

Understanding Substance Use Among Apprentices in the Skilled Trades



About the Canadian Apprenticeship Forum

The Canadian Apprenticeship Forum – Forum canadien sur l'apprentissage (CAF-FCA) is a national, not-for-profit organization working with stakeholders in all regions of Canada. We influence pan-Canadian apprenticeship strategies through research, discussion and collaboration sharing insights across trades, across sectors and across the country. We promote apprenticeship as an effective model for training and education. Our Board of Directors has representatives from business, labour, the jurisdictional apprenticeship authorities, education and equity-priority groups. Through our work, CAF-FCA has shed light on several key issues affecting apprenticeship, such as the perceived barriers to accessing and completing apprenticeship and the business case for apprenticeship training. For more information, visit the CAF-FCA website at www.caf-fca.org.

This research was completed by Social Research and Demonstration Corporation (SRDC) in collaboration with CAF-FCA.

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EXECUTIVE SUMMARY

OBJECTIVES AND METHODS

The objectives of this study are to better understand apprentice and tradespeople's lived experience and the supports that they need in relation to substance use, as well as employer, union and substance use experts' perspectives on promising practices to help apprentices and tradespeople manage their substance use.

From August 2022 to April 2023, the Social Research and Demonstration Corporation (SRDC) undertook various activities to gain a comprehensive understanding of this issue. This included implementing a pan-Canadian survey, conducting interviews with apprentices, tradespeople, employers, union trainers and representatives from substance use organizations, and writing a targeted literature review and environmental scan. This study was commissioned by the Canadian Apprenticeship Forum-Forum Canadien sur l'apprentissage (CAF-FCA).

RESEARCH FINDINGS

A total of 1,194 participants from across Canada completed the survey, and 46 key informants were interviewed. This data was compared to national studies, including the Canadian Alcohol and Drugs Survey (CADS), to provide a benchmark for analysis. Selected findings from this study include:

- 59 per cent of survey respondents reported excessive alcohol use (more than 5 drinks on one occasion in the past 12 months).
- Apprentices and pre-apprentices are more likely to use cannabis than journeypersons; whereas journeypersons are more likely to use opioids and sedatives.
- There is evidence of possible misuse of prescribed opioids, as well as use of non-prescription opioids. Women use more opioids, sedatives, and psychedelics than men.
- There is a higher use of cannabis and stimulants in the trades than in the general population. Socializing and partying are the primary reasons for using alcohol, psychedelics, and stimulants.
- Most respondents did not report harms from using substances. For those who did experience harm, the most cited consequence of substance use was mental harm.

- Generally, there is a lack of awareness regarding available services and treatments. However, tradespeople working for employers/unions that provided information to their workers/membership regularly were more likely to be aware of available services, or, at a minimum, where to access them.
- Survey participants identified counselling, mentoring, and peer support groups as the types of supports most needed. Participants also needed a holistic suite of services and clearer pathways to return to work.
- Promising practices included use of peer support programs, reducing stigma in the workplace, and integrating substance use approaches and strategies into existing supports.

CONCLUSIONS

This study presents insights from apprentices and journeypersons, including factors that led them to use substances, the impacts of their substance use, and the supports they need to manage their substance use. The consequences of substance use vary considerably, depending on the substance(s) used, the frequency of use and the reasons for using. Workplace and workplace culture also play significant roles in the choice of substances used and whether to seek help. Access to a robust suite of holistic services is needed to manage substance use.



INTRODUCTION

BACKGROUND

Substance use is a complex issue that affects individuals, families, and communities across the country, with an estimated 6 million Canadians expected to meet the criteria for substance use disorder in their lifetime (Pearson et al., 2015). Recent statistics have raised concerns that the trades are especially impacted by substance use, including a recent report revealing that since 2016, 30-50 per cent of men employed at the time of their death, worked in the trades (Government of Canada, 2022).

As a result, substance use in the trades is an ongoing concern for employers, unions, and other stakeholders. It is especially concerning because the skilled trades are essential to the Canadian economy with 4 million people reportedly working in the trades (an estimated 406,203 of which are apprentices), representing over 20 per cent of employees in Canada (Frank & Jovic, 2017; Statistics Canada, 2015, 2022).

Labour shortages in the trades, impending retirements, and the high rates of apprentices not earning their certification are troubling issues for the skilled trades sectors (Employment and Social Development Canada, 2022a, 2022b; Powell & Richardson, 2021; Statistics Canada, 2021). Supporting apprentice health and well-being, including the prevention, management, and treatment of substance use, is vital to ensuring the continued success of the skilled trades. This is especially important given the vital role of the trades in the Canadian economy, including in Canada's economic recovery from COVID-19 (Employment and Social Development Canada, 2022a).

OBJECTIVES

The Canadian Apprenticeship Forum-Forum Canadien sur l'apprentissage (CAF-FCA) promotes apprenticeship with the goal of cultivating a highly skilled, diverse, and mobile skilled trades labour force. In alignment with this mandate, CAF-FCA commissioned the Understanding Substance Use Among Apprentices in the Skilled Trades study. The purpose was to understand the extent and nature of substance use by apprentices and tradespeople, and the resources available to help support their well-being.

Along with information gathered from apprentices and tradespeople, this study also considers the perspectives of employers, union representatives, relevant stakeholders, and substance use experts who shared their promising practices for substance use prevention, management, and treatment.

RESEARCH METHODOLOGY

RESEARCH APPROACH

SRDC's examination of substance use among apprentices in the skilled trades focused on collecting information across five domains of inquiry, listed below:

1. The extent of substance use by apprentices in the trades
2. The impacts of substance use
3. The awareness and availability of supports and treatment options
4. Access to services and treatment
5. Promising practices to manage substance use

DATA COLLECTION STRATEGY

To answer the study's research questions, the project implemented a mixed-methods research design relying on data from primary and secondary data sources:

- **A national survey of apprentices:** This survey collected information about substance use, factors contributing to substance use, and access to services.
- **Interviews with key informants:** Interviews were conducted with key informants from four target groups: employers, unions, substance use organizations, and apprentices and tradespeople. The interviews provided detailed information on the availability and scope of services available to address substance use. Promising practices were shared.
- **Targeted literature review:** The review of existing literature provided context and ensured a thorough understanding of the services that already exist and are needed to respond to substance use in the trades.

SURVEY SAMPLE

A total of 1,194 participants from across Canada completed the survey. Included in the survey were pre-apprentices (currently applying to or taking foundational classes in the trades), registered apprentices, qualified journeypersons and labourers (non-certified). The survey was administered from October 2022 to January 2023.

A small number of incomplete survey responses (2 per cent of the sample) are included in the survey's analysis. To be considered for inclusion, all sociodemographic and workplace characteristic information was provided by the respondent.

Participation in the survey was voluntary and all respondents had the option of quitting the survey at any time. Responses to the survey were anonymous to protect the privacy and confidentiality of participants.

Representativeness of the sample

Due to the study's sample size, composition, and use of convenience sampling, the findings presented in this report are not necessarily representative of the skilled trades. For instance, women and Indigenous peoples were intentionally included in our recruitment efforts to allow for a gender-based analysis and an analysis by cultural identity. These groups may be overrepresented in our sample relative to their proportions in the skilled trades.

Additionally, all research participants were invited to do so on a voluntary basis; no one was obligated to respond to or complete the survey, nor to participate in an interview. Consequently, there is a potential for a self-selection bias. Individuals who elected to respond to the survey or interview may differ from those who declined. Individuals may have had differing substance use patterns. Those who did participate in the study may not necessarily represent the population of apprentices and journeypersons in the skilled trades.

The study is, fundamentally, an exploratory exercise attempting to understand substance use patterns, impacts, and measures needed to inform and assist apprentices in need of support. At no point did the analysis seek out any causal relationships between analysis groups and substance use; rather, the study explored associations between variables.

The study's ultimate objectives did not require a representative sample. The study's results and its conclusions should be interpreted with caution.

INTERVIEW SAMPLE

As part of our data collection strategy, SRDC conducted a series of interviews with individuals representing the views and experiences of three groups of informants. Where possible, interview inputs were used to explain or to provide context in support of quantitative findings, or to respond directly to research questions.

Table 1 Number of interviews completed by informant groups

Targeted Informants	N
Sector representatives (unions, employers, and trade associations)	17
Mental health and substance use experts (e.g., the Canadian Mental Health Association (CMHA), the Canadian Association of People who Use Drugs)	6
Apprentices working in the skilled trades	17
Journeypersons working in the skilled trades	6
Total	46

Recruiting sector representatives

SRDC approached employers, unions, substance use experts, and other associations working in the skilled trades directly to participate in key informant interviews. In some cases, potential key informants were recommended by CAF-FCA.

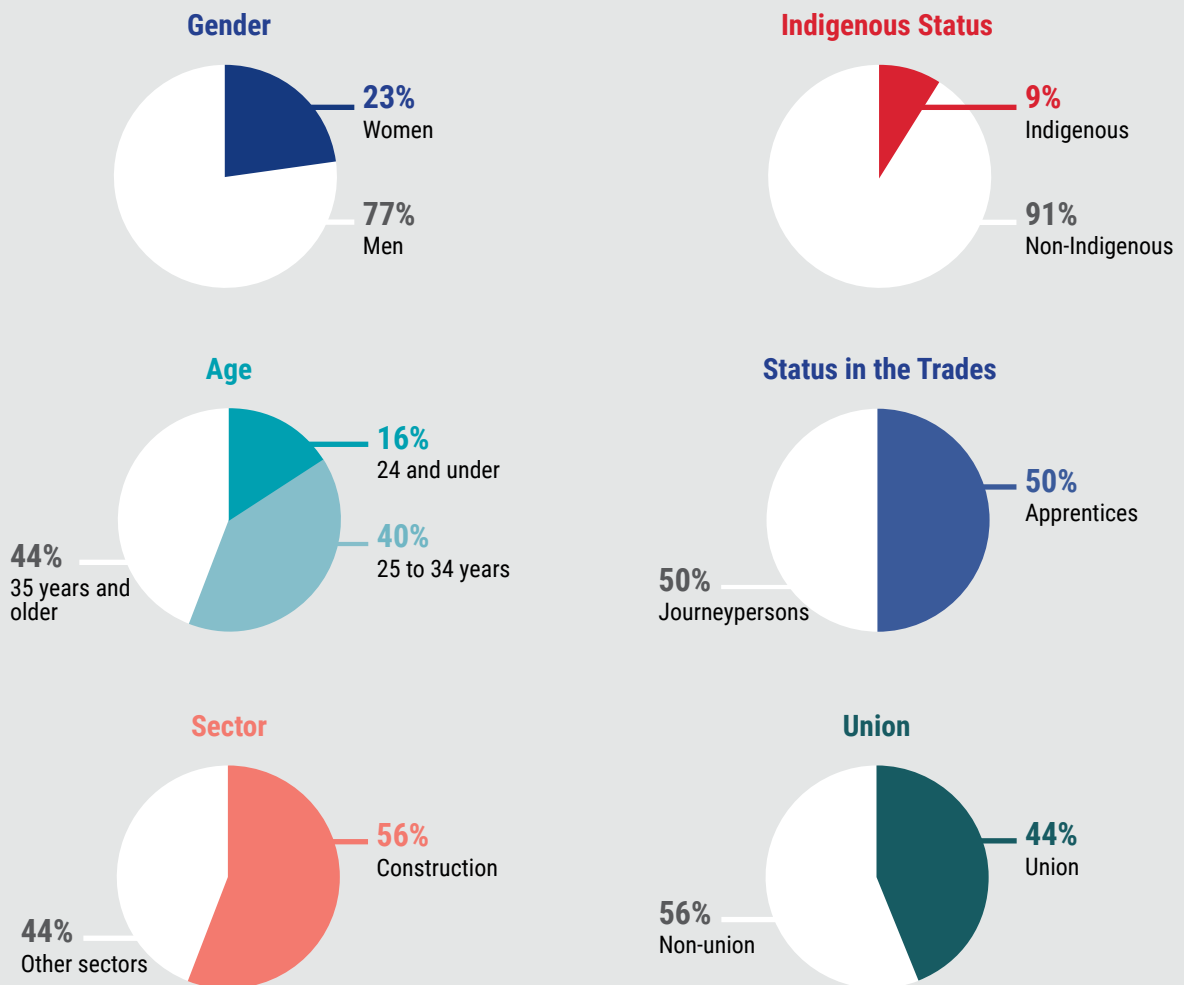
The perspectives shared by stakeholders were valuable for our study and constitute an important source of contextual information.



DATA ANALYSIS

Descriptive and bivariate analyses were conducted on key variables of interest. Whenever possible, analyses by subgroups were conducted to assess differences between categories of interest to the study. Sample sizes determined whether analyses were feasible and whether differences detected would be meaningful. The distributions of selected subgroups for analysis are presented in Figure 1. A detailed description of the survey sample's demographic information can be found in Appendix A.

Figure 1 Distribution of subgroup variables used for analysis



Source: SRDC survey of apprentices and journeypersons.

Note: To conduct subgroup analyses, multi-categorical variables were either collapsed into dichotomous variables (e.g., apprentices include apprentices and pre-apprentices; journeypersons also include labourers) or only the categories of interest for the comparison were kept (e.g., gender included non-binary categories, but small numbers of respondents would not allow their inclusion in the analysis).

RESEARCH FINDINGS

The following section provides a synthesis of our study's research findings. Survey results are presented using frequency tables, figures, and statistical analyses, with qualitative data drawn from key informant interviews and open-ended questions added to support our findings. When required, additional notes are included below tables or figures to help the reader interpret the results.

