



Drugs and Alcohol in the Workplace

1.888.730.7821 (Toll free Ontario)
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Housekeeping notes

- The webinar will begin at 12:00 p.m.
- To access the audio portion of this webinar, please use headphones or ear buds.
- Please note the 'CHAT BOX' to the right of the screen. At any time during the presentation, feel free to type in your questions. We will try to answer some questions as we go, but most will be answered right after the presentation.
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Webinar hosts

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Legal Access to Marijuana – The Workplace Impact

Why it Matters & How to Manage it

Randy Herman





WHAT IS MARIJUANA?

WHAT IS MARIJUANA?



WHAT IS MARIJUANA?

// What is Marijuana?

- Cannabis: Sativa, Indica & Ruderalis

The flowering or fruiting tops of the cannabis plant (excluding the seeds and leaves when not accompanied by the tops) from which the resin has not been extracted, by whatever name they may be designated.

1961 United Nations Single Convention on Narcotic Drugs

WHAT IS MARIJUANA?

// How is Cannabis Ingested?

- Smoking/vaporization
- Oral (ingesting edibles / sublingual)
- Rectal administration
- Transdermal delivery
- Eye drops
- Aerosols

FUN FACT...  ???

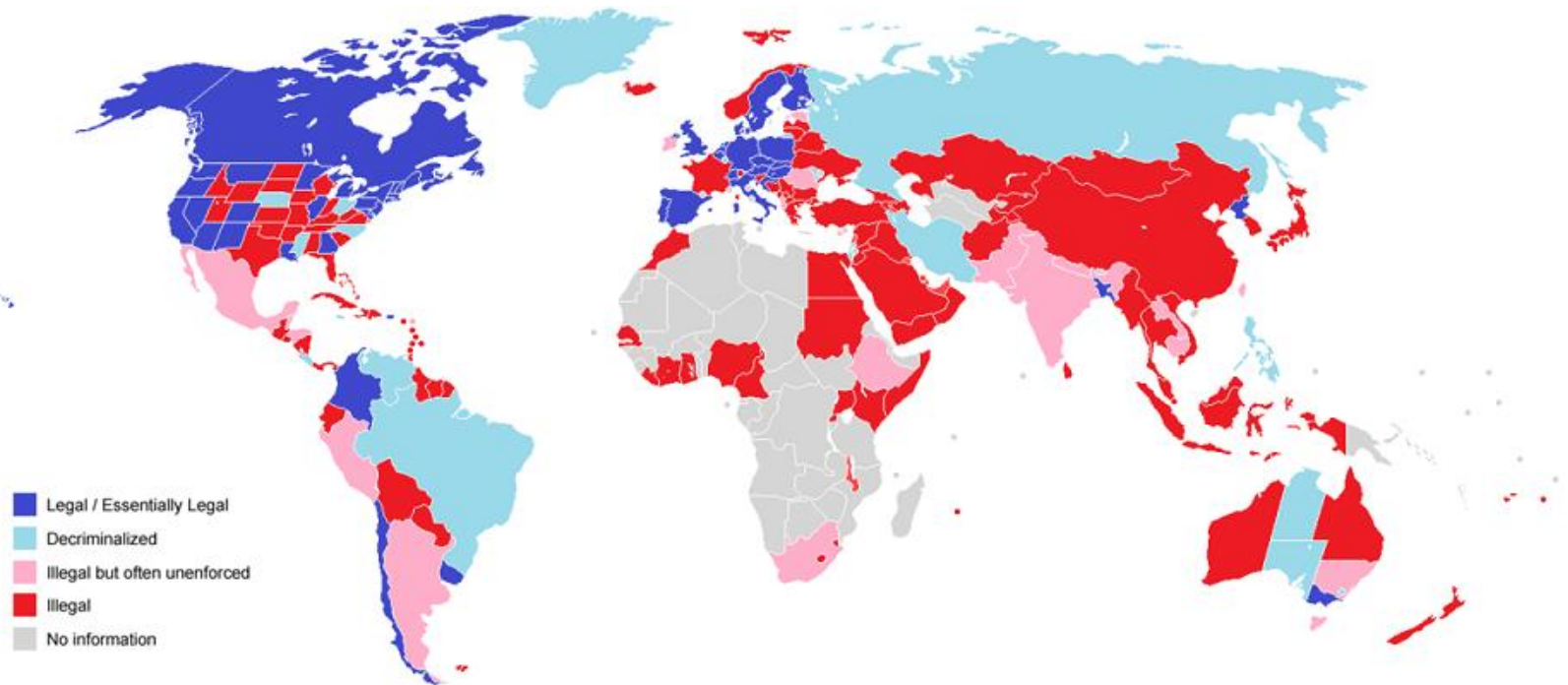
// Colorado, USA

There are more dispensaries in Colorado than Starbucks, McDonald's and 7-Elevens combined – and the numbers keep growing...



