

Opioid Toolkit



Pathway 1: Equipping leadership

Opioid use and opioid-related harms are serious concerns for Ontario workers—especially in high-risk sectors like construction.

Opioid-related harms in the trades

Between 2018 and 2021, [366 construction workers in Ontario died because of opioid drug use](#)—an average of 91 workers per year. By comparison, [20 construction workers died on the job per year in Ontario](#) between 2015 and 2023 on average.

According to Public Health Ontario, nearly [one in 13 opioid-related deaths in the province between 2018 and 2020 occurred among construction workers](#). Among construction workers who died, more than half were employed at the time of their death. Deaths were mainly driven by the unregulated drug market (i.e., opioids not prescribed for pain) as well as fentanyl, cocaine, and alcohol involvement.

Nearly 80 per cent of these deaths happened in private residences. Because most overdoses happen away from the worksite, workplaces must protect workers by addressing the workplace factors that can contribute to workers using or misusing opioids in the first place.

Gender is one of those key factors. Men are significantly more likely than women to experience opioid-related harm. From 2018 to 2020, [98 per cent of Ontario construction workers who died from opioid overdoses were men](#)—highlighting a clear and urgent need for targeted strategies to support men in this sector.

The Infrastructure Health and Safety Association (IHSA) has created several free resources to help businesses address the complex challenges of opioid-related harms in the trades.

Educational resources

Listen to opioid-related episodes of the *IHSA Safety Podcast*:

- [Episode 38: “Understanding Opioids and the Crisis in Canada”](#)
- [Episode 43: “Understanding Opioids and the Crisis in Canada \(Part Two\)”](#)

Review recent research on opioid use in Canada:

- [Opioid and Stimulant-related Harms in Canada](#) (Health Canada)
- [Opioid-related Harms among Ontario Workers](#) (Institute for Work & Health [IWH])
- [Preventing Suicide and Opioid-related Deaths in Construction \(The Center for Construction Research and Training \[U.S.\]](#))
- [Opioids and Work Data Tool](#) (IWH)

Resources to build procedures and policies

IHSA’s [Opioid Use and Workplace Implications for Trade Sectors](#) guide (W132) outlines practical steps that workplaces can take to address opioid-related hazards. While the document lists general hazards, each workplace must assess its own unique risks. Implementing these measures will take several small, gradual steps, but it is crucial for workplaces to take action. Pages 25 to 32 of the employer guide include the following controls for opioid-related harms.

Shift your perspective

- **Reflect on your mindset:** Examine your own biases and assumptions about opioids and substance use.
- Shift from punishment to support: Focus on helping workers who are affected by opioid use disorder (OUD) or mental health issues—instead of trying to “catch” and punish them.
- **Understand stigma:** Learn more about the stigma around drug use and how it affects workers and creates barriers to support.
- **Listen to lived experience:** Consult with people who have lived experience with substance use or addiction. Listen to their challenges and needs.
- **Recognize the role of pain:** Acknowledge that pain is common in construction, and opioids—prescribed or illicit—are often used to cope with it.

Adjust your training

- **Train supervisors in empathetic leadership:** Equip them to recognize and respond to substance use and mental health challenges in the workplace.
- **Teach workers how to check in with one another:** Provide guidance on how to approach a co-worker who may be struggling.
- **Address men’s mental health:** Educate workers on the specific challenges men face and how to break down barriers to seeking support.
- **Provide opioid awareness training:** Ensure all workers understand OUD, how to respond to overdoses, and how to support someone in crisis.

Improve communication

- **Reframe the conversation:** Focus on understanding and communicating effectively about substance use and recovery.
- **Foster a recovery-friendly workplace:** Create an environment where support and second chances are part of the culture.
- **Lead with trust and compassion:** Model a leadership style that is approachable, supportive, and respectful.

- **Use people-first language:** Ensure policies and daily communication reflect dignity and respect for all workers.
- **Keep the conversation going:** Use IHSA's "[Opioids in the trades](#)" safety talk and [other safety talks in the mental health and opioid series](#) to keep the dialogue going.

