

Opioid and Substance misuse in the Building Trades: A strategy to deal with an epidemic.

Presented by Mr. Carmine Tiano

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Construction Background

- Workplace accidents and occupational disease affect construction workers at an alarmingly high rate.
- The construction industry is totally different from industrial or service sector workplaces.
- A typical construction project will only employ people until the structure is completed; then the employer moves on to another project.
- The typical construction worker works from a hiring hall, and will remain with the employer for only a few months, at most, then move on.
- Little continuity in the workplace nor is it likely that a worker will remain employed by the same company for a prolonged period of time.



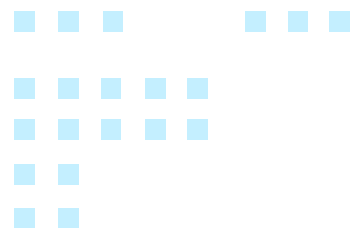
Construction Background

- Common in the sector for employers to structure employment for each project through a new numbered corporation, so that even the employer's status changes at the end of each project.
- The nature of the construction industry creates a completely different set of needs for the workers represented by the construction unions.
- Unlike industrial workers, few construction workers have a regular place of work.
- The workplace changes from day to day as projects are completed. The nature of the industry makes constant change the norm rather the exception.



Construction Background

- The trades employed on a construction project also differ considerably from one to the other.
- The conditions of employment for a carpenter are far different than those of an ironworker or an electrician.
- Each of the trades has its own unique task and thus unique needs and external/internal procedures to deal with workplace issues.
- In addition to trade differences, individual construction locals are by and large autonomous entities.
- This means that local unions within the same trade may have different procedures to deal with workplace issues.
- For example, two Bricklayer locals, although representing workers in the same trade, will likely not share the same internal policies.



Construction Accident Statistics:

“A Potemkin Village”



Lost Time Stats Construction 2008 to 2021

- 2008 to 2017, there was a total **45,380 accepted** LTI claims (**4,538 yearly average**).
- An average LTI rate of **1.27 per 100 workers or 10.2% of all lost time claims**.
- Between 2008 to 2017 for the construction rate **No Lost Time Injury** (NLTI) data was available.
- NLTI claims is where workers sustained an injury, however the employer- following the day of injury- **provided modified duties which warranted no lost time**.
- In 2020, WSIB changed its classifications into **6 construction rate groups** and began reporting LTI vs NLTI.

Construction Classification	2020 LTI vs NLTl per 100 workers		2021 LTI vs NLTl per 100 workers	
G1 Residential Construction	LTI	0.84	LTI	1.32
	NLTl	2.04	NLTl	2.01
G2 Infrastructure	LTI	0.79	LTI	0.95
	NLTl	4.23	NLTl	4.34
G3 Foundation/Structures	LTI	1.53	LTI	1.86
	NLTl	4.12	NLTl	4.38
G4 Building Construction	LTI	0.87	LTI	1.20
	NLTl	3.12	NLTl	3.30
G5 Specialty Trades	LTI	0.91	LTI	1.08
	NLTl	1.71	NLTl	1.82
G6 Non-Res Con			LTI	0.66
			NLTl	2.67



Critical Injuries 2016-2022

2016	182
2017	271
2018	255
2019	264
2020	263
2021	323
2022	371



Low LTI does not mean Safe

- Despite the low LTI rates, employers have simply increased the rates at which they provide modified work.
- This approach has kept employer costs down and created the appearance they are **“accident free.”**
- Accident-free is a good perception to create when bidding on contracts.
- Worker deaths and critical injuries paint a different picture.



Compensation Landscape: Not Supportive

- Many construction workers do not report “wear and tear injuries” (disablement/gradual onset) due to stigma and fear of employer retaliation.
- Even when “wear and tear” (disablement/gradual onset) injuries are reported to a compensation provider, they are routinely denied.
- Example: In Ontario, the WSIB’s continued aggressive approach to adjudication has created a number of challenges when dealing with entitlement issues.
- Too often, gradual onset disablements are denied, even when all, or almost all, medical evidence supports work relatedness.



Compensation Landscape: Not Supportive

- Attributing ongoing symptoms to a pre-existing condition has become the main tool to limit benefits for work-related injuries.
- In the past few years, the Board has regularly denied ongoing entitlement where workers have not recovered from a strain or musculoskeletal injury within the “expected” recovery time and test results show the presence of any pre-existing degenerative findings.
- Older workers have been especially hard hit: the Board tells these workers that their injuries should have healed and blames any ongoing symptoms on age-related degeneration.
- Result: Workers do not claim for benefits and they struggle with pain.
- Which often leads to substance use



The opioid overdose crisis in Canada

26,690

Since 2016, there have been over **26,690** opioid-related deaths

20

In 2021 (January to September), on average, **20** people died per day

17

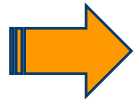
In 2021 (January to September), on average, **17** were hospitalized per day

86%

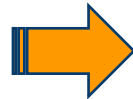
In 2021, (January to September), **86%** of opioid-related deaths involved fentanyl, a very strong opioid that is now being found in other illegal drugs



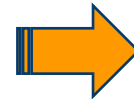
The Chain of Events



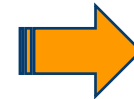
1. Over-reliance on opioid prescriptions



2. Increase in diverted or illegally produced opioids



3. Unprecedented rise in synthetic opioids (e.g., Fentanyl)



4. Fentanyl dominates illegal market & is mixed with other drugs causing toxic illegal drug supply

1. The opioid overdose crisis **started by high opioid prescribing**, causing some to become dependant
2. Then **opioids were being illegally made and sold**
3. Because of demand, **strong synthetic opioids (like illegally produced fentanyl) started infiltrating the illegal market**
4. Now, **most opioid overdose deaths are caused by people looking for strong opioids like fentanyl, by mixing drugs or by taking other illegal drugs that contain fentanyl (sometimes without knowing)**



Opioids and the construction community

- In the recent report, [*Changing Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic*](#), of the nearly 2,500 opioid-related deaths reported in Ontario, 30% were employed in the construction industry.



