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How workers' comp fanned the flames of the opioid crisis

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INVESTIGATION

# How workers' comp fanned the flames of the opioid crisis

Globe examination of cases involving dozens of injured workers dependent on narcotic painkillers reveals deeply entrenched flaws in the provincial systems

[KATHY TOMLINSON](#)

PUBLISHED JUNE 18, 2020

This article was published more than 4 years ago. Some information may no longer be current.



Hugh Gilliat, a mechanic in Calgary, has been relying heavily on powerful narcotics since his back injury in 2017.

TODD KOROL/THE GLOBE AND MAIL

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Christine Leighton will never forget the final text she sent her son Hardy – the latest in a wearisome exchange about medical forms he needed to send to British Columbia’s workers’ compensation board.

It’s a sad reminder of his futile ordeal to get financial aid from WorkSafeBC – a struggle she and her husband believe led to his death. “I still have that text on my phone. My last ... to my son,” says Ms. Leighton. “That sort of sums it up – that we were constantly talking about it.”

Hardy Leighton was 31 when he died from an opioid overdose in North Vancouver in

2015. Five years earlier, he'd seriously hurt his neck working as a carpenter on a construction site. He began taking narcotic painkillers to cope with the pain. Then addiction took over.



Hardy Leighton was 31 when he died from an opioid overdose in North Vancouver in 2015.

COURTESY HIS PARENTS, BRIAN AND CHRISTINE LEIGHTON

That day in 2015, Hardy and his wife took a mix of prescription and street drugs, including fentanyl. Both died. Their toddler son, who was visiting with grandparents, was orphaned.

At the time, there was much public sympathy – yet another young family destroyed by the opioid crisis, which has killed at least 15,000 Canadians in the past four years.

What wasn't revealed is how failures by WorkSafeBC, whose purpose is to help injured workers heal, led to the tragedy.

After Hardy's accident, the provincial agency pushed him back into the work force while he was still in pain, then cut his benefits. It also failed to acknowledge his opioid addiction and didn't respond to his pleas for help. "He was hurt. He was in pain. And I think they wrote him off," says Hardy's father, Brian Leighton. "There should have been a public apology: 'We are sorry. It was our responsibility, and we failed you and your son.'"

The compensation board has since delivered that apology, in an interview with The Globe and Mail. "I am incredibly sorry that this happened," says Jennifer Leyen, director of clinical services for WorkSafeBC. "There were things ... I wish we would have done. If there was anything we could have done in hindsight to have prevented it, I would have done it over and over."

A Globe investigation reveals deeply entrenched flaws in provincial workers' compensation boards (WCBs), which pain specialists and workers' advocates blame for triggering countless addictions over many years and exacerbating the opioid crisis, now considered to be a public health emergency.

The revelations stem from interviews with 64 people who have firsthand knowledge of these agencies – including 28 workers or their family members – and a review of 284 appeal decisions from 2019 involving WCB claimants who used opioids.

Experts say a key factor in triggering many addictions is a WCB rule that injured workers must get back on the job promptly – often within days of getting hurt, and even in some cases where their doctor says they need more time to heal. If they can't tolerate doing any type of work for their existing employer, they must attend a retraining or job search program.

Several injured workers told The Globe the only way they could cope with those demands was to load up on painkillers, leaving them addicted and in far worse condition.

The situation is further aggravated, doctors say, by the fact that most WCBs pay for injured workers' opioid prescriptions long enough for them to get hooked – and then cut them off. Some then resort to using cheap, potentially deadly, street drugs.

In the nearly 300 appeal cases The Globe reviewed, one-fifth of workers said they were still suffering from taking narcotics years after their initial injuries. Three-quarters of them sought compensation from WCBs for enabling their addictions; 70 per cent of those won their cases.

But appeals take up to a decade to wend through clogged systems. In Ontario, for instance, the appeals system for the Workplace Safety and Insurance Board (WSIB) receives double the number of cases it's equipped to handle. Five claimants in cases The Globe looked at died before their appeals concluded.

Cecil Hershler is one of several pain specialists frustrated by how workers' compensation systems push people back to work before they're ready, without giving them enough access to specialized diagnostics and non-opioid treatments. "I've got people from all walks of life, all ages, and they are crying. They will say, 'Give me anything to take this pain away so I can get back to work,'" says Dr. Hershler, a Vancouver-based MD who refuses to prescribe narcotics. "I am trying to treat these people. And I can't, because they are so stressed."