Update your policies

- **Make small adjustments:** Start by integrating opioid-related risk management into your existing health and safety system.
- **Join the Workplace Safety and Insurance Board (WSIB)'s Health and Safety Excellence program (HSEp):** Improve your occupational health and safety management system and earn WSIB premium rebates. The HSEp is especially valuable for small businesses.
- **Engage your workforce:** Involve workers in designing and evaluating programs that affect their well-being.
- **Update your policies:** Revise workplace policies to support recovery and reduce stigma.
- **Build a psychologically safe workplace:** Foster an inclusive, respectful environment free from discrimination and harassment.

Specific risk-management factors to address in the workplace

Impairment

- **Identify barriers to speaking up:** Tackle workplace conditions that make it hard for workers to discuss impairment.
- **Move beyond zero tolerance:** Replace punitive policies with supportive approaches that prioritize safety and recovery.
- **Use health and safety standards:** Adopt the Canadian Standards Association's (CSA) [CSA Z1008:21: Management of Impairment in the Workplace standard](#) into your organizational practices.

Stigma and culture

- **Challenge stigma:** Speak up when you see discrimination or harmful attitudes at work.
- **Recognize toxic masculinity:** Understand how it influences workplace culture and creates barriers to support.
- **Create safe spaces:** Foster an environment where workers feel safe to talk about mental health, substance use, and related challenges.

Mental health and addiction

- **Model healthy stress management:** Promote and practise positive ways to cope with stress at work.
- **Encourage safe substance use:** Support responsible prescription drug use and harm reduction practices.
- **Be proactive about support:** Do not wait for a crisis—anticipate mental health and addiction needs in the workplace by establishing support systems. Consider starting a peer support program.
- **Collaborate on peer support:** Join or help build a sector-wide peer support program tailored to workers in the trades.

Strategies for preventing injuries and managing pain

- **Prevent work-related pain through safety and ergonomics:** Lower costs and boost productivity by reducing injuries in the workplace.
- **Remove barriers to care:** Make it easy for workers to access support for chronic pain.
- **Create a pain management program:** Include training and resources for both workers and supervisors.

- **Educate your workforce and check in:** Teach pain management strategies, check in with workers and supervisors regularly, and provide practical support.
- **Listen and validate:** Support workers by understanding and respecting their pain experiences.
- **Promote safe and informed care:** Help all workers understand why responsible pain management is important.
- **Encourage medical guidance:** Urge workers to consult a trusted doctor for personalized pain care.

Harm reduction and recovery

At the workplace level

- **Support harm reduction in rehab:** Ensure inpatient programs allow harm reduction, offer medications, and provide detox support when needed.
- **Include naloxone in first aid:** Stock kits, monitor expiry dates, and include naloxone training in your regular first aid program.
- **Train everyone on naloxone:** Build awareness, encourage conversation, and reduce stigma through education.
- **Share safe drug use resources:** Promote tools like the [National Overdose Response Service \(NORS\)](#).
- **Make help easy to find:** Ensure all workers know where to access substance use support—at work and in the community.

At the individual level

- **Advocate for regular medical care:** Encourage workers who use opioids to see a doctor for ongoing check-ups and monitoring.
- **Consider barriers to access:** Account for how the location of jobsites and travel affect access to healthcare.
- **Make time for care:** Ensure workers can book and attend primary care appointments without penalty.
- **Support recovery time:** Offer flexibility for treatment, therapy, or participation in community recovery programs.
- **Create supportive accommodations:** Collaborate with workers to adjust job duties while supporting their recovery needs.
- **Be flexible with treatment schedules:** Allow time off for medication-assisted programs and understand that consistency is critical to avoiding relapses.
- **Practice patience and understanding:** Recovery often involves frequent, long-term appointments—supporting this process reduces the risk of unsafe drug use.

