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Lives Lost to Opioid Toxicity among Ontarians who worked in the Construction Industry

PHO Rounds

August 30, 2022

We wish to acknowledge all families, friends and loved ones of construction industry workers who were lost to an opioid toxicity death in Ontario.

We would like to recognize that embedded within the data of this report are stories of loss for countless Ontarians who are grieving these losses during the isolation that accompanies the ongoing pandemic.

This report cannot adequately reflect the burden borne by loved ones across the province.

Disclosures

- None of the presenters at this session have received financial support or in-kind support from a commercial sponsor.
- The presenters have potential conflicts of interest to declare.

Presenter Disclosures

Nature of relationship(s)	Name of for-profit or not-for-profit organization(s)	Description of relationship(s)
Tara Gomes		
Any direct financial payments including receipt of honoraria	Indigenous Services Canada	Stipend for membership on DTAC Committee
Funded grants or clinical trials	Ontario Ministry of Health	Funding for research program support.
Nick Boyce		
Any direct financial payments including receipt of honoraria	Ontario Ministry of Health	Funding support for OHRN
Jase Watford		
Any direct financial payments including receipt of honoraria	Ontario Drug Policy Research Network	Stipends for involvement on Lived Experience Advisory Group

Mitigating Potential Bias

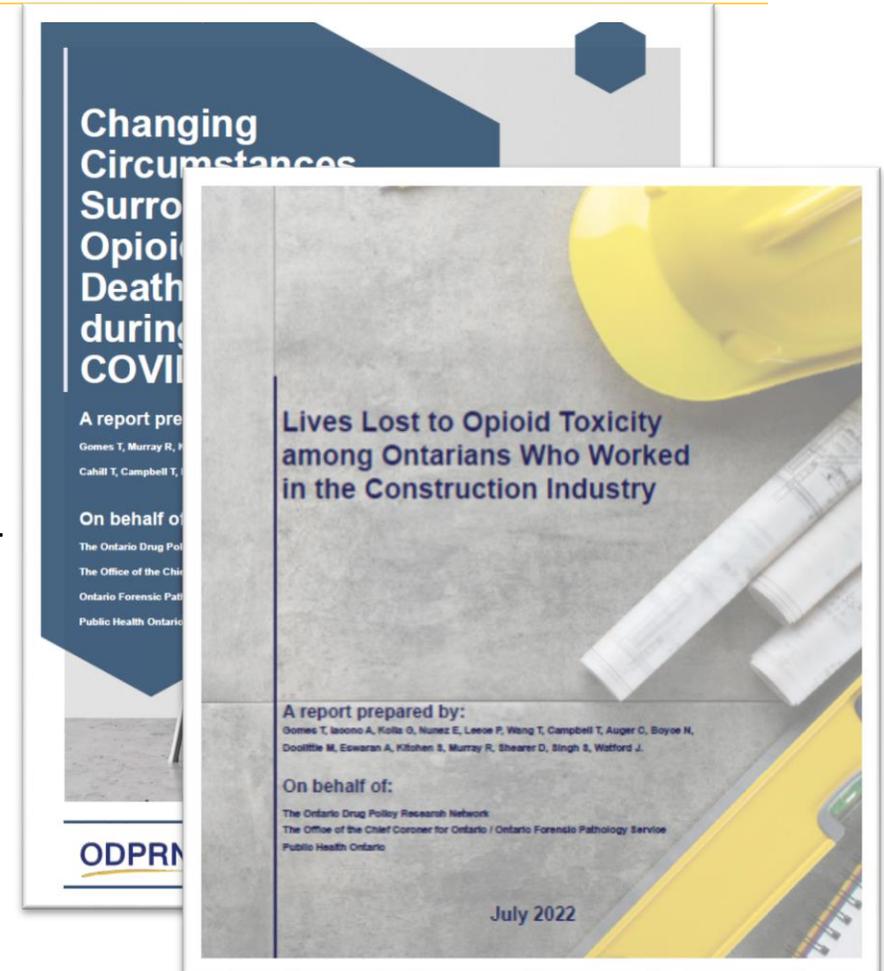
This presentation was peer-reviewed to ensure that principles of scientific integrity, objectivity and balance have been respected.

Background

- Construction workers represent **one-third** of opioid-related deaths among employed individuals.

Analyses specific to construction workers needed to understand:

- Drug involvement in deaths and role of pharmaceutical vs. non-pharmaceutical opioids
- Circumstances surrounding death to inform opportunities for support/intervention
- Potential barriers to accessing healthcare
- Clinical Diagnoses



Gomes T, Murray R, Kolla G, Leece P, Bansal S, Besharah J, Cahill T, Campbell T, Fritz A, Munro C, Toner L, Watford J on behalf of the Ontario Drug Policy Research Network, Office of the Chief Coroner for Ontario and Ontario Agency for Health Protection and Promotion (Public Health Ontario). Changing circumstances surrounding opioid-related deaths in Ontario during the COVID-19 pandemic. Toronto, ON: Ontario Drug Policy Research Network; 2021

Methods

Study Population

People who died of an opioid-related toxicity in Ontario who were currently or previously employed in the construction industry



Comparator Group

Ontarians who died of an opioid-related death who were never employed in the construction industry

