

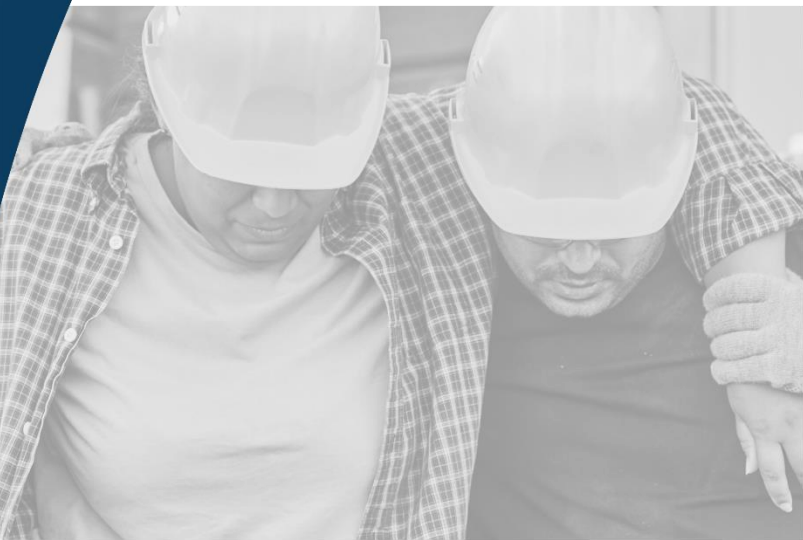


Opioids and Work:

Evidence, Perspectives, and Looking Ahead

Reporting highlights from the March 2024 workshop in Toronto, Canada

Spring 2025



Workshop and Report Team

Nancy Carnide

Scientist | Institute for Work & Health

Sara Macdonald

Manager, Knowledge Transfer and Exchange |
Institute for Work & Health

Pam Cardwell

Associate, Knowledge Transfer and Exchange |
Institute for Work & Health

Paul Demers

Scientific Director and Senior Scientist |
Occupational Cancer Research Centre

Jeavana Sritharan

Scientist | Occupational Cancer Research Centre

Kate Jardine


Lead, Knowledge Translation and Exchange |
Occupational Cancer Research Centre

Tiffany Lieu

Specialist, Knowledge Translation and Exchange |
Occupational Cancer Research Centre

Jill MacLeod

Administrative Director |
Occupational Cancer Research Centre



We would like to acknowledge the workers who have experienced opioid-related harms, as well as their families, friends, colleagues, and others who support them.

The workshop and report team would like to thank all the speakers and attendees, as well as the OCRC and IWH team members who contributed to this initiative.

Land Acknowledgement

The land on which the Institute for Work & Health and the Occupational Cancer Research Centre operate, and on which the in-person portion of this workshop was held, has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit for thousands of years. Today, this land is still home to many Indigenous peoples from across Turtle Island and we are grateful to have the opportunity to conduct our work here.

Funding Statement

This workshop was supported by funding from the Ontario Ministry of Labour, Immigration, Training and Skills Development (MLITSD).

The Occupational Cancer Research Centre is based at Ontario Health and funded by the Ontario MLITSD, the Ontario Ministry of Health (MOH), and Ontario Health (OH).

The Institute for Work & Health is a not-for-profit organization that operates with core funding from the Province of Ontario, with the Ontario MLITSD holding the stewardship for this funding.

The views expressed in this report are those of the workshop attendees and the authors of the report, and do not necessarily reflect those of the MLITSD, MOH, or OH.

Permission to Reproduce

The information in this report may be reproduced, in part or in whole and by any means, without charge or further permission for non-commercial purposes, provided that: due diligence is exercised in ensuring the accuracy of the information reproduced; that the Occupational Cancer Research Centre and the Institute for Work & Health are identified as the source institutions; and that the reproduction is not represented as an official version of the information reproduced, nor as having been made in affiliation with, or with the endorsements of, the Occupational Cancer Research Centre and the Institute for Work & Health.

How to Cite this Publication:

Occupational Cancer Research Centre (Ontario Health) and Institute for Work & Health. Opioids and Work: Evidence, Perspectives, and Looking Ahead Workshop Report. Toronto, ON: 2025.

Produced by the Occupational Cancer Research Centre and the Institute for Work & Health

Occupational Cancer Research Centre, Ontario Health

525 University Avenue, 5th Floor

Toronto, Ontario

M5G 2L3

Telephone: 416-217-1849

Email: ocrc@ontariohealth.ca

Website: www.occupationalcancer.ca

Institute for Work & Health

400 University Avenue, Suite 1800

Toronto, Ontario

M5G 1S5

Telephone: 416-927-2027

Email: info@iwh.on.ca

Website: www.iwh.on.ca



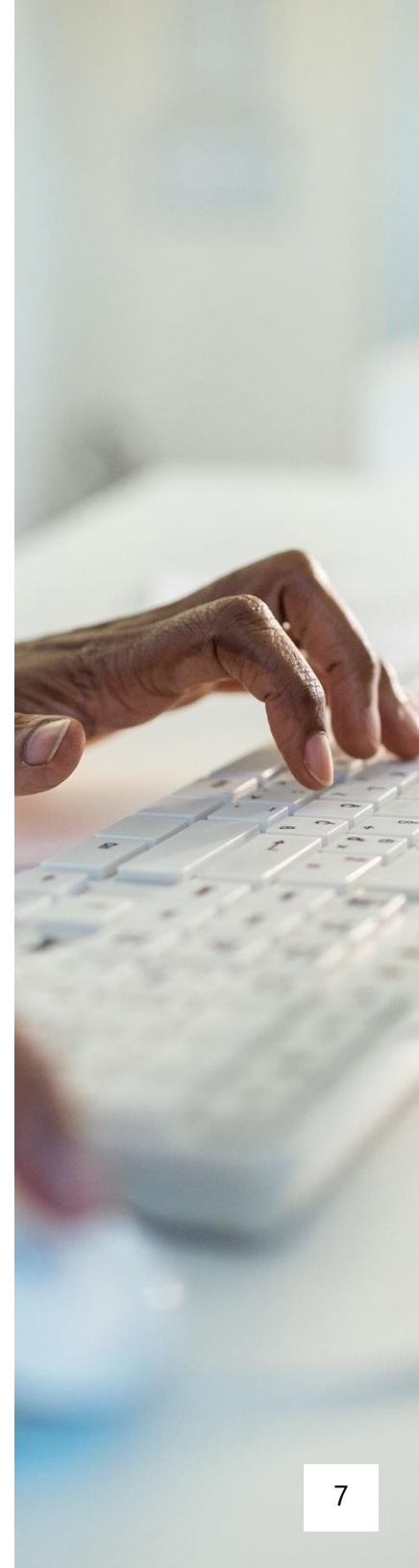
Table of Contents

List of Abbreviations	7
Executive Summary	8
Background and Overview of the Workshop	9
Workshop Rationale	9
Workshop Attendees	9
Workshop Overview	10
Presentation Summaries	11
Patterns of Opioid-Related Harms Among Ontario Workers	12
Prevention of Work-Related Opioid Harms	14
Perspectives from Workers	15
Panel Highlights	17
Priority Actions	23
1. Prevention and Education	24
Priority Action 1.1: Addressing known risk factors for opioid use and related harms in the workplace	25
Priority Action 1.2: Increasing awareness of opioid-related harms among employees and employers.....	28
Priority Action 1.3: Improving pain management and prescribing practices.....	29
Priority Action 1.4: Adopting worker-focused disability management practices following injury.....	31
Priority Action 1.5: Improving system-level policies and practices for return-to-work following injury	32

2. Evidence.....	33
Priority Action 2.1: Advancing research on opioid-related harms among workers.....	34
Priority Action 2.2: Developing a business case for employers.....	35
3. Substance Use Services and Supports.....	36
Priority Action 3.1: Creating workplace policies and practices that enable safe disclosure with workplace supports.....	37
Priority Action 3.2: Implementing peer support in the workplace	39
Priority Action 3.3: Making naloxone available in the workplace.....	40
Cross-Cutting Actions	41
Cross-Cutting Action 1: Addressing Stigma	42
Cross-Cutting Action 2: Addressing broad resistance to change	43
Cross-Cutting Action 3: Securing sufficient resources	43
Cross-Cutting Action 4: Striving for a coordinated approach	44
Workshop Conclusions	46
Appendix 1. Workshop Agenda	47
Appendix 2. Speaker Profiles	48

List of Abbreviations

COR	Certificate of Recognition
IBB	International Brotherhood of Boilermakers
IHSA	Infrastructure Health and Safety Association
IWH	Institute for Work & Health
LCBO	Liquor Control Board of Ontario
MLITSD	Ministry of Labour, Immigration, Training and Skills Development (Ontario)
MOH	Ministry of Health (Ontario)
OCRC	Occupational Cancer Research Centre
OH	Ontario Health
OHS	Occupational health and safety



Executive Summary

Given the growing body of evidence that opioid-related harms are impacting workers and workplaces, the Institute for Work & Health (IWH) and the Occupational Cancer Research Centre (OCRC) jointly hosted a workshop in Toronto, Canada on March 20, 2024, with three main objectives:

- 1) to share evidence and diverse perspectives on opioid-related harms in the workplace;
- 2) discuss the underlying contributors to the problem; and
- 3) identify priorities, initiatives, and strategies to address opioid-related harms in the context of work.