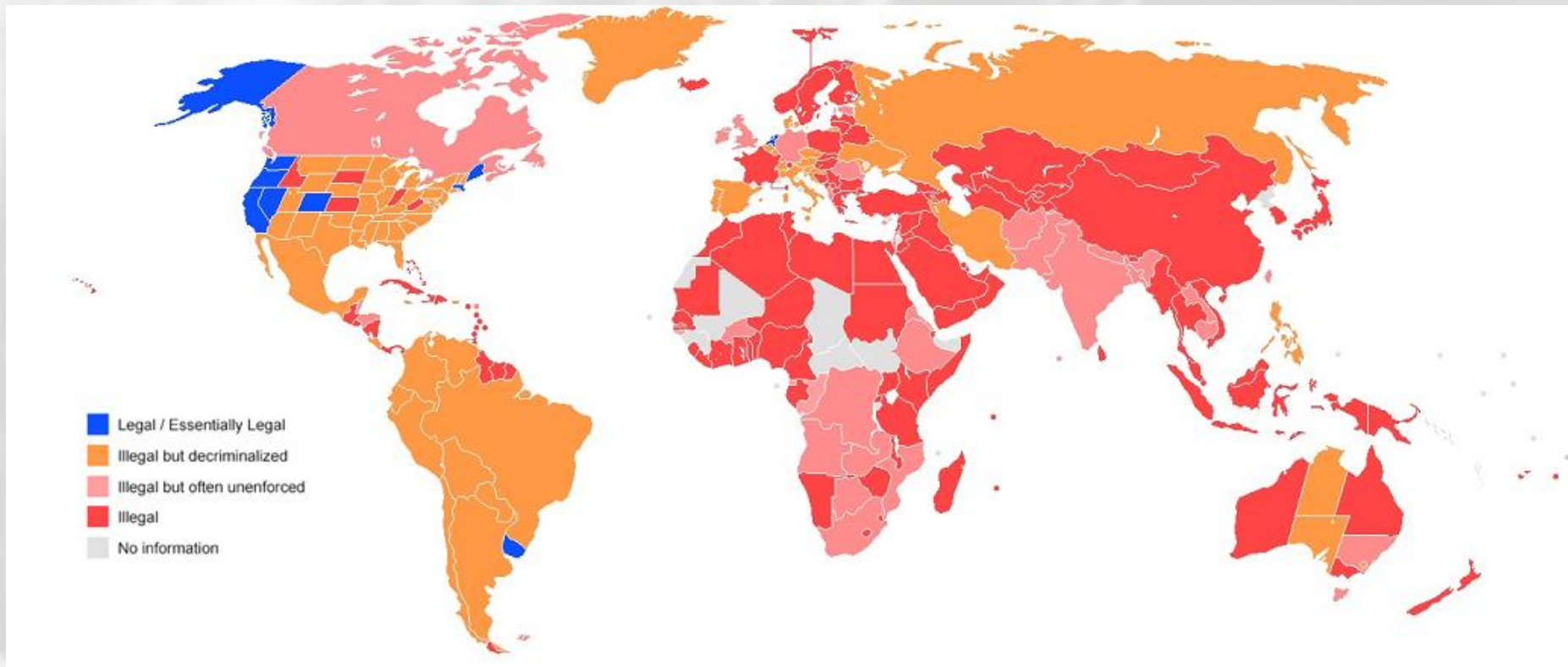
THE CURRENT STATE GLOBAL OVERVIEW

Legal Status with Medical Authorization

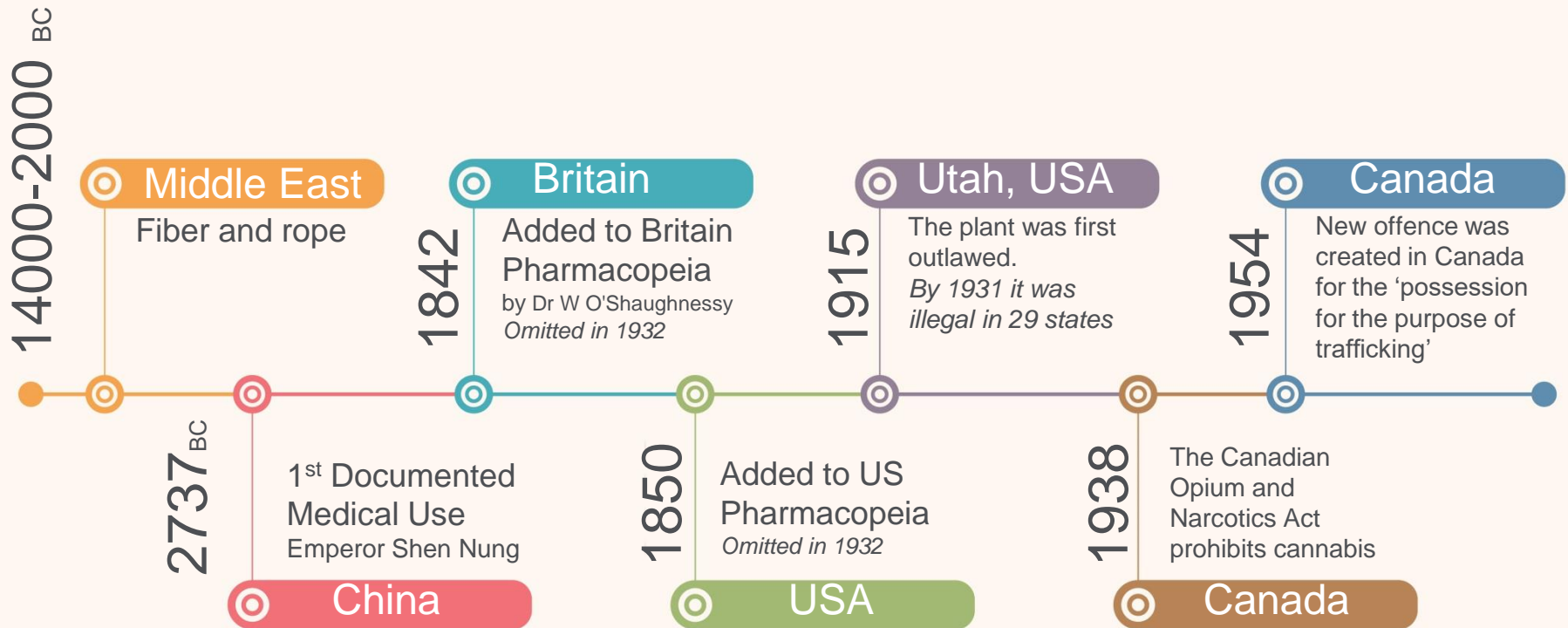


THE CURRENT STATE GLOBAL OVERVIEW

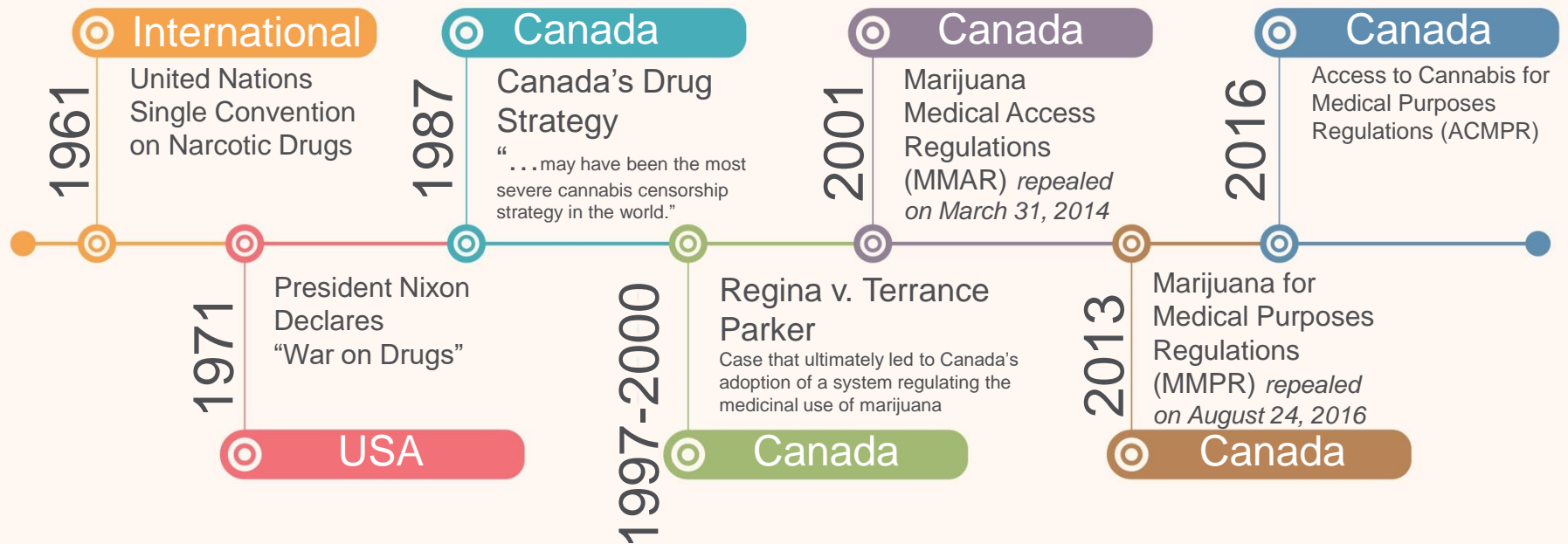
Legal Status Recreationally



LONG TERM HISTORY



SHORT TERM HISTORY






HOW DOES MARIJUANA AFFECT US?

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HOW DOES MARIJUANA AFFECT US?

// Cannabinoids

1. Phytocannabinoids 
2. Endocannabinoids 
3. Synthetic cannabinoids 

HOW DOES MARIJUANA AFFECT US?

// How do cannabinoids work?

- Regulate endocannabinoid system
- Mimics endogenous neurotransmitters
- Targets receptors “Unlocks Doors”



HOW DOES MARIJUANA AFFECT US?