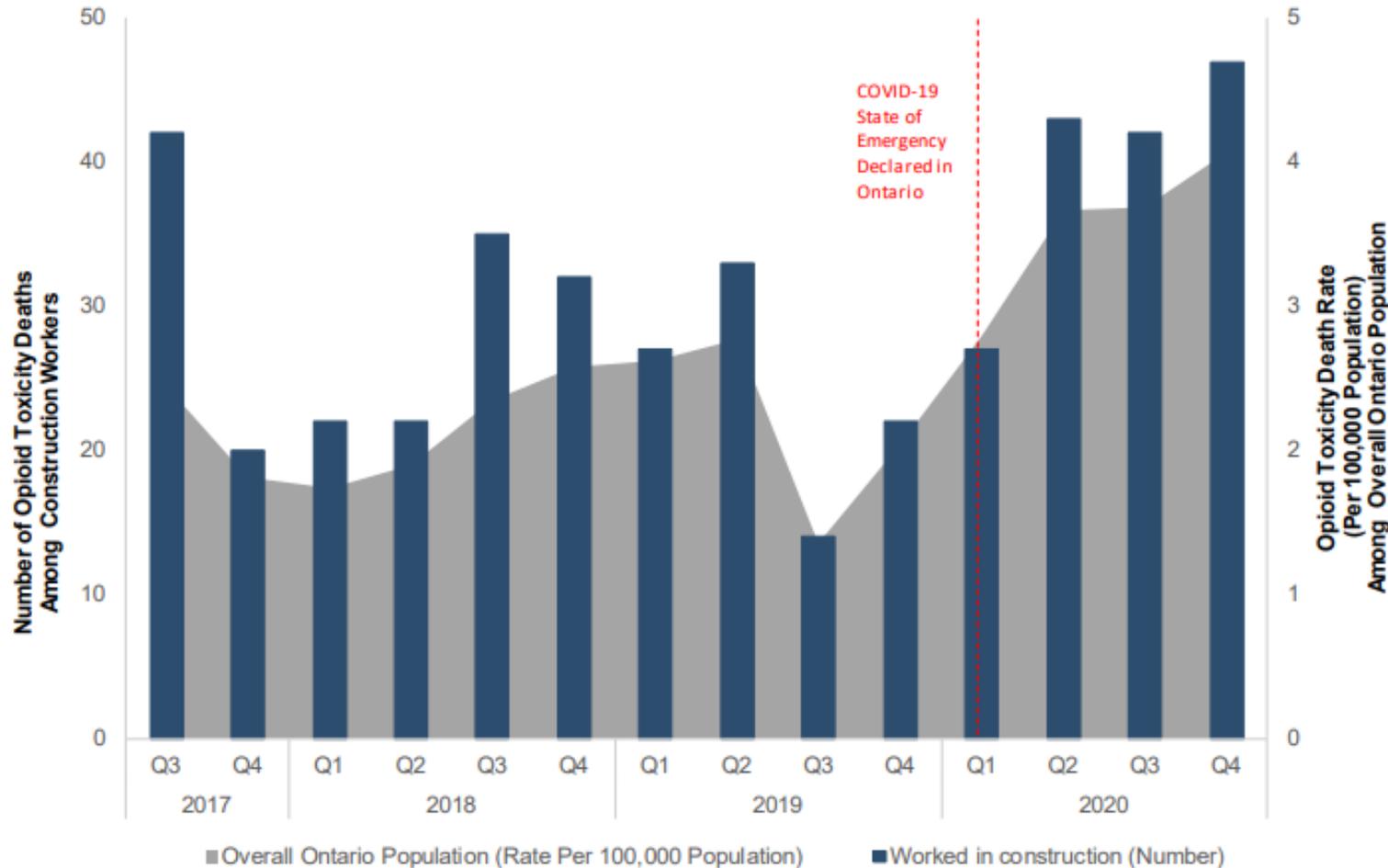
Data Sources

Linked health data, including:

- Prescription opioid dispensing (pain and OAT)
- Physician services
- ED Visits
- Acute inpatient hospital stays
- Mental health-related hospitalizations



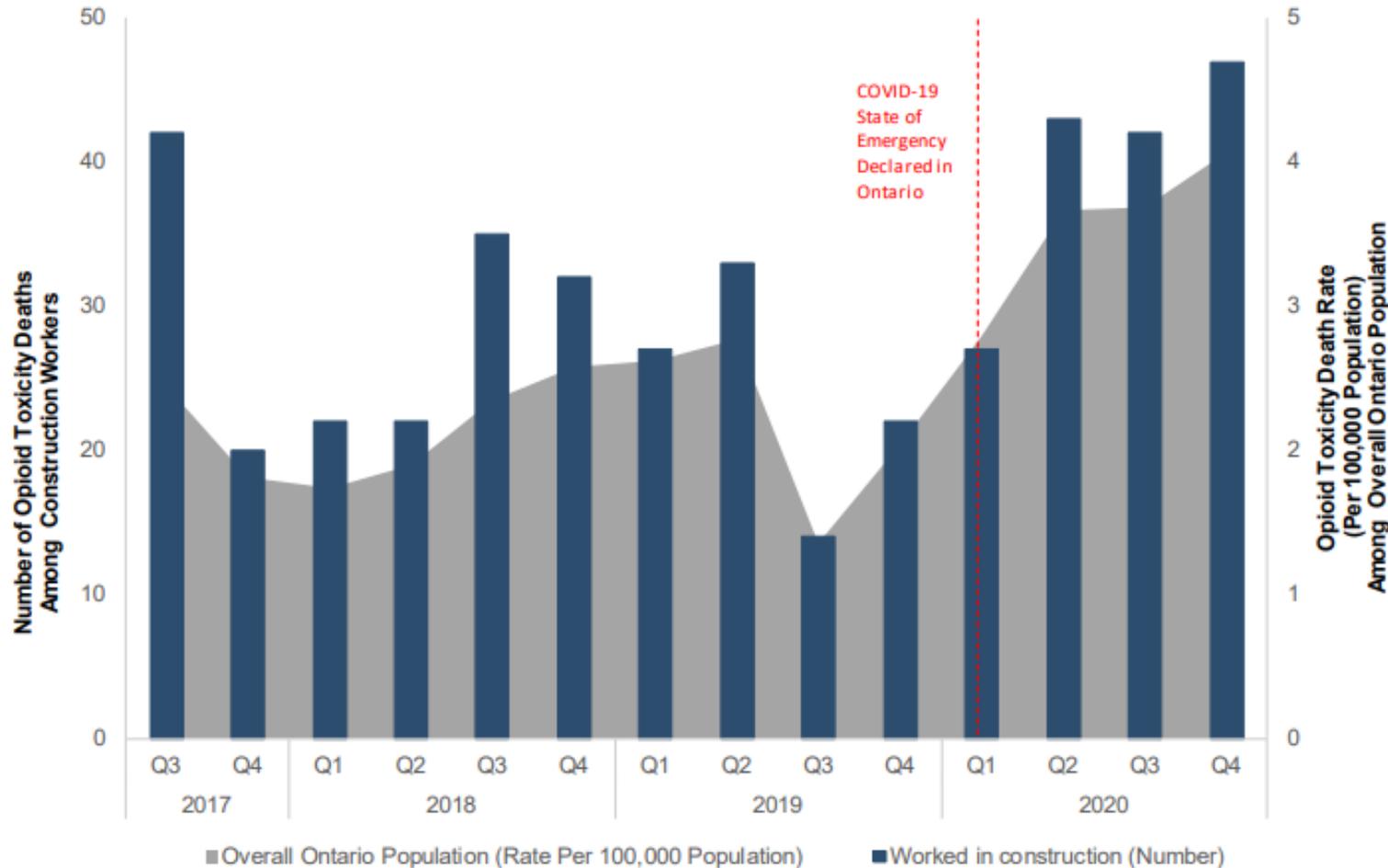
Trends in Opioid-Related Deaths



Poll Question:
What proportion of opioid-related deaths were among construction workers between 2018 and 2020?