IHSA resources to support harm prevention, intervention, and postvention

Educational resources on naloxone

- [“Naloxone kits in the workplace” safety talk](#)
- [Understanding Opioid-related Harms and the Need for Naloxone Kits in Construction Workplaces guide \(W133\)](#)
- [Frequently Asked Questions About Naloxone Kits in Workplaces guide \(W135\)](#)

Webinars

- [A Call to Action: Opioid Crisis in the Trades: Moving Beyond Awareness to a Plan of Action](#)
- [Session 1: Opioid Addiction and Impairment Prevention at Work \(Occupational Health Clinics for Ontario Workers \[OHCOW\]\)](#)

- [Mayday 2024 4B Pain/Management role in Opioid Harm Reduction Program \(OHCOW\)](#)
- [RESCON Webinar Naloxone in The Workplace \(Residential Construction Council of Ontario \[RESCON\]\)](#)

Episodes of the *IHSA Safety Podcast*

- [Episode 38: Understanding Opioids and the Crisis in Canada](#)
- [Episode 43: Understanding Opioids and the Crisis in Canada \(Part Two\)](#)

Opioid-related harm reduction safety talks and resources

- [Opioids in the trades](#)
- [Opioid-related harms](#)
- [Opioid use disorder](#)
- [Opioid-related risk factors at work](#)
- [Stigma around opioid use](#)
- [The “man code” effect and impact on opioid-related harms](#)
- [Systemic factors associated with opioid harms](#)
- [Naloxone kits in the workplace](#)
- [Responding to opioid impairment](#)
- [Fit-for-work policies and impairment disclosure](#)
- [Leveraging peer support for workers who are addicted to opioids](#)
- [Opioid addiction in male-dominated trades](#)

Pain management resources

- [Discussing chronic pain with your doctor](#)
- [Managing pain at work](#)
- [Understanding chronic pain](#)

***IHSA Health and Safety Magazine* articles**

- [MSD prevention to reduce opioid use](#)
- [Need to know: Naloxone at your workplace](#)
- [Opioids and harm prevention](#)
- [Breaking down the stigma and substance misuse](#)
- [Do you have an impairment policy at your workplace?](#)

Other resources

- [Certificate of Recognition \(COR®\)](#)
- [Health and Safety Excellence program \(HSEp\)](#)
- [Small business toolkit](#)
- [Musculoskeletal disorders and ergonomics toolkit](#)
- [Return-to-work toolkit](#)

External resources

Several publicly funded resources are available to help workplaces and workers address opioid use. These resources are designed for employers. Review them and consider how they can support your workplace strategies.

Find the full list, including links, on pages 36–37 of the [Opioid Use and Workplace Implications for Trade Sectors](#) guide (W132).

Important reminders about opioid overdoses and naloxone

All trades workplaces should keep naloxone kits onsite. If someone is found unconscious at work and the cause is not clear, it could be an opioid overdose. Administering naloxone is safe and effective, even when the cause of an overdose is unclear.

Train workers to recognize the signs of an overdose and how to use naloxone. It is a simple and lifesaving tool to keep in your first aid kit.

People who use opioids can reduce their risk of overdose or death in several ways:

- Not using opioids alone
- Knowing their tolerance (i.e., how much they can take)
- Always having a naloxone kit and knowing how to use it
- Starting with a small dose of an opioid to test its strength
- Never mixing opioids with alcohol or other drugs (unless prescribed by a doctor)

Download [this fact sheet from Health Canada](#) to learn more about naloxone.

Dealing with workplace substance use issues as a manager

Opioid use and opioid-related harms are serious concerns for Ontario workers—especially in high-risk sectors like construction.

External resources

Supervisors play a key role in preventing opioid overdose and substance use at their workplaces.

Because men are less likely than women to seek health information or support on their own, addressing mental health and substance use in male-dominated industries like the trades is not just compassionate—it is good business. It helps ensure workers are healthy, supported, and ready to work safely.

Supervisors and employers can take several steps to help reduce opioid-related harms at their workplace:

- Educate workers on how to recognize and respond to an overdose. Timely action can save lives.
- Promote harm reduction tools like [National Overdose Response Service](#). These services support people who use substances alone, helping reduce the risk of fatal overdoses.
- Recognize that not all opioid-related harms come from illegal drug use. Some workers may be using prescription medications or self-treating pain without proper guidance.
- Remove barriers to accessing treatment and resources. Help workers connect with the care they need—whether it is medical treatment, counselling, or harm reduction services.