Whenever possible, our analysis compares substance use patterns to national studies, including the Canadian Alcohol and Drugs Survey (CADS). Results from the CADS provide a benchmark against which our study's results can be compared. However, it should be noted that the CADS benchmarks are based on a representative sample of the Canadian population, whereas the SRDC survey is not based on a representative sample.

PREVALENCE OF SUBSTANCE USE IN THE TRADES

Reported Substance Use

The proportion of respondents who reported using substances in the 12 months preceding the survey, and their frequency of use, can be found in Table 2.

Table 2 Proportion of respondents according to substances used and frequency of use in the past 12 months

	#	%	Frequency							
			Daily	4 to 5/ week	2 to 3/ week	1/ week	2 to 3 per month	1 per month	Less than 1 a month	Taken once or twice
Alcohol (binge drinking)	708	59%	11%	7%	17%	15%	18%	12%	15%	5%
Cannabis	478	40%	33%	5%	11%	8%	12%	6%	17%	8%
Stimulants	144	12%	29%	4%	6%	6%	9%	11%	19%	15%
Psychedelics and inhalants	135	11%	1%	2%	3%	5%	7%	9%	45%	29%
Opioids	100	8%	18%	5%	8%	7%	10%	6%	17%	29%
Sedatives	52	4%	19%	6%	11%	15%	17%	9%	17%	7%
None of these or prefer not to answer	325	27%	-	-	-	-	-	-	-	-

Source: SRDC survey of apprentices and journeypersons.

Note: For analytical purposes, non-prescription and prescription substances are grouped according to common effects. **Sedatives** include Z-drugs, barbiturates, and benzodiazepines; **Psychedelics** include MDMA, hallucinogens, and inhalants; **Stimulants** include psychoactive pharmaceuticals (e.g., Adderall or Ritalin), amphetamines or methamphetamine, and cocaine; **Opioids** include fentanyl, carfentanyl, synthetic opioid, heroin, codeine, morphine, oxycodone, hydrocodone, hydromorphone, meperidine, methadone, and oxymorphone; **Alcohol** (binge drinking) refers to at least 5 drinks of alcohol on one occasion. Percentages in the above chart are based on all the survey respondents. Statistics discussed later in this report refer to subsamples of respondents who reported using specific substances.

Excessive alcohol use is common among apprentices and journeypersons

Almost two-thirds (59 per cent) of the sample consumed alcohol excessively (more than 5 drinks on one occasion) in the past 12 months. When the data are analyzed by age, no significant differences are found, suggesting that high alcohol consumption is experienced in similar proportions across all ages.

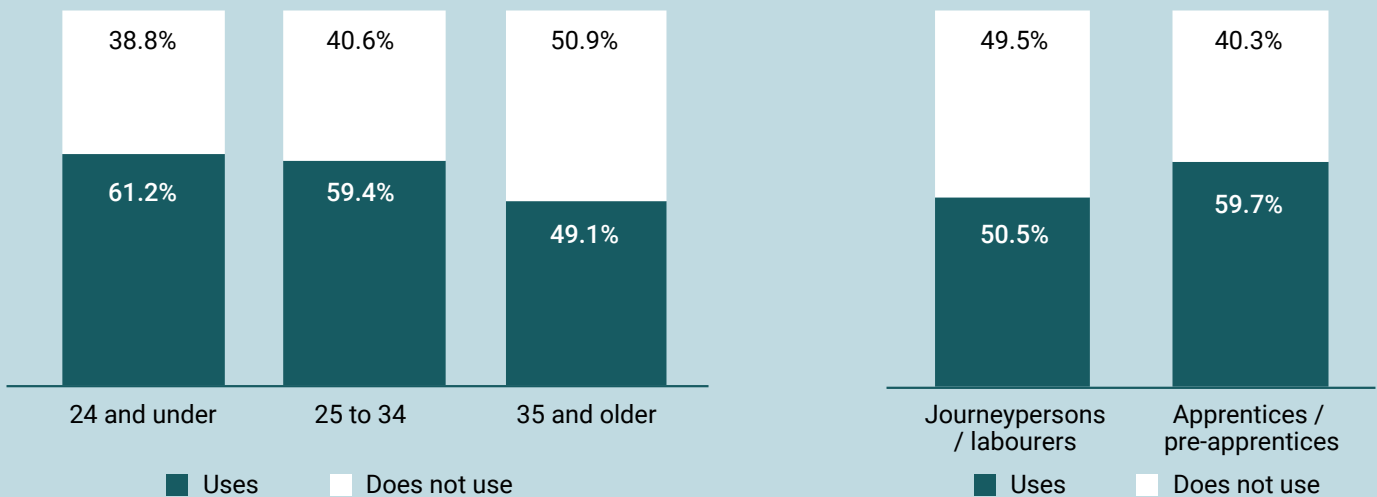
Apprentices are more likely to use cannabis than journeypersons

Cannabis use over the previous 12 months was also reported by a significant number of survey respondents (40 per cent, overall). This proportion is almost double the prevalence reported in the general population in the CADS (21 per cent) in 2019 (Government of Canada, 2020).

A comparative analysis of cannabis use by age revealed significant differences in the consumption of cannabis across age categories. In fact, younger respondents (24 years of age or younger) were significantly more likely to report using cannabis than older workers (61 per cent compared to 49 per cent among individuals 35 years of age and older, p -value < 1%). This result is consistent with the CADS, where cannabis use was more prevalent (45 per cent) among young adults aged 20 to 24 than among adults aged 25 years and older (19 per cent).

A separate analysis was conducted to assess differences in consumption between apprentices and journeypersons. Findings from this analysis indicate that apprentices and pre-apprentices are more likely to consume cannabis than journeypersons as shown in Figure 2.

Figure 2 Difference of prevalence in cannabis use in the past 12 months (age categories and status in the trades)



Source: SRDC survey of apprentices and journeypersons.

Daily use of cannabis is also relatively high with one-third (32 per cent) of all cannabis users saying they use daily. This result is not dissimilar from the general population: 27 per cent of cannabis users surveyed by the CADS reported consuming on a daily or almost daily basis (Government of Canada, 2020).

High prevalence of use of stimulants

“Cocaine is huge in the trades. Alcohol abuse. Those are the main ones that I see mostly. And obviously, marijuana, they do for sure, even though it’s legal now.”

Apprentice interview

For analytical purposes, psychoactive pharmaceutical stimulants (e.g., Adderall, Concerta, Ritalin, and Vyvanse) and non-prescription stimulants (e.g., cocaine, methamphetamines) were combined. Overall, 17 per cent of survey respondents reported using stimulants at least once over the last 12 months, with 4 per cent of the sample (n=50) using psychoactive pharmaceutical stimulants. Among this subsample, 20 per cent were using these substances without a prescription or taking them differently than prescribed.

The use of non-prescription stimulants is quite high among survey respondents: 7 per cent report using cocaine or crack and 4 per cent use amphetamines or methamphetamines (not shown). In comparison, population data from the 2019 CADS estimate that about 2 per cent and 0.5 per cent of the population consume these substances, respectively (Government of Canada, 2020). Interviews confirmed the prevalence of cocaine use within different industries and trades.

Evidence of possible misuse of prescribed opioids and use of non-prescription opioids

Among respondents, 8 per cent reported using opioids in the past 12 months, and 18 per cent of these individuals are using them daily. Use of non-prescription opioids was reported by 5 per cent of the sample (n=48 grouped).

As in the CADS, opioid pain relievers are the most common of the three classes of psychoactive pharmaceuticals used. There was 10 per cent of the sample that used this medication in the past 12 months. On average, 39 per cent of respondents are using these substances without a prescription or differently than prescribed and there are n= 50 individuals who chose not to respond to this question. For this latter class of substance, the use was mainly to manage pain either from a work-related injury or non-related injury.

Psychedelics and inhalants used, but not frequently

For analysis purposes, substances with a psychedelic effect on users (such as hallucinogens, MDMA) are combined with inhalants. The prevalence of hallucinogens, MDMA, and inhalants use is 11 per cent. For comparison purposes, only two per cent of the Canadian population consumed hallucinogens in 2019 (Government of Canada, 2020). Most respondents (76 per cent) who report using these substances in the past year used them less than once a month.

Substance Use by Work-Related Characteristics

Apprentices and journeypersons differ in their substance use profile

Table 3 shows that a significant higher proportion of apprentices consume cannabis compared to journeypersons. However, a higher proportion of journeypersons consume sedatives and opioids. As explained earlier, age might explain these differences in cannabis use. Longer exposure to various occupational risks and other sources of stress may explain why journeypersons are using more sedatives and opioids.

Table 3 Difference between prevalence of substance use in the past 12 months, by status in the trades

Substance use	Apprentices/ Pre-apprentices (N= 429)	Journeypersons/ Labourers (N= 440)	Sig.
Alcohol	82%	81%	
Cannabis	60%	50%	***
Stimulants	15%	18%	
Psychedelics	17%	15%	
Sedatives	4%	8%	**
Opioids	10%	13%	*
No Substance use	28%	26%	

Source: SRDC survey of apprentices and journeypersons.

Note: The significance level indicates the probability (p-value) that the difference between the two categories is statistically significant, where * $p < 10\%$; ** $p < 5\%$; *** $p < 1\%$.

In that sense, the comparison regarding the experience of stressful situations between journeypersons and apprentices suggests few differences between the two groups, except in terms of earnings and managing responsibilities. We find that journeypersons are more likely to report struggling often or always with having to manage their responsibilities at home, at work, or at school (see Appendix A).

Apprentices are more likely to often or always feel stressed by not earning enough money to cover their bills. As mentioned earlier, slightly more apprentices often or always find it difficult to manage work-related stress, while more journeypersons find it sometimes difficult to do so.

As shown in Table 4, union members do report different prevalence of substance use for three substances. However, other factors, such as having an insurance plan that covers prescription drugs may influence why these differences are observed. For instance, a higher proportion of non-unionized workers consume cannabis, and a higher proportion of union members consume stimulants, sedatives, and opioids. This might be explained by two factors. First, apprentices have a greater chance of not being enrolled in unions yet, and it has already been established that they consume more cannabis than their counterparts. Second, stimulants, sedatives, and opioids all include prescribed medication and may, therefore, be covered by an insurance plan which union members are more likely to have.

Table 4 Difference between prevalence of substance use in the past 12 months among substance users, by union status

Substance use	Union (N= 392)	Non-union (N= 472)	Sig.
Alcohol	79%	83%	
Cannabis	51%	58%	**
Stimulants	20%	14%	**
Psychedelics	14%	17%	
Sedatives	8%	4%	**
Opioids	15%	9%	***
No Substance use	25%	28%	

Source: SRDC survey of apprentices and journeypersons.

Note: The significance level indicates the probability (p-value) that the difference between the two categories is statistically significant, where * $p < 10\%$; ** $p < 5\%$; *** $p < 1\%$.

Respondents in the construction sector are less likely to consume opioids and sedatives

Respondents in non-construction trades were more likely to report consuming **sedatives** and **opioids** than respondents in the construction trades.

Table 5 Difference between prevalence of substance use in the past 12 months among substance users by sectors

Substance use	Construction (N= 477)	Other Sectors (N= 366)	Sig.
Alcohol	82%	81%	
Cannabis	56%	55%	
Stimulants	15%	19%	
Psychedelics	14%	17%	
Sedatives	4%	9%	***
Opioids	9%	14%	**
No Substance use	26%	28%	

Source: SRDC survey of apprentices and journeypersons.

Note: The significance level indicates the probability (p-value) that the difference between the two categories is statistically significant, where * $p < 10\%$; ** $p < 5\%$; *** $p < 1\%$.

Substance Use by Sociodemographic Characteristics

Few differences are observed across regions for most substances

Respondents from BC/Yukon and Alberta were more likely to report consuming alcohol while respondents from the Prairies and the North were least likely. Respondents from BC/Yukon were more likely than all other regions to report consuming psychedelic drugs, while those from the Atlantic Canada were the least likely.

Table 6 Substance use by region in the past 12 months, among substance users

Substances	BC+Yukon (N= 118)	Alberta (N= 184)	Prairies +North (N= 64)	Ontario/ Quebec (N= 370)	Atlantic Canada (N= 133)	Sig.
Alcohol	86%	84%	73%	82%	76%	*
Marijuana	57%	58%	47%	56%	51%	
Stimulants	17%	18%	17%	18%	10%	
Psychedelics	27%	15%	14%	14%	11%	***
Sedatives	6%	6%	8%	5%	8%	
Opioids	12%	10%	19%	10%	14%	
No Substance use	27%	28%	26%	26%	29%	

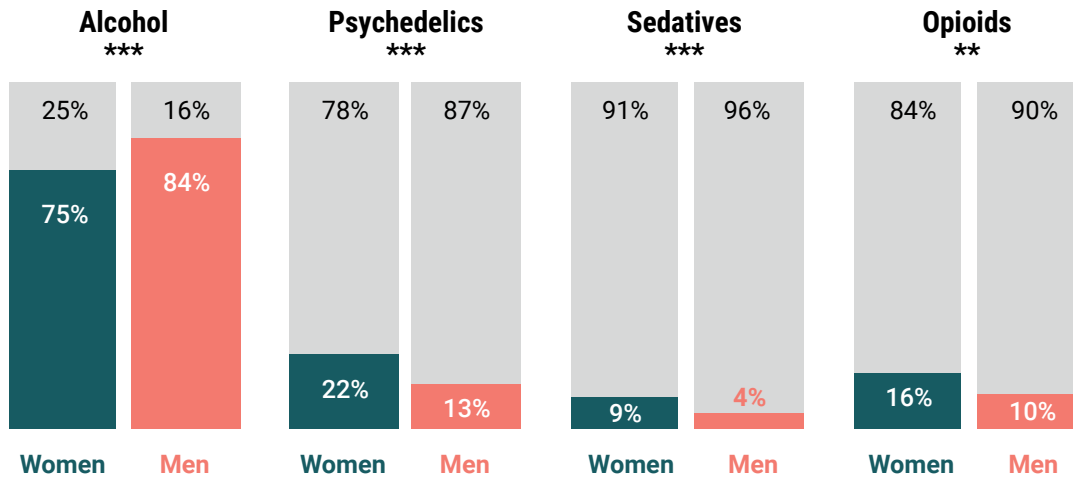
Source: SRDC survey of apprentices and journeypersons.