The workshop opened with presentations from researchers who provided context on the opioid crisis as it affects workers. This included a presentation on the occupational risks of opioid-related harms among a cohort of injured workers in Ontario, as well as an overview of the impact of the crisis among workers in the U.S., including the findings from evaluations of various workplace training initiatives. Following this, two workers with lived experience spoke about their own personal journeys, providing poignant insights into the impacts of substance use on their lives, the role of work in their use, their stories of recovery and strength, and their aspirations for change in preventing substance use among workers and helping those struggling with substance use.

Following the presentations, there was a panel discussion that included employer, worker, and policy representatives, who shared initiatives and strategies they have used in their own organizations to address opioid-related harms among workers. Workshop attendees then took part in a breakout session, during which they were divided into groups and were asked to brainstorm actions needed to prevent and address these harms. Attendees identified a number of key priority areas for action, including the need for activities aimed at prevention (e.g., raising awareness among workplace parties, improving workplace and system-level policies and practices after injury), additional research and data to identify risk factors and effective programs, and workplace supports to help workers affected by substance use (e.g., safe disclosure, peer support programs). Attendees also identified several actions that were needed to support these priority actions, including addressing stigma and improved coordination and collaboration across relevant stakeholder groups. The workshop concluded with an open discussion of the high-priority actions identified by the attendees.

Background and Overview of the Workshop

Workshop Rationale

Canada continues to face an opioid crisis that has resulted in devastating consequences for many Canadians, including those of working age. Between January 2016 and September 2024, there were over [50,000 apparent opioid-related deaths in Canada](#), and the rate of deaths has increased over time. Data primarily from the United States have identified links between occupational factors and opioid-related harms. Specifically, studies have found increased risk of opioid-related harms among those who experienced a work injury and have also identified occupational patterns in opioid-related deaths.

Since 2020, IWH and OCRC have partnered together to research the impact of the opioid crisis on Ontario workers. This collaboration has successfully led to the launch of a surveillance program that monitors opioid-related harms among a large group of Ontario workers who were injured at work.

Workshop Attendees

This workshop brought together more than 100 attendees through both virtual and in-person attendance. The attendees included representatives of key governmental agencies, researchers, occupational and public health professionals, policymakers, healthcare providers, employers, and workers (Figure 1).

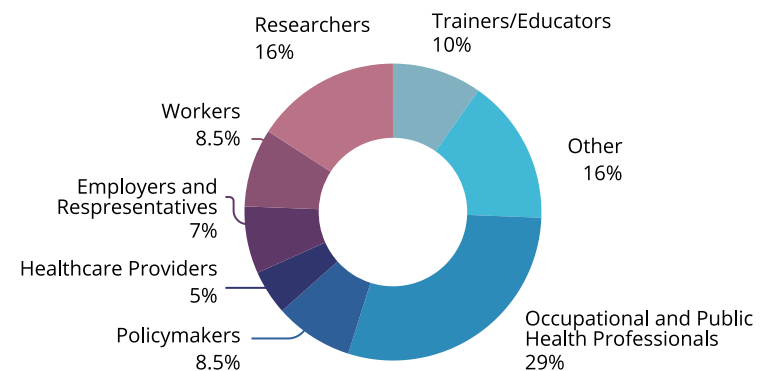


Figure 1. Breakdown of attendees by occupational role.

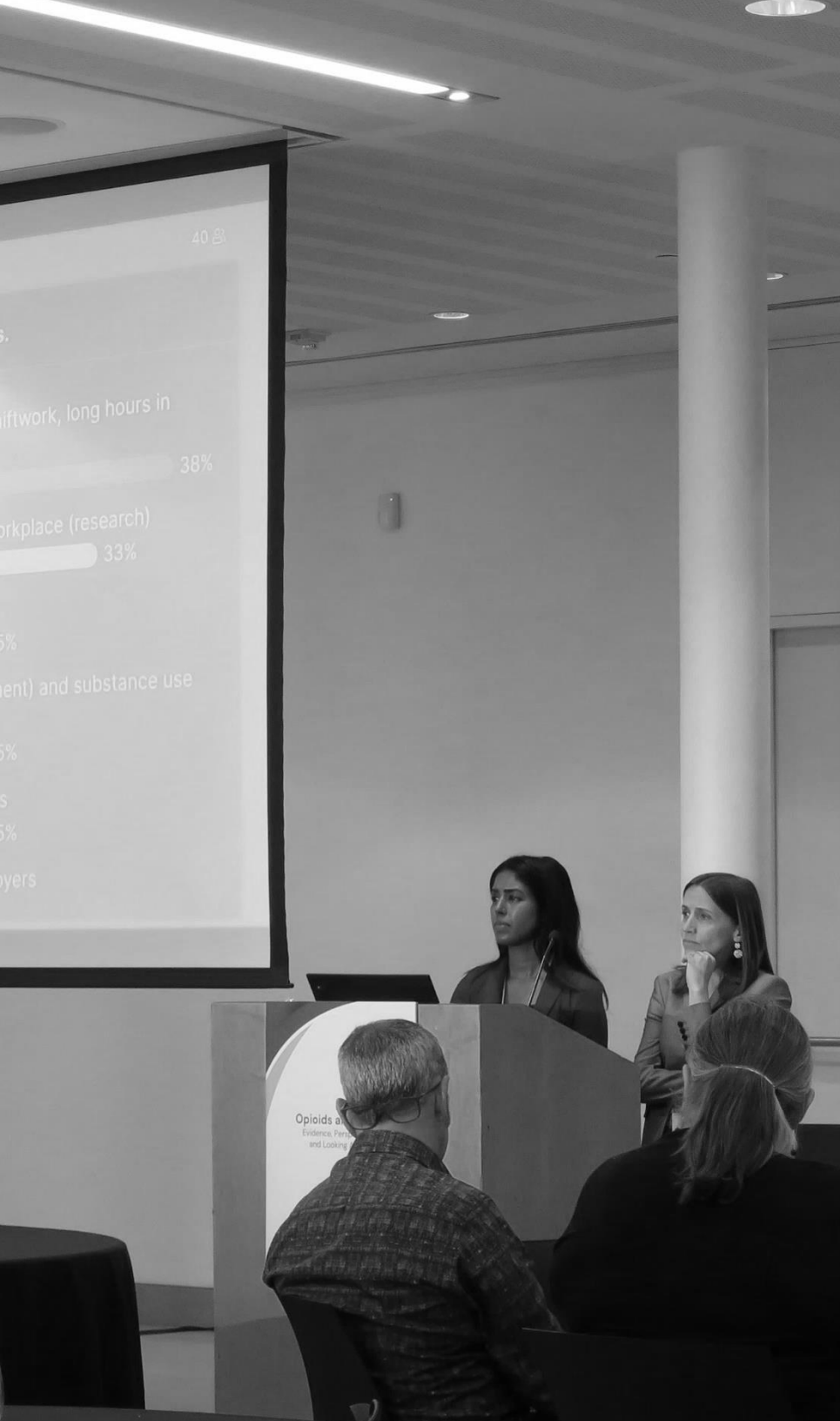
Workshop Overview

The full-day workshop featured:

- research presentations highlighting insights from a study of opioid-related harms among Ontario workers, and studies on the prevention of work-related opioid harms in the United States;
- presentations by workers with lived experience of opioid-related harms;
- a panel discussion featuring Ontario stakeholders discussing their organizations' approaches to addressing opioid-related harms; and
- breakout discussions to identify priority actions to address the opioid crisis and its impact on workers and workplaces.

This report includes summaries of the workshop presentations and panel discussions and outlines the priority actions discussed at the workshop. The workshop agenda and profiles of the speakers are available in [Appendix 1](#) and [Appendix 2](#).





Presentation Summaries

The workshop featured presentations by researchers and workers with lived experience of opioid-related harms. Researchers provided context on the opioid crisis, data on the risks of opioid-related harms among specific groups of workers, and prevention strategies at the workplace level. Two speakers shared their own personal experiences with opioid use, including the challenges they faced along the way and the impact of work on their journey and recovery.

