

A quick-reference guide for employers

Problematic opioid use is a workplace hazard. Employers are responsible for understanding and managing it like any other hazard. Workers in construction and its related trades are vulnerable to opioid misuse and the harms it can cause.

## Why are workers in construction more vulnerable to opioid misuse? The reasons are complex, but risk factors include:

- An increased need for pharmaceutical pain management —due to the physically demanding nature of the work and higher rates of injury versus other sectors.
- A "work hard, play hard" culture that accepts general substance use as a coping technique. For example, drinking after a shift to relieve the stress of the day. For some workers, this behaviour can escalate to become a problematic substance use disorder, such as an opioid use disorder (OUD).
- Stigma around drug misuse and substance use disorders within families, the healthcare system and society, which can make it difficult for individuals to reach out for support.
- Outdated social norms about masculinity mean men, in general, are less likely to seek help.
- Systemic workplace issues, such as rushed contracts that require workers to "get a job done at all costs," and poor supervisor training on key issues like addiction, impairment management, accommodations, etc.

#### Some common opioids (prescription or illicit) include:

- Hydromorphone
- Fentanyl
- Carfentanil
- Morphine

- Heroin
- Methadone
- Oxycodone
- Opium

## Recent statistics about opioid harms show that there is a need to ACT NOW.

- Between 2018 and 2021, 366 construction workers in Ontario lost their lives due to opioid toxicity.<sup>ii</sup> That is an average of 91 workers per year.
- In comparison, about 20 Ontario construction workers lose their lives each year due to jobsite incidents.<sup>iii</sup>
- In 2020, of those Ontarians who died by opioid overdose and who were employed, 30% worked in construction, making it the most impacted industry.
- Of those construction workers, 98% were male.<sup>v</sup>

## The problem is getting worse. But you might not notice it at work.

- In 2020, opioid toxicity deaths in Ontario increased by 60%, This trend has continued in 2021 and 2022,
- However, less than 2% of the deaths occurred on construction sites or in hotels/motels used for work purposes.<sup>viii</sup> Instead, 79% of deaths occurred in a private residence.<sup>ix</sup>

## Illicit drug consumption and toxic drug supply are key drivers for the increase in opioid-related deaths.

- Illegally obtained drugs—mainly fentanyl—directly contributed to almost 90% of opioid-related deaths between 2018 and 2021.<sup>x</sup>
- In contrast, opioids prescribed for pain management contributed to only approximately 11% of deaths.xi
- Opioids are not the only concern for employers in the construction industry. Stimulants such as cocaine and methamphetamines are also causing harm to workers.
   From 2018 to 2021, stimulants were a contributing factor in almost 55% of opioid toxicity deaths in Ontario.xii

# Addressing the risks of opioid-related harms is a workplace issue

Opioid use disorder (and drug misuse in general) often goes unnoticed and unsupported at workplaces—for a host of complex reasons, as noted. But regardless of the problem's visibility, it remains important for workplaces to assess and address the risks associated with opioid-related harms.

#### **Opioid-related harms**

Opioid-related harms are the negative health outcomes caused by opioids. They can include opioid use disorder, opioid poisoning (overdose), and death. In the workplace, these opioid-related harms can also lead to secondary harms to the individual, such as possible loss of job or social isolation, and harms to others, such as emotional distress or possible physical injury, among several other risks.

## At minimum, workplaces should manage the potential for opioid-related harms by:

 Managing impairment as a safety concern, which includes drug impairment among other impairment

- sources (e.g., fatigue). See the <u>Canadian Standards</u>
  <u>Association's Z1008:21 Management of Impairment in the Workplace</u> for more information.
- Reducing the risk of injuries and repetitive strain through safe practices and ergonomics. See <u>IHSA's</u> <u>Musculoskeletal Disorders & Ergonomics toolkit</u>.
- Supporting the mental health of workers by building a robust total worker well-being strategy. See <u>IHSA's</u> <u>Employer Mental Health toolkit</u>.
- Improving the workplace's culture of support. See <a href="HSA's Supporter toolkit">HSA's Supporter toolkit</a>.
- Working to reduce stigma and discrimination related to drug use and its harms. See <u>IHSA's The Opioid Crisis in</u> the Trades toolkit.
- Addressing systemic workplace barriers that may prevent access to treatment. See <u>IHSA's The Opioid Crisis</u> in the Trades toolkit.



# Changes to the OHSA: Naloxone in Ontario Workplaces

## Ontario's Occupational Health and Safety Act requires employers to<sup>xiii</sup>:

- Provide a naloxone kit when he or she (i.e., the employer) becomes aware, or ought reasonably to be aware, that there may be a risk of a worker having an opioid overdose at the workplace.
- Maintain the naloxone kit in good condition.

 Ensure that, any time there are workers in the workplace, the naloxone kit is in the charge of a worker who works near the kit and who has received training on recognizing an opioid overdose, administering naloxone, and any hazards related to the administration of naloxone.

As of June 1, 2023, Ontario law requires at-risk employers to ensure their workplaces have naloxone kits on site, as well as workers who are trained on how to administer naloxone.\*\*
For more details, click here.

### What is Naloxone?

Naloxone is a medication that temporarily reverses an opioid overdose. When someone overdoses on opioids, their breathing either slows or stops completely. If used right away, naloxone can help an overdose victim to breathe normally and regain consciousness. Naloxone can be injected or given as a nasal spray; most workplaces prefer nasal spray kits.