Note: The significance level indicates the probability (p-value) that the difference between the two categories is statistically significant, where * $p < 10\%$; ** $p < 5\%$; *** $p < 1\%$.

Women use more opioids, sedatives, and psychedelics than men

While men reported drinking alcohol more frequently than women (84 per cent compared to 75 per cent, respectively), more women reported using more psychedelics (22 per cent), sedatives (9 per cent), and opioids (16 per cent) than men. The CADS outlines similar results where opioid pain reliever use was higher among females than males (Government of Canada, 2020).

Figure 3 Gender differences among substance users in the past 12 months



Source: SRDC survey of apprentices and journeypersons.

Note: The significance level resulting from the Chi-square test is included beneath the name of each substance. The significance level indicates the probability (p-value) that the difference between the two categories is statistically significant, where * $p < 10\%$; ** $p < 5\%$; *** $p < 1\%$.

Small difference in the prevalence of stimulant use among Indigenous respondents

The sample size prevents us from conducting meaningful subgroup analysis to assess differences between Indigenous and non-Indigenous peoples. However, a significant difference was detected in the use of stimulants with Indigenous respondents more likely to report consuming stimulants over the last 12 months (24 per cent) compared to non-Indigenous respondents (16 per cent).

Newcomers are less likely to use substances overall

Overall, newcomers were significantly less likely than other respondents to report consuming substances. Nearly half of all respondents who identified as newcomers to Canada (48 per cent) did not consume any substances in the last 12 months, compared to 24 per cent of Canadian born respondents.

REASONS FOR SUBSTANCE USE

Survey respondents who indicated using substances in the past 12 months were asked to select the primary reason for using each substance from a list of possible reasons. Reasons for using certain substances were expected to vary and differ, according to the type of substance and its effects on individuals.

Our results also indicate that many respondents consumed substances for other, non-listed reasons. Across all substance types, these responses were equivalent to between 13 and 20 per cent of respondents. Unfortunately, the survey did not capture descriptions of these reasons and they are not detailed in our report.

Socializing and partying are the primary reasons for using alcohol, psychedelics, and stimulants

"In every other part of my industry, drinking is a big thing. It's part of the work culture. After Friday, after work, we get together, to go for beers and then it turns into a bit of a drinking festival."

Apprentice interview

For individuals who reported consuming alcohol, psychedelics, or stimulants, the primary reason for using was to party and to have fun with friends. This was particularly true for individuals who reported consuming alcohol, which was selected by 56 per cent of those who reported consuming this substance.

This finding is consistent with findings from conversations with apprentices and journeypersons working in the construction sector. Many described a culture that encourages socializing with alcohol, which could explain the high proportion of respondents who reported alcohol consumption.

Figure 4 Most common reason for using substances

	Party and have fun	Cope with anxiety or depression	Manage pain (non-work injury)	Improve sleep	Manage pain (work injury)	Cope with work-related stress	Improve performance at work	Other reason
Alcohol (binge drinking)	56%	10%	1%	2%	1%	11%	0%	20%
Psychedelics	50%	23%	2%	2%	2%	4%	2%	15%
Stimulants	35%	7%	2%	2%	7%	7%	20%	19%
Cannabis	22%	20%	4%	27%	5%	8%	1%	14%
Sedatives	7%	0%	24%	20%	11%	16%	9%	13%
Opioids	7%	20%	16%	5%	14%	9%	11%	18%
Prescription Opioids	9%	0%	24%	10%	26%	9%	7%	15%

Source: SRDC survey of apprentices and journeypersons.

Note: Percentages reflect the proportion of individual respondents reporting a particular reason within each type of substances reported.

Anxiety and stress are managed with psychedelics, cannabis, and non-prescription opioids

Coping with anxiety or stress was the second most reported reason overall for consuming substances among survey respondents. This reason was the most cited reason among users of non-prescription opioids (20 per cent), the second most cited reason among psychedelic drug users (23 per cent), and the third most cited among cannabis users (20 per cent).

Stimulants are also used to improve workplace performance

"Substance abuse is pretty heavy when it comes to stuff like cocaine because they drug test people and cocaine is out of your system in just a few days. So, people prefer to do cocaine."

Apprentice interview

The primary reason for using stimulants among survey respondents was to party and have fun with friends (35 per cent), while the second most cited reason was to improve performance at work (20 per cent). Interviews with apprentices and journeypersons also suggested the prevalence of stimulants in the workplace with cocaine singled out as a common substance used. Some respondents indicated that cocaine was gaining popularity in the workplace as a substitute for cannabis. Cocaine can pass undetected by drug testing.

Prescription opioids are mostly used to manage pain

The two most cited reasons for consuming prescription opioids were to manage pain from a non-work injury (21 per cent) and from a work injury (20 per cent).



IMPACTS OF SUBSTANCE USE

Concerns over substance use

"I do know guys that use substances weekly and your definition of a problem and their definition of a problem might be different. [...] Like, they work four days a week and Thursday, Friday, Saturday, they're out every night. But then on Monday, they're back to work and they're not doing it until Thursday night. But is that a problem?"

Apprentice interview

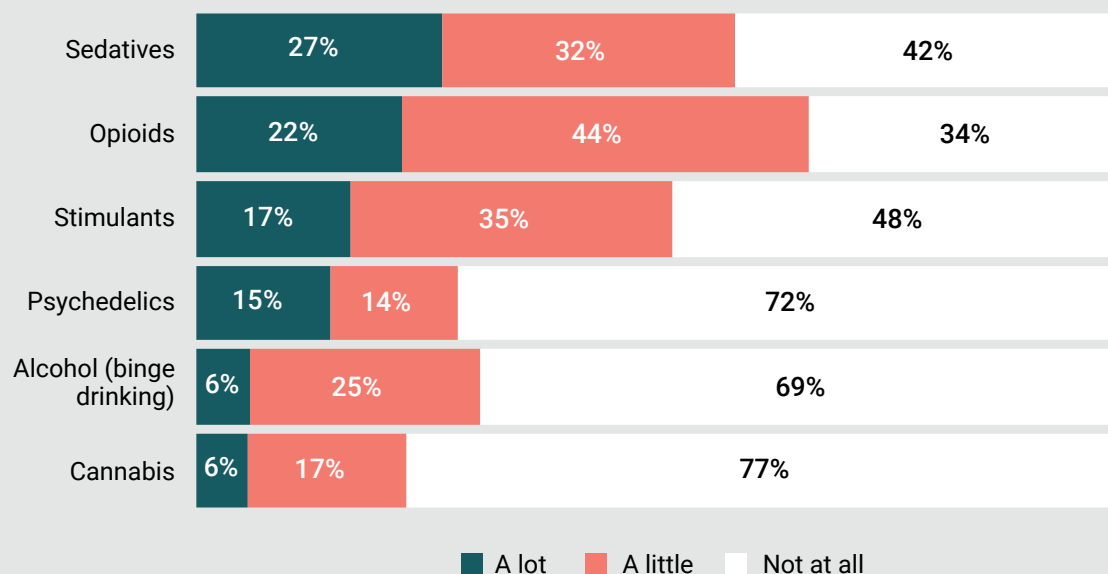
Not all substance use is a cause for concern. However, substance use can become a problem when an individual no longer feels capable of managing their consumption. Respondents who reported consuming substances in the 12 months preceding the survey were asked to rate the degree to which their use of substances was a cause for concern.

Most respondents who used cannabis (77 per cent), psychedelics (72 per cent), or alcohol (69 per cent) were not at all concerned about their consumption, although a quarter of respondents (25 per cent) were a little concerned by their

binge drinking. While almost half of respondents were not at all concerned by their use of stimulants (48 per cent), the majority were concerned either a little (35 per cent) or a lot (17 per cent) by their use.

The small number of respondents who reported having consumed opioids in the last year appear to be very concerned (22 per cent) or a little concerned (44 per cent) by their consumption. Only 34 per cent of opioid users were not at all concerned by their use.

Figure 5 Concerns about substance use



Source: SRDC survey of apprentices and journeypersons.

Personal and professional consequences of substance use

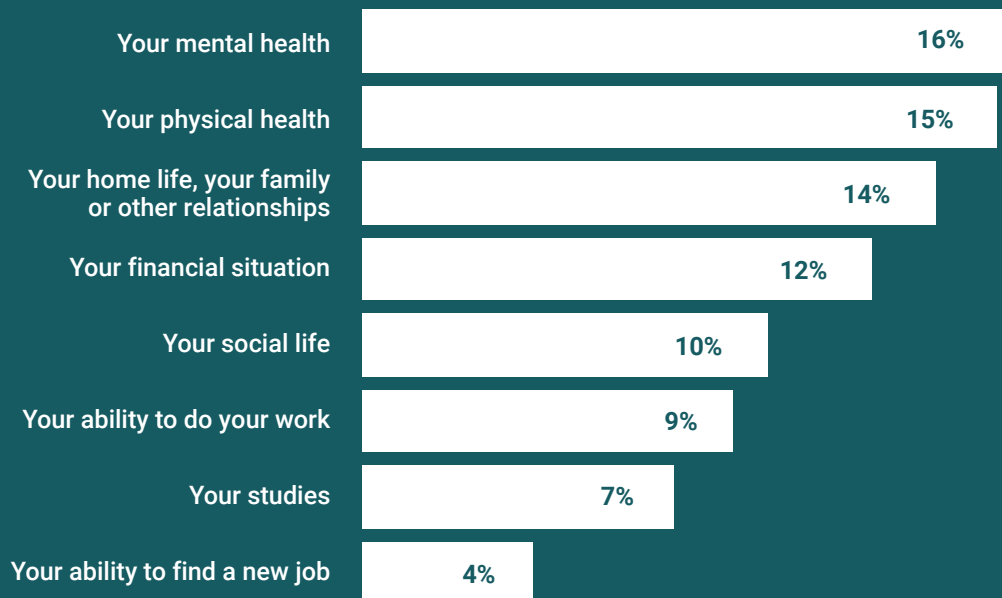
"I think a lot of people don't even know the negative effects of substance abuse until it literally happens to them or to someone close to them. A lot of people I know, they have substance issues—maybe not issues but use substances frequently—they do not see it as a problem, not at all."

Apprentice interview

Survey respondents who reported using substances over the 12 months preceding the survey were asked to identify the personal consequences or harms that they felt as a direct result of their substance use. The results indicate that most respondents (62 per cent) had not suffered any negative harmful effects as a result of their substance use.

Among those who did report harms, the most commonly reported harm was to their mental health (16 per cent). In open-ended responses, multiple respondents reported that substance use has either directly or indirectly affected their mental health, either by leading them into addiction or having to witness the loss of life of their friends. One respondent shared: "I've lost many friends in the trade to drug/alcohol overdose and it has had a huge negative impact on my life."

Figure 6 Proportion of respondents reporting harms caused by their substance use



Source: SRDC survey of apprentices and journeypersons.

Respondents shared additional consequences from their substance use in the survey's open ended questions and in interviews. The most cited consequences described by respondents include the following:

- **Loss of income and employment:** In certain jurisdictions, collective agreements regulating building trade labour dictate that workers with non-negative drug tests¹ are immediately removed from work sites and cannot return until their substance use habits have been assessed by a medical review officer (MRO) and they have completed the recommended treatment.² This period without pay, which can last anywhere between a few weeks to several months due to a shortage in recognized MROs and treatment availability, creates significant financial pressure on workers who have ongoing housing, family, and personal financial obligations. In addition, the treatments recommended by the MRO are rarely free and can also come at great cost to workers.³
- **Loss of responsibility or opportunity within their job:** Because of their ongoing drug use and the strict drug testing policies, one respondent indicated that they have been relegated to driving trucks as they cannot find employment to finish their electrician apprenticeship.
- **Loss of confidence in the work of others:** Others have witnessed alcohol and substance use disrupt their or their colleagues' abilities to work. One respondent indicated that they "have watched people lose jobs over trying to get clean or put others at great risk for an addiction," while another stated they saw "coworkers need[ing] to take leaves of absence due to their drug use." Compromised work safety also came up as a by-product of widespread substance use: "I find it makes me uncomfortable to be working with people who are high as they are unreliable and not in an alert enough condition to make decisions."
- **Isolation and increased risk:** Many respondents commented that the fear of getting caught as a substance user forced many in the trades to adopt isolating practices (e.g., hiding their consumption, using alone), which increases the risk for overdoses.

As much as respondents indicated negative consequences to substance use, many also indicated it is a necessary stress release, a means to remain productive at work, and/or a way to manage their pain or their mental health.

A respondent indicated that tradespeople "use substances to manage pain, anxiety, depression and also to have fun all at once." Another stated that cannabis had saved their life "from [their] mental health to [their] physical health, unlike taking a prescription pill that made [them] suicidal [...]" cannabis was the only comfort [they] found during that horrible time in [their] life." Others simply stated that they "use drugs as a reward for hard work when enjoying time off with friends," and to socialize with others who consume.