Patterns of Opioid-Related Harms Among Ontario Workers

Dr. Nancy Carnide, *Institute for Work & Health*

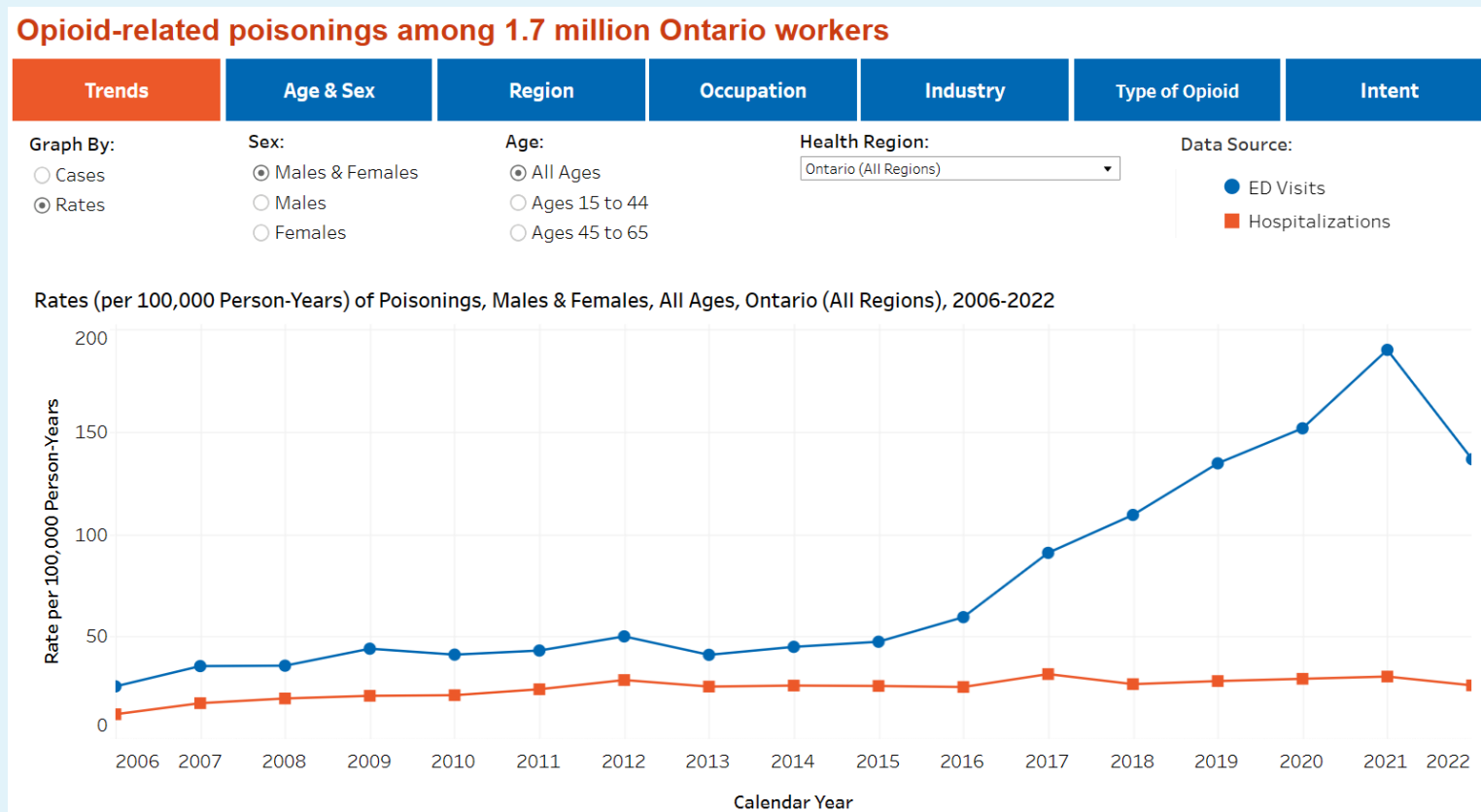
Dr. Jeavana Sritharan, *Occupational Cancer Research Centre*

Dr. Carnide and Dr. Sritharan are the co-leads of a research study investigating opioid-related harms among Ontario workers. They presented findings on the risk of opioid-related poisonings and mental and behavioural disorders (e.g., withdrawal, dependence) in a cohort of 1.7 million Ontario workers who previously experienced a work-related injury in the Occupational Disease Surveillance System.

Results of this study suggest these workers had a significantly higher risk of experiencing opioid-related harms compared to the general Ontario population. Occupational groups with higher risks of opioid-related harms included many physically demanding jobs, such as construction and trades, forestry and logging, materials handling, mining and quarrying, and machining. Workers in many of these groups often experience higher rates of work-related injuries, which may contribute to their higher risk of opioid-related harms. Other work factors, such as isolated working conditions, job demands, workplace culture (e.g., norms around substance use, masculinity), stigma, and fears of disclosure may also be contributors to increased risk of opioid harms.



Dr. Carnide and Dr. Sritharan also introduced the [Opioids and Work Data Tool](#), an interactive data visualization tool that illustrates patterns of opioid-related harms among this group of Ontario workers.



Prevention of Work-Related Opioid Harms

Dr. Cora Roelofs, *University of Massachusetts Lowell*



Dr. Roelofs' research is focused on the prevention of opioid-related harms in working populations through the development of effective training resources, policies, and programs. She presented on trends in opioid-related harms in the United States, describing factors contributing to increasing death rates in some regions, and decreasing rates in others.

She also described the complex prescribing situation: prescribing rates vary widely across the United States and have decreased only slightly since 2019, owing to the difficulty in bending the curve on prescribing. Washington State has been the exception and could be an example for effectively reducing inappropriate prescribing. Work also plays a role in contributing to this; for example, counties with greater economic dependence on mining are more likely to have higher rates of opioid prescribing.

Dr. Roelofs described how work-related factors, such as precarious or unstable employment, long work hours, job strain, hazardous work, poor safety climate, injuries, lack of supervisor and coworker support, and bullying can contribute to opioid harms. She emphasized the need for workplace actions aimed at addressing these upstream, modifiable work-related factors. These included strengthening employer best practices/policies for employers, improving employee education and resources, implementing injury prevention initiatives, and developing guidelines on opioid medication tapering for healthcare providers caring for injured workers. She also discussed the need to expand healthcare benefits (e.g., to support non-opiate pain management for injured workers) and increase funding to develop and test workplace policies and programs related to opioid use. Dr. Roelofs also described the findings from evaluations of several training initiatives, including those for unionized nurses, teamsters, and ironworkers; stone, sand, and gravel miners; and construction workers.

Perspectives from Workers

Wayne Harris, *UA Local 853 Sprinkler Fitters and Ontario Network of Injured Workers Groups*

Mr. Harris is a member of the Executive Board of the Sprinkler Fitters of Ontario UA Local 853, and the Vice President (Central) of the Ontario Network of Injured Workers Groups. Prior to a workplace shoulder injury in 2012, he worked as a sprinkler fitter in Ontario for 25 years. Mr. Harris shared how this injury led to several surgeries and his journey with opioid use, including its effects on him and his family. He discussed the significant challenges he experienced in dealing with the workers' compensation system and feeling forced to return to work while still in pain and against the advice of his doctors. The lack of support to recover from his injury, and of an exit strategy from opioid use, made safely returning to work practically impossible. He lost his job and his house, he could no longer coach sports, and his marriage ended, all the while becoming increasingly depressed, in pain, and needing to take pain medication. Mr. Harris was ultimately able to come off the opioids and build back his life, telling his story to others to advocate for better workers' compensation policies.





Rob Trymbulak, Ironworkers Local 700

Mr. Trymbulak has been an ironworker since 1995 and is a member of Ironworkers Local 700. He is a supervisor with Bridging North America, working on the Gordie Howe International Bridge between Windsor, Ontario and Detroit, Michigan. He shared his experience with substance use, treatment, and recovery. He began using substances at an early age and experienced difficulties in school. He was offered a job in the trades and began using stronger substances. He spoke about how he was introduced to opioids from a fellow tradesman who had a prescription and discussed how certain characteristics of work in the trades helped to hide his substance use, such as the ability to easily move from one contractor to the next. He spoke about the cost of his substance use on his family, relationships, jobs, finances, and emotional wellbeing. Mr. Trymbulak spoke about finally seeking out treatment and the process of recovery where he found hope. He also spoke about the critical support he received from his union and the need for further culture change to reduce stigma and support workers experiencing addiction. Now, Mr. Trymbulak speaks to others about his story, in the hopes that he can give someone else the courage to face their addiction.

The experiences shared by Mr. Harris and Mr. Trymbulak are a sobering reminder that behind every statistic there are workers, families, and friends who have been profoundly impacted by the opioid crisis. The insights shared by these speakers highlight the diverse challenges faced by workers who use substances. Work in this area should consider the perspectives and knowledge of those with lived experience to help contextualize the issue and better inform future research and supports.

Panel Highlights

Five panelists representing a range of perspectives, including employer, worker, and policy representatives, were asked to share current initiatives and strategies their organizations have implemented to address opioid and substance use harms among workers.

The goal of the panel was to understand what is currently being done in Ontario, the challenges and barriers involved in implementing these strategies, and their potential impact.



