

Substance Abuse - Best Practices

For Supervisors

GOAL

The goal of this best practice is to educate and inform supervisors on their role and responsibilities regarding workplace substance abuse. In all cases your employer's substance abuse policy and directives supersedes any information in this generic best practice.

DEFINITIONS

- **‘Cannabis’** - in this document is considered the same as 'marijuana'. It may be legal or illegal depending on the source and purpose of the substance and whether it is issued by a health care practitioner.
- **'Fitness for Work'** - infers the ability to safely and acceptably perform work duties without impairments due to the use or after-effects of substances (drugs or alcohol, etc.) or life style (lack of sleep, etc.).
- **'Medication'** - means a substance or drug obtained over-the-counter, or through an approved health care practitioner.
- **'Alcohol'** - means the intoxicating agent in beverage alcohol or ethyl alcohol.
- **'Drug'** - means any drug, chemical or agent, legal or illegal, that is used to alter the way the body or mind functions.
- **'Reasonable Cause'** - means that a supervisor has determined, through appearance or conduct in a worker, that reasonable cause exists to suspect substance abuse.

COMMON SUBSTANCES AND EFFECTS

CATEGORY	EXAMPLES	GENERAL EFFECTS
Alcohol	beer, wine, spirits	impaired judgement, slowed reflexes, impaired motor function, sleepiness or drowsiness, coma, overdose may be fatal
Cannabis (marijuana)	marijuana, hashish	distorted sense of time, impaired memory, impaired coordination, anxiety, panic attacks, euphoria
Depressants	sleeping medicines, sedatives, some tranquillizers	inattention, slowed reflexes, depression, impaired balance, drowsiness, coma, overdose may be fatal
Hallucinogens	LSD (lysergic acid diethylamide), PCP (phencyclidine), mescaline	inattention, sensory illusions, hallucinations, disorientation, psychosis
Inhalants	hydrocarbons, solvents, gasoline	intoxication similar to alcohol, dizziness, headache
Nicotine	cigarettes, chewing tobacco, snuff	initial stimulant, later depressant effects
Opiates	morphine, heroin, codeine, oxycodone, fentanyl, some prescription pain medications (percocet, oxycontin)	loss of interest, ‘nodding’, overdose may be fatal. If used by injection, the sharing of needles may spread hepatitis B or C and HIV/AIDS. Medically prescribed as severe pain medication, much is produced illegally.
Stimulants	cocaine, amphetamines	elevated mood, over-activity, tension/anxiety, rapid heartbeat, constriction of blood vessels

SUPERVISOR RESPONSIBILITIES

- Be knowledgeable of, educate workers on, comply with and apply company substance use policies
- Be knowledgeable of the effects and symptoms of substance abuse, take action when necessary
- Respect all legal conventions including worker confidentiality, union rights, drug testing policies, etc.
- Provide a supportive environment to workers including referral to appropriate assistance programs
- Lead by modeling responsible substance use attitudes and actions
- Understand and apply the duties below:

DUTY TO ACCOMMODATE



Under Canadian human rights laws the employer has a responsibility to accommodate employees who are on prescribed medications (including medical cannabis) up to the point of 'undue hardship'.

This duty extends to an employee affected by any type of substance use disability (addiction).

DUTY TO INQUIRE



When it is observed that a worker may be showing signs of substance abuse the employer has a 'duty to inquire' in a confidential manner before taking disciplinary actions.

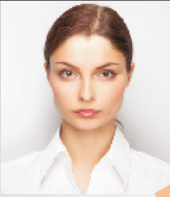
DUTY TO DISCLOSE



A worker has a responsibility to report use that could impair their performance and affect safety, whether legal or illegal substances are involved.

