



MSD prevention to reduce opioid use

Understanding the relationship between musculoskeletal disorders and opioid use in the trades.

Workers with musculoskeletal disorders (MSDs) are at a higher risk of opioid use and opioid-related harms in the construction industry—making it even more important to prevent MSDs on jobsites.

MSDs are injuries of the muscles, nerves, tendons, ligaments, joints, cartilage, or spinal discs. They typically develop over time, rather than as the result of a traumatic injury like a fall or struck-by incident. The main risk factors for developing an MSD are forceful exertion, repetitive movements, and awkward postures.

According to the Workplace Safety and Insurance Board (WSIB), MSDs represent about 30 per cent of all lost-time injury claims among IHSA member firms in the construction, transportation, and electrical utilities industries. The combined direct and indirect costs are estimated to amount to almost one-quarter of all claims made to the WSIB.

MSDs have a large impact on workplaces. A worker with an MSD may experience a great deal of long-term pain that poses challenges at work and in their personal life.

MSDs also pose a threat to the economic performance of companies by lowering productivity, reducing product and service quality, and minimizing innovation on the jobsite.

Connecting the dots

Construction workers are prescribed opioid medications at a higher rate than workers in many other industries, due to the frequency of serious musculoskeletal injuries in the construction sector and the subsequent need for pain management.

Kathy Martin, IHSA's mental health and wellness specialist, reports that among workers who receive an opioid prescription from their doctor, those with musculoskeletal pain are the most likely to receive a refill. Some will continue to use opioids for more than six months.

These factors contribute to workers in construction being more vulnerable to opioid addiction and its related harms. According to data from Public Health Ontario, in 2020, at

least 2,500 Ontarians died of drug overdoses—up from 1,500 deaths in 2019. Of the victims who were employed, 30 per cent worked in construction, making it by far the most impacted industry.

But construction's injury rate and duration of use are not the only forces at play.

Workplace culture can also contribute to opioid-related harms. Martin points out that the after-work consumption of drugs and alcohol is common in some construction workplaces. Workers in these environments may not see the long-term use of substances like opioids as a cause for concern.

Additionally, she says that the social norms of the industry often make it more difficult for workers to talk about health issues and seek support when needed. Workers who have experienced an injury often need to return to work before they've fully recovered. These workers may continue to use opioids over the longer term—to manage pain so they can get through the workday. This increases the likelihood that they will become reliant on opioids and develop problematic patterns of use.

Martin adds that workers who have developed an opioid dependency may then choose not to seek help because of the stigma (i.e., negative beliefs and prejudices) associated with addiction or a fear of negative job consequences.

The risks of problematic opioid use include overdose, suicide, and other side effects like depression.

It's therefore important for workplaces to raise awareness about the connection between MSDs and opioid use. Among other things, employers should have a policy and program for helping injured workers return to work. The process, Martin says, should include a conversation about pain management and the dangers of long-term opioid use—to help workers make more informed decisions about returning to work. However, employers shouldn't pry into workers' private medical information.

"Sometimes workers are stuck in a hard place and want to get back to work," Martin says. "But we know their health is more important."

Understanding your role

Everyone on the jobsite plays a part in preventing musculoskeletal disorders. Supervisors must recognize MSD hazards in the workplace and encourage workers to speak up about discomfort at an early stage—so they can work together to find solutions to MSD hazards. Discomfort can be a sign that the worker is developing an MSD.

IHSA Ergonomist Peter Vi says supervisors should also check in with workers about their early symptoms, either by speaking to workers directly or by asking workers to complete symptom surveys on a regular basis.

“Focus on the early detection of symptoms,” Vi says. “If a worker complains about pain that isn’t related to a traumatic event, like a fall, or if they’re casually rubbing their shoulder or their back, those are the early symptoms. By the time you look at a WSIB claim, it’s too late to prevent the MSD.”

Managers and business owners should also implement an MSD prevention program that focuses on addressing hazards and identifying the early signs of MSDs in workers.

Maintaining open communication and building a positive workplace culture are key parts of an effective prevention program. Employers can talk to workers about the signs of MSDs, mental health, and the risks of opioid use to help make the workplace culture more supportive of topics that may otherwise be unaddressed.

Controlling MSD hazards

When implementing controls for MSD hazards, Vi says that employers should recognize the hazards, assess and control the risks, and evaluate and review the controls. This process is referred to by the acronym “RACE.”

By focusing on the early detection of symptoms like back or shoulder pain, employers can assess the hazards in the workplace—and put in place engineering and administrative controls to minimize risk.

Engineering controls

As the preferred approach to preventing MSDs, engineering controls are intended to modify the forcefulness, repetitiveness, awkwardness, vibration levels, physical pressures, or environmental extremes of a given task.

Modifying the selection and use of tools, work materials, methods, and/or workstation layout are all examples of engineering controls.

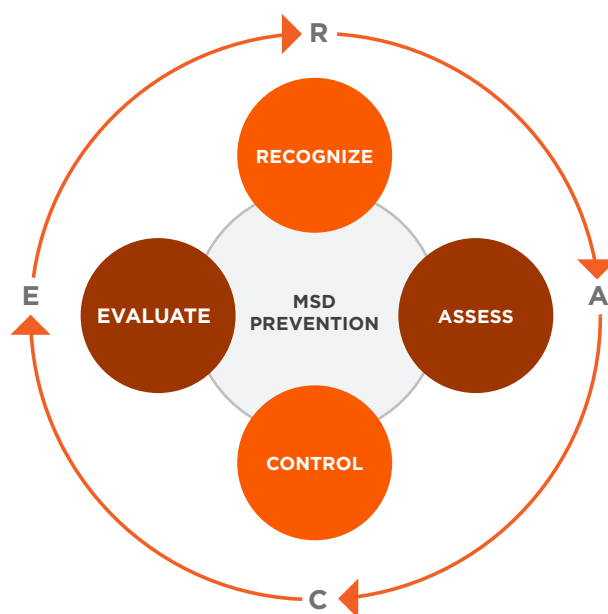
For example, at construction workplaces, MSDs can be reduced by selecting appropriate power tools and materials-handling equipment such as carts, dollies, hoists, or other mechanical devices.

Administrative controls

Administrative controls are management-directed work practices and policies, such as changing job rules and procedures or rotating workers through jobs that are physically tiring. Training workers to recognize MSD risk factors and to learn techniques for reducing stress and strain while performing their jobs can also be a useful administrative control.

It’s important to note, however, that administrative controls don’t typically eliminate MSD hazards. They can be useful on a temporary basis until engineering controls can be implemented. They are also helpful in situations where engineering controls are not technically feasible.

“The goal is to keep workers at work by preventing injuries,” Vi says. “Injuries reduce the amount of the workforce that’s available, which can reduce the quality of the work and service that you can provide to your client.”



Take action to prevent harm



VISIT IHSA’s topic page on musculoskeletal disorders and ergonomics to access many resources to help prevent MSDs: ihsa.ca/msd



READ IHSA’s safety talk on opioids in the trades: ihsa.ca/safetytalks



LISTEN to episodes 42 and 43 of the *IHSA Safety Podcast* to learn more about opioid use and mental health in the workplace: ihsasafetypodcast.ca