1 Non-negative drug tests include tests that detect traces of substances, the refusal to take the test, drug possession, inconclusive tests, and other such situations.

2 Recommended treatment can range from having to attend a webinar on substance use or re-entry conditional on six random tests in the next 6 months, to a few weeks of treatment in a substance use facility.

3 Non-first-time offenders have to pay for their assessment which can cost as much as \$2,000. If random or periodic testing is recommended, the worker has to find, book, and drive to a testing location (on their own time) and can also be required to pay for the test (over \$100). In-facility treatment is rarely fully covered and is extremely expensive (i.e., over \$10,000 out-of-pocket expense).

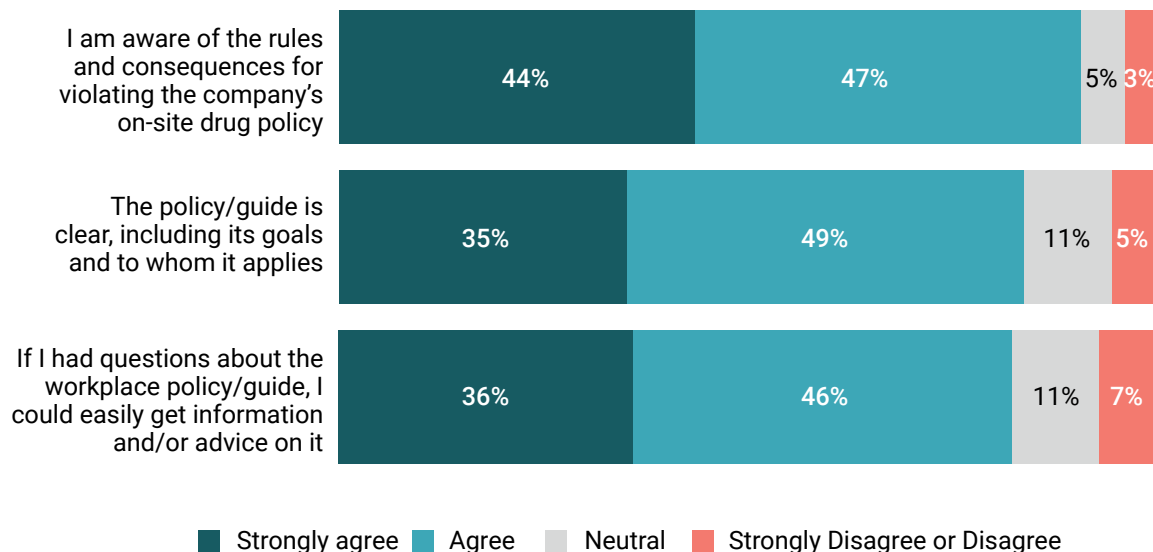
AWARENESS OF SUPPORTS AND TREATMENT OPTIONS

Awareness of substance use policies in the workplace

All respondents were asked whether they had received information about their employer's or union's policies regarding substance use, and their degree of awareness regarding those policies. Among survey respondents, 84 per cent indicated that their employer had clear rules about their workplace's on-site drug use.

In terms of their awareness of these policies, survey respondents overwhelmingly agreed or strongly agreed that they were aware of their company's rules around drug use and the consequences for using substances on-site (91 per cent). Respondents thought the policies were clear (84 per cent). The majority knew where to access information or advice in their workplace if they had any questions about these policies (82 per cent).

Figure 7 Proportion of survey respondents who agreed with statements regarding their workplace's drug policies



Source: SRDC survey of apprentices and journeypersons.

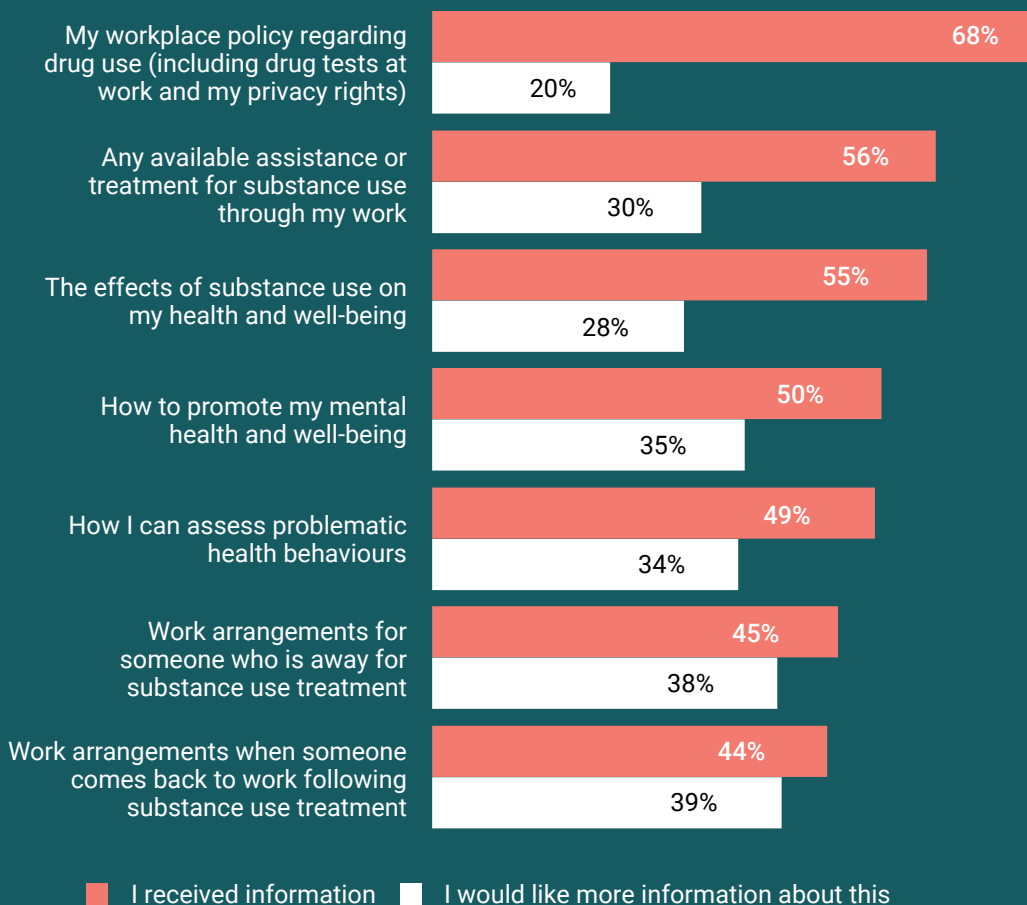
In conversations with tradespeople, the degree of awareness varied depending on their employer's or union's efforts to communicate information about policies or available services. Even among tradespeople who did not use substances, some respondents mentioned receiving communication materials describing supports for people seeking help with managing substance use or "motivational emails" about mental health and substance use. Importantly, these messages and supportive materials were sent to all staff.

We generally have consistent safety meetings and within safety meetings, these issues are brought up. And then one time that they mentioned about having the help that was through, I guess it was a company wide thing [...] I think it was Opioid Awareness Day or something, I believe it was that.

Apprentice interview

These findings suggest that employers and unions have an important role to play in raising awareness and communicating information about the availability of services. Generally, this appears to be occurring. As shown in Figure 8 below, most respondents have received information about their workplace's services and treatment options.

Figure 8 Proportion of survey respondents who received various types of information from their employer and those who would like more information on these topics



The results indicate that more efforts should be made by employers and unions to communicate work arrangements for individuals undergoing substance use treatment or returning from substance use treatment, as well as more information about mental health.

Substance use and testing policies

Employers in the construction sector are more likely to adopt a zero-tolerance policy for substance use on or off site

Every job I have worked in construction has very strict non-drug while working policy.

Survey respondent

Experts in substance use and treatment in the trades revealed that, in their experience, large organizations are much more likely to have workplace drug policies, especially those operating in safety-sensitive industries. Smaller companies, which constitute the majority of employers in the construction sector, often lack the capacity to develop their own drug policies. In response, some employer associations provide template workplace zero-tolerance drug policies for employers to use. Interest in these policies increased following the legalization of cannabis in 2018.

Our study documented two work-related substance use models that are implemented in Canada:

- the **Canadian model**, the most common model, promotes pre-access, random, post-incident, and reasonable suspicion testing;
- the **BC model** promotes post-incident testing and reasonable testing but under strict conditions, as well as random testing but on a voluntary basis.

Given the prevalence of small owner-operated companies in the construction sector, employers tend to prefer the Canadian model, which ostensibly stops workers who use substances from being hired thereby removing any obligation to provide substance use services or supports.

A lack of consistency in the application of drug policies can increase risks to workers' safety

The application of workplace policies is not always consistent across companies and industries. A union representative indicated that certain employers have higher risk-tolerance levels than others and can be more lenient towards higher-ranking workers (e.g., supervisor) or certain drug offences (e.g., positive cannabis test), and they deal with each infraction on a case-by-case basis. In some cases, an employer's decision to act on a known substance use problem can be motivated by the supply of workers available.

According to union representatives, the lack of consistent and fair application of substance use policies by employers can lead to unsafe work conditions.

A survey respondent in a supervisory role shared their view on the application of drug policies in the workplace:

I'd rather have people tell me ahead of time if they are going to be intoxicated or hung over. In the past I told employees what they were doing next day. If they were raking gravel, I don't care how they show up as long as the job gets done and they don't drive. Anything else I expected them to be fresh and able-bodied. On low-risk jobs I don't care what they drank or smoke, but I don't give them a break either for partying too much.

Survey respondent

Advocates are seeking fairer drug testing methods

Employers decide site testing policies. Collective agreements between employers in the construction industry and various building trades unions can set out rules for workers with non-negative tests. For instance, in Alberta, workers with non-negative tests are unable to work on any site governed by the same collective agreement (even with another employer) until they have completed the mandated substance use assessment and treatment, but Quebec does not have such rules.

Multiple organizations in the construction industry are advocating for changes in drug testing. Specifically, they would like to see urine tests changed to oral fluid tests. Oral fluid tests mainly detect recent drug use as opposed to urine tests which can detect the presence of drugs in the body weeks following consumption.

This change would address, among other things, the long detection window of cannabis and help unclog the overused medical assistance framework of current testing practices for casual, responsible cannabis users. In addition, oral fluid tests are easier to collect than urine tests, which is another argument in their favour. The collection itself can be observed limiting the potential for cheating.

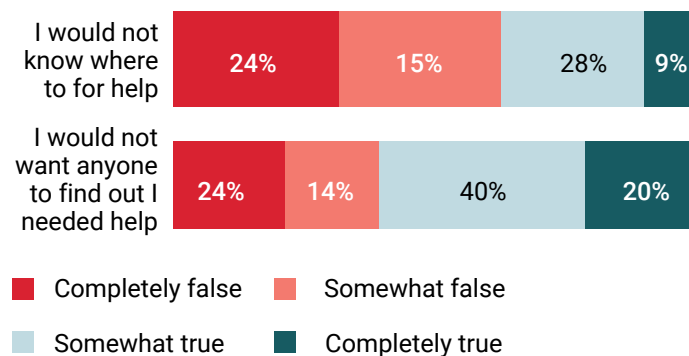
Seeking Help

I do know that, if needed, I can just contact my supervisor. [...] And to my understanding, it's not only resources for somebody that's going through drug addiction [...] for example, the people within their lives that may be affected by that, they can receive help in some sort of counseling. And it's not just recreational drug use, it could be somebody who's using opioids for pain medications.

Apprentice interview

Survey respondents were asked whether they knew where to access services and help available to them. As shown in Figure 9, when shown the statement “**I would not know where to turn to for help,**” 28 per cent of the sample felt that this was somewhat true for them, while a small proportion (9 per cent) felt that this was completely true.

Figure 9 Proportion of respondents having information for seeking help



Source: SRDC survey of apprentices and journeypersons.

Note: Excluded from this analysis are respondents who selected the option “neutral.” While a substantial number of respondents selected that option, removing them from the figure provides a more meaningful comparison regarding the factors that may prevent individuals from seeking help.

In interviews with apprentices and journeypersons, respondents were also asked to discuss whether they know how and where to access help, and whether they felt supported by their employer or union.

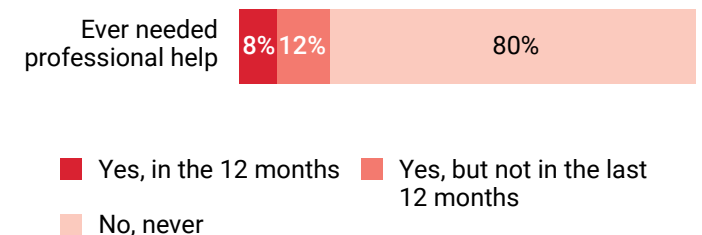
Apprentice responses related to this question varied considerably in both the surveys and interviews. Some interview respondents that were part of a union tended to feel protected and felt confident that they could access services they needed to address a substance use issue. Some respondents who work for large employers felt that their employer had robust programs available to them. Others, however, felt that they were more disposable and lacked necessary protections, especially if they were non-unionized.

Respondents also indicated that, while there are some supports available for those who are struggling with substance use, there are not enough supports available to prevent individuals from consuming, especially in workplaces where substance use is prevalent.

Approximately half of those who felt they needed help received support

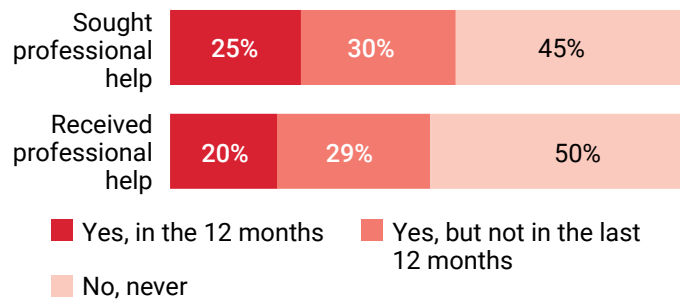
Overall, 20 per cent of survey respondents have felt at some point in their life that they needed professional help to deal with a substance use issue, with about eight per cent feeling that they needed professional help in the last twelve months (Figure 10).