- 1 in 5*
- 1 in 13*
- 1 in 22*
- 1 in 57*

Trends in Opioid-Related Deaths

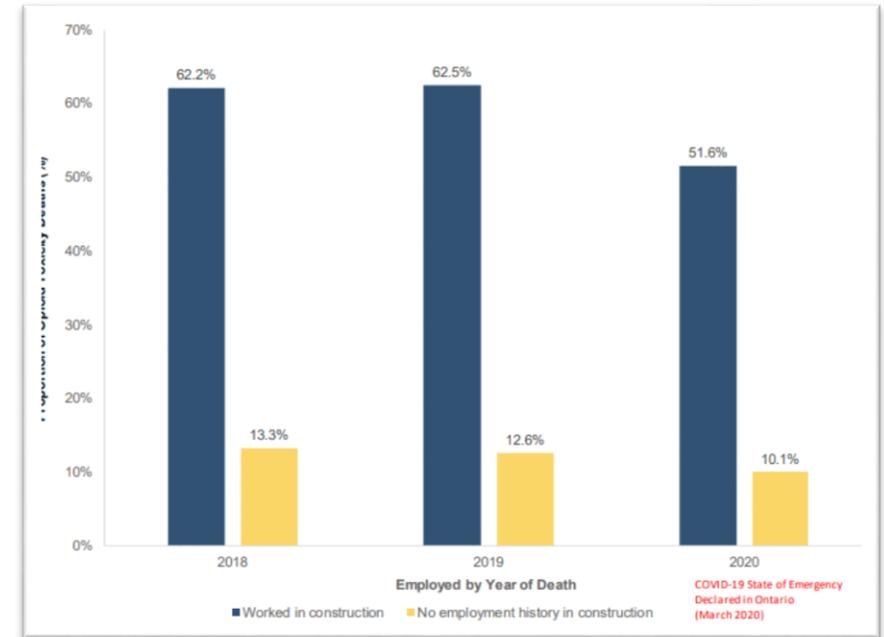
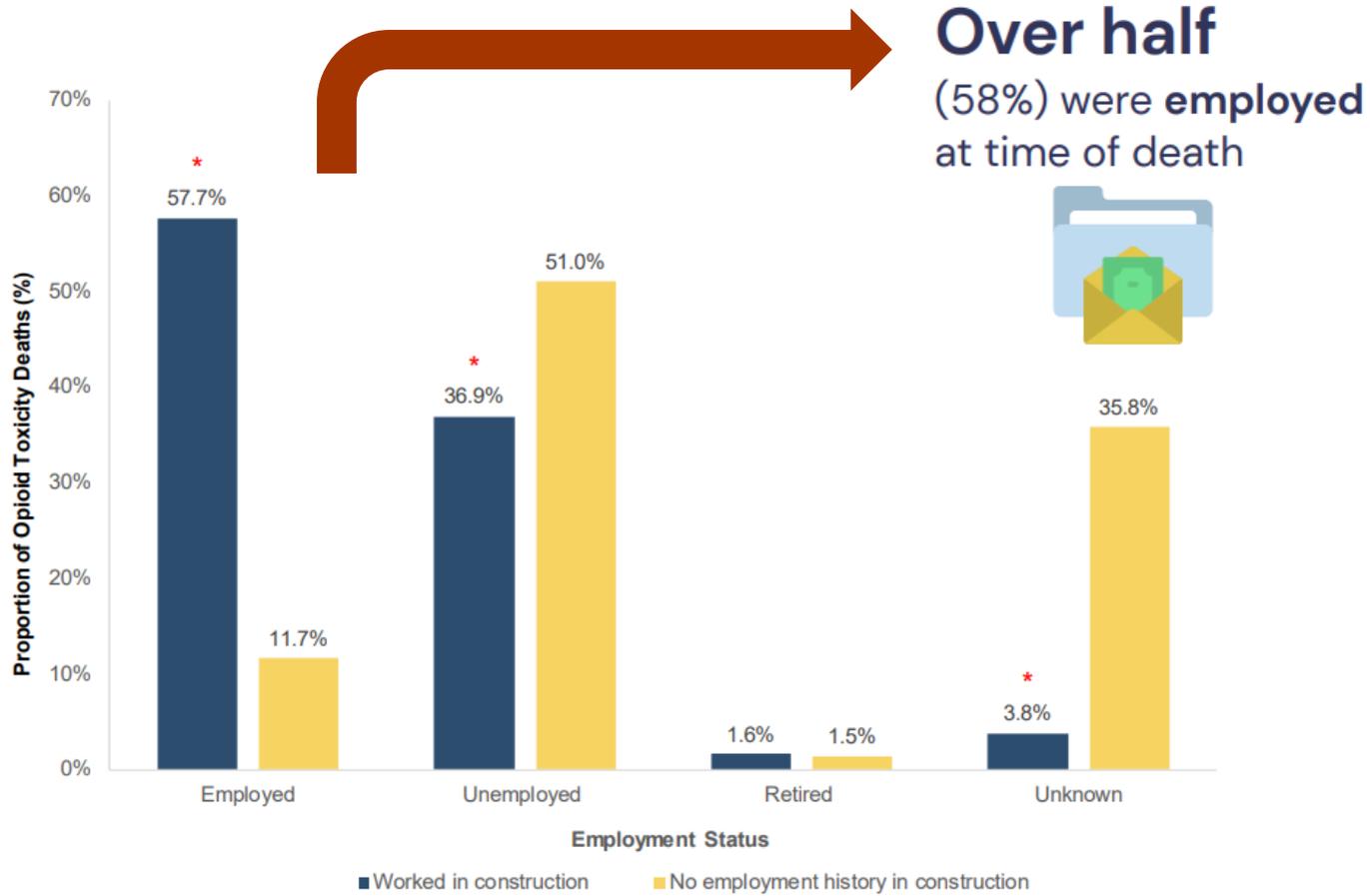


Between 2018 to 2020:

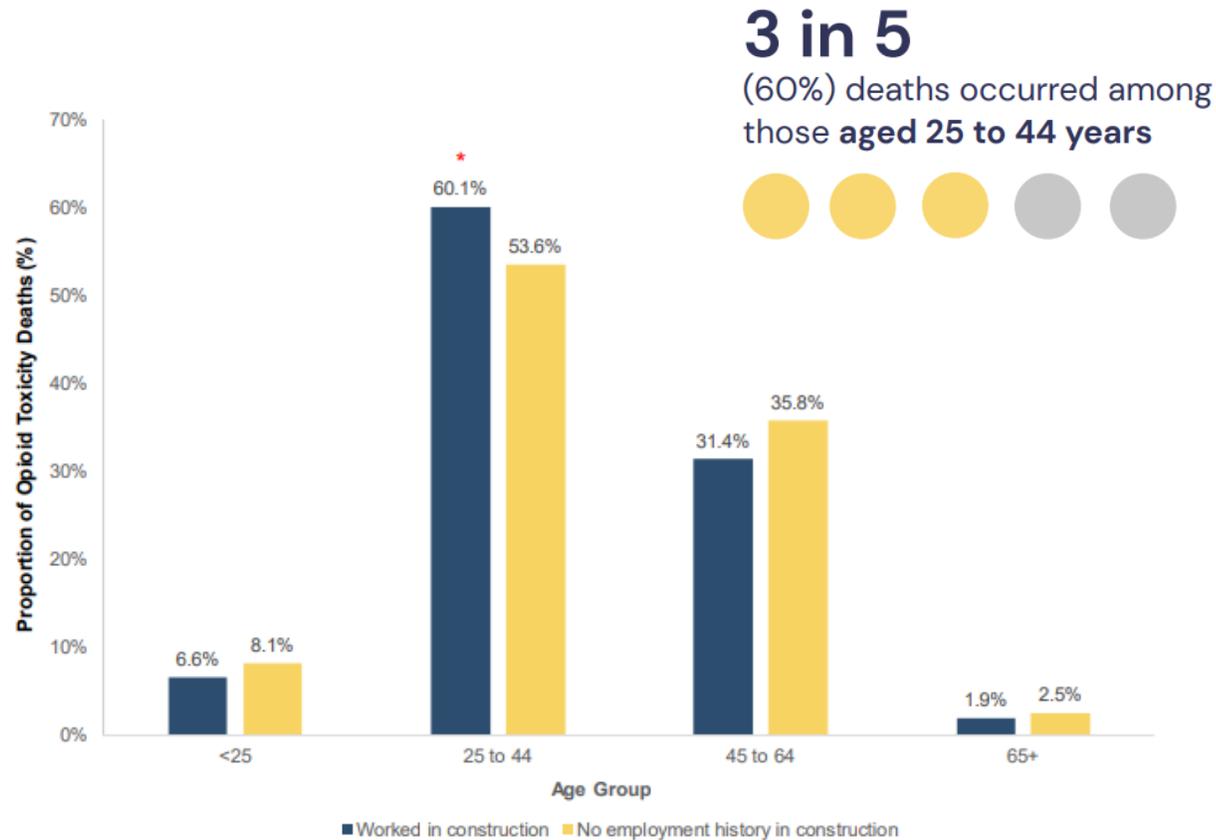
1 in 13
(8%) opioid toxicity deaths occurred among individuals in the construction industry

Representing **366** lives lost

Over half of toxicity deaths occur among people who are employed at time of death, but this declined during the pandemic



Deaths are predominantly among men with a high clustering among those aged 25-44



98%
were male



VS.