Managing chronic pain in the workplace

Opioids are often prescribed for short-term pain management after an injury. Reducing or eliminating pain for trades workers reduces their risk of being prescribed an opioid.

Because chronic pain is considered a disease and can be disabling, it should be managed through your workplace disability management (WDM) system. Disabilities are a protected ground under the Human Rights Code of Ontario (R.S.O. 1990, c. H.19). Supporting workers as they manage their pain at work is more than just the right thing to do—it is a legal obligation.

The [Canadian Standards Association's \(CSA\) CSA Z1011:20 \(R2024\): Work disability management system](#) is an effective WDM framework. It applies to small, medium, and large organizations in the private, not-for-profit, and public sectors with at least ten workers.

Pathway 2: Brave conversations about opioids

This pathway helps all workplace parties build the skills they need to have open and honest conversations about opioid use and related harms affecting workers in the trades. By fostering a culture of support in our workplaces, you can help reduce some of the associated risks.

Whether you are a tradesperson, supervisor, HR professional, or board member, this toolkit provides practical guidance for addressing a critical workplace issue.

What are brave conversations?

A brave conversation is a thoughtful, caring approach to supporting someone who may be struggling with opioid misuse or addiction. If you are worried about a co-worker's safety or well-being, you are being brave by stepping up, checking in, and offering your support.

How to prepare for a brave conversation

You can prepare for a brave conversation by learning more about harmful opioid use and addiction. Before you approach a co-worker, educate yourself on the substance you are concerned about and the associated risks and effects of using it.

The following resources can help you learn more about opioid use in the workplace:

IHSA safety talks and mental health resources

- [Opioids in the trades](#)
- [Opioid-related harms](#)
- [Opioid use disorder](#)
- [Opioid-related risk factors at work](#)
- [Stigma around opioid use](#)
- [The “man code” effect and impact on opioid-related harms](#)
- [Systemic factors associated with opioid harms](#)
- [Naloxone kits in the workplace](#)
- [Responding to opioid impairment](#)
- [Fit-for-work policies and impairment disclosure](#)
- [Creating a supportive workplace culture](#)
- [Discussing chronic pain with your doctor](#)
- [Managing pain at work](#)
- [Understanding chronic pain](#)
- [Toxic masculinity](#)

IHSA Safety Podcast episodes

- [Episode 38: “Understanding Opioids and the Crisis in Canada”](#)
- [Episode 41: “Assessing Your Mental Health”](#)
- [Episode 42: “Declining Mental Health and Suicide Risk”](#)
- [Episode 43: “Understanding Opioids and the Crisis in Canada \(Part Two\)”](#)
- [Episode 70: “Trauma Management in the Workplace”](#)
- [Episode 91: “The Working Mind for the Trades”](#)

You can also take a training program to learn how to respond to an opioid overdose whether you are on or off the jobsite. While opioid-related deaths are rare on jobsites, being prepared can still save a life.

Take IHSA's [Naloxone eLearning](#) course to learn how to prevent and respond to opioid overdoses. By the end of the course, you'll be able to:

- Understand what an opioid overdose is
- Respond confidently in an overdose situation
- Administer naloxone safely
- Understand your legal protections under the Good Samaritan Act

Recognize the signs of opioid use

According to [Health Canada](#), some common signs of opioid use include:

Changes in personality:

- Withdrawing from friends and family
- Experiencing noticeable mood swings or behaviour changes
- Getting into arguments, especially when asked about substance use
- Feeling angry, anxious, or low when not using the substance
- Struggling with memory, focus, or decision making
- Taking risks to get or use substances
- Losing interest in hobbies or activities they once enjoyed

New substance use habits:

- Using substances first thing in the morning or during school or work
- Needing more of the substance to feel the same effect
- Using the substance more frequently or alone
- Spending more money on substances
- Using to cope with stress or emotional pain
- Choosing friends or activities based on substance use
- Trying stronger substances or mixing drugs and alcohol

Struggles with daily life:

- Drop in work or school performance
- Missing days at school or work
- Declining physical or mental health
- Financial issues
- Relationship problems
- Lower self-esteem

Myths and facts about naloxone

Naloxone is a fast-acting medication that can temporarily reverse an opioid overdose. Review the following myths and facts naloxone from the Canadian Mental Health Association's [Carry It Toolkit](#).