// The “Big 6” Phytocannabinoids

1. **THC** - Delta-9-tetrahydrocannabinol 

2. **CBD** - Cannabidiol

3. **CBC** - Cannabichromene 

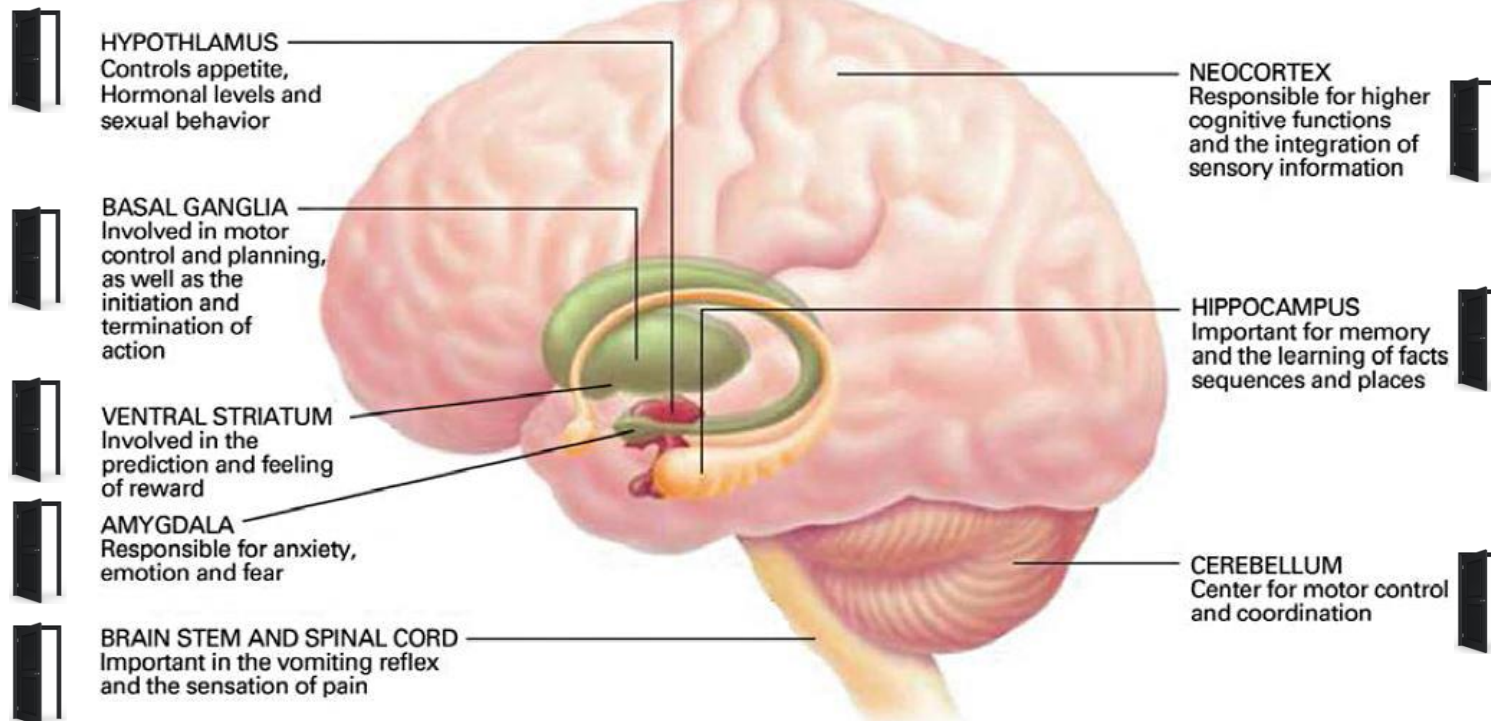
4. **CBN** - Cannabinol

5. **CBG** - Cannabigerol

6. **THCV** - Tetrahydrocannabivarin 

HOW DOES MARIJUANA AFFECT US?

Marijuana's Effects on the Brain



© Alice Y. Chen, 2004. Adapted from *Scientific American*.

When marijuana is smoked, its active ingredient, THC, travels throughout the body, including the brain, to produce its many effects. THC attaches to sites called cannabinoid receptors on nerve cells in the brain, affecting the way those cells work. Cannabinoid receptors are abundant in parts of the brain that regulate movement, coordination, learning and memory, higher cognitive functions such as judgment, and pleasure.

Alcohol vs. Marijuana

	Alcohol	Marijuana	
Ingestion Route	Commonly Oral (drank)	Commonly Inhaled or Orally (eaten)	
Time to Full Effects	Up to 30 minutes	Up to 10 minutes & up to 180 minutes	
Pharmacokinetics	Primarily postsynaptic action – blocking a natural neuromediator. Primarily impacts the effects of existing neurotransmitters.	Primarily Presynaptic action. Primarily impacts the regulation/production of neurotransmitters.	
Metabolism	Liver	Liver	
	Alcohol elimination follows Michaelis-Menten kinetics. 7 grams of pure alcohol per hour which translates to about one drink per hour.	The half- life of marijuana for an infrequent user is 1.3 days and for frequent users 5-13 days.	
Effected Brain Regions	Cerebellum, Hypothalamus and pituitary, Medulla, Hippocampus, Striatum, Reticular Activating System, Prefrontal Cortex, Frontal Lobe, Stratum	Neocortex, Cerebellum, Hippocampus, Basal Ganglia, Ventral Striatum, Amygdala, Hypothalamus, Brain stem and spinal cord	
Lingering Cognitive Dysfunction	Number of Standard Drinks per Week (14g)	3-4% THC - Marijuana may adversely affect complex human performance up to 24 hours after smoking. Decrements in neurocognitive performance even after 28 days of abstinence. This persistence is generally linked to very heavy use of the drug.	
	17 or less		Degree of Cognitive Dysfunction
	18-35		None
	36-50		Small
	51+	Medium	
		Large	
Addictiveness	Lifetime risk of 15% or 3 out of 20	Lifetime risk of 9% or ~2 out of 20	

WHAT'S THE HARM USING "OFF THE JOB"?



World Health Organization

Recently abstinent cannabis users (7 hours to 20 days) may experience impairment in attention, concentration, inhibition and impulsivity during the period in which THC and its metabolites are eliminated. The greatest residual deficits in executive function are found following prolonged use of cannabis. (Whitlow, et al. 2004)

WHAT'S THE HARM USING "OFF THE JOB"?



World Health Organization

- Complex human/machine performance can be impaired as long as 24 hours after smoking a moderate dose of cannabis and the user may be unaware of the drug's influence.
- (Leirer, Yesavage & Morrow, 1991)

WHAT'S THE HARM USING "OFF THE JOB"?



Health Canada

www.hc-sc.gc.ca

Cannabis (marihuana, marijuana) contains hundreds of substances, some of which can affect the proper functioning of the brain and central nervous system.

Cannabis use can impair your concentration, ability to think and make decisions, and reaction time and coordination. This can affect your motor skills, including your ability to drive. It can also increase anxiety and cause panic attacks, and in some cases cause paranoia and hallucinations.

Cannabis is one of the most widely abused illicit drugs, and can produce physical and psychological dependence. The drug has complex effects in the CNS and can cause cognitive and memory impairment, changes in mood, altered perception, and decreased impulse control

Depending on the dose, impairment can last for over 24hrs after last use

WHAT'S THE HARM USING "OFF THE JOB"?

// Would you work beside someone who had:

- Decreased attention/concentration
- Compromised judgement, decision making and impulsivity
- Decreased working memory
- Distorted sensory perception
- Decreased verbal fluency

RECAP – YOU SHOULD NOW KNOW

- **There is profound evidence to demonstrate persistent risk**
- **Neurocognitive impairment lasts beyond 24 hours**
- **How to explain the difference from alcohol**

Using the Word “Impairment”



WHY IS IT OF THERAPEUTIC INTEREST?

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WHY IS IT OF THERAPEUTIC INTEREST?

// Why is Cannabis of Therapeutic Interest?

- Compassionate end-of-life care
 - Neurodegenerative disorders
 - Severe pain, arthritis, anorexia, weight loss, and/or severe nausea from cancer and HIV/AIDS infection

WHY IS IT OF THERAPEUTIC INTEREST?

// Why is Cannabis of Therapeutic Interest?

- Medical applications inclusive of:
 - Attention Deficit Disorder
 - Arthritis
 - Chronic pain
 - Glaucoma
 - Migraines
 - Sleep disorders

IS CANNABIS A PRESCRIPTION?

// Is Cannabis a Prescription?



Health Canada

www.hc-sc.gc.ca

Dried marijuana is not an approved drug or medicine in Canada. The Government of Canada does not endorse the use of marijuana, but the courts have required reasonable access to a legal source of marijuana when authorized by a healthcare practitioner.