Deaths from the opioid crisis, Dr. Hershler adds, are just the tip of the iceberg. "There is a whole iceberg underneath it."



Stephen Alward, from Orwell, Ont., takes a mix of opioid painkillers to cope with a back injury he got while working as a temporary driver in the food industry three years ago. He says he went back to work immediately, which led to complications, including bulged and torn disks and nerve damage. He hasn't worked since.

FRED LUM/THE GLOBE AND MAIL



Wayne Harris, 50, at Heber Down Conservation Area near Brooklin, Ont., earlier this year.

FRED LUM/THE GLOBE AND MAIL

The drive to keep workers on the job has saved compensation boards in Canada millions of dollars. The WSIB, for example, recently eliminated a \$14.2-billion unfunded liability and cut employer premiums by 30 per cent.

The publicly owned boards operate like insurance companies. The faster a worker gets back on the job, the less of a financial burden they are on both their employer and the WCB. That's fine for the vast majority of claimants, whose recovery is straightforward. Those who have setbacks, however, risk being cut off from benefits and losing their jobs, unless they push themselves back into the work force when the system – not necessarily their doctor – deems them ready.

Wayne Harris' slide into opioid addiction began when he hurt his shoulder seven years ago. That's when the sprinkler fitter from Brooklin, Ont., fell backward off an eight-foot ladder. Ontario's WSIB sent him back to work to perform "modified duties" before he had time to heal. "A lot of that work was heavy stuff," says 50-year-old Mr. Harris. "I had no choice. I filled my mouth with [narcotic] pills."

Records show he kept trying to work or retrain through several surgeries – at times

against his doctor's advice. "Looking back, the pills disconnected my mind from my body," he says. "Even though my body was screaming in pain, I had no idea. I was actually hurting myself more and more, because I couldn't feel anything."

Mr. Harris says he was hooked on painkillers for almost five years, turning him into a "monster," he says. His anger ended his marriage and alienated his eldest son.

He's now out of work and living on \$1,759 per month in WSIB benefits, while he waits for shoulder replacement surgery. The board refused to give him full wage loss coverage, because it now deems him fit for sedentary jobs.

The WSIB declined The Globe's request for an interview and says it doesn't talk about individual cases.

The Globe asked all WCBs in Canada how many claimants asked for help with opioid-use disorders in recent years and how many died from overdoses. All said their systems don't track that data, although Alberta identified 10 deaths in a recent four-year period.

Dr. Mandy Manak is a chronic-pain specialist who consults with B.C.'s College of Physicians and Surgeons on prescribing practices. She says doctors are still prescribing powerful opioids for injured workers, despite well-known risks, so they can get back on the job quickly. "Our health care system is designed to give quick care, not necessarily good care, and what works fast is narcotics," says Dr. Manak, who runs an addictions



treatment clinic in Kamloops. “It only takes about a week of being on any opioid to be physically dependent, and coming off them is hard. It becomes a cycle of pain, increased physical tolerance [to opioids] and less effectiveness. The more you are on, the worse your pain gets.”

Dr. Manak says WCB restrictions on recovery time, and limits on coverage for diagnostics and treatments like physiotherapy, leave workers to re-injure themselves while medicated or develop chronic pain. “People need a lot more early intervention,” says Dr. Manak. “It is a screwed-up system for pain management, because treating addiction and pain needs a multidisciplinary approach, and that takes money.”



Hugh Gilliat paid \$30,000 to have surgery in the U.S. for a collapsed disc. He faces months of recovery, with no income, supported by his wife’s salary and loans from his parents.

TODD KOROL/THE GLOBE AND MAIL

Hugh Gilliat, a Calgary-based mechanic, has been relying heavily on powerful narcotics since 2017, when he injured his back. “The pressure to go back to work and get retrained was all from WCB, even though I couldn’t stand up,” says Mr. Gilliat, 36. “I would basically pop the [opioid] Percocets to get through the day.”