72%
among those
not in
construction
industry

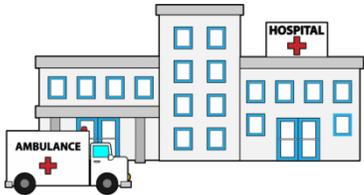
Evidence to inform a response



Where are services needed?



What types of services are needed? Does this differ among construction workers?



Are there currently barriers to accessing healthcare and services that are unique in this population?

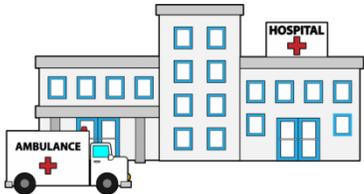
Evidence to inform a response



Where are services needed?

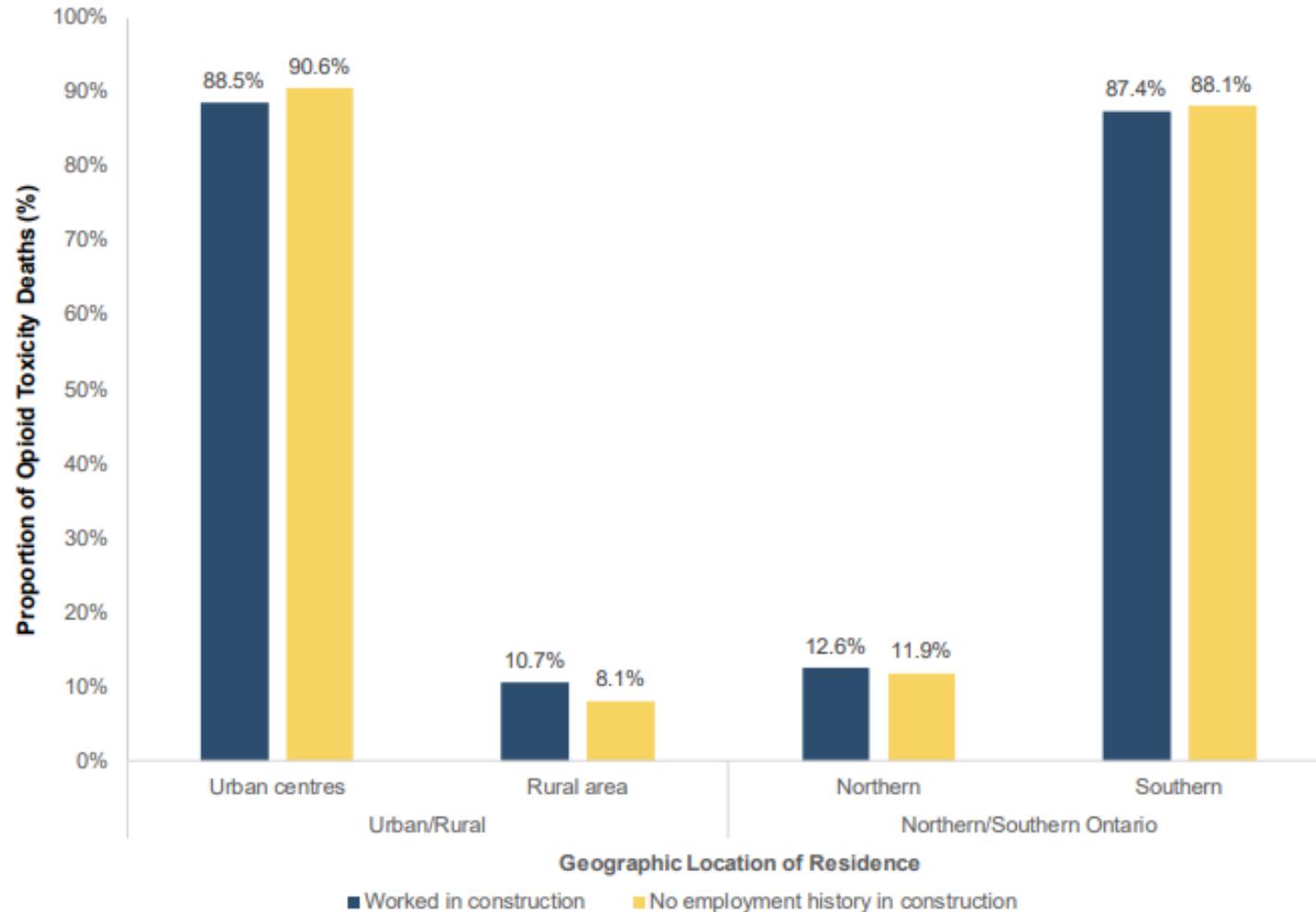


What types of services are needed? Does this differ among construction workers?

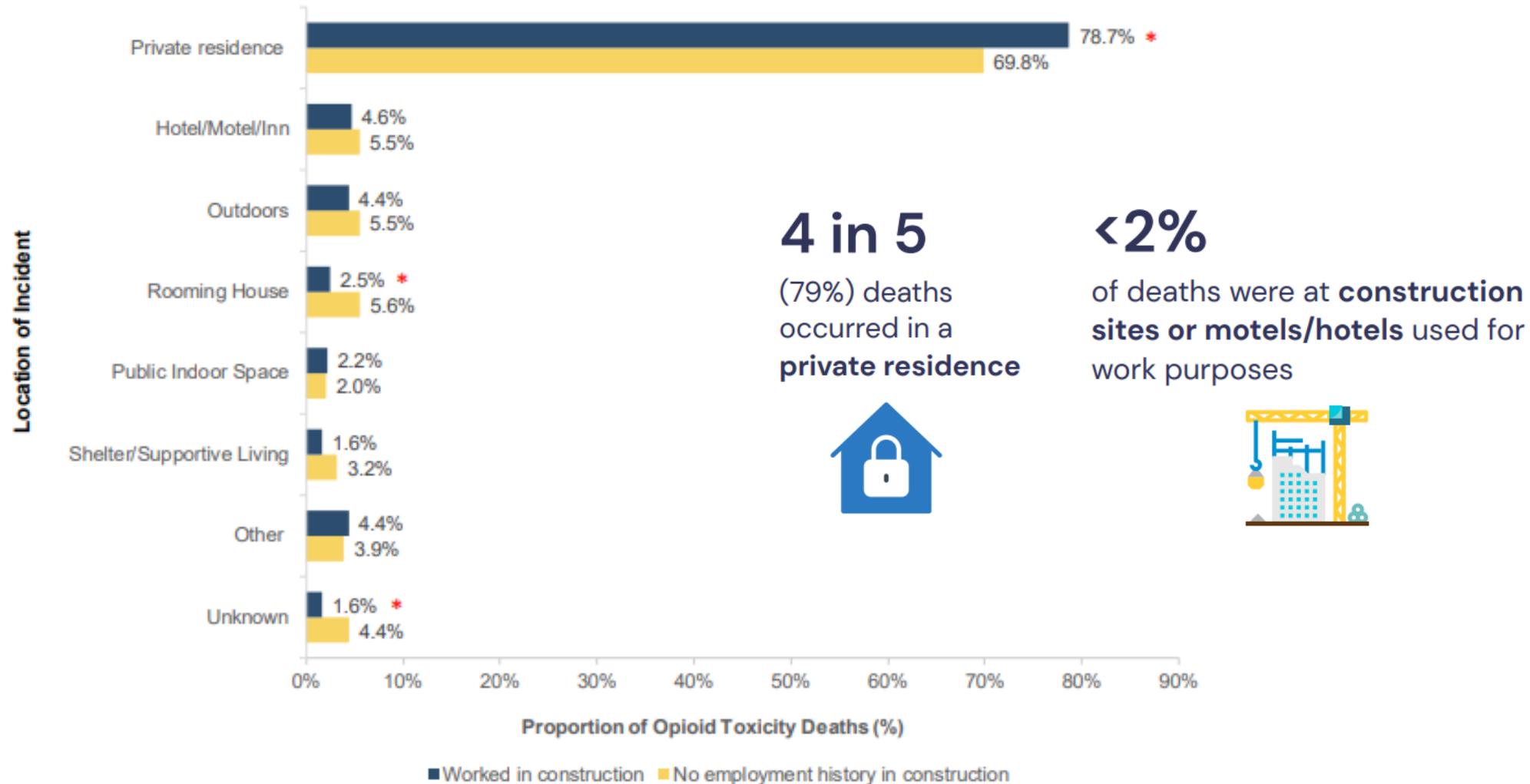


Are there currently barriers to accessing healthcare and services that are unique in this population?