Figure 10 Proportion of respondents who felt they needed professional help



Among those who felt they have needed help, 55 per cent sought help. A little less than half of all respondents who needed help (49 per cent) received professional help.

Figure 11 Proportion of respondents who sought or received professional help among those who expressed a need for help



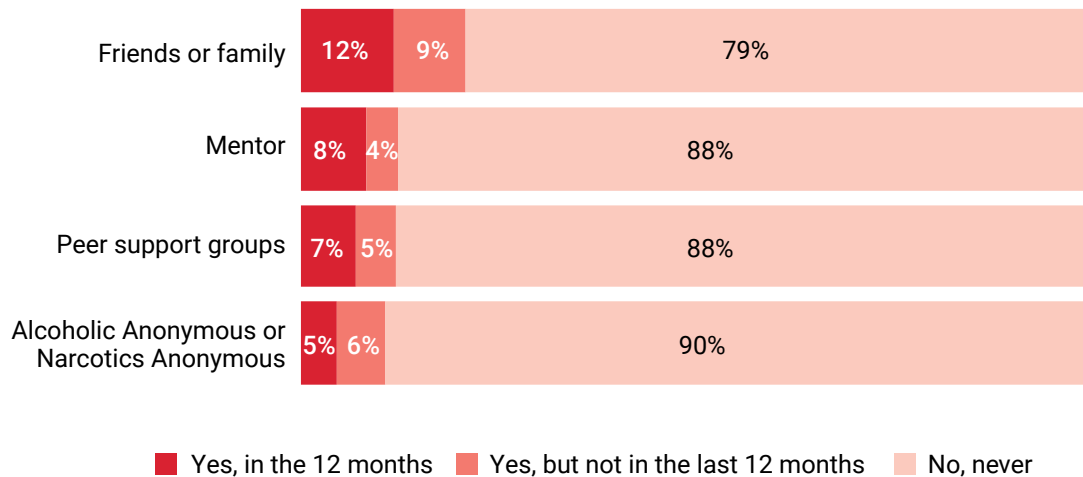
Source: SRDC survey of apprentices and journeypersons.

Note: This question was only shown to those who, at any point in the past, reported feeling as though they needed help (N = 224).

Few respondents sought non-professional help for their substance use

A minority of respondents mostly relied on their friends and family for support (12 per cent in the last 12 months and 9 per cent prior to the last 12 months).

Figure 12 Proportion of survey respondents who consumed substances in the last 12 months and sought non-professional help



Source: SRDC survey of apprentices and journeypersons.

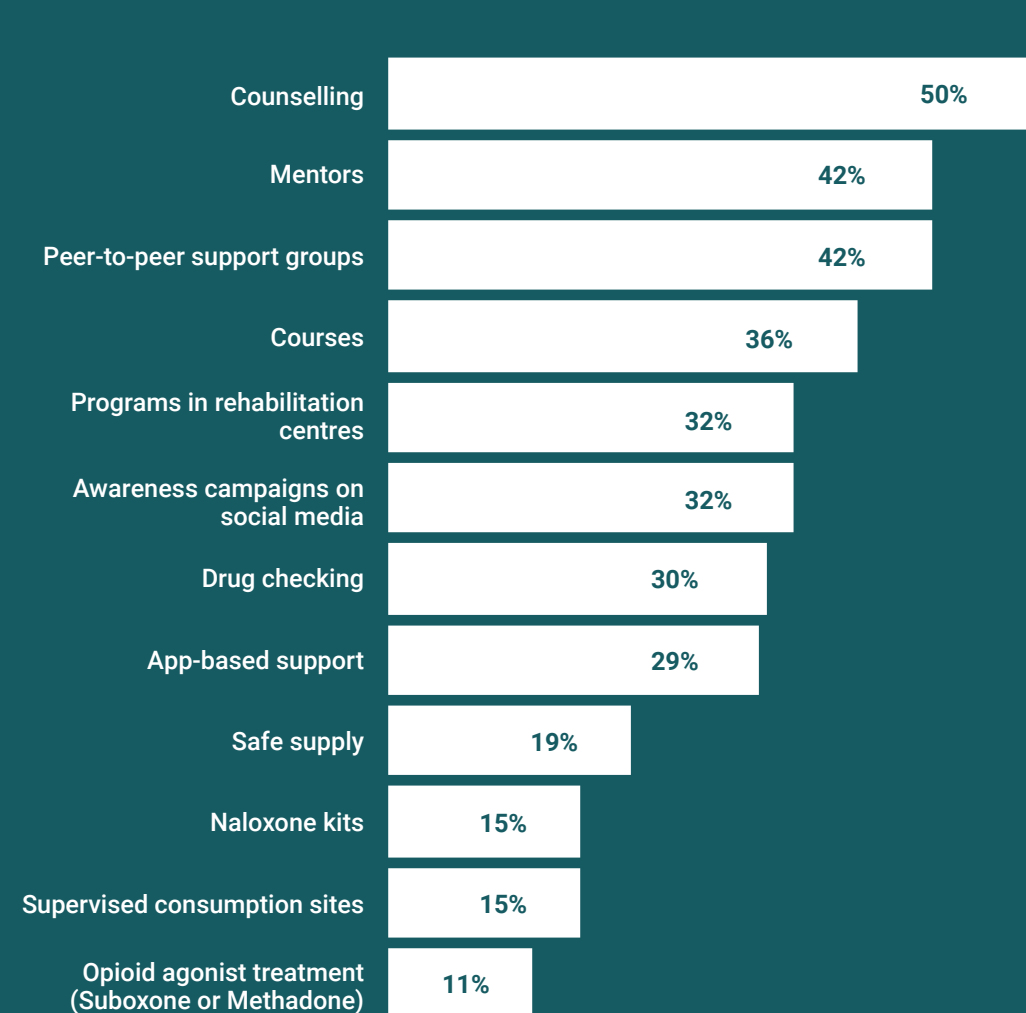
Note: The sample only considers respondents who reported consuming any substance in the 12 months preceding the survey.

ACCESS TO SERVICES AND TREATMENT OPTIONS

The availability, quality, and accessibility of services and treatment options varies considerably across industries, employers, and jurisdictions. The lack of consistent provision of services for workers often leaves those in need of support and assistance unaware of what's available or unable to access the supports they need.

The study asked respondents to identify the types of supports, services, and treatment options that are (1) available and accessible, (2) unavailable but needed, or (3) showing promise as a potential intervention.

Figure 13 Preferred supports and resources to support apprentices and tradespeople in managing substance use



Source: SRDC survey of apprentices and journeypersons.

Strategies to improve services and treatment options

Respondents argued for a holistic approach to substance use treatments, starting with better information sharing, more effective and less punitive policies, an increase in the availability of rehabilitation, and clearer pathways to return to work. The key findings from the interview and survey respondents are summarized below.

Better information and training programs

More effective and anonymous information sharing

Respondents were clear that the more people know about what's available, the more people can assist those in need. Indeed, most stakeholders believe that the burden to access help should not solely rest on those struggling to manage their substance use. Providing information that is simple to understand, accessible to all, and does not require disclosure on the part of the worker could make information sharing more effective overall.

Suggested approaches included an awareness campaign or new courses embedded within apprenticeship training programs. Some apprentices suggested that a mandatory course be added to all programs in the trades that would cover topics related to mental health and well-being, drug use, stress management, and workers' rights. Doing so would ensure that individuals have access to the information they need to help themselves or to support colleagues in need.

Substance use training for employers

"Because you told [employers] and admitted that you were an addict or an alcoholic...they will [bring it up] every time they get a chance. You could have a headache. You could be not feeling well. You could be late for work. They'll automatically assume this is what it is, and then they'll try and punish you for it".

Tradesperson Interview

Supports and services vary considerably from one employer to another, and their quality or effectiveness often depends on how informed or open employers are to substance use.

Respondents to the survey and in interviews argued that more training needs to be offered to employers about the effects of specific substances on individuals and the duration of those effects on individuals (i.e., what is the relative risk of substance use in the workplace). The objective of this training would be to provide employers with the knowledge to adopt more nuanced and less punitive policies regarding substance use in the workplace.

For example, respondents lamented the disconnect between workplace policies around cannabis use, its detection in drug tests, and its legal status for personal consumption. Respondents indicated that some sectors and workplaces have adopted strict zero-tolerance policies for casual drug users—meaning that any non-negative drug test can lead to termination. However, the same workplaces will provide and fund months-long treatment for individuals addicted to substances. This creates a perverse incentive where casual cannabis users with a positive drug test are encouraged to declare a serious drug addiction and follow treatment in order to keep their job. Doing so increases costs to employers, increases wait lists for individuals truly in need of treatment, and forces workers to leave their workplace for months at a time as they undergo treatment.

Respondents were clear that for the availability and quality of services to improve, employers need to be better informed of the effects of substances on workers, of treatment options, and of less punitive approaches to managing a worker's substance use. An overall better understanding of the effects of different substances would also allow for more nuanced drug policies and their application, as well as an opportunity to help employers understand substance use.

Improvements in the quality and availability of substance use programs

Increased access to counselling, mentoring, and peer-support groups

In the survey, both apprentices and journeypersons strongly supported counselling (50 per cent), mentoring (42 per cent), and peer-to-peer support groups (42 per cent) to support substance users.

Interviewees were clear that one-on-one supports provided by individuals with substance use experience have been effective. Some respondents proposed increasing access to mentorship programs or other one-on-one supports, such as a “buddy system” program.

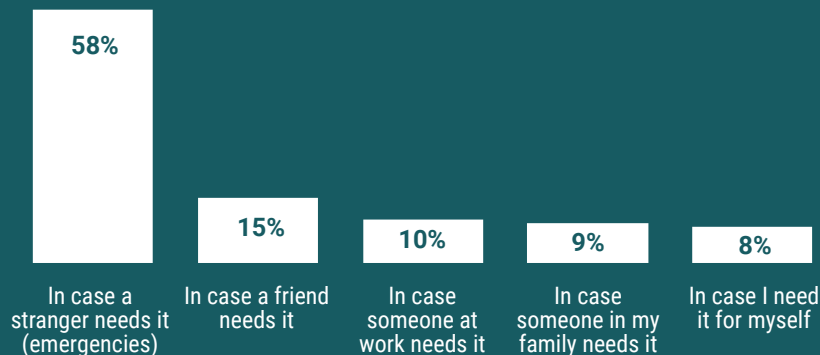
Quebec has a network of pairs-aidant (peer helpers), who are trained to guide building trades workers in need to the right services and resources. It is left up to the individual pair-aidant to identify themselves openly on the worksite or not. The individuals know best whether the label would hinder workers reaching out to them due to the stigma associated with talking to a coworker who also is a pair-aidant.

Some interview respondents cautioned that one-on-one interventions can be time consuming and challenging to implement, especially due to the transitory nature of work in the trades.

Access to Naloxone kits

About 15 per cent of survey respondents believe that having access to a Naloxone kit would be an important support to provide in the workplace. Some survey respondents (11 per cent) had already accessed a Naloxone kit in the last 12 months, with nearly half of those respondents (43 per cent) having accessed this kit through a pharmacy. The most cited reason for having a Naloxone kit was to respond to emergencies (58 per cent). In fact, many respondents cited that their primary reason for having a Naloxone kit was not due to a specific person in their life or at their workplace, but rather a means for them to be prepared if a person around them were ever in need of this medication.

Figure 14 Reason for having a Naloxone kit



Source: SRDC survey of apprentices and journeypersons.

In an attempt to destigmatize the presence of Naloxone kits in BC, the Construction Industry Rehabilitation Plan (CIRP) indicated that their organization distributed free kits to everyone to normalize their presence on worksites.

The survey did not document the proportion of respondents who would know how to access or how to use a Naloxone kit in an emergency. The low number of respondents who had access to a kit suggests that few individuals, if any, would have received this training at the workplace.

In February 2023, the Government of Ontario (2023) introduced a new set of regulations requiring all at-risk workplaces to have at least one Naloxone kit in their workplace, which would include all construction sites. The policy also includes opportunities for companies to apply for on-site training on how to use the kits.

Access to safe supply and other harm reduction approaches

Among the list of preferred treatments options, between 1 in 5 and 1 in 10 respondents advocated for more harm reduction strategies, including access to a safe supply of drugs (19 per cent), to supervised consumption sites (15 per cent), to Naloxone kits (15 per cent), and to opioid agonist treatment (11 per cent). Three out of every ten participants selected drug checking as a potential program to help reduce or manage substance use.

During qualitative interviews, substance use experts discussed the need for a safe supply of drugs. While the provision of a safe supply of substances goes beyond the scope of this research project and the responsibility of either employers or unions, these informants made it clear that drug overdoses in the construction sector are a problem because the supply of drugs is increasingly toxic.

There could be opportunities for employers or unions to work collaboratively with public health or community health organizations that provide harm reduction approaches. This partnership could create clearer pathways for workers who use drugs to access supports, reduce their isolation, and decrease the risk of overdose and death.

Access to timely and affordable rehabilitation services

Regarding treatment options, roughly one third of survey respondents identified the need for more programs in rehabilitation centres (32 per cent). While these services are available, many interview respondents lamented the often-prohibitive costs associated with rehabilitation, which are not always covered in full by unions or employers.