A surgeon who assessed him for WCB Alberta (which also doesn’t comment on specific

cases) said he simply had a sore back. The board then cut his benefits. Ironically, Mr. Gilliat says, he could function only because the pills dulled the pain, which led his case manager to conclude he could go back to work.

He says he “wasn’t diagnosed at all” and wouldn’t have needed opioids for the past three years if only WCB had sent him to “doctors who were interested in finding my problem instead of getting me cut off benefits.”

Late last year, Mr. Gilliat paid \$30,000 to have surgery in the U.S. for a collapsed disc. He faces months of recovery, with no income, supported by his wife’s salary and loans from his parents. “My dad has put off retiring because of this,” he says. “WCB ruined my life.”



Tim Lindhe of Barrie, Ont. has been taking opioids for six years, since hurting his back at work. He says his worker’s compensation benefits were cut after he returned to his job making conveyor belts and couldn’t cope with the strain. He’s appealing his case while trying to get in for surgery to repair nerve endings in his lower back.

FRED LUM/THE GLOBE AND MAIL



Chris Empey is a former garbage-truck driver, from Port Coquitlam, B.C., who hurt his back four years ago lifting garbage cans. He now has a degenerative disk disorder. Initially, he says, his doctor gave him Tylenol 3s so he could go back to work. When the pills lost their effectiveness, he says he switched to street drugs, lost his job and had to fight for months to get worker's compensation.

RAFAL GERSZAK/THE GLOBE AND MAIL

Canada's provincial compensation boards told The Globe they try to steer workers away from opioids by limiting how long they pay for those drugs or requiring doctors to justify their continued use, among other restrictions.

However, case data show injured workers who become addicted to narcotics – paid for by the WCBs – simply find another way to get them when that coverage ends.

B.C. has the highest rate of opioid-related deaths in the country among the general population. WorkSafeBC, meanwhile, pays for four weeks of initial prescriptions for injured workers, with few questions asked.

Alberta and Ontario, with the second- and third-highest death rates, will cover workers' opioids for 12 weeks before limits kick in (although Ontario says it monitors the cases for signs of addiction). "Twelve weeks is way too long – unless that person has a major type of injury," says Dr. Manak. "In those 12 weeks, the patient's quality of life deteriorates

significantly.”

By contrast, Manitoba cuts or strictly limits injured workers' prescriptions after two weeks. Last year, it had the lowest opioid-related death rate in the country.

Peter Bird sits on the board of the Injured Workers Community Legal Clinic in Toronto. He's among several lawyers who say the WSIB should take a hard look at how its policies may be causing deaths in Ontario – where overdoses keep rising – by facilitating addictions, then leaving people to struggle and turn to street drugs.

“They take whatever pills they can get,” says Mr. Bird. “I don't think I have seen a case where, after opioids have been cut off, I have seen other options for treatments. I certainly think there is a connection between the opioid crisis and the WSIB.”

In 2016, Ontario paid for 24,755 sets of opioid prescriptions for injured workers, while 6.3 Ontarians per 100,000 died of opioid-related causes. Two years later, as the WSIB reduced opioid coverage by 19 per cent, deaths in that province – some from fentanyl-laced street drugs – rose to 10.3 per 100,000 people.

Vicky Waldron runs a rehabilitation centre for the construction industry in B.C. that treats workers with opioid addictions. “Now that those folks are being cut off [by doctors and WorkSafeBC] and they need to be at work because their life depends on it, they are turning to illicit drugs,” says Ms. Waldron, executive director of the Construction Industry Rehabilitation Plan in New Westminister. “I absolutely think we could have more well-rounded care.”

Despite limiting their opioid coverage, WCB data show B.C. and Ontario still paid for more narcotic prescriptions in recent years, per capita, than other jurisdictions. (Data was not available from Quebec.)

Hardy Leighton's experience with B.C.'s compensation board is a classic illustration of the systemic failures described to The Globe by many sources.

Though he needed surgery on his neck, that didn't happen until four years after his injury. In the meantime, as his opioid use took hold, WorkSafeBC retrained him to be an addictions counsellor, then cut his benefits.

The only counselling work he could find was part-time and paid just \$500 a month. To

support his wife and child, he took a more physically demanding job running a fairground concession, which aggravated his injury and led to more narcotic use.