Kayla Smith

Liquor Control Board of Ontario (LCBO)

Ms. Kayla Smith discussed the LCBO's whole person health, safety and wellness strategy which aims to reduce stigma and increase access to available supports. She highlighted the implementation of a naloxone pilot program in select LCBO retail stores, expansion of emergency procedures documentation to empower employees to respond to health emergencies, a comprehensive family assistance program (including support for addictions), programming related to stress prevention and organizational resilience, and ways to improve immediate post-event trauma and crisis response. Ms. Smith spoke about the challenges of introducing the naloxone program, including some initial trepidation about the program overall, and the potential challenges faced by employees who

may provide care to someone in crisis. However, she also shared the psychological benefits of empowering employees to save a life. Finally, Ms. Smith spoke of the results of the naloxone program: after piloting the program in 16 stores, the LCBO will now be expanding the program to additional stores and ensuring wraparound care for employees through employee and family assistance programming and crisis teams. Following implementation of the pilot program, and as an indicator of stigma reduction created by this pilot, some employees have also self-disclosed, providing opportunities for the LCBO to proactively help those individuals and ensure the infrastructure is in place to meet legislative requirements.



Nathalie Chernoff

*Ontario Ministry of Labour, Immigration, Training
and Skills Development (MLITSD)*

Ms. Nathalie Chernoff spoke about designing and implementing Ontario's Workplace Naloxone Program. For eligible Ontario businesses, the program provided a free naloxone kit and training for up to two workers per workplace. It was developed to support compliance with the new Ontario legislative amendments requiring certain employers to provide naloxone in the workplace. While the program was a catalyst for raising awareness, it had to navigate several challenges, including identifying organizations with the appropriate expertise to offer training, ensuring the availability of naloxone kits, managing connections to existing programs to mitigate conflicts, and clearly communicating who should be accessing the program. From December 2022 to March 2024, 5,876 eligible businesses participated across the province, 5,076 kits were distributed, and 5,276 individuals received the training. The largest uptake was in central Ontario, among businesses in construction, manufacturing, and healthcare, as well as small businesses.

Blair Allin

International Brotherhood of Boilermakers (IBB)

Mr. Blair Allin shared the IBB's efforts to address mental health, suicide, and substance use among their membership. In 2017, IBB implemented the Total Worker Health Program developed by NIOSH, which revealed that a substantial number of members were suffering from poor mental health and substance use issues. Through a partnership with the Canadian Mental Health Association, they implemented the Working Minds program, aiming to create culture change by incorporating information on opioids and mental health into apprenticeship training. So far, 1,500 members have participated in the training across the country. He described the challenge of reaching members and providing them with training and supports once they have completed their apprenticeship or when they are unemployed. He also described how the union partners work with employers to deliver supervisor training on identifying when a worker may need help and how to reach out. Union representatives also receive training to recognize and approach those who may be struggling. A suicide prevention program, delivered through Living Works, is also part of their overall mental health program. Mr. Allin believes a peer support approach would be effective in supporting workers to get the help they need along with implementing self-care programs. He underscored that real change takes time.



Bill Guy

Fluor Driver Inc.

Mr. Bill Guy discussed his role as a Health, Safety and Environment Manager at Fluor Driver Inc., a large oil and gas maintenance company. After witnessing industry colleagues struggle with substance use issues and recognizing the relationship between mental health and substance use, Mr. Guy developed a Mental Health Committee for the local industry.

The committee aims to give workers the capacity to cope with and share their thoughts, feelings and behaviours and create a healthy, happy, and psychologically safe work environment. Other initiatives at his organization include monthly safety meetings with speakers covering various topics including, mental health and substance use, supervisor training through Fit for Work, and safeTALK training, a suicide prevention program and mental health awareness training, administered by BASES. Fluor Driver also provides naloxone kits across

their worksites and training on the use of naloxone kits to employees and local contractors through their Safety Forums. He discussed the importance of focusing on providing supports for workers who disclose their substance use, by treating substance use as a health condition, offering leaves to those who disclose, and connecting workers to treatment and employee assistance programs. As a result of these initiatives, workers are realizing they can come forward without repercussions and get the support they need. However, this change in culture is slow and concerns about stigma and reprisals remain as some of the biggest challenges that need to be overcome. Another challenge is the limited access to and often lengthy wait for treatment. He discussed the need for more treatment programs so that workers can have more immediate access, a need to prioritize education and training for these workers, and better supports for when workers in recovery return to work after an absence.



Kathy Martin

Infrastructure Health and Safety Association (IHSA)

Ms. Kathy Martin shared some of the workplace mental health and substance use initiatives being spearheaded by the IHSA, largely aimed at workers in the construction industry. Guided by an Opioid-Related Harms Advisory Committee, IHSA is developing a multifaceted pilot program that helps identify upstream risk factors and find solutions to address complex issues that contribute to opioid-related harms in construction and trades workplaces. As part of this initiative to date, IHSA has developed a seed document about opioid use and its implications for the construction trades that can be shared with employers to help address the issue and drive change. They have also developed a series of safety talks around these issues and will be piloting an audit tool. Finally, IHSA recently held a Call-to-Action session. In a survey follow-up to this session, most attendees agreed that their knowledge and confidence to begin addressing these issues has increased and that there has been a shift in attitudes and beliefs. Ms. Martin spoke about the difficulty in trying to promote mental health and substance use support in an overworked industry with so many other health and safety challenges, and the need to make it relevant to employers and get buy-in from leadership. She mentioned that research can help make the case to employers for why opioid use prevention matters.



Priority Actions

During the breakout session, workshop attendees were split into six in-person groups and two virtual groups. Each group was asked to brainstorm actions that need to be taken to address opioid-related harms among workers, and to rate these actions as high, medium, or lower priority. Groups were then asked to choose one or two high priority actions and identify:

- Who needs to be involved;
- The barriers to implementing or accomplishing the action; and
- Resources, data, and information needed to accomplish the action.

This was followed by an open discussion of high priority actions among the entire group.

The priority actions have been organized into three broad categories based on three of the four* integrated action areas in the [Canadian Drugs and Substances Strategy](#):

- 1) Prevention and Education;
- 2) Evidence; and
- 3) Substance Use Services and Supports.

**The fourth action area, Substance Controls, was not applicable to the recommendations of the workshop attendees.*

Canadian Drugs and Substances Strategy

The Canadian Drugs and Substances Strategy was updated in 2023 by Health Canada. It outlines the government's approach to reducing substance use related harms through four integrated action areas:

1. Prevention and Education

Prevention and education initiatives act to prevent, reduce or delay substance use related harms. They also increase awareness and knowledge about the effects and risks of substances.

2. Evidence

Supporting research and gathering data to help inform substance related policies and decisions.

3. Substance Use Services and Supports

Services that support a continuum of care, like treatment, harm reduction and recovery options for people who use drugs and alcohol. These services can help people reduce their substance use and the likelihood of related harms.

4. Substance Controls

Giving health inspectors, law enforcement and border control authorities the tools, like laws and regulations, to address public health and safety risks associated with the use of substances. These risks include the harms of the illegal drug market. Substance controls also allow for legitimate uses of controlled substances, like prescription drugs or in research.

1. Prevention and Education

Priority Action 1.1

Addressing known risk factors for opioid use and related harms in the workplace

Priority Action 1.2

Increasing awareness of opioid-related harms among employees and employers

Priority Action 1.3

Improving pain management and prescribing practices

Priority Action 1.4

Adopting worker-focused disability management practices following injury

Priority Action 1.5

Improving system-level policies and practices for return-to-work following injury



Priority Action 1.1

Addressing known risk factors for opioid use and related harms in the workplace

A central action recommended by attendees was the need for workplaces and other workplace-relevant parties to *proactively address known or suspected modifiable upstream risk factors* for opioid use and related harms in workplaces.

A key risk factor identified was *workplace injuries*. Research suggests injuries and pain resulting from work can lead to the use of opioids to treat pain and emerging evidence suggests they also increase the risk of opioid-related harms, including mortality. Attendees identified the importance of continued efforts to prevent injuries in the workplace, including through:

- Strengthening safety programs in the workplace;
- Fostering an open environment in the workplace that enables workers to speak up about hazards without fear of reprisal; and
- Identifying organizations committed to worker health and safety and promoting good models and leading-edge employers, including those who use proactive stand-downs (operation pauses for employers and employees to discuss safety), training, and education.

Another main risk factor identified by attendees was *long hours and overtime* (particularly in the trades), stemming from high-demand workloads, as well as pressures to work longer hours for financial reasons. The existing work model was described as broken, as these long hours not only encourage substance use

behaviours, but also contribute to poor mental health and injuries.

To address these issues, attendees identified the need for workplaces to:

- Balance hours of work, through improved employment standards;
- Recruit and hire more workers, especially younger workers;
- Increase mentoring to enhance support for workers, foster bonding between workers, and promote work-life balance; and
- Change the existing work culture that promotes a ‘work through it’ attitude by breaking the cycle of long hours, intense workloads, hiding injuries, and masking pain with medication. They also described the need to challenge the normalization of excessive overtime and alter the belief that long work hours equate to good workers.