"Rehabilitation programs are not cheap, and I'm blessed that I have an amazing benefits program and union that covers and pays for this kind of stuff.... The reality of it is people can't afford \$1,000 a day. I was in rehab for 35 days and it cost my union \$35,000. People can't afford to put themselves through the rehabilitation."

Journeyperson interview

Wait times for services can be quite long. Survey respondents who accessed professional help were asked to provide the length of time they waited before accessing services according to the unit of time that was most appropriate for their experience.

"I know there are instances where people have [gone] out to get help but were put on waiting lists that are months/years [long]; or the help they needed [was] hours away from family/support. It can be difficult when resources are low."

Stakeholder interview

For 25 respondents, the average wait period was about 5 days, though for most (45 respondents) the wait period was closer to one month (3.9 weeks). For 20 respondents, it was closer to 10 weeks on average (about 2.5 month). A small number of respondents cited having to wait years before accessing treatment (on average, 2.4 years).

Table 7 Length of wait time before receiving treatment

	# of respondents	Average
# of Days	25	5.32
# of Weeks	45	3.90
# of Months	20	2.50
# of Years	7	2.40

Source: SRDC survey of apprentices and journeypersons.

Cultural, structural, and legislative changes needed to support workers

Changes to Occupational Health and Safety Standards can ensure consistency across workplaces

Employers and unions have a considerable sway in how workplaces respond to cases of substance use. As detailed in this report, the absence of clear regulations leads to uneven supports for tradespeople. Regulations that take into consideration the mental health needs of workers can ensure better consistency across workplaces and more preventative measures to protect workers safety.

Mental health and substance use experts in Newfoundland and Labrador worked with the federal government to ensure that substance use and mental health would be considered in new legislation that outlines Occupational Health and Safety Regulations for offshore areas. Part 7 of the regulations focus on Employee Well-being and state that:

*“Every occupational health and safety program must set out measures for promoting mental health and healthy lifestyles and must address substance abuse, the effects on mental health of working in a remote location and the management of mental illness.”
(Canada–Newfoundland and Labrador Offshore Area Occupational Health and Safety Regulations, Part 7, 2021).*

Over the course of our interviews, individuals who advocated for these changes made it clear that other sectors and industries can—and should—work with governments to enshrine in legislation similar regulations for their sector.



Workplace culture needs to change to mitigate factors that contribute to substance use

A common theme emerging from the open-ended survey responses and the interviews is the high degree of stress that apprentices and journeypersons face due to tight deadlines, having to work with difficult colleagues, and working in an environment that ridicules or minimizes the expression of physical pain, exhaustion, or stress and anxiety.

From the perspective of key informants, current work conditions in the construction sector are the result of decades of policies aimed at increasing productivity while keeping expenses low, often at the expense of workers' safety. These conditions have contributed to the mental health crisis in the building trades and the increased use of substances in the industry.

Survey respondents discussed barriers related to finances and work-life balance. While work in the trades can be lucrative, apprentices indicated that their wages tend to be lower to start and the availability of work is more precarious. They indicated that better pay could help tradespeople aspire to homeownership and more stable and consistent work opportunities would mitigate financial insecurities. Decent hours and work opportunities that do not require leaving for months at a time would allow for a better work-life balance. A higher number of paid sick days and better benefits would also help tradespeople take care of themselves. Respondents wanted a more accepting, supportive, and open work environment.

"Being able to make a decent living and not always be stressed about work demands and financial demands would probably help people a lot more than any programs. We don't even have sick days. If you have any vacation time at all, it's very little. There is no work-life balance in the trades. [...] You have to choose between taking care of yourself and getting paid. Everyone is scared of looking foolish or losing face, which isn't a good learning environment and probably contributes to substance use. No one wants to admit to being anxious about succeeding in their trade, but everyone is."

Apprentice Interview

To address substance use, the industry needs to address the contributing factors, including improving working conditions and actively changing workplace culture that minimizes mental health struggles.

Empowering workplace champions to increase effectiveness of supports

An expert in construction trade substance use shared that for support policies to be successful, companies often require a champion to enact them. This approach assigns tasks and responsibilities to an individual, often beyond their assigned duties, including offering in-person, compassionate support.

Increasing protection for workers who disclose their substance use

"If I seek help, my employer will help. If my employer finds out [that I use] before I ask for help, this obligation no longer exists."

Tradesperson Interview

Tradespeople who use drugs are often preoccupied by the potential consequences of disclosing their substance use voluntarily or following a failed drug test. Key informants indicated that tradespeople worry about reporting their own use in fear that it could be used against them by the company, their supervisor, and potentially their coworkers. Conversely, some fear that, by not disclosing, they could be denied access to services and be let go.

In response, some respondents would like to see more protections for workers who disclose, to encourage more proactive disclosures and to counter the effects of stigma.

An employer reported a "second chance" policy for prospective employees who fail the medical exam during the hiring process. This policy redirects applicants to community resources and programs to get the help they need. Following a period of 3-6 months, applicants can re-submit their job application.

"We are doing a better job when we are liaising with communities, with the youth, and we let them know that we are going to work with them on these [substance use] barriers instead of rejecting them."

Employer interview

Barriers to accessing services

Survey respondents who reported accessing services were asked to identify any obstacles that had prevented them from accessing professional help for substance use. The most often cited obstacles were personal or family responsibilities (38 per cent), followed by being unable to take time off work or school to access treatment (35 per cent), and not having insurance to cover the costs of treatment (28 per cent). Few respondents cited the lack of transportation to and from treatment (16 per cent), and language or cultural difficulties (7 per cent) as obstacles to treatment.

Table 8 Prevalence of obstacles preventing access to professional help

	Yes	No	Not applicable
Personal or family responsibilities.	38%	41%	18%
Could not take time off work or school to access treatment.	35%	48%	16%
Did not have insurance to cover the costs of treatment.	28%	52%	19%
No reliable transportation to and from treatment.	16%	61%	21%
Language or cultural difficulties.	7%	71%	19%

Source: SRDC survey of apprentices and journeypersons.

Respondents paint a mixed portrait of workplace culture and supports available in the workplace

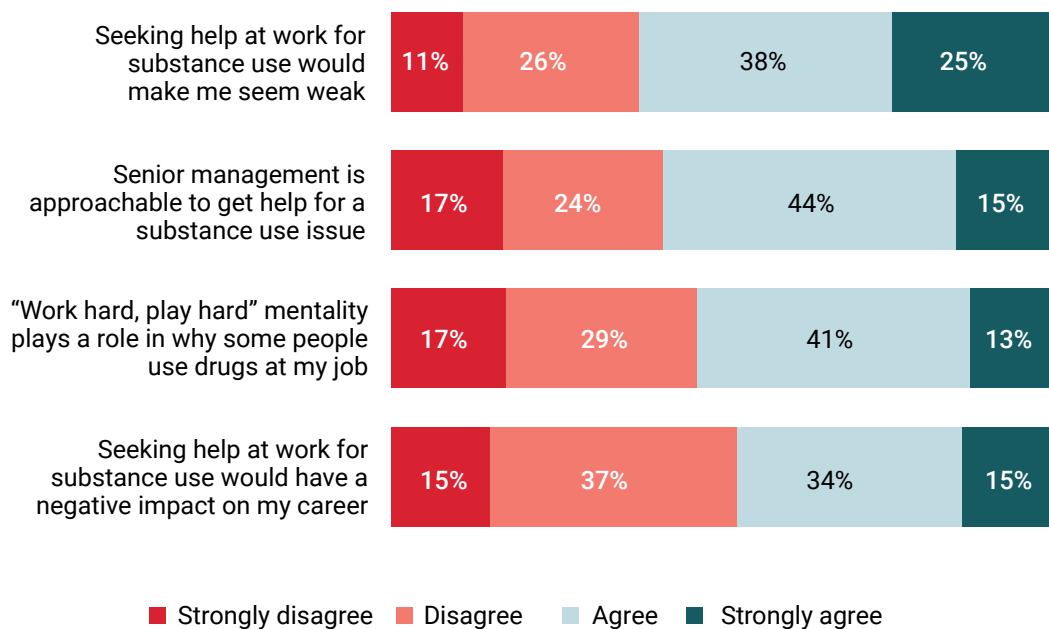
Respondents were asked to share their views on workplace culture regarding substance use. These questions were asked on a five-point Likert scale, seeking their level of agreement with four statements. To simplify the analysis, we compare those in agreement versus those in disagreement with these statements, removing individuals who reported feeling neutral.

Generally, we find similar proportions of respondents at the extremes: strongly agree (between 13 and 15 per cent) and strongly disagree (between 15 and 17 per cent). The only exception is when respondents were asked whether seeking help at work would make individuals seem weak. For this item, we find nearly a quarter of respondents strongly agreed (25 per cent).

Most respondents also agreed (44 per cent) or strongly agreed (15 per cent) that the senior management at their workplace is approachable if they needed to get help for a substance use issue. However, almost the same proportion of respondents agreed or strongly agreed (49 per cent) as those who disagreed or strongly disagreed (52 per cent) that seeking help at work would have a negative impact on their career.

The results suggest mixed feelings for seeking help in the workplace. Indeed, this confirms what apprentices and tradespeople explained in the qualitative interviews. Across sectors and workplaces, the degree to which apprentices and tradespeople can count on their workplace for support varies from workplace to workplace. A lack of a systemic approach to supporting workers in need of substance use supports, which leaves many workers in need vulnerable.

Figure 15 Proportion of respondents according to the perceived negative effects of seeking support for substance use at work



Source: SRDC survey of apprentices and journeypersons.

Stigma surrounding substance use is felt most profoundly in the workplace

Employers, union representatives, and substance use experts recognized the role that stigma plays in deterring individuals from disclosing a substance use problem and from accessing substance use services and supports.

They described the situation as three forms of stigma related to seeking help or using services for someone struggling with substance use.

- **Structural stigma:** refers to the rules, policies, and workplace practices that are enacted by employers. Many workplaces have adopted strict zero-tolerance substance use policies which can cause many to fear disclosing or being discovered.
- **Social stigma:** refers to perceived beliefs or attitudes that disapprove of the behaviours of individuals or groups in society. For instance, social stigma towards substance users often informs political and societal attitudes that seek to punish individuals who consume drugs economically by the loss of work or to criminalize their behaviours.
- **Personal stigma:** the attitudes and beliefs one holds about how others might perceive them or punish them for their behaviour. In some contexts, this could include fears of being perceived as weak or as a failure, or as having disappointed their family and friends by not meeting their expectations.

Such beliefs can deter individuals from admitting that they have a substance use problem and from seeking help. Key informants shared some experiences where the stigma around substance use was so profound and so internalized that they delayed seeking help.

As previously discussed, the study found evidence that tradespeople's fear concerning disclosure in the workplace is not unfounded. In discussions with key informants, the lack of clear policies and programs in the workplace increases this fear and can lead to greater isolation and fear of being discovered and terminated. A participant summarized that situation in one sentence:

If people treated addiction like they treated illness, we wouldn't be afraid to say that we are sick [addicted].

Stakeholder Interview

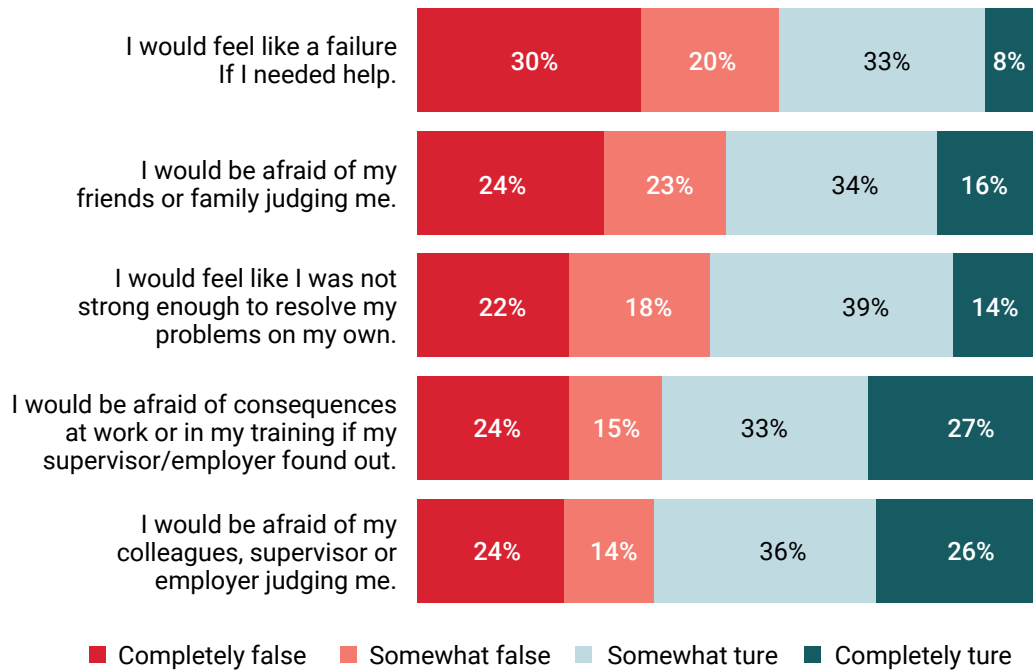
In the survey, respondents were asked to rate the extent to which various types of stigmas would have deterred them from accessing mental health or substance use supports. Survey respondents seemed to suggest that the most important perceived stigma preventing access to substance use supports is the potential reaction from those **within their workplace**, with most respondents agreeing that:

- They would be afraid of the consequences at work if their supervisor or employer found out (60 per cent), and
- They would be afraid of their colleagues, supervisor, or employer judging them (62 per cent).

