



**Announcer**

It's time for the *IHSA Safety Podcast*.

**Enzo Garritano:**

Welcome to the IHSA Safety Podcast. I'm Enzo Garritano, president and CEO of IHSA. In today's episode on Understanding Opioids and the Crisis in Canada, host Ken Rayner speaks with guests Bill Roy, Director of Strategy and Integration Branch with the prevention office at the Ministry of Labour, Immigration, Training, and Skills Development, and Mark Barnes, Pharmacist and the owner of Respect Rx Pharmacies and a leading expert on the opioid poisoning crisis. Ken, over to you.

**Ken Rayner:**

Thanks, Enzo. All right, welcome to the *IHSA Safety Podcast*. Bill Roy and Mark Barnes, great to have you both here.

**Bill Roy:**

Thank you very much for having us.

**Mark Barnes:**

Yeah, thank you.

**Ken Rayner:**

We are going to have a most important discussion on understanding what are opioids and why are they causing a crisis in Canada? So Bill, if we can start with you first, as I understand, on April 11, 2022, *Bill 88: Working for Workers Act* received royal assent and became law. Included in Bill 88 were changes to the *Occupational Health and Safety Act*. Bill, what were those changes? Why are they necessary? And when do they take effect?

**Bill Roy:**

All right. Yeah, thanks, Ken. So what those changes? So Schedule 4, which is part of Bill 88, made amendments to the *Occupational Health and Safety Act*, and those were related to the provision of naloxone in the workplace. So naloxone, just to define it, I'm sure Mark will have a more definitive definition, naloxone's a life-saving drug that can temporarily reverse the effects of an opioid overdose if used within a short period following an overdose. So the provision, should it be proclaimed into force, the naloxone requirements in the *Occupational Health and Safety Act* will require employers to provide a naloxone kit in the workplace and ensure that worker training related to administering naloxone has taken place. So that's where the employer is aware or ought to reasonably be aware that the risk of a worker may have an opioid overdose within the workplace.

So I want to emphasize upfront that naloxone amendments in the *Occupational Health and Safety Act* are not yet in force, and as such, workplace parties do not yet have to comply with the naloxone related requirements. So that said, I'm happy to provide extra information on the changes that have not yet come into force.

In terms of providing a naloxone kit in the workplace, if there's a risk of a worker opioid overdose in the workplace, an employer could become aware of the risk of an overdose in several ways. It could be a worker voluntarily discloses their opioid use to the employer, medical professionals advising the employer of worker use, or maybe it's through the joint health and safety committee or a health and safety rep raising it as a potential issue in the workplace. So employers who do not have any risk of a worker overdose or are not aware of any risk would not be required to do anything for this new regulation. So the Ministry intends to prepare public-facing guidance outlining just how to comply, and specify how an employer can become aware of the risk of a worker opioid overdose at the workplace.

So in terms of maintaining and storing kits and training workers, an employer must ensure that, in a workplace where they're required to provide and maintain a kit, that a worker in charge of the kit who works in its vicinity and has received training to recognize an opioid overdose can administer that naloxone and understands the hazards related to the administration of naloxone.

So you asked also why it is necessary. So the rising rate of opioid related overdoses and deaths in Canada poses a significant national public health crisis, and that's been happening for over a decade now. Here in Ontario as well, deaths from opioids have been going up every year for over 20 years. Sorry, with the onset of the pandemic, the opioid crisis has worsened even further with COVID, with the weekly number of deaths going up from 34 to 46. So it's approximately 2,500 people who have died from opioid related causes in Ontario in 2020. This represents an increase of 60 per cent in opioid-related deaths compared to 2019. So it's something that certainly we've heard from stakeholders, and our minister is very passionate, specifically in some sectors that he has mentioned, where he feels that this is a step that the Ontario government needs to take.

So in workplaces, workers in physically demanding jobs are most prone to work-related injuries leading to the need for pain management. So these combined with factors such as lack of appropriate sick leave or accommodation, hourly pay rates, precarious work, seasonal work, and closed culture, or more stigma about mental health and substance abuse puts workers at a higher risk of opioid use and harms. So of the 2,500 opioid related deaths in 2020, for example, 13 per cent were among the employed individuals and of those, 30 per cent worked within the construction sector.

