



# Opioids and harm prevention

Opioid use among construction workers is high, but workplaces can help.

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From July 2017 to the end of 2020, nearly one in 13 opioid-related deaths in Ontario were among people employed in the construction sector, making it the industry most impacted by opioids.\*

The provincial government has introduced legislation that will soon require high-risk workplaces such as construction sites to keep Naloxone kits on-hand. The easy-to-administer drug temporarily reverses the effects of an opioid overdose, allowing time for medical help to arrive.

Naloxone, however, is the last line of defence. To decrease workers' risk of opioid misuse and overdose, more must be done to control the hazard at its source.

## Mental health and substance misuse

There are legitimate reasons for taking opioids, and many people use them responsibly. Doctors prescribe them, under brand names such as Percocet, Vicodin, and OxyContin, because they are effective pain relievers.

Which explains why their use among construction workers is higher than average. The risk of suffering a traumatic or chronic injury requiring pharmaceutical pain management is simply greater than in most other industries.

But opioids not only dampen physical pain, they also work powerfully on mental pain. That's a cause for concern in a sector where workers face a variety of psychological health risks, from high-stress work environments to the stigma of appearing "not up to the task" either physically or mentally.

Mark Barnes knows these risks well. As a pharmacist and owner of Respect RX pharmacies in Ottawa, he has spent years helping vulnerable clients and advocating for a judgment-free approach to substance misuse and mental health treatment.

"If you've experienced trauma in your life, or maybe the situation you're currently in is causing you mental hardship, then you may want to escape from that," he says. "Opioids really do a good job of turning off the brain. So the potential to want to use them for the purpose of easing mental pain becomes greater."

By triggering the release of endorphins in the brain, opioids provide a temporary feeling of relaxation and well-being. When an opioid user starts to crave those good feelings and the escape they provide, developing a substance use disorder becomes a concern.

Barnes notes that because opioids are "downers," a worker with a substance use issue is more likely to use the drug after their shift ends. This partly explains why there has not been an epidemic of on-the-job overdoses, despite construction workers being overrepresented among opioid-related deaths in Ontario.

More immediate workplace risks arise if, for example, a worker who takes an opioid at night arrives to the jobsite groggy the next day. Or if they resort to taking a stimulant such as cocaine or speed to get through their shift.

"That's when supervisors need to look at whether a worker is fit for duty," says Kathy Martin, IHSA's mental health and wellness specialist. "They need to engage in a conversation, while being aware of the worker's right to privacy and respect. It's about asking, 'how are you?' or 'how's your concentration?' Not, 'are you addicted to opioids?'"



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## Overdose risks

While large numbers of workers may not be dying at work, they are dying. The reasons vary, but the increasing availability of street-sourced opioids is significant—not to mention the fact that these drugs are often more potent, and may be cross-contaminated with other substances.

According to Public Health Ontario, unregulated fentanyl (an opioid that's 100 times more powerful than morphine) directly contributed to 89 percent of Ontario's 2,880 total opioid deaths in 2021.\*\*

Another risk comes from the fact that opioid users build up a tolerance to them. Over time, a person will need a stronger dose of the drug to get the same effect as when they first started using.

“However, you can lose that tolerance after about three days of not taking the drug,” Barnes says. “Then if you go back on the same quantity you've had before, your risk of overdose becomes quite high.”

First-time users are at risk for the same reason: they have no tolerance at all. Barnes gives an example of a long-term prescription Percocet user offering a pill to his co-worker, who has recently been complaining about back pain. “Now that guy, who has no experience with opioids, could end up with quite a high dose. And what if he doesn't know any better and he takes the pill after he's had a few beers? Chances are he's going to die.”

## Culture change for safer workplaces

So what can be done to help? Ontario's Ministry of Labour, Immigration, Training, and Skills Development hopes to save lives by amending the *Occupational Health and Safety Act* to require Naloxone kits at high-risk workplaces. Though at-work overdoses are so far uncommon, IHSA's Kathy Martin says it's a no-brainer to keep a free, safe, and easy-to-use Naloxone kit on the jobsite:

“Although someone being diabetic isn't specifically a ‘workplace problem,’ you still might want to have glucose tablets in your first-aid kit. And lots of people are at high risk of a heart attack. Most workplaces now wouldn't think twice about having a defibrillator on site.” The same thinking, she says, should apply to Naloxone.

But Naloxone only helps to stop death. Reducing opioid misuse and preventing overdoses requires a deeper look at the root causes of both physical and psychological harm. Martin says IHSA will be doing just that, by focusing on opioid use in construction as a member of the Ministry's steering committee on workplace mental health.



Construction workplaces can do their part by taking additional steps to reduce the risk of injury. They can also work to change the culture of the jobsite—to remove the stigma of talking about pain management, mental health concerns, and drug use.

“Employers should have a substance misuse policy that allows them to help the worker without necessarily putting their job on the line,” Barnes says.

“If someone identifies as having a problem, the risk of immediately losing their employment has to be off the table. That instinctive response, the risk of being kicked off the jobsite, leads to workers hiding the problem and using alone.”

With such policies in place, employers and supervisors can then work to better understand opioid misuse and its contributing mental health factors, in order to foster a safer, supportive workplace.

“That understanding, and being open to talking about it, is what's going to help navigate some of the trickier waters in terms of addressing the problem,” Martin says.



## Hear this!

Learn more about Ontario's Naloxone legislation and the opioid crisis in construction by listening to **Episodes 38 and 43 of the IHSA Safety Podcast.**



VISIT [Ihsasafetypodcast.ca](https://www.ihsasafetypodcast.ca)

\*Public Health Ontario, *Lives Lost to Opioid Toxicity among Ontarians Who Worked in the Construction Industry*, July 2022.

\*\*Ontario Drug Policy Research Network. *Ontario Opioid Indicator Tool*, August 2022.