MYTH: Administering naloxone could seriously injure the person who is overdosing.

FACT: There are no reported cases of injury or death from administering naloxone. In fact, doing nothing during an overdose is far more dangerous. While mild side effects like nausea, vomiting, or dizziness can

occur, serious side effects are very rare.

MYTH: Naloxone can make someone violent after an overdose.

FACT: A very small number of people (around 8 per cent, according to the North Carolina Harm Reduction Coalition) may react with agitation or confusion due to opioid withdrawal. However, serious or aggressive reactions are rare, especially if naloxone is given by someone the person knows and trusts.

MYTH: If no one has ever overdosed at a workplace, that workplace does not need a naloxone kit.

FACT: Many overdoses happen outside of work hours and often go unreported. A lack of incidents does not mean there is no risk. Every workplace should be prepared with a response plan for opioid poisoning.

MYTH: Touching fentanyl can cause an overdose, coma, or death.

FACT: Fentanyl does not easily absorb through the skin. Casual contact—like getting powder on your clothes or hands—is highly unlikely to harm you unless it touches mucous membranes (like your eyes, mouth, or nose).

Reduce stigma around substance use

When it comes to mental health and addiction, stigma can show up in your words, actions, or assumptions—often without you realizing it. Use the S.T.O.P. test to spot and reduce stigma when you hear or see it.

Ask yourself if what you are hearing or saying meets the following criteria:

S - Stereotype people with addictions or mental health conditions? (Does it assume everyone is the same instead of recognizing individual experiences?)

T - Trivialize or make light of the person or their condition?

O - Offend by using insulting or harmful language?

P - Patronize by treating them as if they are less capable or less valuable?

What to do during a brave conversation

Use these tips when talking to a co-worker about their drug or alcohol use:

- **Pick the right time and place:** Do not talk when a person is under the influence. Find a private place where no one will interrupt you.
- **Be kind and compassionate:** Let them know you care and want the best for them. Share specific behaviours or changes you have noticed that worry you.
- **Listen without judgment:** Aim for a two-way conversation rather than a lecture. Substance use can be linked to deeper struggles like mental health issues, trauma, or stress. Listen carefully and acknowledge their feelings. Do not push too hard for details.
- **Avoid stigmatizing labels:** Watch your tone and language. Avoid labels like “addict” or “junkie” by using respectful language like “a person who uses drugs.”
- **Respect their journey:** Everyone’s recovery path is different. Offer support and resources but do not pressure them to act immediately. Be okay with small steps because big changes take time.
- **Focus on the positives:** Gently remind your co-worker about the good things in their life, such as friends, family, hobbies, and goals. Help them recognize their strengths and understand their worth. Let them know you are there for them no matter what.
- **Be mindful of your language:** Use neutral, medically accurate words when describing drug or alcohol use. Use language that focuses on health and wellness being possible, while still recognizing that it looks different for everyone.

Connect a co-worker to mental health and addiction support after the conversation

If someone you know is struggling with opioid addiction, mental illness, or suicidal thoughts, encourage them to speak with a mental health professional or someone they trust. Your co-worker might not know what support is available through work and may feel overwhelmed by trying to figure it out during a crisis. You can help by pointing them in the right direction:

- Encourage them to speak with their supervisor, health and safety representative, union steward, or human resources department.
- Make sure they know what support is available through work, such as your company’s Employee and Family Assistance Program (EFAP) or benefits.
- Offer a printed handout or list of contacts so they do not have to search for help when they are already under pressure.

Pathway 3: My mental health and well-being supports

This pathway focuses on increasing your understanding of opioids and their related harms. It will give you tools focused on building awareness and access to community and workplace resources and supports

What are opioids?

Opioids are a class of pain-relief drugs that doctors typically prescribe after a surgery or a serious injury. Opioids are addictive and opioid misuse is a major driver of the opioid overdose crisis in Canada. There have been [over 40,000 opioid-related deaths in Canada since 2016](#).