So the amendments to the Act: we're trying to ensure that workplaces have a mechanism in place by which workers can intervene and save lives. So we think that equipping workers in the workplace, where there's a risk of that overdose happening, with training and kits is therefore our number one goal of the amendment.

As far as when they take effect, the naloxone amendments in the act are not yet in force. Such workplace parties don't have to comply yet, as I said. So the Ministry is working to ensure naloxone kits and associated training are going to be available to workplaces before these new requirements come into force.

**Ken Rayner:**

Wow. 2,500 Ontarians losing their life to an opioid overdose in 2020, I think you said, Bill. So appreciating to all those employers that are listening to this podcast today, understanding you aren't required by law to do this, but it certainly sounds like it's the moral thing to do in terms of ensuring that your workers are protected.

Just keeping that in context, if I'm not mistaken, I think on an annual basis, there's about 400 fatalities on Ontario roads. Just to put that in context, if someone says, "Well, what's 2,500 compared to?" That, wow, that's significant.

Okay, so one more question for you on this then, Bill, before we go to Mark. In terms of...So, somebody's listening to this podcast, they go, "Wow, 2,500 deaths, didn't realize it was that much." Have heard the term opioids before, maybe not certain what it applies to and maybe have never heard of naloxone. Where would an employer go from a website perspective on your recommendation, Bill, to understand more about opioids?

**Bill Roy:**

So for opioids themselves in general, we have a website, [ontario.ca](http://ontario.ca) here in the province. And if you do a search for "understanding opioids", that will pop up. You'll get that homepage site with a good description of guidance materials on naloxone, and when it'll be posted, all that's going to be up there on the website.

So as I said, we're still building a preventative front-end for this, because we feel that it's really important to address stigma reduction, harm reduction, how to direct workplaces to get to the help that they need, such as what Mark provides. So that's a two-part, it's a two-part piece. The first is that prevention piece, which will help people to understand whether they need a kit or not. And then secondly we'll also looking at how are we going to distribute as well as provide training to employers across the province who need it.

**Ken Rayner:**

All right, so thrilled to bring onto this to join the conversation here one of Canada's leading experts on the opioid poisoning crisis, Mark Barnes. So Mark, thanks so much for joining us. Maybe you could start, just tell us your story and how you became so involved with the raising awareness on the dangers of opioids.

**Mark Barnes:**

Yeah, my story's personal, as most things that have the most effect are. So I'm a pharmacist in Ottawa area, the Ottawa-based area. And as a regular community pharmacist—long before being a passionate advocate for a respectful approach to substance misuse and complex mental health—just a regular community pharmacist, like at the 4,600 pharmacies across Ontario, I dispensed a fentanyl pain patch, a very powerful opioid pain patch, to a dying cancer patient. That cancer patient in turn sold the patch to a 19-year-old, a youth in our community, who cut the patch up with his buddies, chewed some of it, drank some alcohol and was dead five minutes later at a party. So that led to the Ottawa Police Service coming to my pharmacy a few days later, and this was a decade ago, of course, 2012, as Bill alluded to earlier, this has been on the go, happening for a while.

Police came to my pharmacy to discuss how my patch was found at the scene of a party on a Saturday night, and I couldn't answer the question. I dispensed it to a dying cancer patient from an oncologist. I couldn't tell them why. But when the police left, I certainly felt very worried about the situation. I felt mad, of course, disappointed that if we can't trust, and I use that word trust in very, very open terms now, being 10 years later, but a dying cancer patient with opioids, then what are we going to do with this? Right? Where are we going to go from here?

So that led us to kind of start right away fentanyl patch return program for pharmacies in Ottawa and then through North Bay and Vic Fedeli. It actually also gained royal assent and is now Bill 33: Safeguarding our Communities Act, the Fentanyl Patch Return program, which gained royal assent back in 2014. So this is my second time sort of being loosely involved with legislation in around an opioid overdose prevention tool, right? Or an awareness tool.