CANNABIS / MARIJUANA FACTS

In Canada, medical cannabis (marijuana) falls under 'Access to Cannabis for Medical Purposes Regulations (SOR/2016-230)' and is legal when prescribed by a Provincial authorized health care provider. This may be a medical physician or a nurse practitioner duly authorized to prescribe dried marihuana in the Province in which they practice. Specific laws regarding cannabis vary by Province. A patient is issued a medical document containing, at the least, this information:



Authorization to Possess Dried Marihuana
Personal Use Production License

Name: Marilyn Dubryn
Address: *****
DOB: 8/18/1988
Num: APPL-NT-2098S234120-04-G
Site-Stor/Ent: same as Residence

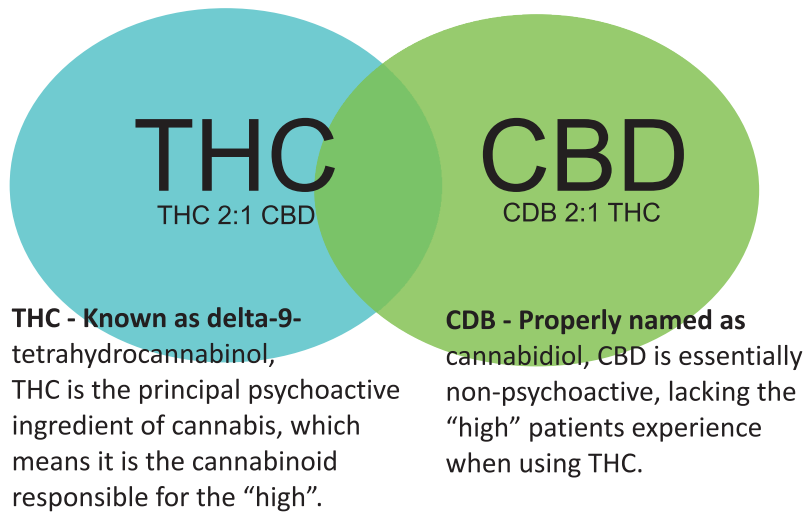
Mode-Prod: Indoor... max. 02 plants or Exterior: max. 01 plants
Qty - Storage: max. 375g
Qty - Possession: max. at any time: 15g
Issue Date: 17/10/2018 Expires Date: 17/10/2019 Dates: dd/mm/yyyy

Marijuana Medical Access Regulations

- Health care practitioner's given name and surname
- Profession and business contact information
- Date, signature, province of authorization, patient authorization number
- Patient's given name, surname and DOB,
- Daily quantity in grams of dried cannabis authorized for use, period of use (not to exceed 1 year).




The patient may possess a maximum of 30 days of the daily grams prescribed for use (maximum 150 grams). The patient should bring a one day supply only to work. Medical cannabis is normally prescribed for chronic pain, cancer, crohn's disease, glaucoma, mental health conditions, nerve pain, muscle spasms as in MS, nausea, and/or weight loss. It may be smoked or eaten in foods and liquids.

RECREATIONAL VS MEDICAL CANNABIS



The difference between medical and recreational cannabis primarily centers on the relative ratio of THC (which produces the euphoria effect) and CBD (substantially less or no effect). Medical cannabis is low in THC and normally dramatically lower in noticeable effects than recreational cannabis, however intoxicating effects may exist and cannot be adequately tested for. The employer must take this into consideration if the worker is employed in a 'safety sensitive position'.

RECREATIONAL CANNABIS EFFECTS



SMOKING

Time until effect: Almost immediately
Effect peaks: About 30 minutes
Effect length: 2-5 hours
Route: Lungs directly into bloodstream
Signs of use: Characteristic 'skunk' smell

INGESTING

Time until effect: 30 minutes to 120 minutes
Effect peaks: 2 - 4 hours after ingesting
Effect length: 4 - 12 hours, up to 24 hours
Route: Digestive tract, intestines, liver
Signs of use: Difficult to impossible to detect

NOTE: Refers to recreational cannabis. Medical cannabis may produce little or no impairment.

Cannabis (marijuana) may be ingested in food, liquids, or smoked. Actual effects may vary widely. Over time a 'tolerance' effect may require higher dosages to attain the same effect. The delayed onset effect of ingestible cannabis may encourage users to ingest more and more, resulting in undesirable intensity when the drug takes effect. Ingested cannabis is stronger and the effects last much longer.