“The amount of wasted time [the board] spent in the early stages of that claim – you have to worry about the whole system,” says his father, Brian Leighton.

Hardy’s lawyer, Alison Narod, says she found obvious red flags in medical files about his escalating opioid use before he died. She wrote to WorkSafeBC and persuaded a review panel to reconsider his pleas for help. Still, no one acted. “They just sat on it and did nothing,” says Ms. Narod. “There were repeated failures and errors made, and there was a lengthy dropping of the ball.”

Mr. Leighton was still fighting his addiction when his WorkSafeBC caseworker sent him a letter saying, “Congratulations on your full recovery.” Nine months later, he was dead.

Only then did the board move quickly to honour his claim. It now pays \$2,000 a month to family members who are raising Mr. Leighton’s son.

Ms. Leyen acknowledges WorkSafeBC learned hard lessons from Mr. Leighton’s case. The agency now keeps better track of workers with addictions and tries to get them the help they need, she says. “I truly don’t believe there are very many who are falling through the gaps any more.”

Jason Pelletier is another injured worker whose family blames the workers’ compensation system for his death.



Jason Pelletier.

COURTESY HIS MOTHER, LINDA PELLETIER

Mr. Pelletier, a heavy-equipment operator from Leduc, Alta., was 31 when he died of an apparent overdose last summer, two years after a broken tractor-trailer door came down on him at work, pinning him to the ground.

His mother, Linda Pelletier, says he was taking Oxycodone because he couldn't tolerate sitting or standing for long. WCB Alberta, meanwhile, sent him to mandatory computer classes for retraining. "He was still in excruciating pain from the injuries but was expected to find a job," says Ms. Pelletier. "He could never get hold of his caseworker, and she never returned his calls. He had to go for physio, which he found excruciatingly painful. He said it made him worse."

She says her son's benefits were cut when he failed to meet the WCB's expectations, "and he ended up homeless and on the street." No longer able to afford prescriptions, he started using cheaper heroin and possibly fentanyl, Ms. Pelletier says. "He was abandoned by WCB, and I believe they caused his death."

Gaylord Wardell is a chronic-pain specialist in Medicine Hat who's also highly critical of how publicly owned compensation boards treat workers with pain and addictions. "They are basically just insurance companies. They are not run like government systems," he says. "But they should be again. There is supposed to be a system in Canada to make sure injured workers get proper care, and they're not. To me, this is a violation of a sacred trust."

According to advocates who act as liaisons between Canadian businesses and the compensation boards, employers also get annoyed when WCBs send people back to work so medicated that they can't function properly,

"Frequently the employer will say, 'I can't bring this guy back because he is high on these drugs and he will be a safety risk,'" says Curtis Forbes, a former WCB manager in Edmonton who now works for 100 employer clients each year in five provinces. "WCB Alberta will say, 'If you let him go or if you don't continue to let him come into work, it will cost you.'"

Many employers, Mr. Forbes says, would much rather tell injured workers to stay at home until they're better. But that would hurt their claims record, leading to higher premiums. (Some businesses also can't bid on contracts if they have workers off on injury leave.)

If a medicated worker has another accident on the job, the employer faces yet another claim, Mr. Forbes says, which penalizes businesses that hire older workers, who are the most likely to have repeat injuries.

Rick Smolander also worked in the WCB system and is now an employer advocate in Ontario with 110 clients. He says they get tired of having to make up easy, unnecessary jobs – like reviewing safety manuals – for medicated, injured workers who have been sent back to work by the WCB on "modified duties."

"The public has no idea how completely ridiculous the entire process is. It is a similar

situation in every province, and it is so frustrating," he says. "I have seen all kinds of drug-seeking behaviour from people. This is very hush-hush – because you are finding out what is going on behind closed doors. Every one of the complicated claims has a backstory."

WCBs in Canada do not publish data comparing the length and cost of claims with opioid use. However, research shows it ultimately causes more time off work. Jason Busse, director of the National Pain Centre at McMaster University in Hamilton, has done several studies on injured workers, including one in 2015 that looked at 1,442 claimants with back pain in Ontario.

"If a worker was prescribed opioids for an acute low-back complaint, they took longer to resolve their claim than if similar types of patients were not prescribed an opioid," says Dr. Busse. "What made the claim shorter is if the employer had a graduated plan and accommodations to give it time."

