

Submission for the Canada's Men and Boys Health Strategy

Prepared by Canadian Drug Policy Coalition

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Introduction

Since 2016, more than 55,000 people have died from opioid-related drug toxicity in Canada. Available data indicate that in 2025, 74% of opioid toxicity deaths occurred among males, with 51% of these deaths occurring between males aged 30-49 years.¹ In Ontario, in 2021, 30% of those who were employed at the time of their death were employed in the trades.² In British Columbia, data from 2014-2016 indicate that 20% of people who died from opioid toxicity were employed in the construction industry at the time of their death.³ Factors that contribute to substance use harms among trades workers include: injury and chronic pain management; workplace stress, such as long hours and precarious work environments; zero tolerance policies; and, workplace culture.⁴ Though the harms associated with the toxic drug crisis are experienced across all demographics, the disproportionate opioid toxicity rate among working-age males and trades workers represent a key opportunity to better support the intersection of these populations via the provision of improved access to substance use health services and improved workplace policy on substance use.

Access to Substance Use Health Services

The unregulated drug supply has become increasingly more potent and contaminated over time,⁵ which increases the risks associated with consumption of unregulated drugs. Improving access to a range of evidence-based substance use health services may decrease the risks associated with the use of unregulated drugs. It is essential that health services are non-coercive, grounded in evidence-based practice, and respect workers' rights. Substance use health services such as drug checking, supervised consumption, peer support programs, prescribed alternatives to the unregulated supply,

¹ Substance-related Overdose and Mortality Surveillance Task Group on behalf of the Council of Chief Medical Officers of Health. "Opioid- and Stimulant-related Harms in Canada." March 2026. Retrieved from: <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/#a2>.

² Gomes et al. "Lives Lost to Opioid Toxicity among Ontarians Who Worked in the Construction Industry." July 2022. Retrieved from: <https://odprn.ca/wp-content/uploads/2022/07/Opioid-Toxicity-in-the-Construction-Industry-Report-Final.pdf>

³ *Ibid.*

⁴ *Ibid.*

⁵ Health Canada. "Spotlight : The evolution of Fentanyl in Canada over the past 11 years." Retrieved from: <https://www.canada.ca/en/health-canada/services/publications/healthy-living/evolution-fentanyl-canada-11-years.html#t2>

counselling, and evidence-based addiction treatment, are well-established interventions, but insufficiently available and may be contraindicated in workplace policies.

Criminalized Substance Use and Stigma

Despite substance use being relatively commonplace across Canadian society, the criminalized nature of many commonly used substances creates barriers for those seeking access to substance use health services, including harm reduction and/or addictions treatment services. While increasing access to substance use health services is essential, the criminalized status of drugs will continue to have a chilling effect on uptake of substance use-related services.

Workplace Policy and Substance Use

Many people consume substances and do not develop an unhealthy relationship to those substances or use them in ways that negatively impact their workplace performance or relationships. However, when substance use is discovered in the workplace – particularly in sectors such as trades and construction - punitive responses can worsen working conditions, compromise workers' health and wellness, and destabilize a person's employment long-term.⁶ Highly punitive workplace environments can suppress access to substance use health services and increase stigma for workers; all of this may be exacerbated by disproportionately punitive workplace policies.⁷ Initiatives that could improve workplace substance use policy include: access to union representatives and legal counsel for workers, the ability to choose from a range of qualified providers for substance use treatment and independent medical exams rather than adherence to an employer-chosen health provider or abstinence-only model, and individualized and non-coercive treatment plans that reflect evidence-based practices and harm reduction principles.⁸

⁶ Harm Reduction Nurses Association. "Position Statement: Supporting Nurses Who Use Substances." 2020. Retrieved from: https://68f6ce34-dfcf-47f6-9e90-8955ebcf4266.filesusr.com/ugd/4be5a1_c2fdcd12bd7e4aeca452d9d5eeaeb125.pdf

⁷ *Ibid.*

⁸ *Ibid.*