Overall, fewer respondents felt that their own perception of themselves or the perception of their friends and family would prevent them from accessing supports:

- More than half of survey respondents strongly disagreed or disagreed (50 per cent) that they would **feel like a failure if they needed help**, while only a small proportion of respondents (8 per cent) strongly agreed with this statement.
- More respondents agreed or strongly agreed (53 per cent) that needing to seek out help would cause them to **feel that they were not strong enough** to resolve their own problems, compared to those who disagreed (40 per cent).
- Roughly the same proportion of respondents disagreed or strongly disagreed (47 per cent) and agreed or strongly agreed (50 per cent) with the statement that they would be **afraid of their friends or family judging them**, though a much larger proportion strongly disagreed (24 per cent) than strongly agreed (16 per cent).

Figure 16 Personal and professional stigma preventing access to mental health and substance use support



Source: SRDC survey of apprentices and journeypersons.

Note: Excluded from this analysis are respondents who selected the option “neutral.” While a substantial number of respondents selected that option, excluding “neutral” answers, provides a more meaningful comparison regarding the pressure and stigma that may prevent individuals from seeking help.

PROMISING PRACTICES

Effective strategies for increasing utilization or accessibility of treatment programs or models

Peer support is an emerging trend in the wider field of substance use treatment approaches

Substance use experts indicated that their research has revealed an increasing use of organization-specific peer support programs with respect to treating or managing substance use. This trend, however, is not specific to the trades, but rather, used more widely across different sectors. A literature review did reveal some helpful resources, although again, not specific to the trades, with respect to how to plan and develop a peer support program within a workplace with guidance for things such as recruiting suitable peer workers, appropriate training, and effective monitoring and evaluation (Alberta Health Services, 2010; BC First Responders' Mental Health, 2017).

Reducing stigma in the workplace is key to increasing accessibility and utilization of treatment services

Employers, experts, and apprentices/tradespeople agree that stigma reduction is key when considering approaches to managing and treating substance use. Not only would stigma reduction potentially contribute to more open communication between workers and employers but it might also decrease high-risk practices associated with substance use and stigma, such as using substances alone. Unfortunately, a literature search revealed few resources or guides for specifically reducing stigma in the workplace. However, as a starting point, the Canadian Centre on Substance Use and Addiction (2019) did release a primer on reducing stigma through language. This guide does provide high-level guidance or direction on stigma reducing language that can be used when talking about substance use.

There are, however, examples of organizations aiming to reduce stigma by normalizing access to helpful resources and relevant community organizations. As discussed earlier, one employer connects employees and prospective employees to community groups so individuals can receive help. The connection to community organizations, understanding that substance use issues are health issues that can be addressed, and using a case-by-case approach all represent promising employer practices.

Quebec building trades unions and employer association representatives had very positive things to say about the network of pairs-aidant. They indicated that the network is a cost-effective way to provide information to those who need it the most. They have invested in a ground-level network of

knowledge holders to disseminate the information and guide tradespeople to the best service. Pairs-aidant receive yearly training and new workers are added to the network on an ongoing basis. They can include tradespeople, supervisors, employer association and union representatives, and more. A survey respondent shared the following:

After 30 years of consumption [and] after going to therapy and joining peer support groups, I have more than 5 years without any substance use. Today, I am the person employees consult about their substance use issues.

Journeyperson Interview [Translated from French].

Effective implementation strategies or approaches in the skilled trades

Implementation approaches are most successful when they suit their audience

The Vancouver Island Construction Association (VICA) developed a tailgate toolkit, which includes tailgate talks, training for employees and supervisors, a non-faith-based peer support group called 'hammer time' facilitated by social workers once a week online, and resource packages customized to the location of delivery. They believe that what makes their resources a success is the fact that "they fit within the fabric of the trades." Instead of offering online webinars or classroom seminars, they instead created their tailgate talks, which are a part of the tailgate morning meetings. The talks are mandatory for all workers (reducing the stigma of participating) and the format is adapted to the tailgate setting (e.g., no PowerPoint, no more than 40 minutes).

The most effective delivery model, according to a union representative, is one that offers substance use supports and services integrated into their existing supports and services structure (counselling, stress at work, injury, family assistance, etc.). If the substance use supports are isolated, the stigma associated with using them ultimately hurts its take-up, whereas the integrated service model provides some sense of anonymity (i.e., coworkers and supervisors may see them using services, but they do not know why or which service they are using). An employer interviewed also wanted a single access point for resources and supports.

CONCLUSIONS

This study is an important contribution to the growing body of evidence around substance use in the skilled trades. This research provided an opportunity for apprentices and journeypersons to share insights into the factors that led them to use substances, the impacts of their substance use, and the supports they need to better manage their substance use.

Importantly, the consequences of a person's substance use on their professional or personal lives vary considerably depending on the substance(s), the frequency of use, and the reasons for using. However, the study found that, while there are considerable variations across worksites in how employers respond to substance use, many worksites rely on punitive, zero-tolerance policies. While these policies are meant to deter substance use, they fail to consider the impacts of different classes of drugs on workers, which can lead to drug substitution or can discourage workers from seeking help.

The study also found that workplaces and workplace culture affect apprentices' mental health and substance use. Workplace culture, particularly employers' negative attitudes towards substance use, contributes to stigma. Peer pressure and social practices that include substance use also encourage the use of substances.

Stakeholders consulted were clear that training and education are needed to raise awareness about substance use among employers and to ensure apprentices receive better supports. Apprentices and journeypersons also need to have access to a more robust suite of services and information about managing substance use, stress in the workplace, mental health, and effective interventions when friends or colleagues require assistance.

REFERENCES

- Alberta Health Services. (2010). *It's Our Business: Addressing Addiction and Mental Health in the Workplace*. <https://www.albertahealthservices.ca/assets/info/amh/if-amh-iob-module-4handouts.pdf>
- BC First Responders' Mental Health. (2017). *Overview of Peer Support Programs: Supporting Mental Health in First Responders*. <https://bcfirstrespondersmentalhealth.com/resource/overview-peer-support-programs/>
- Canada–Newfoundland and Labrador Offshore Area Occupational Health and Safety Regulations (2022). SOR/2021-247.
- Canadian Centre on Substance Use and Addiction. (2019). *Overcoming Stigma Through Language: A Primer*. <https://ccsa.ca/sites/default/files/2019-09/CCSA-Language-and-Stigma-inSubstance-Use-Addiction-Guide-2019-en.pdf>
- Employment and Social Development Canada. (2022a). *Government of Canada Investments in the Skilled Trades*. Government of Canada. <https://www.canada.ca/en/employment-socialdevelopment/news/2022/01/government-of-canada-investments-in-the-skilled-trades.html>
- Employment and Social Development Canada. (2022b). *Government of Canada promotes in-demand skilled trades as a first-choice career path*. Government of Canada, 1–7. <https://www.canada.ca/en/employment-social-development/news/2022/01/skillstrade.html>
- Frank, K., & Jovic, E. (2017). *National Apprenticeship Survey: Canada Overview Report 2015*. https://www150.statcan.gc.ca/n1/en/pub/81-598-x/81-598-x2017001-eng.pdf?st=E_x2phNN
- Government of Canada. (2020). *Canadian Alcohol and Drugs Survey (CADS): Summary of results for 2019*. <https://www.canada.ca/en/health-canada/services/canadian-alcohol-drugs-survey/2019-summary.html#a4>
- Government of Canada. (2022). *Men in trades: The opioid overdose crisis in Canada*. <https://www.canada.ca/en/services/health/campaigns/men-construction-trades-overdosecrisis-canada.html>
- Government of Ontario. (2023). *Naloxone in the workplace*. [https://www.ontario.ca/page/naloxone-workplace#:~:text=2023-2024\).-,Number of naloxone kits required,workers having an opioid overdose](https://www.ontario.ca/page/naloxone-workplace#:~:text=2023-2024).-,Number of naloxone kits required,workers having an opioid overdose)
- Pearson, C., Janz, T., & Ali, J. (2015). *Health at a Glance: Mental and Substance use Disorders in Canada*. <https://www150.statcan.gc.ca/n1/pub/82-624-x/2013001/article/11855-eng.htm>
- Powell, N., & Richardson, B. (2021). *Powering Up: Preparing Canada's skilled trades for a postpandemic economy*. <https://thoughtleadership.rbc.com/powering-up-preparing-canadasskilled-trades-for-a-post-pandemic-economy/>
- Statistics Canada. (2015). *Labour Force Survey (LFS)*. <https://www150.statcan.gc.ca/n1/pub/71f0031x/2015001/part-partie1-eng.htm>
- Statistics Canada. (2021). *Registered apprenticeship training programs, 2021*. The Daily. <https://www150.statcan.gc.ca/n1/daily-quotidien/221206/dq221206d-eng.htm>
- Statistics Canada. (2022). *Number of apprenticeship program registrations in Red Seal trades: Table 37-10-0137-01*. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3710013701>

APPENDIX A: CHARACTERISTICS OF SURVEY RESPONDENTS

Sociodemographic Characteristics

Seventy-five per cent (N=901) of the respondents were men and 22 per cent (N=264) were women. The representation of women in this sample is significantly higher compared to their representation in the apprenticeship population (Frank & Jovic, 2017). Three per cent of survey respondents identified as transgender, two-spirit, gender fluid or non-binary. One per cent preferred not to respond.

The age of survey respondents ranged from 18 years to over 50 years of age. Three age categories were created to facilitate analysis and assist with comparisons: **24 years of age and under** (16 per cent, N=185), **25 to 34 years of age** (40%, N =476) and **35 years of age and older** (44 per cent, N=529).

Eighty per cent of survey respondents identified as **white** (N=952), while 10 per cent (N=108) identified as **Indigenous Peoples (First Nation, Inuit, or Métis)**. A further 13 per cent identified as a member of a visible minority group (N=153). Categories selected by fewer than one per cent of respondents were coded as Other (2 per cent), while 4 per cent (N=44) of respondents preferred not to answer.

Participants had the option to complete the survey in French or English. Ninety-four per cent (N=1124) completed the survey in English while 6 per cent (N=70) completed the survey in French.

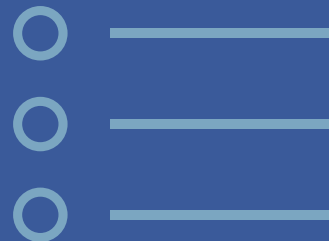


Table 9 Detailed socio-demographic characteristics of survey respondents

Characteristics	N	%
Gender		
Men	901	75%
Women	265	22%
Non-binary or other gender identity	23	2%
Prefer not to say	17	1%
Location of primary residence¹		
West Coast (BC, YK)	162	14%
Alberta (AB)	255	21%
Prairies and Territories (SK, MB, NT, NV)	87	7%
Central Canada (ON, QC)	502	42%
Atlantic Canada (NB, NS, PE, NL)	188	16%
Location of work²		
West Coast (BC, YK)	161	14%
Alberta (AB)	259	22%
Prairies and Territories (SK, MB, NT, NV)	88	7%
Central Canada (ON, QC)	509	43%
Atlantic Canada (NB, NS, PE, NL)	171	14%
Status in the trades		
Registered apprentice	525	44%
Qualified journeyperson	556	47%
Labourer	39	3%
Pre-apprentice	74	6%

Characteristics	N	%
Age		
24 and under	185	16%
25 to 34	476	40%
35 and over	529	44%
Language		
English	1,124	94%
French	70	6%
Characteristics	N	%
Newcomer status		
Born in Canada	1,068	90%
Born outside of Canada	122	10%
Race and identity		
White	962	81%
Indigenous Peoples (First Nations, Inuit, or Métis)	114	10%
South Asian	24	2%
Chinese	26	2%
Black	40	3%
Filipino	16	1%
Latin American	19	2%
Arab	13	1%
Other	27	2%
Prefer not to answer	44	4%

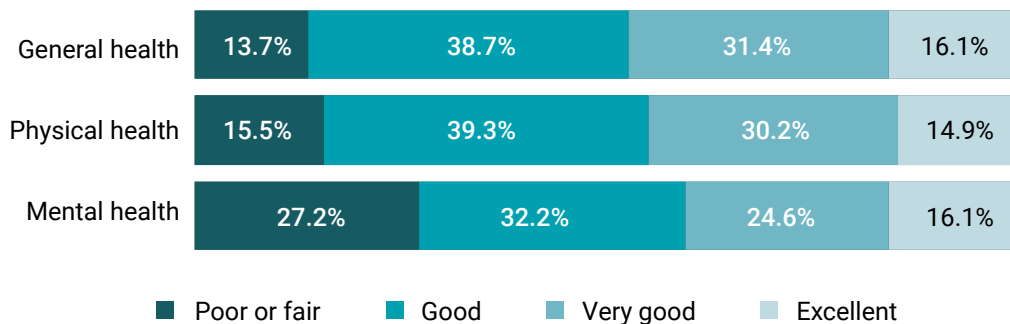
Note: Respondents' location was captured in two variables: the location of the person's primary residence and the location where they work most often.

Health and Well-being

Survey respondents were asked to provide a self-assessment of their health in general, as well as their mental and physical health on a 5-point Likert scale ranging from poor or fair to excellent. Most participants rated their **general health** as either good (38.7 per cent) or very good (31.4 per cent). Comparable proportions were reported regarding their **physical health**, with most responding either good (39.3 per cent) or very good (30.2 per cent). Of some concern is the high proportion of respondents who rated their **mental health** as either poor or fair (27.2 per cent). This represents over a quarter of the research sample, indicating that many respondents may be facing significant mental health challenges.