So that led us to open our centres for substance misuse and complex mental health. And then through that early work, Ken learning about why people use substances, what really is involved in an opioid use disorder, that it's not a character flaw or a moral insufficiency but rather a true mental health disorder, led to my advocacy work that I'm doing now.

**Ken Rayner:**

Wow. Mark, I'm going to guess the majority of our listeners have never been involved with an opioid overdose before and certainly haven't seen somebody administer naloxone to an overdose victim. Could you describe that for us in terms of what that looks like and how naloxone can be administered to save someone's life?

**Mark Barnes:**

Right. Well, it's very simple. We're lucky, and I applaud the minister of health actually for making the decision back in 2016 to allow every Ontario resident to access free nasal Narcan. So it's a nasal spray version of the naloxone in Ontario to be able to administer this in the event of an opioid overdose.

Now, though we call it a drug, because it is certainly, I like to think of Narcan and changing the literature and the conversation around it as a medicine. And to me, it's a medicine that keeps people breathing until they have the chance to get well mentally. And it's simple, an overdose—it's very easy to identify. It kind of looks like someone stops breathing right away in front of you, because that's actually what happens. We use opioids at high doses to put you to sleep for surgery, so think about that whole process. And within five or six seconds, you're unconscious. Really, you're into an overdose so we can do that knee replacement on you. But the first thing an anesthesiologist or a physician will do in that pre-op procedure is they'll intubate and ventilate. They'll keep you breathing with machines.

Well, on the street, you don't have that option, so you stop breathing. So the person starts gasping for air, you hear a large gasping, choking sound, the person's starting to turn blue in the face or gray, depending on the complexion of the skin. The pupils are very pinpoint as they lose that and the person starts to foam at the mouth and shake and these kind of the common symptoms.

Then with the nasal spray, which is a single-use device, simple nasal spray administered, calling 911 and starting CPR, you can reactivate breathing at two to four minutes. Let's think about construction, think

about the large industry, the large projects where people are up in temporary elevators at high rises being built, and how long would it take to get EMS to those places. This is essential that some workplaces. And that's why for me, I really am excited the minister of labour made this decision to implement this Bill 88.

**Ken Rayner:**

Terrific. Thanks, Mark. Mark, one of our last podcastz, we were doing a series on mental health, which involved addressing stigma with mental health. So does stigma contribute to the issue we have today with opioid overdoses and the crisis we find ourselves in today?

**Mark Barnes:**

Well, it's one of the two biggest reasons we're in the situation we're in, is not really understanding it. And you know what? I have to say, Ken and Bill, myself as a young pharmacist, I don't think I really understood why people used opioids in the first place. As a young pharmacist, I kind of thought, "Hey, just stop taking them. What's your problem?" Kind of thing.

And in my own evolution, which is well documented through my patients, I learned quickly that this is not a character flaw. This is not a moral insufficiency. We use opioids to kill pain because they're painkillers. But well-documented in Ontario and over 70 per cent of the time, people use opioids to kill mental pain. And that's what you don't understand. The pain goes from physical to mental very quickly. And of all the substances out there, really, the best drug, substance, whatever, turning off the brain from trauma that you've experienced in your life, whether it's losing a job or worried about a job site, whether it's marriage trouble, financial issues, whatever, loss of a career, injury where you cannot perform your duties, whatever trauma you're experiencing in your life, the best substance to turn off the brain from all that is an opioid, right?

People describe it, how it affects them mentally in very, very vivid terms I'll share. They describe it as being filled with liquid caramel or having a warm hug. Very powerful literature describe how it makes them feel mentally, because they're trying to off the brain from the trauma. People and the stigma in and around that don't understand that despite consequences like loss of career, loss of job, kicked off jobsites, losing their friends, family, loved ones, money, they can't stop because they're using that opioid for a whole different reason than we would. They're using it to turn off the brain from a mental illness that takes years to fix.

And though this bill has a value on the jobsite—it really does, as we know, one in three are in that construction sector—the real inherent value of this education tool among health and safety professionals is what happens after work. That now this message of support is going to be taken home where people feel that, "You know what? I can maybe disclose to my employee assistance program that I have a problem." And that they're starting to recognize that we do have issues in our sector and we're going to step up the plate and fight them.