There are three main types of opioids:

- Natural opioids: These are made from the opium poppy plant (e.g., morphine, codeine, and opium).
- Semi-synthetic opioids: These are made by chemically processing natural opioids (e.g., prescription drugs like hydrocodone and oxycodone and the illegal drug heroin).
- Synthetic opioids: These are made entirely in labs (e.g., methadone, tramadol, and fentanyl).

Misusing prescription opioids

It is possible to misuse opioids that were prescribed by a doctor, such as:

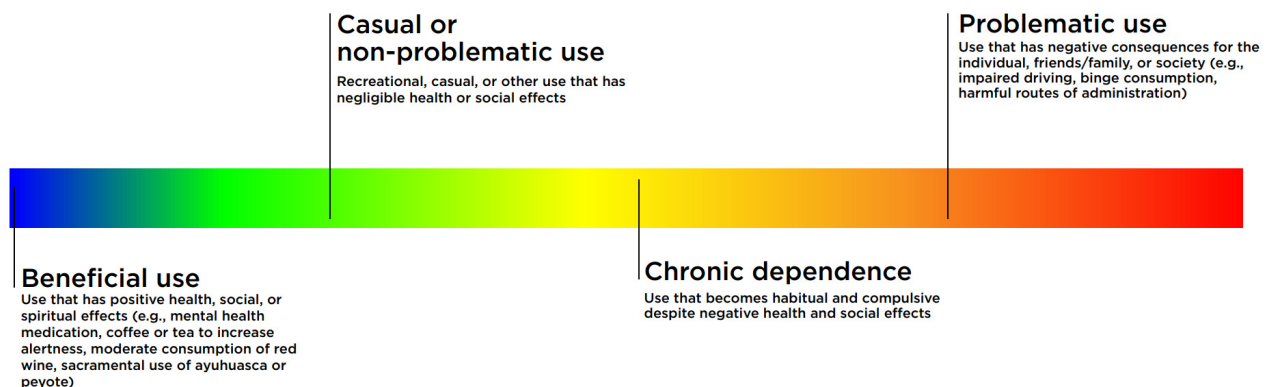
- Taking more than the doctor told you to
- Taking the drug at the wrong time
- Using a drug that was not prescribed to you

Misusing prescription opioids can lead to addiction, overdose, heart problems, and immune system impairment. According to [Statistics Canada](#), 9.6 per cent of Canadian adults surveyed in 2018 who used prescription opioids said they had misused them in some way.

Opioids can be very addictive. They can create a strong feeling of pleasure or a “high.” They also block pain very well, which can make it tempting to keep using them to avoid both physical and emotional pain.

The spectrum of opioid use

By understanding substance use as a spectrum—from low-risk use to high-risk use (i.e., problematic use)—you can respond with better support and more effective prevention strategies in the workplace.



What is opioid use disorder?

When someone has opioid use disorder (OUD), they feel a strong, uncontrollable need to use opioids even when it negatively impacts their health, relationships, or daily life. Their thoughts, feelings, and actions revolve around getting and using the drug. Using opioids for a long time changes how the brain works, making it harder to function without them.

OUD is a serious and complex medical issue, and most people need treatment and support to recover. There are several treatment options available:

- Therapy or counselling
- Medications, such as Suboxone or methadone
- Recovery support services, such as peer support groups like Narcotics Anonymous

Treatment can happen in rehab centers, local clinics, or through a family doctor or health team.

People who use opioids can reduce their risk of overdose or death by:

- Not using alone
- Knowing their tolerance (i.e., how much they can safely take)
- Keeping a naloxone kit nearby and knowing how to use it
- Using a small amount first to test its strength
- Avoiding mixing opioids with alcohol or other drugs (unless prescribed by a doctor)

What is naloxone?

Naloxone is a medication that temporarily reverses an opioid overdose. When someone overdoses on opioids, their breathing either slows or stops altogether. If used immediately, naloxone can help restore breathing and consciousness. It can be injected through a needle or given as a nasal spray; most workplaces prefer to carry the nasal spray kits.