THE MEDICAL COMMUNITY'S OPINION?

Canadian Medical Association

“We have little to no evidence-based information about its use as medical therapy... the lack of evidence to support the use of marijuana for medicinal purposes signifies that it is not a medical intervention”

THE MEDICAL COMMUNITY'S OPINION?

- **Federation of Medical Regulatory Authorities**

“The Federation of Medical Regulatory Authorities of Canada strongly believes that the practice of medicine should be evidence-based, and that physicians should not be asked to prescribe or dispense substances or treatments for which there is little or no evidence of clinical efficacy or safety”

IS CANNABIS A PRESCRIPTION?

// Is Cannabis a Prescription?

- Characteristics of a prescription drug:

Special Alerts	Generic Equivalent Available: Product Availability	Pregnancy Risk Factor
ALERT: Boxed Warning	Controlled Substance	Pregnancy Implications
Brand Names: US	Prescribing and Access Restrictions	Lactation
Brand Names: Canada	Medication Guide and/or Vaccine Info Statement Admin	Breast-Feeding Considerations
Pharmacologic Category	Use	Dietary Considerations
Dosing: Adult	Medication Safety Issues	Pricing
Dosing: Pediatric	Adverse Reactions Significant	Monitoring Parameters
Dosing: Geriatric	Contraindications	International Brand Names
Dosing: Renal Impairment	Warnings/Precautions	Mechanism of Action
Dosing: Hepatic Impairment	Metabolism/Transport Effects	Pharmacodynamics and Pharmacokinetics
Dosage Forms	Drug Interactions	Drug Identification Number (DIN #)

IS CANNABIS A PRESCRIPTION?

// However....



IS CANNABIS A PRESCRIPTION?



Health Canada

www.hc-sc.gc.ca

What do patients need to know about using SATIVEX®?

SATIVEX® causes irritations in the mouth in 20 - 25% patients in clinical trials. Patients may also experience symptoms of cannabinoid intoxication, including dizziness when they first take SATIVEX®. Fainting episodes have been reported as well as feeling drunk, disturbance in attention, dizziness, somnolence, disorientation, dissociation and euphoric mood. THC can cause symptoms such as changes of mood, decrease in cognitive performances and memory, decrease in ability to control drives and impulses, and alteration of the perception of reality, particularly altered time sense. Patients should start from low doses and adjust their doses gradually to get the optimal balance of a good control on their neuropathic pain and minimal intoxication.

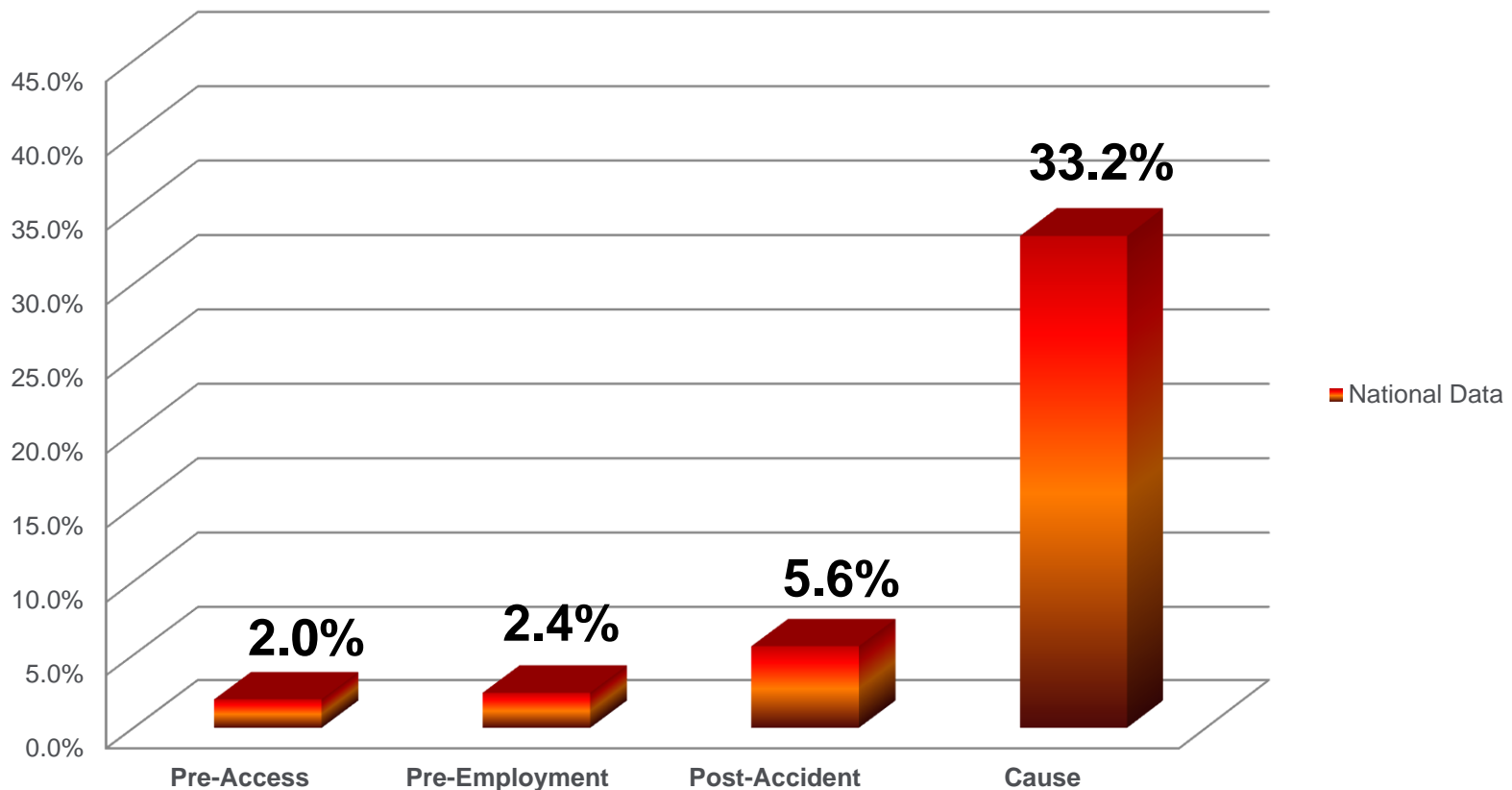
SATIVEX® may impair ability to carry out complicated tasks. Patients should not drive or engage in activities requiring unimpaired judgment and coordination.