#### Side effects of naloxonexv

- Serious side effects from naloxone use are very rare.
- Allergic reaction to naloxone is very uncommon.
- Using naloxone during an overdose far outweighs any risk of side effects.
- Even if you are uncertain about the cause of a person's unconsciousness, giving them naloxone is not likely to cause further harm.

 In rare cases, naloxone may cause acute opioid withdrawal symptoms such as body aches, increased heart rate, irritability, agitation, vomiting, diarrhea, or convulsions.

#### Limitations of naloxonexvi

- Naloxone will not reverse an overdose due to other substances (e.g., alcohol, benzodiazepines, cocaine, or amphetamines).
- You may need to give more than one dose of naloxone to reverse some opioid overdoses.
- If a person has taken a large amount of opioids, very potent opioids, or long acting opioids, giving them naloxone may not be enough. For this reason, call 911 immediately for every overdose situation.

# **Build Your Naloxone First Aid Program**

The Canadian Centre for Occupational Health and Safety offers the following guidance.

#### Be proactivexvii

- Develop naloxone-specific policies and procedures in consultation with your health and safety committee or representative.
- Ensure all employees know their responsibilities if an opioid overdose occurs at the workplace.
- Workers designated to administer naloxone should also be trained to recognize the signs of an opioid overdose, and understand the steps to take. First aid training, including cardio pulmonary resuscitation (CPR), is recommended.
- Make appropriate personal protective equipment (PPE) available for employees who administer naloxone, to protect against exposure to biological hazards.
- Provide support after an incident. The experience may be traumatic: workers may benefit from psychological/ mental health counselling.

#### Consider your naloxone program's maintenance needsxviii

- Periodically reevaluate your program. Assess for new risks. Maintain equipment and restock naloxone, other first aid supplies, and PPE, when necessary.
- Check for updates to procedures and guidance. Incorporate new medical and emergency-response guidance regarding the purchase, storage, and administration of naloxone, when necessary.
- Schedule refresher training annually. Training on opioid overdoses and naloxone use can be combined with other first aid/CPR training and certifications.





## **IHSA Opioid-Related Information and Resources**

#### For Employers and Unions

- The Opioid Crisis in the Trades: Moving Beyond
   Awareness to a Plan of Action (free on-demand webinar)
- The Opioid Crisis in the Trades online toolkit
- Mental Health and Addictions Consulting and Training
- IHSA Safety Podcast, Episode 38: Understanding Opioids, and the Crisis in Canada (part one)
- IHSA Safety Podcast, Episode 43: Understanding Opioids, and the Crisis in Canada (part two)

#### For Supervisors and Support Persons

- Naloxone training (eLearning)
- Mental Health/Addictions Supporter toolkit
- The Opioid Crisis in the Trades toolkit
- Safety talks on mental health topics
- How to Talk About Mental Health at Your Workplace, a Facilitator's Guide
- IHSA Safety Podcast episodes on mental health

#### **For Workers**

- Workplace mental health toolkit for workers
- IHSA Safety Podcast episodes on mental health

#### **Other Resources**

- Implementation Guideline for CSA Z1008 Management of impairment in the workplace, with a focus on impairment due to substance use
- CSA Z1008:21 Management of impairment in the workplace
- Reducing Harms: Recognizing and Responding to Opioid Overdoses in Your Organization
- First Aid Administering Naloxone
- St. John's Ambulance opioid response training
- Canadian Red Cross naloxone training for workplaces
- <u>Canadian Centre for Substance Use and</u>
   Addictions opioids
- Government of Canada information on opioid overdoses
- Recognize and temporarily reverse an opioid overdose
- Canada's Good Samaritan law
- How to talk to a friend or family member about drugs
- Substance use and addiction

## **Endnotes**

Ontario Drug Policy Research Network (ODPRN), "Lives Lost to Opioid Toxicity among Ontarians Who Worked in the Construction Industry," July 2022

"ODPRN, "Lives Lost"

Occupational Health & Safety, "Construction Workers Fatalities in Ontario, Canada On the Rise,"

December 2020

<sup>™</sup>Ontario Drug Policy Research Network, "Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic," May 2021

<u> YODPRN, "Lives Lost"</u>

viODPRN, "Preliminary Patterns"

<u>uiPublic Health Ontario, "Interactive Opioid Tool"</u>

viiiODPRN, "Lives Lost"

<u>i×</u>ODPRN, "Lives Lost"

<u>×ODPRN, "Lives Lost"</u>

**XIODPRN**, "Lives Lost"

xiii Ontario Drug Policy Research Network, "Contributions of Stimulants and Varying Modes of Drug Use to Opioid Toxicity Deaths Across Public Health Units in Ontario, Canada," November 2022

<u>XIIIODPRN</u>, "Contributions of Stimulants"

xivGovernment of Ontario, "Ontario Providing Free Naloxone Kits in Workplaces," December 2022

<sup>xx</sup>National Institute for Occupational Health and Safety (NIOSH), "Using Naloxone to Reverse Opioid Overdose in the Workplace," 2019

xviNIOSH, "Using Naloxone"

<u>XVII</u>Canadian Centre for Occupational Health and Safety, "First Aid - Administering Naloxone," January 2020

xviiiNIOSH. "Using Naloxone"

# Tell us what you think



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