RECREATIONAL CANNABIS PHYSIOLOGICAL EFFECTS

- Heart-rate increases
- Dry mouth
- Glassy, red eyes
- Reduced intra-ocular pressure
- Muscle relaxation
- May be flushed face
- Brain wave changes
- Slowed motor and mental activity
- Impaired coordination

RECREATIONAL CANNABIS PSYCHOLOGICAL EFFECTS

- Confusion, poor recall
- Loss of concentration
- Altered mood
- May be hot or cold
- May be euphoric, jovial, or introspective
- May experience anxiety or panic attacks
- Altered perceptions
- Hungry feeling
- Possible psychoses or hallucinations

ALCOHOL EFFECTS

Short term:


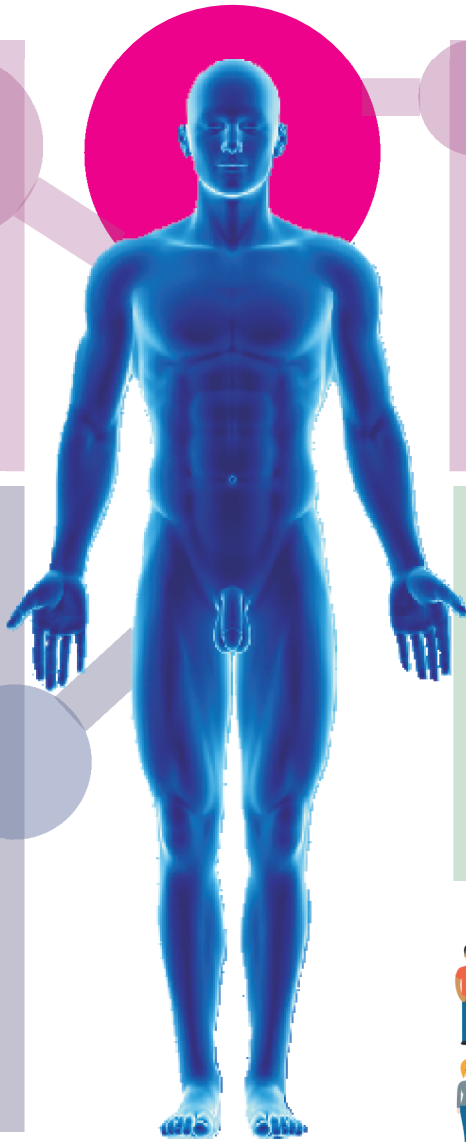
- Slurred speech
- Vision impairment
- Lack of coordination
- Extreme shifts in mood
- Memory lapses
- Slowed breathing

Long term:

- Cardiovascular diseases
- Liver disease
- Respiratory infections
- Cancer
- Nerve Damage
- Ulcers

SUBSTANCE ABUSE WORKPLACE EFFECTS

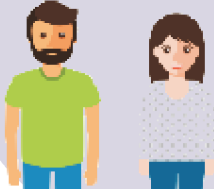
- Increased workplace risk factors
- Production losses
- Safety incidents
- Increased health care costs
- Workplace morale issues
- Increased absenteeism
- Declining mental and physical health



WORKPLACE CANNABIS USER GROUPS

Casual Recreational


If no addiction - no duty to accommodate. Apply escalating discipline.



1

Addicted to Substance


Triggers duty to accommodate. Meet with employee and explore the possibility to accommodate.



2

Pain Self-Medicator


Be careful! Duty to inquire. Does employee have an unrecognized disability requiring accommodation?



3

Licensed for Cannabis

Duty to accommodate as per any employee using prescription drugs.



4

EMPLOYER CONCERN

An **employer concern** is that an employee may obtain a medical license but bring much more potent recreational cannabis into the workplace. There is currently no adequate method to detect this or specific levels of impairment. Impairment effects may occur after ingesting normal looking foods or liquids which contain undetectable cannabis.

DUTY TO ACCOMMODATE



All provincially-regulated employers are subject to Canadian human rights laws prohibiting discrimination based on any of the 13 grounds (such as race, color, religion, gender, disabilities, age, etc.) identified in section 2 of the Canadian Human Rights Act (CHRA).

A disability is a physical or mental condition that is a substantial or significant limit on an individual's ability to carry out some of life's important functions or activities, such as employment. Disabilities include the obvious, such as the need for a wheelchair, and more subtle, such as cognitive, behavioral or learning disabilities, medical conditions, and mental health issues, including addictions.

Undue Hardship



Employers have a 'duty to **accommodate**' employees with disabilities up to the point of 'undue hardship'.

This duty applies to disabled employees using medical cannabis in the same manner as any employee using prescription medications to deal with a medical condition.

There is no clear formula for what constitutes 'undue hardship', which generally involves unreasonable costs to the employer or excessive risks to workplace health and safety.