**TRUTH OR MYTH?
MARIJUANA IS NOT IN MY WORKPLACE**



IS CANNABIS IN OUR WORKPLACES?

National - 2015 Positive Rates



IS CANNABIS IN OUR WORKPLACES?

How is Cannabis Contributing to the Positivity Rate?

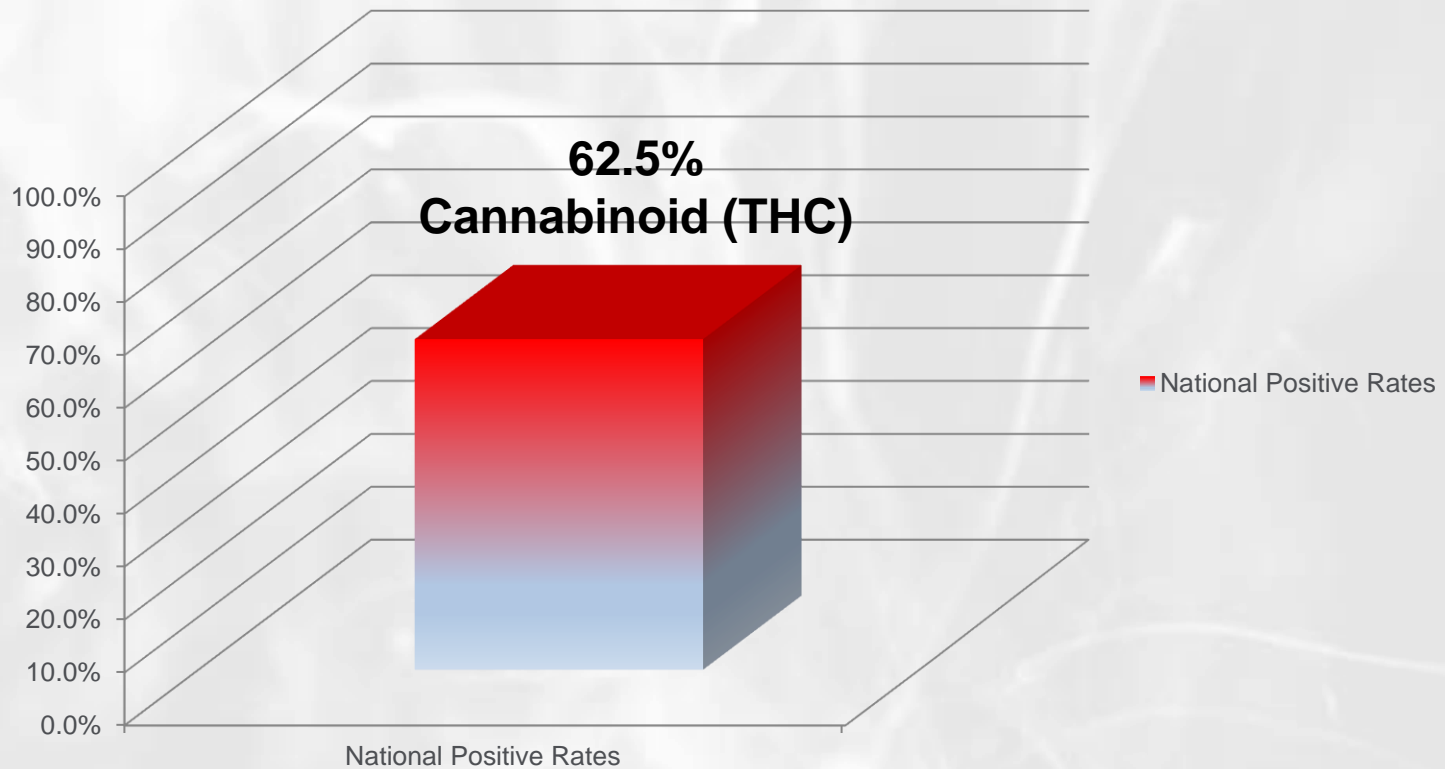
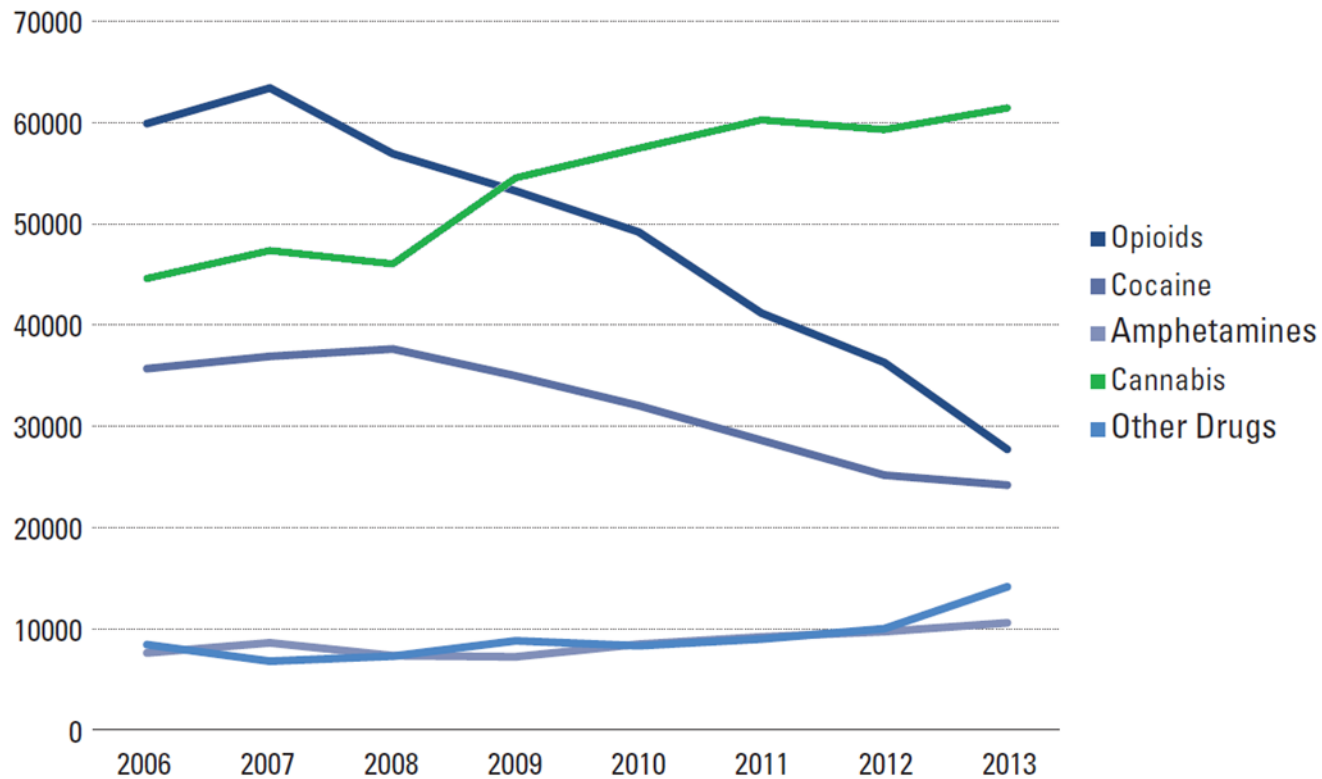