**Ken Rayner:**

Yeah, we've got a lot of work to do here. So Bill, maybe last question to you. What message do you have for employers, for supervisors listening to the podcast today regarding what steps they can take to support the workers that are at risk?

**Bill Roy:**

Yeah, Ken, thanks. There's certainly resources that are available right now online for employers and supervisors. For example, we have a partner here that's federal in Canada called the Canadian Centre for Occupational Health and Safety. And they have an Opioids in the Workplace Fact Sheet that talks about opioids themselves, why they're a concern for the workplace, and what workplaces can do.

I think it's important for employers to provide education and training to their employees on topics such as awareness of the impact of using opioids. You heard Mark talk about the speed at which the effects can take place, right? So it could include encouraging employees to talk to their healthcare providers about other options for pain management. But as Mark said, this isn't necessarily something that's prescribed, right? These individuals are trying to take this to avoid pain or to avoid some other issue that they may have.

So one great resource for construction though, is created by yourselves at the IHSA, Ken. So it's opioids in the trades, it's a safety talk guide. So for those that don't know, a safety talk is something that we would have a supervisor, before the day starts, you drop the tailgate down on the back of your truck, you get the crew to sit around and you say, "Listen, today we're going to talk about opioids. It's a significant problem." So IHSA has created a guide, which is fantastic.

As we heard, the construction sector has a disproportionate impact from opioids and the crisis that's going on. So the tactics talked about in the resource are reducing stigma in the workplace around opioids use. So this can be a real barrier for people seeking help, right? That they don't want anyone else to judge them for what they're doing.

Provide employee assistance programs. You heard Mark talk about that. Can they access those away from work in a private setting where they can address the problems and talk to somebody about it, and maybe get assistance with drug use and some of their dependence or maybe an addiction if they have one?

We also have the Canadian Centre on Substance Use and Addiction. So they developed a toolkit. It's a long name, I apologize. They did it in partnership with Health Canada and it's called *Substance Use and the Workplace: Supporting Employers and Employees in the Trades*. Again, focusing in on where that disproportionate amount of individuals are working and those that have been found to have an issue with opioids. So it contains links from across 30 organizations in Canada, can be used by employers and employees to help with harm reduction, particularly those working in the construction sector as well as the trades. So I encourage employers and supervisors to refer to those fact sheets that I talked about, try and get any kind of additional information or ideas on how they can support their employees.

Furthermore, as you know, the IHSA is going to be leading the development of a new prevention program. So this could be, we're going to be calling it, so far, Addressing Workplace Risk Factors for Opioid-related Harms. And it's going to be initially triggered in the construction sector. The goal of the program is, as I mentioned before, that it's to link with this ultimate solution that we're trying to affect

within Ontario workplaces. We want parties to be able to identify and understand workplace-risk risk factors of opioid-related harms and how to effectively address the risk factors. So watch for more information coming on that soon.

And I think, finally, employers can also monitor opioid related trends in their sector. So the IWH, it's the Institute for Work & Health here in Ontario, and the Occupational Cancer Research Centre of Ontario have collaborated to make a surveillance program which monitors opioid related adverse health effects among Ontario workers. So you can learn more and you can go visit their website at [www.opioidsandwork.ca](http://www.opioidsandwork.ca), get some information there.

**Ken Rayner:**

Lot of tools. Mark, I don't think those were around when you started advocating back in 2012, so I'm really glad that we've... There's been a whole bunch of organizations that are contributing to raise awareness regarding this most important issue. And thank you both for being on the podcast today. We've understood what opioids are, why there's a crisis in Canada. Mark, certainly appreciate the human side that you've shared as well in terms of these are people that are dealing with some significant issues and then they need compassion and they need respect. And then Bill, thank you for pointing us in the direction of some of the resources that are available. So thank you both for being on this very important podcast.

**Bill Roy:**

Yeah. Thank you very much for having me.

**Mark Barnes:**

Thank you.

**Enzo Garritano:**

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