Request Accommodation



Employees with disability are responsible for requesting accommodation, and must supply sufficient information to allow the employer to evaluate the need to accommodate and whether it is possible without undue hardship.

Employers cannot request confidential information, such as medical details or a diagnosis, but are entitled to information on the employee's job performance limitations. They may inquire regarding the nature of the disability, the requirement for medical cannabis, and request a medical examination to determine if less impairing options other than medical cannabis are possible.

Balance of Rights



Accommodation is a balance between the rights of the worker and the responsibility and right of the employer to operate a safe and productive workplace. Employers are not obligated to do anything which would impede their ability to maintain a healthy, safe, and productive workplace. Accommodation examples are modified hours of work, additional breaks, or assigning an employee to a less demanding or less safety-sensitive position. In some cases the employer may allow an employee to perform his or her job using medical cannabis if the job is not safety sensitive and where the duties of the job can still be performed satisfactorily.

Accommodation does not require employers to create an unnecessary job, tolerate substandard performance or unpredictable absenteeism (unrelated to the medical condition), hire an otherwise unqualified person, or where other undue hardship would result. Employers have the right to prohibit impairment on the job, particularly in safety sensitive work environments. Accommodation does not entitle an employee to report to work in an impaired state.

NOTICE: THIS IS A DRUG FREE WORKPLACE!

Employers have the right to ban the use and possession of recreational cannabis in the workplace and during working hours (including breaks). Non-compliant employees may be disciplined, including termination where appropriate such as in safety sensitive jobs.

DUTY TO INQUIRE



Normally an employee has the responsibility to inform the employer if an accommodation is required because of a disability, however this may not occur. When the employer is aware, or ought reasonably to be aware, (often through performance significantly declining for no obvious reason) that there is a relationship between a worker’s disability and job

the worker’s job performance, the employer has a 'duty to inquire' about the situation. This inquiry must provide a meaningful opportunity for the employee to identify a disability and request accommodation. If it is determined that a disability exists, the employer has a duty to accommodate the disability to the point of ‘undue hardship’.



Sandra developed temper tantrums and other behavioral issues at work. This was out of character for her. The employer abruptly fired her after an especially loud incident. Sandra sued for wrongful dismissal and lack of accommodation for a mental health issue.



Javier’s attitude changed after he was the victim of a robbery. He became overly aggressive to the point that he was fired. An investigation showed he was suffering from PTSD and his employer failed in her duty to accommodate this mental disability.



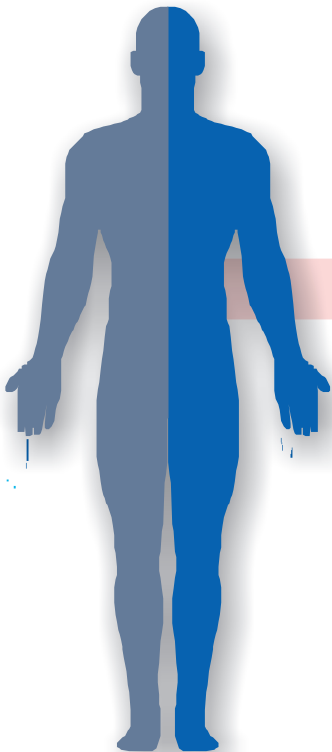
Lindsay, a 15 year employee, was fired for marijuana use on the job. A previous car accident had resulted in chronic pain which she was attempting to treat. Her employer had a duty to inquire into the reason for her use and to attempt an accommodation.



Carlos has developed a secret drug habit and has been withdrawn at work. Complaints about his performance have been received and his manager is looking for reasons to let him go. His manager has reasonable cause to inquire about a disability.