FIGURE 3.2. NEW CLIENTS ENTERING TREATMENT BY PRIMARY DRUGS, 2006–2013



Source: EMCDDA (2015c). Statistical bulletin. Lisbon: European Monitoring Centre for Drugs and Drug Addiction (<http://www.emcdda.europa.eu/data/stats2015>, accessed 16 February 2016.)

TRUTH OR MYTH?

MARIJUANA IS THE SAME TODAY AS IT WAS IN THE EARLY 2000's



HAS MARIJUANA BECOME STRONGER?

Cannabis Strength



World Health Organization

The breeding of different strains has yielded plants and resins with dramatic increases in THC content over the past decade, from around 3% to 12–16% or higher (% of THC weight per dry weight of cannabis) with differences in different countries.

(Radwan et al., 2008; Niesink et al., 2015; Swift, et al., 2013; Zamengo, et al., 2014; Bruci, et al., 2012)

TRUTH OR MYTH?

LEGALIZATION WILL NOT IMPACT WORKPLACES AND ROADWAYS



WHAT HAPPENS WHEN IT IS LEGAL?

Accessibility + Lower Perceived Risk =

- Increased total consumption
- Increased frequency of consumption
- Safety consequences

WHAT HAPPENS WHEN IT IS LEGAL?

Washington

- Marijuana-related traffic deaths:
 - Fatal crashes involving drivers who recently used marijuana more than doubled from 8 to 17% between 2013 and 2014
 - 1 in 6 drivers involved in fatal crashes in 2014 had recently used marijuana

WHAT HAPPENS WHEN IT IS LEGAL?

Colorado

- Marijuana-related traffic deaths:
 - 48% increase 2013-2015 vs 2010-2012, aggregate increase of 11%
 - Marijuana positive drivers increased from 10% to 21% 2009 vs 2015

Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) – Report August 2016

RECAP – YOU SHOULD NOW KNOW

That cannabis:

- **Is not prescribed, it is authorized legally**
- **Effects last are longer than 6 hours**
- **Is very likely to be in your workplace**
- **Is 4 times stronger than just a decade ago**
- **Is addictive**
- **Will likely be recreationally legal by 2018**
- **Legal access will have consequences to safety**

