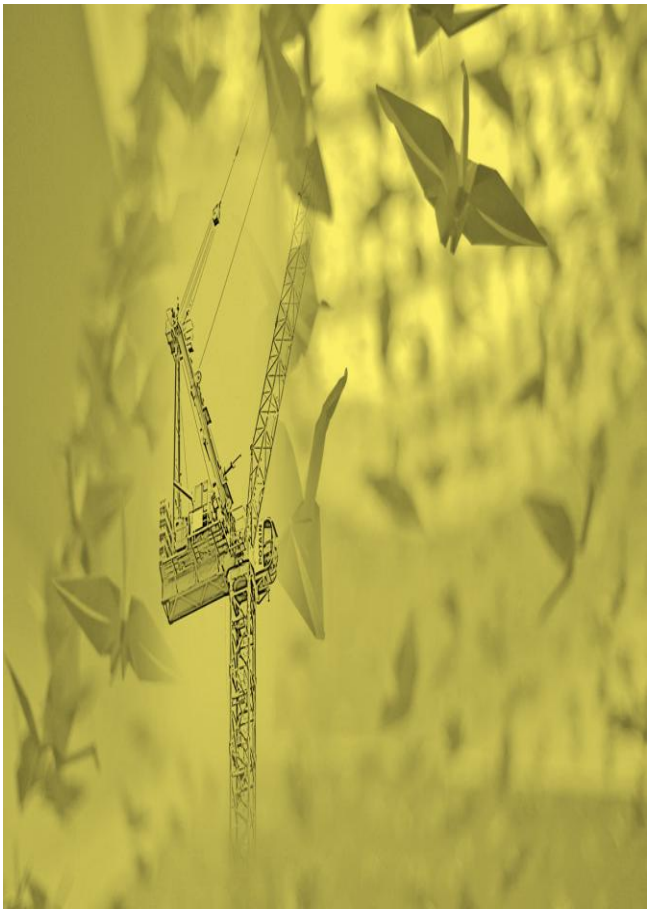
The Crane Report



CONSTRUCTION & DRUGS – RISKS & MORTALITY

Section-6-SUMMARY

ABSTRACT

This section examines substance use within the construction industry and its intersection with mental health and suicide risk. Shifts in public perception, such as the acceptance of medical marijuana, contrast with rising risks from high-potency synthetic opioids, including fentanyl and nitazenes, exacerbated by global heroin shortages linked to the Afghan's Taliban. Reduced access to prescription opioids and chronic occupational pain contribute to addiction among construction workers, while regional patterns of drug mortality correlate closely with regional suicide rates. The investigation further highlights associations between specific substances, cocaine, marijuana, and mental health conditions, including depression, schizophrenia, and ADHD, which amplify suicide risk. Testing of construction managers revealed limited knowledge of these issues, underscoring gaps in workplace awareness and the need for targeted education and intervention.

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Section 6 – Construction & Drugs – Risks & Mortality