The majority of opioid toxicity deaths occur in urban centres in Southern Ontario



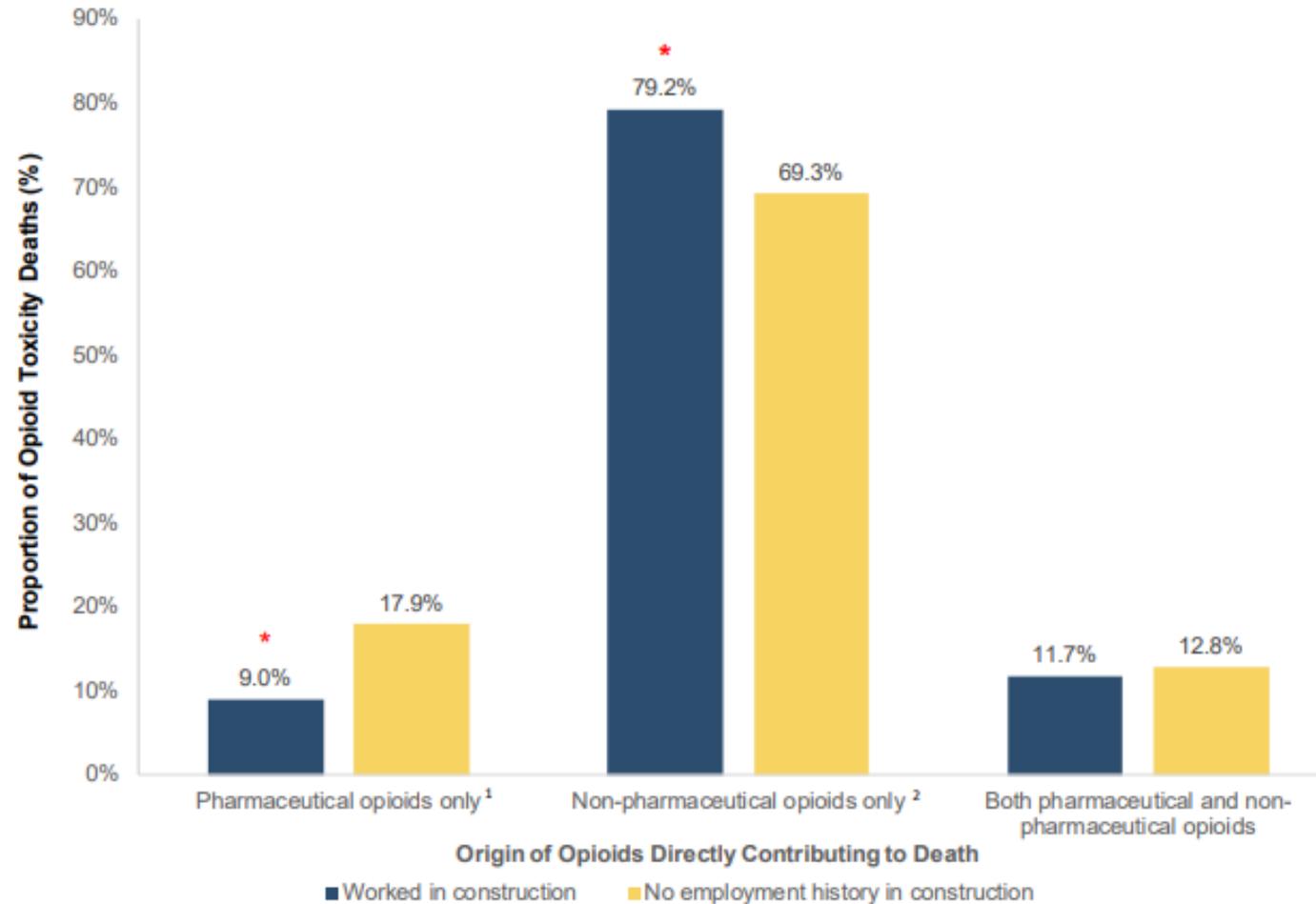
Nearly 80% of deaths in this population occur in private residences. Deaths on construction sites are rare.



What types of services are needed?

Does this differ among construction workers?

Vast majority of deaths from non-pharmaceutical opioids (fentanyl)



Non-pharmaceutical opioids
(mainly fentanyl) directly
contributed to over

90% of deaths



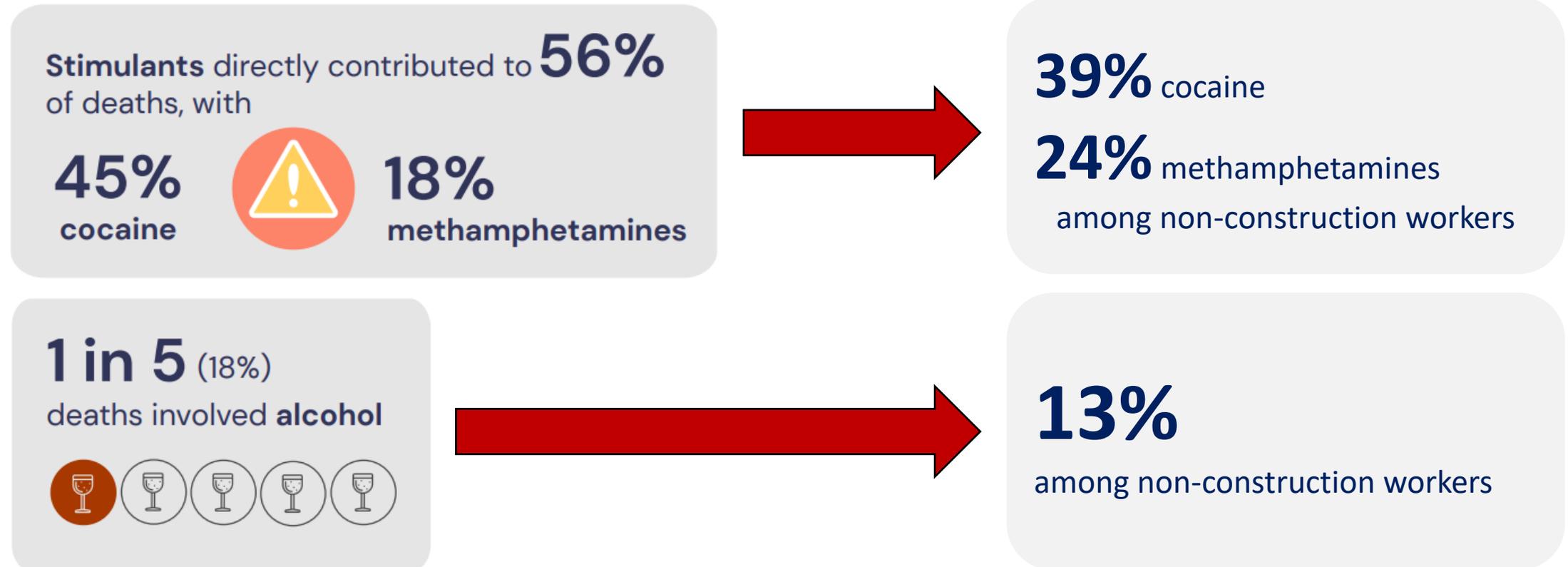
In contrast, **opioids prescribed for pain**
contributed to only

11% of deaths



vs. 20%

Cocaine and alcohol are more commonly involved in opioid toxicity deaths



Poll Question

In what percentage of deaths among construction workers was an individual present to intervene?