In addition, attendees identified *poor mental health* as a risk factor, emphasizing the important link between mental health issues and substance use. They described various actions that could be implemented to improve the mental health of workers, such as:

- Challenging problematic cultural norms around mental health that are often entrenched in workplaces;
- Developing psychologically safe spaces for workers and their supervisors by making peer support more readily available and training additional support staff;
- Providing effective mental health training to improve workers' skills for managing stress and promoting self-care. As noted for opioid awareness training (see [Priority Action 1.2](#)), attendees stressed the importance of integrating mandatory mental health training into existing occupational health and safety (OHS) training for apprentices and new employees;
- Establishing a mental health committee in the workplace to oversee mental health promoting activities in the workplace;
- Ensuring mental health first aid is widely available to all workers;
- Providing employee support programs, such as employee family assistance programs; and
- Improving worker access within the workplace to community-based mental health resources (e.g., mental health vans).

Finally, attendees highlighted the need for employers to identify at-risk groups in their workplaces, such as through:

- Reviewing patterns in records of absenteeism;
- Utilizing risk assessments; and
- Using research data that have highlighted high-risk groups, such as the [Opioids and Work Data Tool](#).

Priority Action 1.1 Challenges

Lack of knowledge about risk factors

Attendees noted that not all employers will have the appropriate level of knowledge on these risk factors, with mental health noted as a prime example. If employers lack an understanding of the issues, it will be difficult for them to address it in their workplaces. This may point to an unmet need for awareness training and education.

Attendees also acknowledged there is a gap in the research evidence regarding what other risk factors exist within workplaces that could increase workers' risks of using opioids and experiencing opioid-related harms. They noted employers require more fulsome data on risk factors so that they can fulfill their obligations to control hazards in the workplace. The need for research was recommended as a key action item (see [Priority Action 2.1](#)).

Newcomer workers

Attendees noted that newcomers to Canada are a subgroup of the labour force that require particular attention, as they may not have a complete understanding of the occupational health and safety laws and workers' compensation system. There is a need for improved awareness of and access to occupational health and safety information among newcomer workers.



Priority Action 1.2

Increasing awareness of opioid-related harms among employees and employers

Attendees emphasized the importance of workers and other workplace parties, including supervisors, becoming more aware of opioid-related risks and taking precautions to protect themselves and their co-workers. They noted that most workplace parties still do not realize the magnitude of opioid-related harms in the workplace, highlighting the need to *increase awareness* among workplace parties.

In order to increase awareness of opioid-related harms, *worker and supervisor awareness training initiatives* were highlighted as an important action. In addition to raising awareness and increasing workers' knowledge of opioid use and harms, the training could address other substance use and mental health issues (see [Priority Action 1.1](#)). Training directed toward supervisors should also assist supervisors to identify signs of substance use among workers.

Attendees provided suggestions for how this awareness training could be facilitated, including:

- Integrating training into standard employee OHS training. As part of this, training could be legislated as mandatory by the applicable government body;
- Integrating training into first aid response legislation with development of concrete policies and procedures; and
- Designating the development and delivery of training to external OHS professionals.

Attendees suggested various methods for the provision of training in the workplace, including:

- Having guest speakers come into the workplace and speak to workers (e.g., substance use experts, representatives from mental health associations);
- Simple online tools or apps using plain language text and offered in multiple languages. However, attendees also noted this alone is not sufficient, as digital platforms may not be effective for all workers;
- Mental health continuum cards, small booklets, or other similar communication tools; and
- Experiential learning, story sharing, and peer support, allowing for the development of narratives through sharing lived experiences.

Attendees also stressed the need to raise awareness through *early education*, before employment. They described two key mechanisms for achieving this:

- Integrating early awareness education into the school curriculum (e.g., in high school), similar to smoking education, such that young adults are prepared before entering the workforce; and
- Integrating mandatory awareness training in the curriculum for apprentices (e.g., college programs).

Priority Action 1.3

Improving pain management and prescribing practices

Attendees stressed the need for *clinician improvements in pain management and prescribing practices*. Managing pain more conservatively, by using alternative pain management options, where available, such as physical therapy and acupuncture, was highlighted, along with advocating for more time for workers to fully recover before returning to work.

When opioids are considered warranted, attendees stressed the need for more judicious opioid prescribing with an exit strategy that includes:

- Built-in tapering plans for workers with opioid prescriptions. These plans should be developed with the worker and include supports and steps for opioid reduction or elimination prior to return-to-work;

- Mandatory training programs for those who receive opioid prescriptions; and
- Clear and consistent conversations between healthcare providers and workers to ensure workers are informed of the risks of opioids, while healthcare providers are aware of the worker's job and aspects of the work environment that could contribute to problematic use, as well as impairment. Healthcare providers should consider these factors when prescribing opioids or making return-to-work recommendations.

To support these efforts, attendees stressed the need for cautious, evidence-based prescribing guidelines and policies, that include recommendations and guidance for tapering.





Priority Action 1.3 Challenges

Healthcare provider knowledge

Attendees felt that healthcare providers often lack sufficient knowledge in both pain and addiction and do not always screen for addiction. Attendees recommended improved training for healthcare providers to address these gaps, with particular attention to non-opioid treatments for pain and opioid tapering.

Lack of alternatives

Attendees acknowledged the lack of alternatives for treating chronic pain and the need to develop more effective, non-addicting pharmaceutical pain medications.

Healthcare access

Attendees noted access to primary care, large patient loads, and healthcare underfunding are formidable challenges to effective care of pain that need to be addressed.

Priority Action 1.4

Adopting worker-focused disability management practices following injury

Attendees described the importance of developing *worker-focused workplace policies and practices* to support workers following a workplace injury. They emphasized that this approach to managing injured workers should be guided by the worker's needs and input.

Attendees indicated that post-injury return-to-work policies and practices should involve:

- Sufficient recovery time prior to return-to-work, including the provision of sick and disability leave for injured workers;
- Equivalent approaches to assisting workers returning to work whether it be after a physical injury or a mental health injury;
- Education on, and elimination of, opioids prior to return-to-work after injury;
- Conversations about pain and the potential impact on work;
- Consideration of conditions workers are returning to (e.g., work hours) and provision of suitable work accommodations; and
- A robust employee family assistance program.

Priority Action 1.4 Challenges

Long-term opioid use among returning workers

A particular challenge was noted around opioid use in safety-sensitive industries. As described in [Priority Action 1.3](#), in situations where it is not possible to eliminate opioid use prior to returning to work, attendees stressed the need for a mandatory training program to ensure workers' awareness of the potential impact on them and their work. Workplaces should provide appropriate accommodations for returning workers based on their fitness for duty.

Attendees also emphasized including opioid reduction into functional abilities forms for returning workers.

Priority Action 1.5

Improving system-level policies and practices for return-to-work following injury

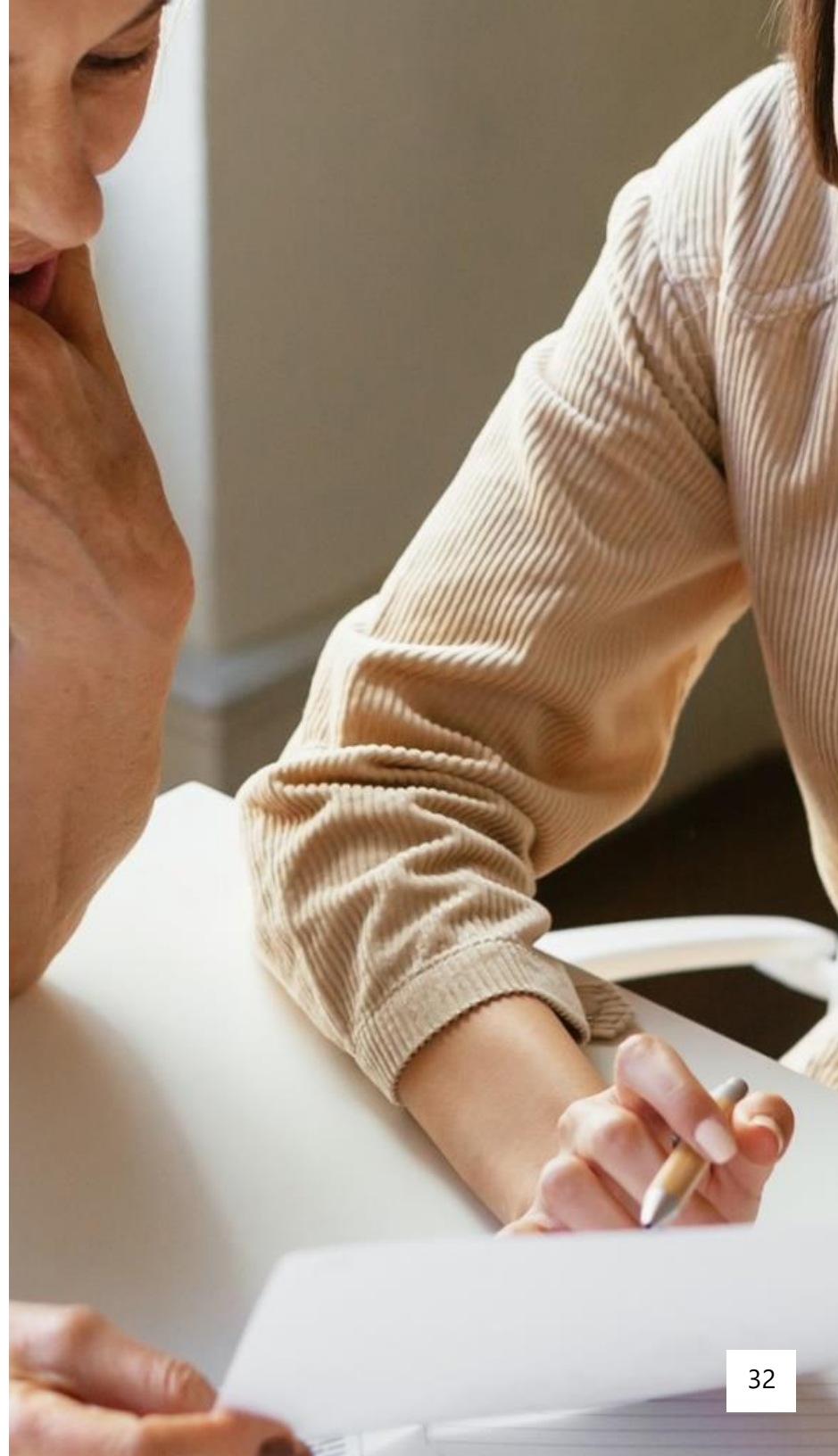
Attendees described the need to also *improve system-level policies and practices* impacting workers after an injury, including:

- Re-examining workers' compensation procedures and methods for assessing health, namely terminating assessments by compensation system-affiliated doctors and considering opioid reduction or elimination prior to return-to-work; and
- Strengthening the role of government in policies and practices, through the provision of more support programs, supports for small businesses to enable their workers adequate time to recover, and financial incentives.

Priority Action 1.5 Challenges

Inconsistent application of policies

Attendees commented on inconsistency in how workers' compensation policies are applied in the return-to-work process, and the need for more transparency in practices and policies that take workers' needs into consideration.



2. Evidence

Priority Action 2.1

Advancing research on opioid-related harms among workers

Priority Action 2.2

Developing a business case for employers



Priority Action 2.1

Advancing research on opioid-related harms among workers

Attendees highlighted the lack of data and statistics on opioid-related harms among workers, noting that this information could encourage employers to address the issue in their workplaces and guide them on how to address the issue.

They emphasized the importance of conducting research to generate credible and robust evidence on risk factors for opioid-related harms among workers, namely *identification of the modifiable, upstream factors in the workplace* that may increase the risk of opioid use and harms, and which employers could act on.

They also reported an interest in research that identifies the *characteristics of workers and workplaces most affected by opioid use and opioid-related harms*, to help target prevention efforts at higher-risk workers. Examples given of different features to examine included stages of working (i.e., new versus more experienced workers), unionization, and workplace size. They suggested conducting studies with various methodological approaches, such as focus groups and large-scale surveys, as well as enhancing national and provincial administrative data to go beyond simply characterizing workers' industry and occupation. They also underscored the need for more research on workers with work-related injuries specifically, including both those with compensable injuries and those not captured by workers' compensation data.

Finally, attendees identified *research on programs and interventions that could prevent or mitigate opioid-related harms in the workplace* as a priority action. Recommendations included engaging with the broader stakeholder community to identify tools needed, an environmental scan to identify and leverage the resources and programs that are already available and working (including in other jurisdictions), and program evaluation of key interventions, such as training and awareness initiatives. They also spoke about providing funding to enable the piloting of promising programs in order to demonstrate their value.

Priority Action 2.1 Challenges

Research funding

Attendees recognized that funding to support this research is crucial, while also recognizing the constrained funding environment in which researchers operate. They advocated for targeted funding from policymakers in the occupational health and safety space, such as workers' compensation boards.

Priority Action 2.2

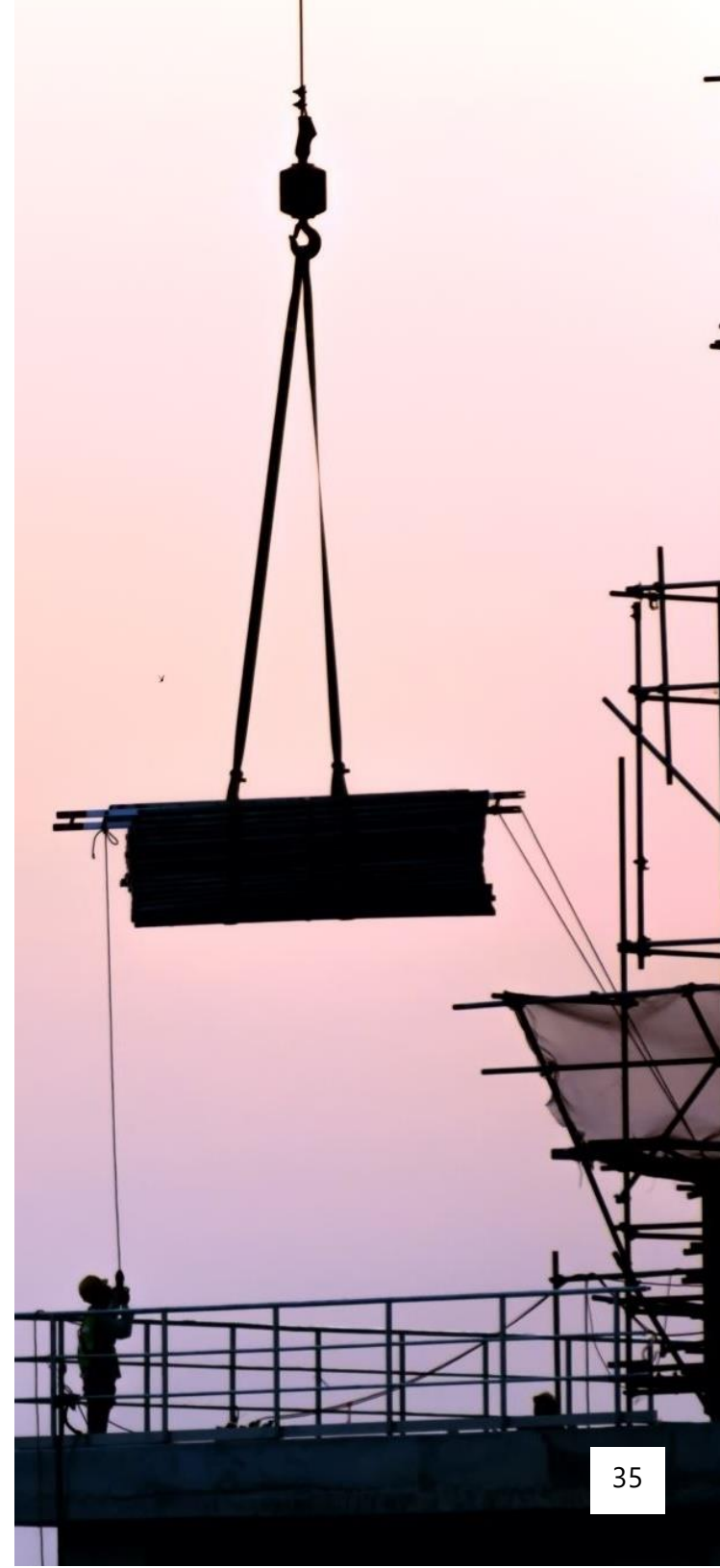
Developing a business case for employers

Although attendees were clear that evidence of the harms and impacts of opioid use should incentivize employers to provide recommended supports, they cautioned that it may not be enough. Rather, attendees felt that developing a business case was crucial to encouraging employers to engage in activities to address the opioid crisis in their workplaces. This includes providing employers with information on the financial impact of opioid-related harms among workers and articulating the return-on-investment. A business case was specifically suggested for many of the actions recommended by attendees, for example, addressing known risk factors in the workplace (see [Priority Action 1.1](#)), providing opioid awareness training (see [Priority Action 1.2](#)), and implementing supportive workplace policies and practices (e.g., safe disclosure and peer support programs) (see [Priority Action 3.1](#) and [Priority Action 3.2](#)).

Priority Action 2.2 Challenges

Convincing employers that it is not just about the bottom line

Attendees noted that the monetary aspects do not necessarily capture the full benefits and impacts of activities aimed at preventing opioid-related harms in the workplace. They reiterated the need for educating employers and providing them with evidence of the human impacts of opioid use on their workers, in order to further incentivize them to provide recommended supports.



3. Substance Use Services and Supports

Priority Action 3.1

Creating workplace policies and practices that enable safe disclosure with workplace supports

Priority Action 3.2

Implementing peer support in the workplace

Priority Action 3.3

Making naloxone available in the workplace



Priority Action 3.1

Creating workplace policies and practices that enable safe disclosure with workplace supports

Attendees noted that workers are often concerned about disclosing their struggles with substance use and, more broadly, mental health due to the fear of reprisal, including job loss and potential damage to their professional reputation and career advancement. Often, they are also unaware of the supports available, if any, if they were to disclose.