Naloxone only works on opioids. It will not reverse overdoses from other drugs like alcohol, benzodiazepines (a.k.a., benzos), cocaine, or amphetamines.

Remember that it is important to call 9-1-1 right away if you think someone is having an overdose.

You can also learn how to prevent opioid overdoses by taking [IHSA's Naloxone eLearning course](#), which covers the following key topics:

- How to respond to an opioid overdose
- How naloxone works and how to use it
- Hazards related to administering naloxone
- The purpose of the Good Samaritan Act

How to recognize and respond to an overdose

Opioids affect the part of the brain that controls breathing. When you take more opioids than your body can handle, your breathing slows or stops. This can lead to unconsciousness and death.

It is important that you recognize the signs and symptoms of an opioid overdose:

- Difficulty walking, talking, or staying awake
- Blue/grey lips, nails, or skin
- Very small pupils
- Cold and clammy skin

- Dizziness and confusion
- Extreme drowsiness
- Choking, gurgling, or snoring sounds
- Slow, weak, or no breathing
- Inability to wake up

Responding to an opioid overdose at work

If you think someone is overdosing on any substance, call 9-1-1 immediately. Then, administer naloxone if it is available. Naloxone can temporarily reverse an overdose if it is administered right away. You can administer naloxone while waiting for emergency services to arrive. Follow the directions in your naloxone kit and the instructions from the 9-1-1 or emergency helpline operator.

Workplace factors that influence opioid use

Stigma

According to [Health Canada](#), “stigma is negative attitudes, beliefs, or behaviours about or towards a group of people because of their situation in life.” It is possible for people to be stigmatized for multiple aspects of their identity at once, such as their race, sexual orientation, gender, gender identity, or disability. People who use opioids often face stigma, which can lead to judgment, stereotyping, and unfair treatment.

Although addiction is widely recognized as a disease, people who use or are addicted to opioids often face stigma and judgment in healthcare settings and workplaces. This can make them less likely to access medical care, support, or other resources.

Stigma can have serious consequences for the health of people who use opioids:

- Discouraging them from seeking medical help or support from their employer for fear of being fired, punished, or criminally charged
- Increasing the risk of overdose by leading people to hide their drug use or use drugs alone
- Making it harder to secure housing or a job, which affects overall health and quality of life
- Causing people who use opioids to receive inferior treatment or be denied care in healthcare settings

Stigma surrounding drug use is especially complicated in male-dominated workplaces. Men live with deep-seated societal standards about what is considered “masculine.” These ideas can discourage them from asking for help or offering help to others. Workplaces should encourage people of all genders to speak out if they are struggling with mental health or addiction.

Toxic masculinity

Toxic masculinity refers to harmful or negative behaviours and attitudes associated with traditional “manliness.” Men themselves are not toxic. However, the pressure society places on men to act stereotypically masculine—such as being aggressive, unemotional, or dominant—can harm people of all genders.

There are three common themes of toxic masculinity:

- **Toughness:** This reflects the belief that men must always be strong, aggressive, and unemotional.
- **Anti-femininity:** This reflects the idea that men should avoid anything considered “feminine,” like showing vulnerability or asking for help.
- **Power:** This reflects the pressure for men to gain authority, status, and control in order to earn respect.

Rigid ideas about how men should act can stop them from seeking help when they are struggling—especially

with mental health, substance use, or emotional stress. It can also contribute to unhealthy behaviors in workplaces, relationships, and society.

Toxic masculinity causes many negative health impacts:

- **Glorification of unhealthy habits:** Some men avoid self-care because they see it as being outside the boundaries of masculinity. They may push through pain, skip rest, avoid going to the doctor, or treat their bodies like machines. This can lead to chronic health issues over time.
- **Mental health stigma:** Toxic masculinity often labels emotional struggles—like anxiety, depression, or substance use—as signs of weakness. As a result, many men avoid asking for help. This approach can increase feelings of isolation and make their problems worse.
- **Not helping others:** Research shows that men who strongly identify with traditional masculinity are less likely to step in or help others in distress—like stopping a bully or offering emotional support. However, they may step up if they feel their masculinity or reputation is on the line.
- **Increased risk of suicide and harmful substance use:** Compared to women, men in Canada have higher rates of suicide, addiction, and death by opioid overdose.