- 17.5%
- 23.6%
- 32.8%
- 58.7%

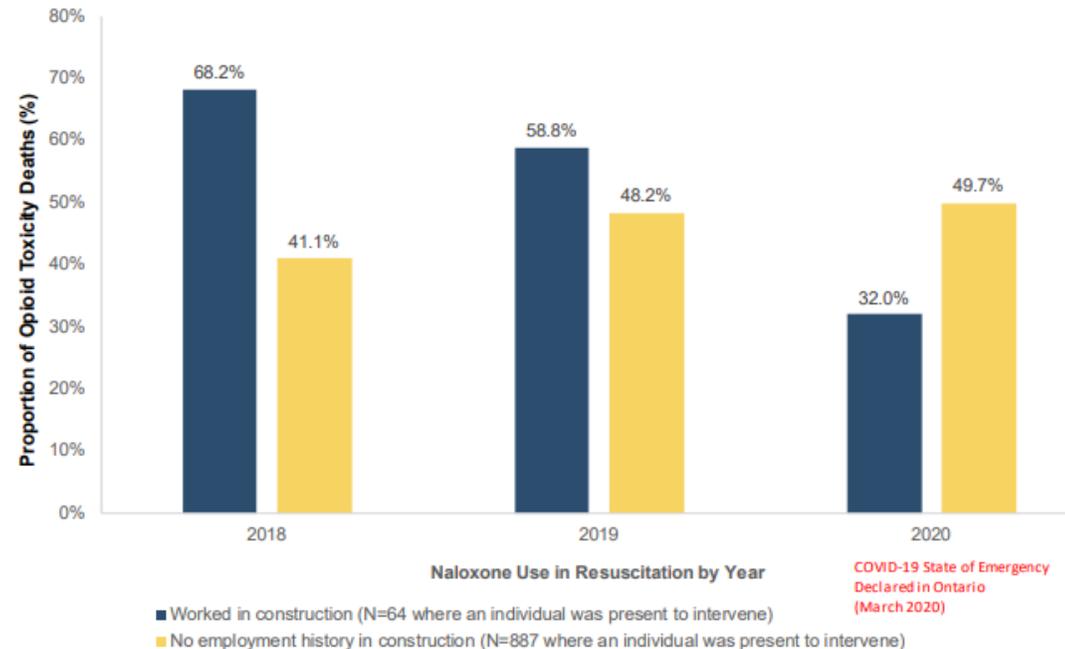
People are commonly alone at time of overdose and naloxone administration is declining



There was an **individual present who could intervene** in only **17.5%** of deaths among construction workers

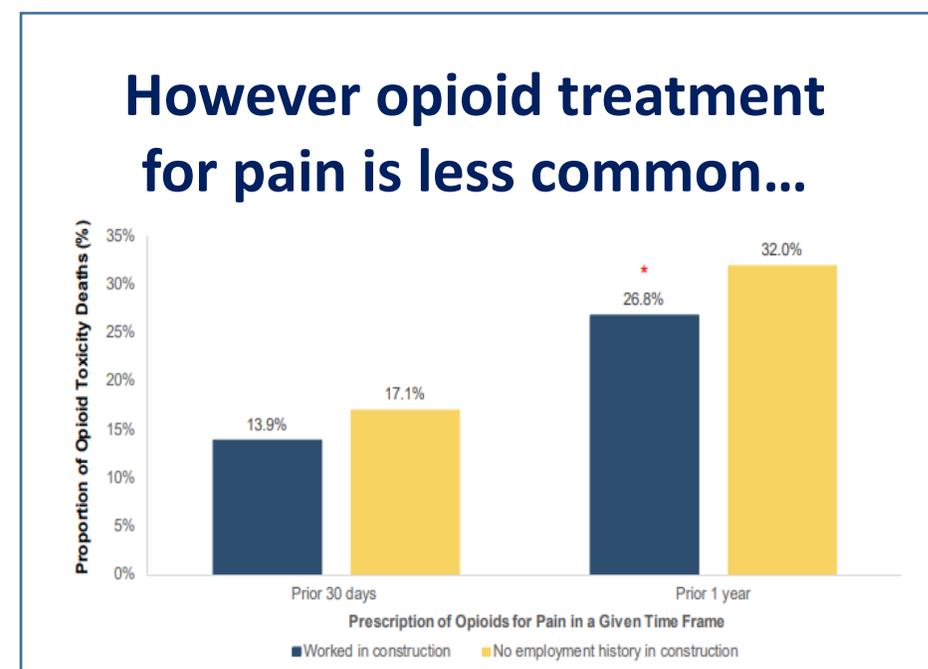


Among deaths where an individual was present to intervene, **naloxone** was administered only **1/2** of the time



Construction industry workers commonly have pain or injuries – with traumatic injuries more common

	Worked in construction N=366	No employment history in construction N=4,394
Any pain diagnoses or injury	285 (77.9%)	3,585 (81.6%)
Major traumatic injury in prior 10 years	20 (5.5%)	156 (3.6%)
Traumatic brain injury in prior 10 years	36 (9.8%)	363 (8.3%)
Low back pain in prior 5 years	176 (48.1%)	2,155 (49.0%)
Fractures, dislocations, strains or sprains in prior 5 years	209 (57.1%)	2,634 (59.9%)
Arthritis and related conditions† in prior 5 years	147 (40.2%)	1,865 (42.4%)
Bone and spinal conditions in prior 5 years	112 (30.6%)	1,641 (37.3%)
Unspecified musculoskeletal disorders or congenital abnormalities in prior 5 years	147 (40.2%)	2,153 (49.0%)
Industrial and construction area as the place of occurrence of the external cause of injury resulting in hospitalization		
5 years prior to death	19 (5.2%)	75 (1.7%)‡
10 years prior to death	33 (9.0%)	184 (4.2%)‡



Potential barriers to prescription opioids, expectations to work despite pain/injury, inaccessibility of paid time off when injured to recover → can lead to over-reliance on unregulated drug supply

Mental health diagnoses are common, but less frequent than among non-construction workers → under-diagnosis?