DEVELOPING YOUR SAFETY PROGRAM



EXECUTIVE OFFICER OBLIGATIONS

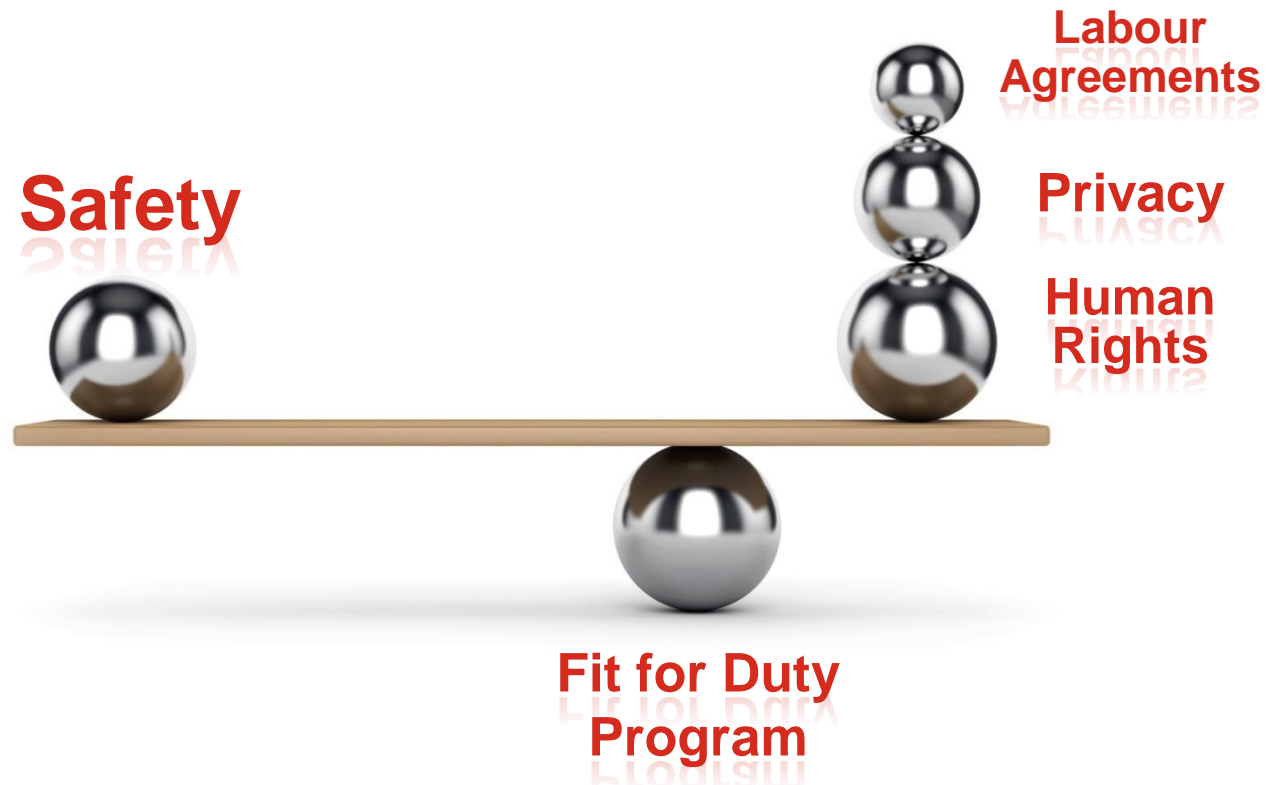
// **Bill C-45 (Westray Bill)**

Section 217.1 of the Criminal Code

“Every one who undertakes, or has the authority, to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person, or any other person, arising from that work or task.”

DEVELOPING YOUR SAFETY PROGRAM

Finding the Right Balance



DEVELOPING YOUR SAFETY PROGRAM

// Step 1: Determine Workplace Risk Level

Safety Sensitive Position: Performs activities and/or works in an environment where a temporary lapse in concentration, focus and/or judgement could result in immediate serious injury, harm or death.

DEVELOPING YOUR SAFETY PROGRAM

// Step 2: Account for Unionized Environment

1. Not in conflict with collective bargaining agreement
2. Reasonable
3. Communicated clearly and unequivocally
4. Brought to employee attention prior to action
5. Employee notified of potential consequences addressed
6. Consistent enforcement

DEVELOPING YOUR SAFETY PROGRAM

// Step 3: Avoid Discrimination by Design

- Verify Bona-Fide Occupational Requirement Exists
 1. Rational
 2. Adopted in good faith
 3. Reasonable necessity



DEVELOPING YOUR SAFETY PROGRAM

// Step 4: Adhere to Privacy Legislation

- Privacy legislation authorizes collection, use, and disclosure of personal information to extent necessary for management of/entering into employment relationships (and where consented to)
- Information must be confidential and need-to-know

DEVELOPING YOUR SAFETY PROGRAM

// Step 5: Policy, Education & Execution

- Duties of employee
- Prescription/medical treatment disclosure language
- Policy violation and employer action
- Supervisor and employee awareness training

WHAT YOU MIGHT BE MISSING



TAKE HOME MESSAGE

- // Marijuana and safety-sensitive work cannot mix safely and reliably**
- // The effects of marijuana are longer lasting than what the general public believes**
- // Marijuana is not Alcohol. Marijuana use off the job can bring risk onto the job**
- // Clear policies and procedures are crucial**



Disclaimer

- // The landscape of marijuana / cannabis is rapidly evolving. The information contained in this presentation is based from either credible scientific research, relevant case law and/or industry practices currently available and represents the current state as it exists today “as a single point in time”.**
- // Please be advised that case law or other legal precedent and/or new scientific research may arise subsequent to this presentation which could lead to a different set of recommendations/guidelines in the future.**
- // CannAmm advises that this presentation does not substitute legal council and any opinions expressed or insinuated that are not explicitly referenced herein are those of the presenter and not necessarily held by CannAmm LP.**

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Information and Resources

Is your alcohol and drug policy up to date?

In a series of articles, Workplace Safety North reviews statistics, legislation, policy, and roles and responsibilities of supervisors and workers, including resource information on creating a workplace policy.

1. [Statistics regarding alcohol and drug use in Canada](#)
2. [Legislation and balancing due diligence with privacy](#)
3. [Policy development and implementation](#)
4. [Roles and responsibilities of supervisors and workers](#)

Information and Resources

- [Let's Take Action on Alcohol Problems in the Workplace](#) – Ontario Public Health Association. Includes how to develop and implement an alcohol and drug policy; sample policy; resource list; three checklists: (1) Policy Process; (2) Policy Content; (3) Policy Implementation.
- [Alcohol and the Workplace: Toolkit](#) – Kingston, Frontenac and Lennox & Addington Public Health
- [Canadian Model for Providing a Safe Workplace: Alcohol and Drug Guidelines and Work Rule](#) - A best practice of the Construction Owners Association of Alberta
- [Cannabis White Paper 2017](#) - Canadian Centre for Occupational Health and Safety (CCOHS)

Information and Resources

Related

- [Substance abuse top health and safety risk at sawmills](#) - WSN
- [Many questions need examining to establish effects of legalized cannabis on work safety...what we know — and don't — about OHS implications of legalized cannabis](#) - Institute for Work and Health

General Information

- [Canadian Centre for Occupational Health and Safety](#)
- [Canadian Centre on Substance Abuse](#)
- [Canadian Mental Health Association](#)
- [Centre for Addiction and Mental Health](#)
- [How to prepare an occupational health and safety policy](#) - Ontario Ministry of Labour
- [Policy on Drug and Alcohol Testing](#) - Ontario Human Rights Commission

Thank you for helping make Ontario workplaces safer

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