Numerous specialists interviewed by The Globe say the overall solution is for the system to focus more on workers' long-term health and less on the immediate bottom line.

"They need to be evaluating not for just that injury, but for the chances of getting chronic pain and long-term opioid use," says Dr. Wardell. "Give us something for these patients. We don't have very many things to use for them."

Ideally, he and others say, all injured workers with complications should be sent early on for intensive, non-opioid treatment, from multidisciplinary teams made up of specially trained therapists and doctors.

While there are a handful of such small programs in pockets across the country – and more in the works – any positive changes will come too late for countless workers, including Jon Ward.





Jon Ward lost two decades to opioid addiction and its effects, stemming from a workplace injury.  
COURTESY HIS DAUGHTER, NICOLE WARD

Mr. Ward's family says he lost two decades to opioid addiction and its effects, stemming from a workplace injury and a claim for WSIB compensation that wasn't honoured until after he died.

Two years ago, he jumped from the fifth floor of a Hamilton parkade, at the age of 65.

"It ruined his whole life," says his daughter, Nicole Ward. "He did everything [the WSIB]

wanted him to do. I feel like they were laughing at him – making him jump through hoops, like a circus ring, until he gave up.”

Mr. Ward, a truck driver, wrecked his knee in 1998 after falling 13 feet while loading up. He started taking Oxycontin for the pain. A surgeon wrote in his file he was “likely unable to return to any form of work,” but the WSIB denied him benefits, saying he could handle other jobs.

He persevered in the trucking business, which was all he knew, and kept driving while heavily medicated, until he rolled his rig on the highway and lost his licence.

“The drugs blocked all his pain away,” says his ex-wife, Kim Csoke. He lost everything, including his home and their once-happy marriage.

Six years after his road accident, living in poverty, Mr. Ward finally had knee replacement surgery, which was covered by the WSIB. He then wrote the board asking it to compensate him for his years of lost income. “I have now been five years drug free,” Mr. Ward said in his 2013 letter. “Never did WSIB have any compassion for me, but rather belittled me and insisted on calling me a drug abuser, when the only reason for my drug abusing was because of the pain I endured in order to do my job.”

The board eventually denied that claim. A year later, Mr. Ward died by suicide.

The family carried on his fight, appealing WSIB’s ruling. Earlier this year, they won a bittersweet victory: A panel agreed Mr. Ward should have been receiving WSIB benefits for a decade – right up until the day he died.



Nicole Ward, daughter of Jon Ward, in her living room in Kensington, PEI, earlier this year.

JOHN MORRIS/THE GLOBE AND MAIL

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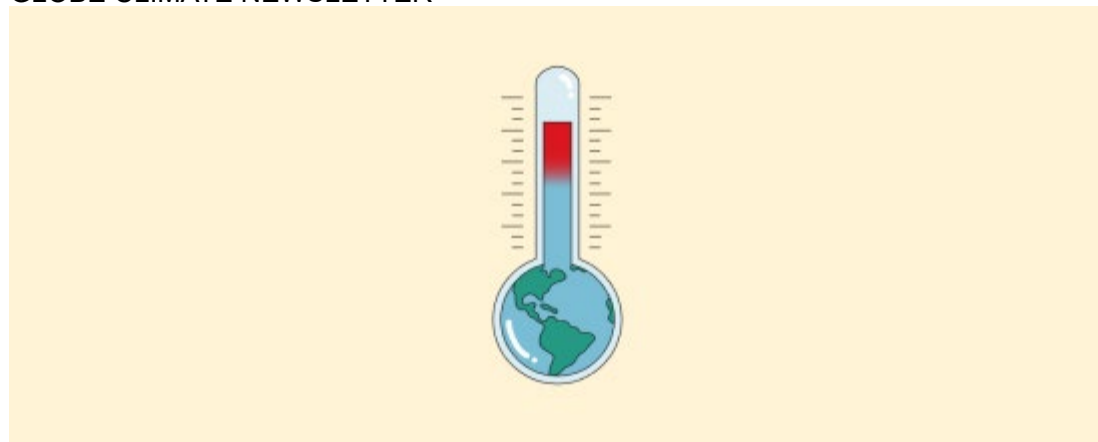
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