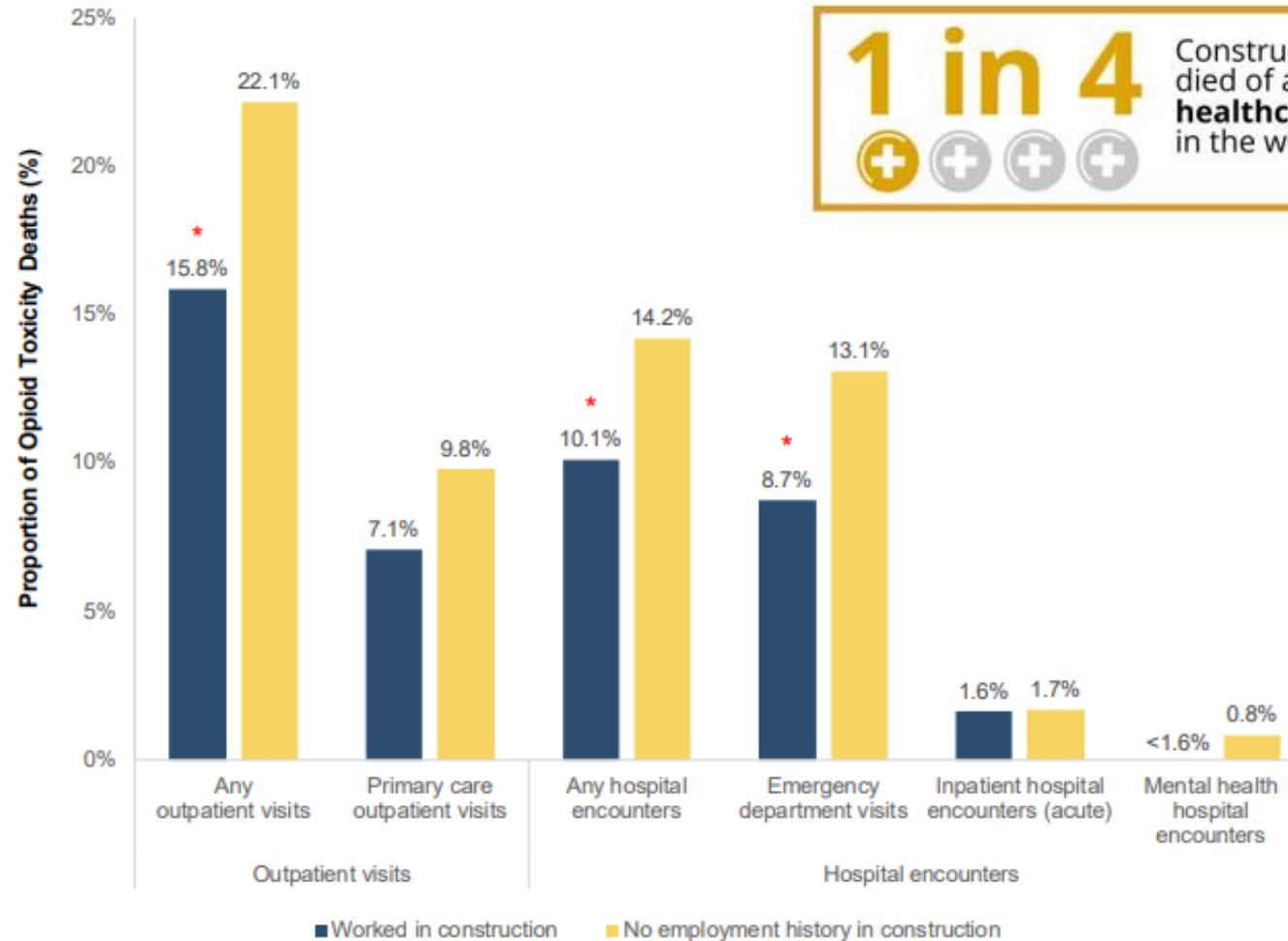
4 in 5  (82%) people had a healthcare encounter for a **mental health diagnosis** in the 5 years prior to death

	Worked in construction N=366	No employment history in construction N=4,394
Healthcare encounter for mental health-related diagnosis in prior 5 years	299 (81.7%)	3,830 (87.2%)
Emergency department visit or hospitalization	176 (48.1%)	2,447 (55.7%)
Community Health Centre visit	21 (5.7%)	436 (9.9%)
Other outpatient visit	279 (76.2%)	3,648 (83.0%)
Psychotic disorders	26 (7.1%)	605 (13.8%)
Mood and anxiety disorders	209 (57.1%)	2,913 (66.3%)
Substance use disorders	196 (53.6%)	2,625 (59.7%)
Non-psychotic disorders	48 (13.1%)	727 (16.5%)
Other	32 (8.7%)	433 (9.9%)

Need for long-term follow-up among construction workers with painful conditions, injuries, and mental health diagnoses with access to comprehensive rehabilitation, non-pharmaceutical pain management services and other supports

Are there currently barriers to accessing healthcare and services that are unique in this population?

Outpatient physician visits and hospitalizations are less common among construction workers in the week before death

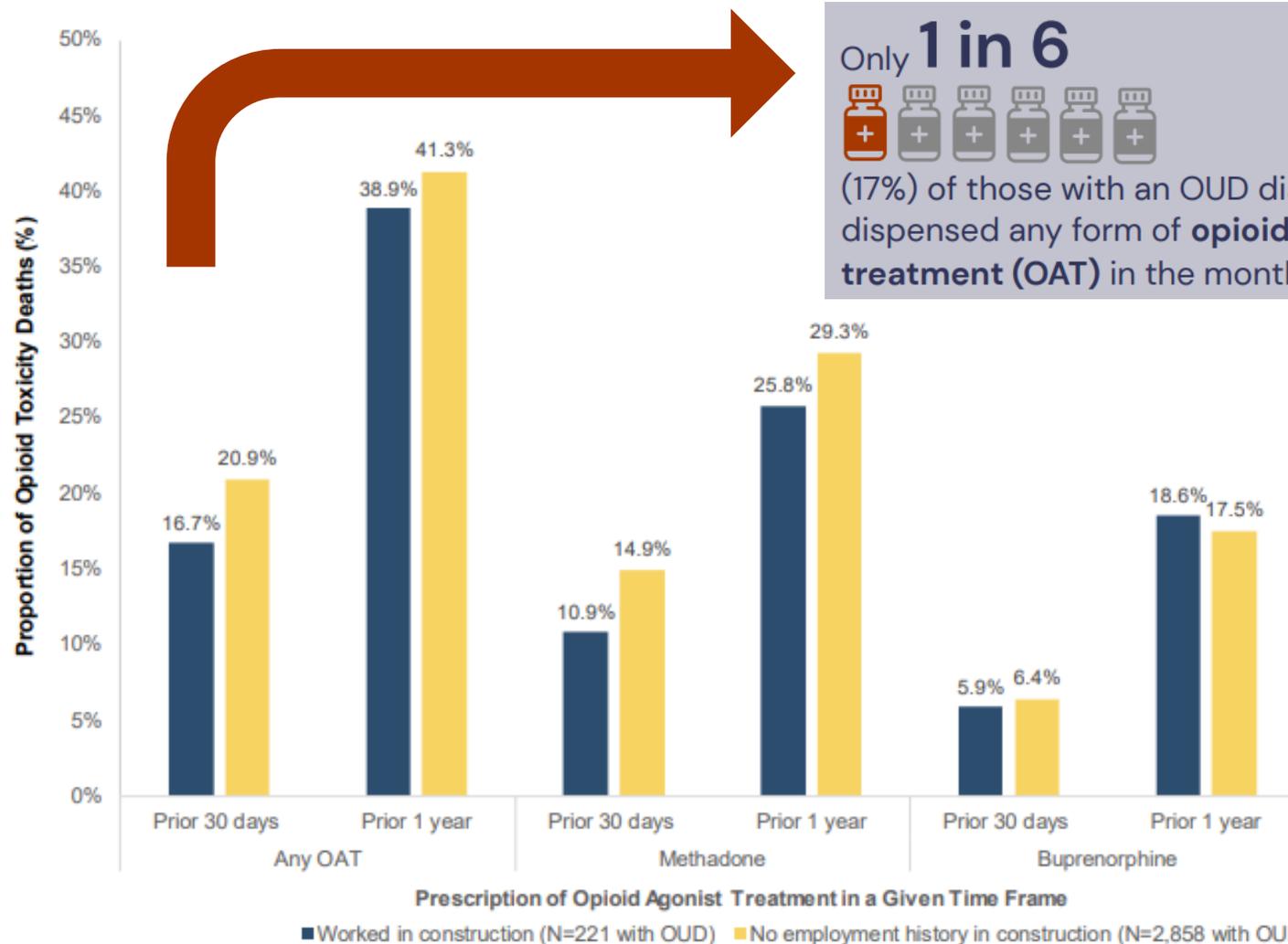


Despite two-thirds having an OUD, OAT is rare; 1 in 6 people accessed treatment in the month before death