As a result, attendees highlighted the importance of establishing *human resources processes and policies in workplaces that enable safe disclosure and provide support following disclosure* for workers struggling with substance use.

To support safe disclosure, they recommended:

- Providing different options for workers to tap into to be able to disclose, including a program management system for confidential reporting;
- Establishing a peer support program to allow workers to disclose to a peer with lived experience; and
- Ensuring all options for workers to disclose are free of judgment and stigmatizing beliefs.

Attendees also described the need for human resources processes and policies that protect and support workers when they disclose, when they are found to be impaired, or when they test positive on a drug test, recognizing that a substance

use disorder is a disability that entitles a worker to accommodation up to the point of undue hardship. As part of this, attendees emphasized the importance of eliminating punitive zero-tolerance policies, and rather, moving towards second-chance policies and practices that:

- Meet people where they are in their recovery journey;
- Provide space for workers to recover;
- Connect workers to supports and treatment, such as through employee assistance programs; and
- Evaluate a worker's fitness-for-duty and provide accommodations (e.g., reassignment of position) to ensure workers who are able to work are not involved in safety-sensitive tasks.

Attendees also noted the importance of health insurance coverage. They recommended workplaces provide comprehensive insurance to their workers to reduce the financial barriers to counselling and treatment, including opioid agonist therapy (evidence-based medication for the treatment of opioid use disorder). They also spoke to the role of workers' compensation in providing comprehensive treatment for workers with injuries who have developed a substance use disorder.

Priority Action 3.1 Challenges

Supervisor reluctance to engage in conversations

Supervisors may be reluctant to engage in conversations about substance use with their workers due to discomfort, lack of knowledge about the issue, stigmatizing beliefs, an unwillingness to help, or a perceived inability to help.

Attendees recommended leadership training, such as mental health first aid training, to help supervisors develop the skills needed to have those conversations, including soft skills, such as compassion and effective communication. Other workers may also benefit from similar training, as they may act as a source of peer support for workers struggling with substance use. Attendees also recommended that mental health first aid training be integrated into existing first aid OHS legislation.

Employee awareness of workplace protections

Employees may not be aware of the potential workplace protections afforded to them should they have a substance use disorder. Awareness training for workers could address some of these knowledge deficits, by educating workers on the definition of a disability, what workplace protections are and

are not available for disabilities, such as substance use disorders, and how much workers need to disclose to their employers.

Access to external supports and treatment

Attendees acknowledged that outside of the workplace, there are barriers to accessing supports and treatment for substance use, including limited available specialized options and long wait times. Barriers to accessing primary care was also discussed as a challenge. These issues are particularly prominent in remote areas, such as rural and northern communities, and impact an individual's confidence in their ability to get well. These challenges underscore the importance of workplace programs and supports, but they also represent an important limitation, as many individuals may require supports beyond what is available in the workplace. Attendees spoke to the need for policymakers to address these issues by increasing funding for treatment programs and primary care. They also spoke about leveraging readily available online resources to bridge the gaps in support.



Priority Action 3.2

Implementing peer support in the workplace

Attendees advocated strongly for *implementing peer support programs* in the workplace, as is often seen in first responder organizations. They spoke about the importance of connecting workers with other workers who have lived experience and engaging in peer-to-peer storytelling. These peer supporters were seen as providing a credible and psychologically safe space for workers to contemplate and discuss their struggles with mental health and substance use. They also spoke about informal buddy systems that could have peer support leaders checking in on one another and their employees, as well as mentorship activities to encourage bonding among workers.

Priority Action 3.2 Challenges

Peer supporters' mental health

Providing peer support can be intense and may affect the mental health of peer supporters. In any program, it will be important to consider how individuals acting as peer supporters are themselves supported, both through formal and informal mechanisms.





Priority Action 3.3

Making naloxone available in the workplace

Attendees reiterated the value of *ensuring naloxone is available in workplaces* as a harm reduction measure. In Ontario, legislation already mandates naloxone in certain workplaces. To support this initiative, attendees suggest the continued provision of training for employers and employees. They also noted the need for supports and follow up after a poisoning event for the individual who received naloxone, but also individuals who administered naloxone or witnessed the event, as they may experience emotional distress. Finally, attendees emphasized that while there is value in having a naloxone program, it is not sufficient without the other interventions and actions described throughout the report.

Cross-Cutting Actions

Cross-Cutting Action 1

Addressing stigma

Cross-Cutting Action 2

Addressing broad resistance to change

Cross-Cutting Action 3

Securing sufficient resources

Cross-Cutting Action 4

Striving for a coordinated approach



Cross-Cutting Action 1

Addressing Stigma

Stigma was a prominent theme that permeated throughout the discussions. In particular, attendees noted that stigma can be a barrier for many of the priority actions. There was broad consensus that combatting stigma about substance use and mental health more broadly should be a priority action. They noted that this will require a comprehensive, multi-pronged approach, including:

- Education and training of leadership and workers to challenge stereotypes and promote a culture of acceptance and compassion;
- Transforming workplace culture to foster open and non-judgmental communication about substance use;
- Creation of supportive workplace policies;
- Encouragement of formal structures in the workplace, such as peer support programs, to ensure availability of people trained to handle sensitive conversations; and
- Ensuring access to confidential and effective resources for employees in need.



Cross-Cutting Action 2

Addressing broad resistance to change

Attendees cautioned that employers may be resistant to engage in some of the priority actions and their staff may also demonstrate some reluctance. Beyond the resource barriers, they noted this could be further driven by stigmatizing perceptions and beliefs about people who use substances, as well as a lack of awareness or understanding of the responsibility workplace parties have in preventing and addressing opioid-related harms among workers.

They stressed the need to obtain buy-in by employers, by increasing their awareness of the issue and providing them with the evidence that this is necessary. They also advocated for having champions to initiate, endorse, and support these efforts, including upper and middle management, unions, OHS associations, and government policymakers.

Cross-Cutting Action 3

Securing sufficient resources

Attendees stressed that, for many of the priority actions, employers would likely be required to invest significant time, money, and resources, in order to build the internal capacity to carry out these activities.

They indicated that employers may need to see a business case that clearly outlines the return-on-investment of such actions to incentivize them to act (see [Priority Action 2.2](#)). Attendees also noted that small businesses may have financial challenges and require monetary supports. They spoke to the role of government in providing funding options, such as rebates, for employers to mitigate cost concerns, as well as integrating mental health and substance use into existing occupational health and safety management systems (e.g., COR) and legislation to enable development and dissemination of external resources for employers. They also acknowledged, however, that there may be continued challenges due to the amount of content to cover and the time required.

Attendees further noted that resources are needed across the spectrum of actions, not just for workplace-level activities. This includes resources needed by organizations tasked with developing training and awareness programs, funding for research on opioid-related harms, and funding for the healthcare system to improve access to supports and treatments for substance use.



Cross-Cutting Action 4

Striving for a coordinated approach

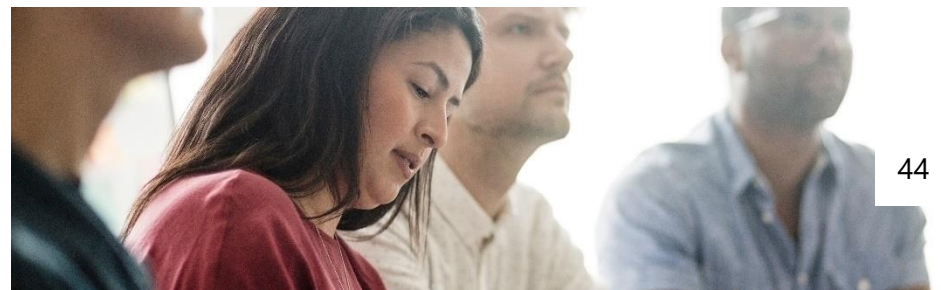
Attendees remarked on the great work that is being done to address the issue of opioid-related harms among workers but felt that much of the work was being done in isolated silos. They emphasized the need for a cohesive, multi-pronged approach to tackle the issue, spanning primary prevention, treatment, and harm reduction activities. They spoke about having a coordinating body to act as a steering or advisory committee to oversee this work. This group would take the lead in coordinating the development of new targeted programs.

Such a group would bring together the expertise from various groups, including representatives from:

- Labour and health government bodies;
- Municipalities;
- Occupational health and safety associations;
- Industry partners (particularly those considered high risk industries; including a mix of large and small business);
- Unions/trade associations;
- Chambers of Commerce;
- Public health;
- Workers' compensation organizations;
- Mental health and substance use organizations (e.g., Canadian Centre on Substance Use and Addiction; Canadian Mental Health Commission);

- Healthcare practitioners (e.g., physicians, pharmacists, first responders);
- Indigenous groups;
- Community advocacy groups and individuals with lived experience (e.g., Ontario Network of People Who Use Drugs); and
- Researchers.