Participants were asked to respond if they had any physical, psychological, or cognitive conditions. Seventeen per cent (N=198) of the sample reported that they had physical or mobility conditions, 20 per cent (N=241) reported difficulties with learning, remembering, or concentrating, 23 per cent (N=279) reported having emotional, psychological, or mental health conditions and one per cent (N=16) reported other conditions that, at the time of the survey, had lasted for more than six months. Fifty-two per cent (N=625) reported that they had no known health conditions and an additional five per cent (N=57) preferred not to say.

Figure 17 Respondents' self-assessment of their health and well-being

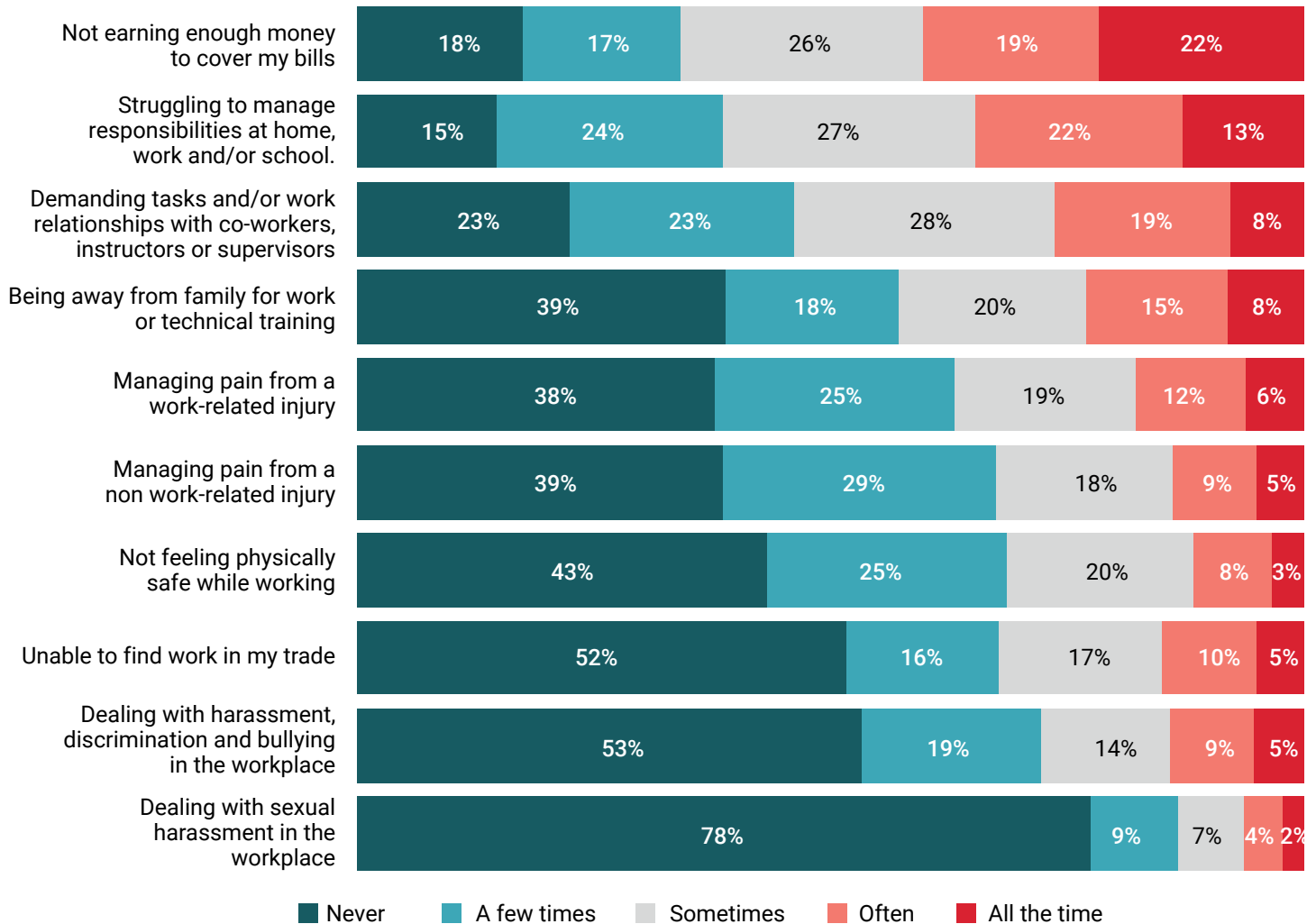


Source: SRDC survey of apprentices and journeypersons.

Sources of stress

The most important sources of stress appear to be not earning enough money to cover their bills and struggling to manage responsibilities in their personal life.

Figure 18 Proportion of respondents by the frequency of sources of work-related stress



Source: SRDC survey of apprentices and journeypersons.

There are several significant differences between men and women regarding the frequency with which they encounter stressful situations. Overall, women report experiencing stressful situations more often than men.

- Women are more likely to report having often or always not earning enough money to cover their bills.
- Women are more likely to have sometimes or often/always felt stressed by not being able to find work in their trade.
- Women are more likely to often or always struggle to manage their responsibilities at home, work and/or school.
- Slightly more women are likely to feel stress by being away from their family for work or technical training.
- Significantly more women sometimes experience not feeling physically safe while working.
- Significantly more women often or always report managing pain from a non-work-related injury.
- Significantly more women had to deal with harassment, discrimination, and bullying at work (42% of women report sometimes or often/always compared to 22% of men).
- Significantly more women had to deal with sexual harassment at work, either sometimes or often/always (31% of women compared to 7% of men).
- Slightly more women find it often or always difficult to manage work-related stress compared to men.

Table 10 Gender-based analysis of the frequency of sources of work-related stress

Statements	Categories	Women(N= 255)	Men(N= 891)	Sig.
Not earning enough money	Never or a few times	26%	37%	***
	Sometimes	25%	25%	
	Often or Always	49%	38%	
Unable to find work in my trade	Never or a few times	55%	72%	***
	Sometimes	21%	16%	
	Often or Always	25%	12%	
Struggling to manage responsibilities at home, work and/or school.	Never or a few times	28%	42%	***
	Sometimes	29%	27%	
	Often or Always	44%	31%	
Being away from family for work or technical training.	Never or a few times	51%	60%	*
	Sometimes	23%	19%	
	Often or Always	26%	22%	
Not feeling physically safe while working.	Never or a few times	60%	72%	***
	Sometimes	26%	18%	
	Often or Always	14%	10%	
Demanding tasks and/or work relationships, co-workers, instructors or supervisors.	Never or a few times	41%	48%	
	Sometimes	30%	27%	
	Often or Always	29%	25%	
Managing pain from a work-related injury.	Never or a few times	65%	64%	
	Sometimes	18%	19%	
	Often or Always	17%	17%	
Managing pain from a non-work-related injury.	Never or a few times	64%	70%	***
	Sometimes	18%	19%	
	Often or Always	19%	11%	
Dealing with aressment, discrimination and bullying at work.	Never or a few times	58%	77%	***
	Sometimes	22%	11%	
	Often or Always	20%	11%	
Dealing with sexual harassment at work.	Never or a few times	69%	92%	***
	Sometimes	16%	4%	
	Often or Always	15%	3%	
How often do you find it difficult to manage work-related stress?	Never or a few times	32%	39%	*
	Sometimes	42%	41%	
	Often or Always	26%	21%	

Source: SRDC survey of apprentices and journeypersons.

Note: The significance level indicates the probability (p-value) that the difference between the two categories is statistically significant, where * p < 10%; ** p < 5%; *** p < 1%.

Status in the Trades

Most respondents were qualified journeypersons (certified) at the time of the survey (47 per cent). Respondents also included pre-apprentices (currently applying to or taking foundational classes in the trades) (6 per cent), registered apprentices (44 per cent), and labourers (non-certified) (3 per cent).

Table 11 Survey respondents' status in the trades

Status	Count	%
Pre-apprentice	74	6%
Registered apprentice	525	44%
Qualified journeyperson	556	47%
Labourers (non-certified)	39	3%
All respondents	1,194	100%

Source: SRDC survey of apprentices and journeypersons.

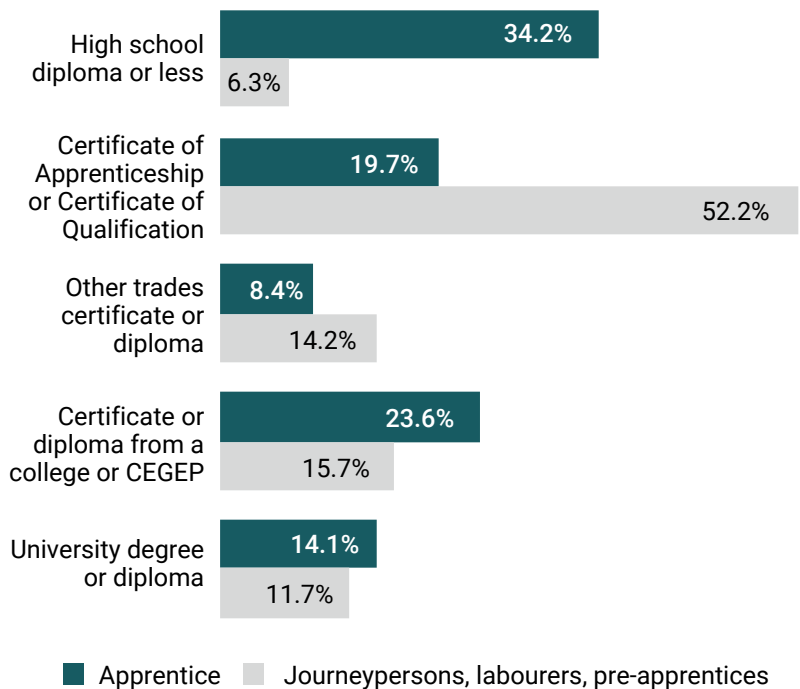
Highest level of education completed

Overall, 2 per cent (N=20) responded that they did not complete high school, 18 per cent (N=220) had a high school diploma, 36 per cent (N=426) held a certificate of apprenticeship or certificate of qualification, 11 per cent (N=136) other trades certificate or diploma, 20 per cent (N=233) obtained a certificate or diploma from a college or CEGEP, 13 per cent had a university degree or diploma (N=153) and 1 per cent (N=8) preferred not to answer.

When comparing results by respondents' status in the trades (apprentices/pre-apprentices compared to journeypersons/labourers), we find that most apprentices have only completed their high school diploma (34.2 per cent of apprentices), nearly a quarter (23.6 per cent) have a college or CEGEP certificate or diploma, and just over 14.1 per cent have a university degree or diploma.

Perhaps unsurprisingly, more than half of journeypersons (52 per cent) have completed a certificate of apprenticeship.

Figure 19 Highest level of education completed by status in the trades



Source: SRDC survey of apprentices and journeypersons.

Employment Characteristics

Of those who completed the survey, over half (56 per cent) work in the construction sector. In addition, 44 per cent reported being a member of a union at the time of completing the survey.

Table 12 Proportion of respondents by sector

Sector	Count	%
Non-Residential construction (Institutional, Commercial, and Industrial)	413	35%
Residential and maintenance construction	235	20%
Automotive (including repair, maintenance, and dealership)	142	12%
Mining, Quarrying, and Oil and Gas Extraction	106	9%
Manufacturing	102	9%
Food services	33	3%
Transportation	23	2%
Education	21	2%
Electricity	20	2%
Esthetics	9	1%
Agriculture	8	1%
Warehousing	7	1%
Other	21	2%
No sector	23	2%
Prefer not to say	31	3%
All respondents	1,194	100%

Source: SRDC survey of apprentices and journeypersons.

Among those who reported a trade, construction electrician (21 per cent), carpenter (13 per cent), plumber (9 per cent), and automotive service technician (8 per cent) were the most cited.

At the time of the survey, 84 per cent (N=1003) reported that they were working for pay.

In addition, 86 per cent (N=1028) reported working full-time (30 hours or more per week), 10 per cent (N=117) worked part-time (less than 30 hours), 5 per cent (N=60) were employed as casual or on-call, 3 per cent (N=40) selected 'Other' and 1 per cent (N=15) preferred not to answer.

At the time of the survey, 44 per cent of survey respondents (N=498) indicated that they had **worked shift work in the previous 12 months**.

Most respondents who worked shifts reported working straight days (62 per cent) followed by rotating shifts (18 per cent).

Table 13 Shift Work

Shifts	Count	%
Straight days	310	62%
Straight afternoons	21	4%
Straight nights	39	8%
Rotating shifts	89	18%
I don't have a regular shift schedule	39	8%
All respondents	498	100%

Source: SRDC survey of apprentices and journeypersons.

Factors associated with work in remote locations, including feelings of isolation, have been reported as contributing to substance use. The survey documented the frequency with which respondents work in camps away from home.

Most survey respondents (77 per cent) never work in these types of arrangements. In fact, only a small proportion (5 per cent) of survey respondents always worked in camps away from home in the past year.

Table 14 Work-Away Camps

Response Options	Count	%
Never	875	77%
Rarely	53	5%
Sometimes	90	8%
Often	44	4%
Always	55	5%
Prefer not to say	18	2%

Source: SRDC survey of apprentices and journeypersons.

Of those who reported working away from home at least to some degree (N=242), over half (51 per cent) reported that the typical length of time that they spent working away without a return trip home was less than a month (N=124). In addition, 23 per cent (N=55) reported 1-3 months, 13 per cent (N=32) 4-6 months, 4 per cent (N=9) 7-9 months, 2 per cent (N=6) 10-12 months, 5 per cent (N=13) selected 'Other' and 1 per cent (N=3) preferred not to say.