Opioids and the Construction Industry

Industry (using the North American Industry Classification System)	Pre-Pandemic Cohort N=192	Pandemic Cohort N=264	P-Value
Construction	57 (29.7%)	78 (29.5%)	0.97
Retail trade	7 (3.6%)	15 (5.7%)	0.32
Transportation and warehousing	8 (4.2%)	15 (5.7%)	0.47
Health care and social assistance	9 (4.7%)	14 (5.3%)	0.77
Accommodation and food services	12 (6.3%)	12 (4.5%)	0.42
Manufacturing	10 (5.2%)	12 (4.5%)	0.74
Other services*	46 (24.0%)	61 (23.1%)	0.83
Other Trades**	11 (5.7%)	15 (5.7%)	0.98
Unknown	32 (16.7%)	42 (15.9%)	0.83



Men in Trades are disproportionately impacted

- Since 2016, around $\frac{3}{4}$ of opioid-related deaths were men
- Men in trades are overly represented:
 - Of people who were employed at the time of death, **30-50% were employed in trades**



Work hard, play hard

- Many trades workplaces have a “work hard, play hard” culture, especially outside of work.
- Men are more likely to use substances to cope with stress or mental health issues.
- Men are less likely to reach out for help because there is a pressure to be “strong.”



Hard, physical labour takes a toll

- Hard physical labour takes a toll on the body.
- It increases the risk of injury and can result in pain.
- When taken properly, pain medication like prescription opioids, can help manage pain.
- But some take higher doses of opioids or seek illegal opioids to keep working through pain which creates a **higher risk for addiction & harms.**



Five drivers of drug dependency

- The DeNovoTreatment Centre (<https://denovo.ca/>) conducted a study in 2021 called the “5 Drivers of Substance Addiction/Suicide”* which lists the five key causes leading people to substance dependency and/or to suicide.

1. Work Habits & Schedule	44-49%
2. Personal Relations	45-47%
3. Stress, Anxiety & Depression	40-41%
4. Finances	35-44%
5. Discrimination & Abuse	24-26%



Five drivers of drug dependency

1. Work Habits and Schedule (44-49%)

- Physical pain due to the kind of work involved.
- Long working hours.
- Not eating properly or following a healthy lifestyle.
- Working in shifts which can cause irregular sleeping patterns and/or trouble falling asleep, feeling tired and low on energy.

2. Personal Relations (45-47%)

- Staying away from home and/or family for extended periods of time.
- Living on the go, travelling a lot, staying in hotels and not being able to spend enough time at home.
- Inability to maintain relationships.
- Feeling isolated and cut off from family and friends. Not having anyone to talk to. Feeling of being alone or lonely.



Five drivers of drug dependency

3. Stress, Anxiety and Depression (40-41%)

- Work-related stress.
- Feeling sad, depressed or hopeless.
- Feeling anxious, restless or uneasy. In fact, people with a mental illness are twice as likely to have a substance dependency compared to the general population (Rush et al., 2008).

4. Finances (35-44%)

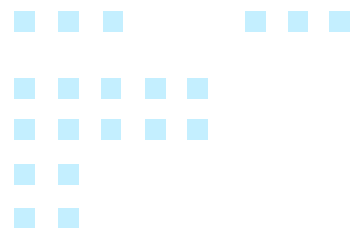
- Financial insecurity.
- Inability to pay bills.
- Uncertainty about the next job and/or obtaining a new job.

5. Discrimination and Abuse (24-26%)

- Includes bullying by colleagues and/or supervisors.
 - On-the-job site physical, verbal or mental abuse.
 - Difficulty with fitting in with colleagues.
 - Being from a different racial or ethnic background (being non-white). Speaking a different language.
 - Discrimination by gender (i.e., being a woman in a male dominated industry) and/or sexual orientation. Sexual harassment.
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Policy and Program Activities Across the Continuum of Care

ELEMENTS	PREVENTION	TREATMENT	RECOVERY
Building Culture of Care			
Worker Education	Educate risks and non-opioid options	Know signs of impairment and benefit of seeking help	Learn non stigma language
Supervisor Training	Educate risks and know safety sensitive risks	Know signs of impairment and benefit of seeking help	Find appropriate accommodation for RTW
Health Care Coverage	Screen for opioid use and mental health	Cover non opioid pain treatments	Cover recovery treatment, medications for opioid use disorder and behavioral counselling
EAP	Train employees/ supervisors and healthy behaviors	Provide counselling and referral to services	Support workers during critical incidents response
Legal: Safety & Work Accommodations	Provide safe & healthy working conditions	Protect privacy	Accommodations for those in recovery



**For a copy of this presentation, please contact me
at carmine@ontariobuildingtrades.com**