Content links of Full Section-6 Report

- Construction & Drugs – Why This Section Matters
- Medical Marijuana – The Shift in Public Perception
- How do individuals in high-risk, physically demanding jobs like construction, become trapped in patterns of drug dependency?
- What is the connection between the construction worker, pain management, and the Afghanistan War?
- How do non-drug users end up addicted to heroin?
- Is there a link between heroin-related deaths and male suicides?
- Is there a deeper connection between heroin deaths and male suicide
- Are there regional patterns in UK drug poisoning deaths that could inform pre-emptive interventions?
- Do these regional drug poisoning patterns correlate with regional suicide statistics?
- What are the consequences of losing Afghanistan's heroin supply and the NHS tightening restrictions on opioid prescriptions?
    - Is fentanyl replacing heroin as a common drug for pain relief and misuse?
    - Are nitazenes a bigger threat than fentanyl?
    - Fentanyl Vs Nitazenes: What is the Difference?
    - Why do so many people take nitazenes when they pose such a risk of death?
    - Is fentanyl a threat to construction workers?
    - Why are synthetic opioids being mixed into heroin, cocaine, and other drugs?
    - Why is this relevant for the construction industry?
- What is the relationship with mental health and depression?
    - If someone just uses marijuana to relax, how can they get addicted to synthetic opioids like nitazenes?
- Do the same regional patterns that exist with drug poisonings and suicide, also exist with nitazenes?
- What are the shared risks of stimulant and depressant drug use for construction workers?
- How many cocaine deaths are due to combining it with alcohol?
- Is marijuana a depressant, and why does that matter in high-risk industries?
- What is “skunk” and how is it different from regular marijuana?
- What do schizophrenics experience?
    - Are schizophrenics attracted to the construction industry in the same way that persons with ADHD are?
    - Would a person with schizophrenia ever apply for a job in construction?
- Are there many people with ADHD working in the UK construction industry?
- Is there a link between ADHD, drug use, and suicide?
    - Are ADHD suicide patterns similar to regular suicide patterns?
    - How do we know if an ADHD death was suicide and not an accidental drug poisoning?
- Mental Health and Suicide Risk on Site
    - Do we know that mental illness is linked to suicide?
- Drug Testing in the UK Construction Industry
    - Can drug test kits trace synthetic opioids?
    - Where has drug testing succeeded?
    - Is drug testing the solution to site safety?
    - Will drug testing fix the problems?
    - Is testing realistic?
    - Will Drug Testing Reduce Suicide Risks?
- Do construction / HSE leaders have a sufficient level of knowledge on drugs?
    - The Survey Results
- Drugs’ Education

Section 6 Summary – Construction, Drugs & Suicide

Drug and alcohol misuse plays a significant but often under-recognised role in construction suicides. Many cases investigated involved substance use as a direct or contributing factor, with patterns ranging from self-medication to dependency. While media campaigns often emphasise stress or stigma, they rarely acknowledge the centrality of addiction.

Construction's demographics make it particularly vulnerable: a largely male, transient, and subcontracted workforce overlaps with groups already at higher risk of drug misuse. This creates a cycle where insecurity, injury, and mental health struggles feed into substance use, which in turn increases suicide risk. Post-mortem toxicology reports frequently confirm the presence of alcohol, cocaine, or prescription misuse in suicides.

Industry testing regimes remain inconsistent. Some firms apply randomised testing, others only after incidents, and many smaller employers lack policies altogether. Where testing is enforced, it often focuses narrowly on safety breaches rather than early intervention.

Alcohol deserves special scrutiny: it remains socially embedded in construction culture yet is one of the strongest predictors of suicide. Drug use, especially cocaine, appears to be rising among younger trades, while prescription painkillers pose risks for older workers managing injury.

The section concludes that current wellbeing campaigns underplay the role of substance misuse. Without a franker focus on drugs and alcohol — including prevention, treatment access, and policy consistency — industry suicide prevention strategies risk missing a core driver of fatalities.

Investigation Stage 2 / Stage 3 - We Request Your Support

Roadmap of the Investigation

Stage 1 – Desk-Based Investigation

Analysis of existing literature, statistics, international models, cultural influences, and industry narratives. (*This document*.)

Stage 2 – Survey of Experiences

In an online survey we are asking you to promote across the sector, designed to capture personal testimonies: what contributed to lives lost, and what brought others back from the brink. https://www.dsrmrisk.com/survey

Stage 3 – Industry Collaboration

Structured dialogues with construction firms, unions, and industry bodies to explore their views on root causes and the adequacy of current responses. We invite your input, thoughts, ideas, and what you see as solutions…***just a few lines*** - "*What do you think is the problem?*" (This phase is currently running in parallel with Stage 2)

Please send your thoughts to: contact@dsrmrisk.com (Anonymous is Okay)

Stage 4 – Expanded Data

Incorporation of data from Scotland and Northern Ireland (*not currently included in official ONS reporting*), alongside further refinement of UK-wide analysis.

Together, these stages aim to provide both evidence and lived experience, enabling a clearer understanding of risk and more effective prevention strategies.

Stage 4 will be the Final Crane Report.