3 in 5



(60%) had an indication of opioid use disorder (OUD)



Only **1 in 6**



(17%) of those with an OUD diagnosis were dispensed any form of **opioid agonist treatment (OAT)** in the month prior to death

Responses should consider the following:



Industry-level responses that **extend beyond the workplace.**



Stigma-free access to **substance use treatment** and **harm reduction**, as well as more awareness around the **risks of polysubstance use** and **using drugs alone.**



Removal of employment-related barriers to **pain management**, **opioid agonist therapy** and **mental health supports.**

Resources for the construction industry

odprn.ca/connect/

Substance Use in the Construction Industry

The overdose crisis in Ontario is being driven by a street drug supply with a strong presence of fentanyl, leading to a significant increase in accidental overdoses and opioid-related deaths.

People working in the construction industry have been disproportionately impacted by this rapid increase in overdoses.



Tips for safer drug use

Know the signs of an opioid overdose



Small pupils Blue lips or nails Cold and clammy skin Choking, gurgling or snoring sounds Slow or no breathing Can't be woken up Drowsiness or difficulty staying awake

If you suspect an overdose, **stay with the person and call 911**

Carry a naloxone kit

Naloxone can quickly reverse the effects of an opioid overdose.



Naloxone kits are **free** at community pharmacies and harm reduction programs.

You do NOT need a prescription or to show ID.

Two types available



Injectable Nasal spray

Don't use alone

Have a **friend or family member** nearby.



Access one of Ontario's **supervised consumption sites**: A safe space to use substances and connect you with other community-based programs.

Reduce risks when possible

Start low, go slow: Use a small amount of a drug first, to see how your body responds.

Avoid mixing different kinds of substances such as opioids, stimulants (e.g. cocaine or crystal meth) and/or alcohol, which can increase your risk of an overdose.

New, sterile, single-use **harm reduction supplies** are free and available across Ontario.

If you or someone you know wants support for drug or alcohol use, **there are effective treatment options available to help you.**

Medications

Opioid agonist therapy (OAT) uses prescribed medications (e.g. methadone or buprenorphine) to help stabilize substance use and reduce opioid cravings among people with an opioid use disorder.

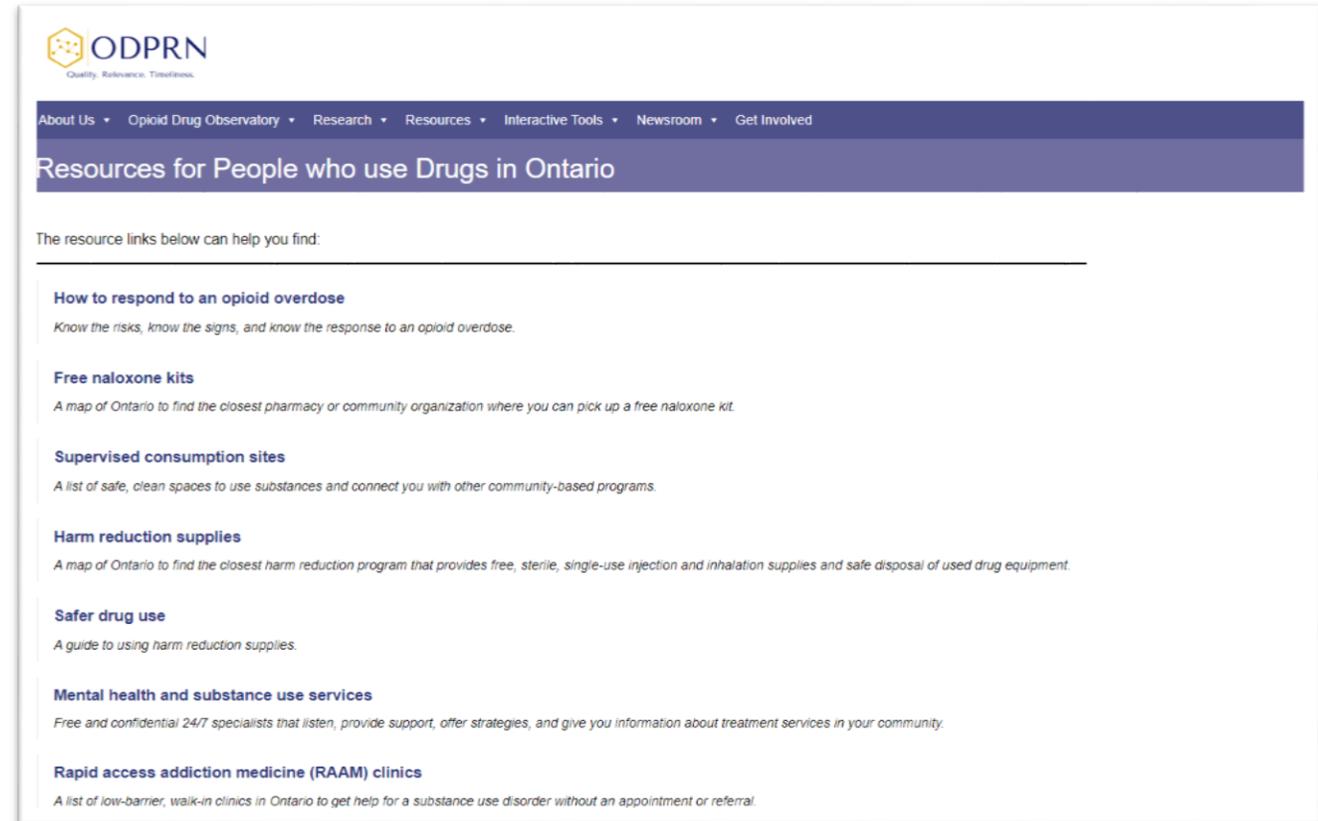
How to access OAT medications

If comfortable, speak to your **family doctor**.

Connect with a **service in your community** for support with substance use or mental health.

Rapid access addiction medicine (RAAM) clinics are walk-in clinics to get help for a substance use disorder without an appointment or referral.

For more information and resources:
odprn.ca/connect

The resource links below can help you find:

- How to respond to an opioid overdose**
Know the risks, know the signs, and know the response to an opioid overdose.
- Free naloxone kits**
A map of Ontario to find the closest pharmacy or community organization where you can pick up a free naloxone kit.
- Supervised consumption sites**
A list of safe, clean spaces to use substances and connect you with other community-based programs.
- Harm reduction supplies**
A map of Ontario to find the closest harm reduction program that provides free, sterile, single-use injection and inhalation supplies and safe disposal of used drug equipment.
- Safer drug use**
A guide to using harm reduction supplies.
- Mental health and substance use services**
Free and confidential 24/7 specialists that listen, provide support, offer strategies, and give you information about treatment services in your community.
- Rapid access addiction medicine (RAAM) clinics**
A list of low-barrier, walk-in clinics in Ontario to get help for a substance use disorder without an appointment or referral.

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Facilitated Discussion: Community Response and Lived Experience