They also spoke about how government bodies tasked with overseeing labour issues in their jurisdictions could take the lead in setting expectations for workplaces, which could filter down into a cohesive approach. For example, here in Ontario, they spoke about how the government could set minimum expectations for psychological safety in workplaces that go beyond a focus on workplace violence and harassment. As described in [Priority Action 1.2](#), speaking from an Ontario context, attendees discussed the need to integrate worker and supervisor awareness training into legislated first aid response. In doing so, Ontario's health and safety associations would create and provide resources to help employers meet these expectations.



Cross-Cutting Action 4 Challenges

Navigating conflicting opinions

Attendees acknowledged that a key challenge in bringing together a coordinating body will be navigating multiple stakeholder perspectives and points of view, as the opioid crisis is a sensitive and often politically charged topic. This complexity is further compounded by differing priorities, limited resources, and the need to balance public, political, social, safety, and medical considerations.



Workshop Conclusions

The opioid crisis has had a profound effect on workers in North America. The goal of this workshop was to bring together researchers, policymakers, employers, workers, and health professionals to share evidence and discuss work-related factors associated with opioid harms among workers. The workshop sparked dialogue about what actions need to be prioritized to prevent and mitigate the impacts of substance-related harms among workers.

Workshop attendees emphasized the importance of preventative activities, including working to address known risk factors for opioid use and harms in the workplace, educating workplace parties, improving clinical practices in pain management, and enhancing workplace and system-level disability management practices following injury. They also spoke to the need for more research and data on this issue, to assist and incentivize employers to act. This included data on modifiable risk factors, return-on-investment data, and research on the effectiveness of promising interventions.

Workshop attendees highlighted the importance of supportive workplace policies and practices and peer support programs to help workers struggling with substance use, and the need for harm reduction activities, such as naloxone availability in workplaces.

Workshop attendees also highlighted several challenges they saw as potentially impeding some of the actions proposed. However, they also saw opportunity for a number of important cross-cutting actions that could support each of the individual priority actions. These included addressing stigma and resistance to change, securing sufficient resources, and better coordination of activities.

To make progress with these priority actions, widespread collaboration between researchers, workplaces, and government agencies is essential. We hope this workshop report can be used to direct efforts toward preventing and reducing opioid-related harms among workers.



Appendix 1.

Workshop Agenda

9:00 AM	Welcome and introductions Paul Demers, Occupational Cancer Research Centre, Ontario Health
	Presentations
	Patterns of opioid-related harms among Ontario workers Nancy Carnide, Institute for Work and Health Jeavana Sritharan, Occupational Cancer Research Centre, Ontario Health
	A worker's perspective: My journey with opiates Wayne Harris, Executive Board, UA Local 853 Sprinkler Fitter; Executive VP, Ontario Network of Injured Worker Groups
	Prevention of work-related opioid harms Cora Roelofs, University of Massachusetts Lowell
	A worker's perspective: My experience living with addiction and my path to recovery Rob Trymbulak, Member of Ironworkers Local 700
12:15 PM	Lunch Break
1:00 PM	Panel discussion: Current initiatives and strategies Kathy Martin, Infrastructure Health & Safety Association Blair Allin, International Brotherhood of Boilermakers Canada Nathalie Chernoff, Ministry of Labour, Immigration, Training and Skills Development Bill Guy, Fluor Driver Inc. Kayla Smith, Liquor Control Board of Ontario
2:30 PM	Breakout discussion: Future priorities
4:00 PM	Wrap-up and conclusions
4:30 PM	End of workshop

Appendix 2.

Speaker Profiles

Blair Allin

Canadian Health and Safety Representative | International Brotherhood of Boilermakers

Blair Allin is the Canadian Health and Safety Representative for the International Brotherhood of Boilermakers. He has worked as a Boilermaker since 1981, developing a skill set in safety and safe practices that has guided him into the position of National Health and Safety Representative. Blair is involved in health and safety related committees throughout the country and is an advocate and trainer in programs that support workers' mental health.

Nancy Carnide

Scientist | Institute for Work & Health (IWH)

Dr. Nancy Carnide is a Scientist at IWH and an Assistant Professor at the University of Toronto's Dalla Lana School of Public Health. She is a co-principal investigator of the Opioids and Work project. She conducts research at the intersection between occupational health and safety and substance use, including the use of prescription and recreational substances among workers, their risk factors, and the workplace impacts of their use, with a current focus on cannabis and opioids.

Nathalie Chernoff

Manager, Training and Awareness Branch, Prevention Division | Ontario Ministry of Labour, Immigration, Training and Skills Development (MLITSD)

Nathalie Chernoff is the Manager of the Training and Awareness Branch within the Prevention Division of MLITSD. She is responsible for developing and implementing strategic initiatives to address gaps in the occupational health and safety system, particularly on training, awareness and occupational health and safety culture. Since 2021, Nathalie has led the team responsible for designing and implementing Ontario's Workplace Naloxone Program, providing free naloxone kits and training for businesses. Nathalie has been a policy and program professional within the Ontario Public Service since 2015, working on key initiatives that support vulnerable populations at both the Ministry of Education and the MLITSD.

Paul Demers

Scientific Director | Occupational Cancer Research Centre (OCRC)

Dr. Paul Demers is the Scientific Director of the OCRC, as well as a Senior Scientist with Ontario Health, and a Professor at the University of Toronto's Dalla Lana School of Public Health. Paul is internationally recognized for his expertise on the health effects of workplace exposures and has sat on many expert panels, including for the International Agency for Research on Cancer, the US National Academy of Sciences, and Health Canada.

Bill Guy

Health, Safety and Environment Manager | Fluor Driver Inc.

Bill Guy is the Health, Safety and Environment Manager at Fluor Driver Inc., operating at Suncor Sarnia. Bill has a strong commitment to physical wellness, mental health, and well-being in the workplace. He aims to support all employees by creating a healthy, happy, and psychologically safe work environment where employees feel appreciated, treated fairly, and encouraged to speak up with ideas, questions, concerns, or mistakes. In 2019, Bill launched a Mental Health Committee, which focuses on promoting mental well-being within the Maintenance, Turnarounds and Construction Industry Workforce in Southwestern Ontario by ensuring that everyone

in the building trades better understands, and gains the capacity to cope with their thoughts, feelings, and behaviors.

Wayne Harris

Executive Board Member | UA Local 853 Sprinkler Fitter | Executive VP, Ontario Network of Injured Worker Groups

Wayne Harris, RSE, is a member of the Executive Board of the Sprinkler Fitters of Ontario UA Local 853. He is also the Vice President (Central) of the Ontario Network of Injured Workers Groups. Prior to a workplace accident in 2012, he worked as a sprinkler fitter in Ontario for many years. Wayne shared his journey with substance use and its effects on him and his family.

Kathy Martin

Coordinator, Research, Stakeholder and Public Relations, Mental Health | Infrastructure Health and Safety Association (IHSA)

Kathy Martin is a Mental Health and Wellness Specialist at IHSA. She supports workplace well-being initiatives within IHSA, as well as within the workplaces served by IHSA, and provides recommendations on IHSA's future directions to address mental health issues. Kathy co-ordinates the IHSA Opioid-Related Harms Advisory Committee, and a new pilot program that helps identify risks and find solutions to address the complex issues that contribute to opioid-related harms.

Cora Roelofs

Research Professor | University of Massachusetts Lowell (UMass Lowell)

Dr. Cora Roelofs is a Researcher with the Center for Promotion of Health in the New England Workplace and Research Faculty at UMass Lowell in the department of biomedical engineering. She is a recognized expert in the prevention of opioid-related harms in working populations, with a focus on developing effective training resources for the mining and construction sectors and policy and program development for workplace opioid hazard awareness.

Kayla Smith

Senior Manager, Health, Safety and Wellness Programs | Liquor Control Board of Ontario (LCBO)

Kayla Smith is the Senior Manager of Health, Safety and Wellness Programs at LCBO. She manages programs as part of LCBO's integrated approach to whole person health, safety, and wellbeing. Most recently, Kayla led the implementation of a naloxone pilot program in LCBO retail stores, programming related to stress prevention and organizational resilience, and leveraged partnerships to improve immediate post-event trauma and crisis response. These efforts, amongst others, have received prominent health and safety awards from the Retail Council of Canada, Occupational Health and Safety Honours, and Excellence Canada.

Jeavana Sritharan

Scientist | Occupational Cancer Research Centre (OCRC)

Dr. Jeavana Sritharan is a Scientist at OCRC and an Assistant Professor at the University of Toronto's Dalla Lana School of Public Health. She is a co-principal investigator of the Opioids and Work project. She leads OCRC's Surveillance Team to examine the risk of various cancers and non-malignant diseases among Ontario workers. More recently, her research program was expanded to include COVID-19 and opioid-related harms.

Rob Trymbulak

Member of Ironworkers Local 700

Rob Trymbulak has been an ironworker since 1995 and is a member of Iron Workers Local 700. He is a supervisor with Bridging North America, working on the Gordie Howe International Bridge between Windsor, Ontario and Detroit, Michigan. He will share his experience living with addiction, treatment, and recovery.



Working towards
the elimination of
occupational disease



Institute
for Work &
Health

**Research to
prevent work
injury and protect
worker health**

www.iwh.on.ca