Men can be positive role models in their workplaces when they:

- Learn about toxic masculinity and help others understand how it affects health, safety, and workplace relationships
- Challenge harmful social norms and speak up when they see bullying, exclusion, or unsafe behaviour
- Share their own self-care habits to show that taking care of their physical and mental health is a sign of strength rather than weakness
- Use [IHSA's toxic masculinity mental health resource](#) as a tool to spark conversations and promote a healthier workplace culture

Managing chronic pain at work

Chronic pain—pain that lasts for longer than three months—is recognized by the World Health Organization (WHO) as a disease, not as a symptom of disease. It is a physical and emotional experience that can seriously affect quality of life.

There are two types of chronic pain:

1. **Chronic primary pain:** This type of pain happens when there is no clear injury or after an injury has already healed. It can include residual nerve pain, fibromyalgia, lower back pain, pelvic pain, and musculoskeletal pain.
2. **Chronic secondary pain:** This type of pain can be linked to another medical condition, such as cancer or cancer treatment, post-surgical pain, rheumatoid arthritis, or other chronic diseases.

Working with chronic pain

Chronic pain is more than just a medical issue—it is a workplace issue. According to [Health Canada](#), nearly 8 million Canadians live with chronic pain. It affects their body, emotions, mental health, relationships, and ability to work. You can have a positive impact on worker well-being by understanding how chronic pain affects people's ability to work and creating a supportive work environment.

Some factors are influencing the rise of chronic pain in the workplace:

- An aging workforce
- Long work hours and physically demanding jobs
- Pain from long COVID-19
- Delayed treatment during the COVID-19 pandemic

Chronic pain is often an invisible condition, and it can be hard for others to recognize or understand. When people with chronic pain feel misunderstood or judged, they may avoid seeking professional medical care and self-medicate with opioids or other substances.

Treating chronic pain with opioids

Although opioids can be helpful for short-term pain relief, long-term use poses serious risks. According to a [2017 study](#) from the U.S. Centers for Disease Control and Prevention (CDC), each additional day of opioid use increases the risk of dependence. A second opioid prescription after an injury or surgery doubles the chance of long-term use.

While managing pain is critical to helping workers return to life and work, it is just as important to understand the risks that come with using opioids. People who use prescribed or illicit opioids are at risk of opioid addiction or overdose, and this risk increases with long-term use. It is essential for anyone living with chronic pain to work closely with their doctor to create a pain management plan that avoids long-term opioid use whenever possible.

Treating pain with opioids comes with benefits and risks. According to [Health Canada](#), people with chronic pain must make decision about prescription medications with their doctor.

Chronic pain in the trades

Many trades workers live with chronic pain. For some, complete relief is impossible. Chronic pain can have the following outcomes for trades workers:

- More time off work
- Difficulty concentrating or staying productive
- Physical limitations on the job
- Increased stress or frustration
- The use of other substances to cope

It is important that workers understand that they must manage chronic pain with their primary health care provider or a pain clinic. Workers should understand the risks of prolonged opioid use. They should also talk to their doctor about alternatives to opioids for pain management and reassess opioid treatment regularly with a medical professional.

Managing chronic pain safely

Managing chronic pain safely often involves using a combination of therapies that are specific to the person's unique needs and goals. Treatment is not always about eliminating pain completely. Instead, the goal is often to reduce pain and improve quality of life in areas like:

- Cognitive health (i.e., thinking and focus)
- Psychological health (i.e., mood and emotions)
- Social function (i.e., interacting with others)
- Physical function (i.e., movement and daily activities)

There is no one-size-fits-all solution to chronic pain. People living with chronic pain should work with healthcare providers to find what works best for them. Some common treatment options include:

- Medication
- Psychological interventions (e.g., therapy, counselling, etc.)
- Physical and rehabilitation therapies
- Practitioner-administered or manual therapy (e.g., massage, chiropractic care, etc.)
- Self-management strategies (e.g., pacing, relaxation techniques, goal setting, etc.)