REASONABLE CAUSE

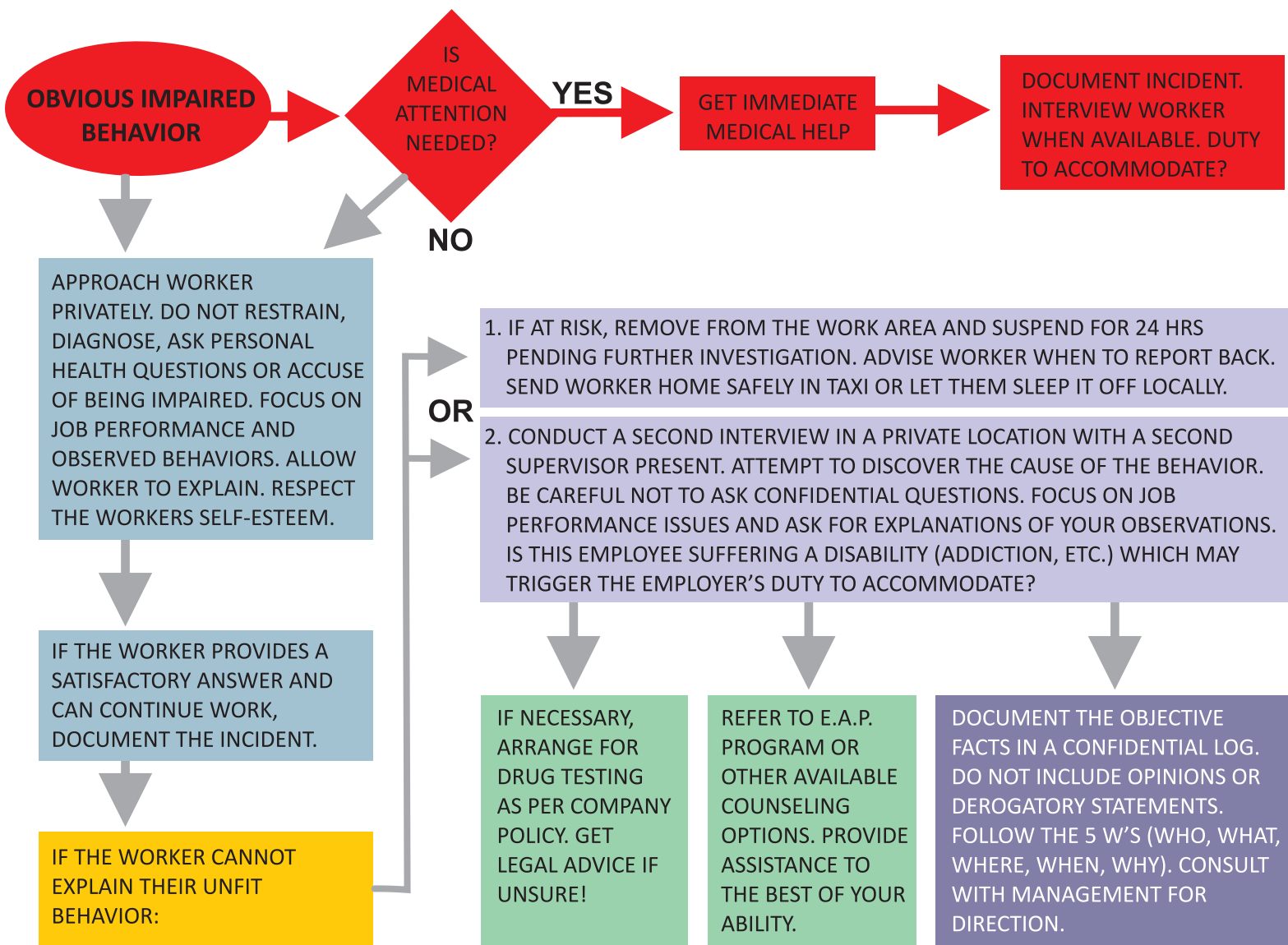
Supervisors noting ongoing performance or behavioral problems in an employee, or observing the effects below have reasonable cause to trigger their duty to inquire:



- Intoxicated behavior
- Glassy, red eyes, altered pupils
- Wearing sunglasses for no reason
- Slurred or slow speech
- Balance and coordination issues
- Abrupt mood changes
- Disengagement or withdrawal
- Confusion, carelessness
- Erratic job performance
- Altered personal appearance
- Tremors, shaking
- Anxiety or panic
- Hot or cold, hungry
- Sleeping on the job
- Change in behavior and performance
- Missed deadlines
- Unreasonable excuses
- Other abnormal behaviors

- Other predictors of problems:**
- Open workplace substance use
 - Drug paraphernalia and/or drugs
 - Odor of cannabis
 - Empty beer, wine, or liquor bottles
 - Leaving the work area often
 - Secretive phone calls
 - Visits by strangers
 - Frequent trips to the parking lot
 - Unusual gatherings of workers in low- traffic locations

WHEN YOU OBSERVE:



INCIDENTS WHILE AN EMPLOYEE IS IMPAIRED

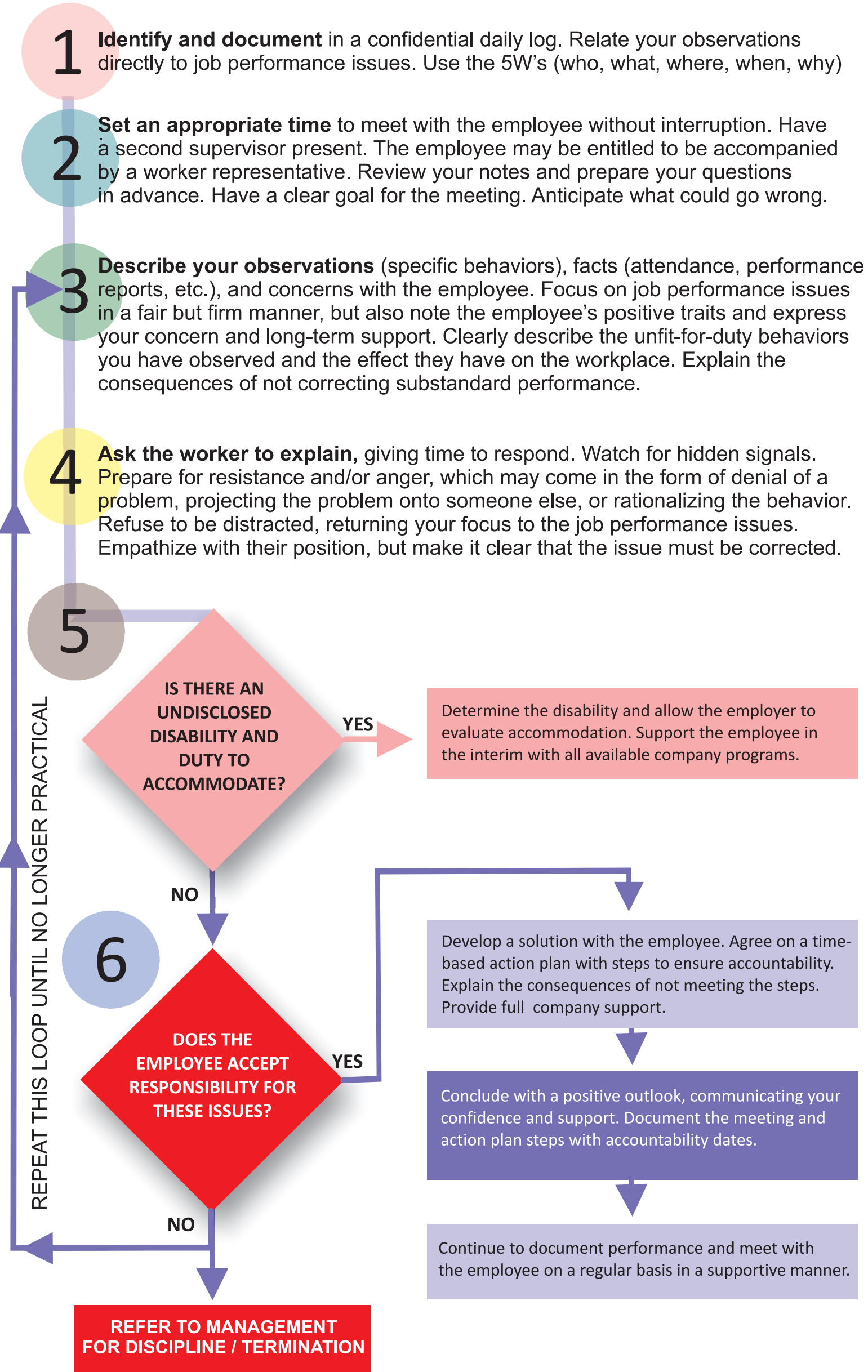
If it appears an employee may have been impaired during an incident, ensure the medical needs of the employee are the top priority. Call an ambulance if there is any doubt. Document the incident and any medical interventions. If evidence indicates the employee may have been impaired, a ‘fitness for duty’ evaluation by a physician may be appropriate. Drug testing may be initiated at the discretion of the company, after ensuring the employee’s rights are not being infringed. Move slowly and ensure you are not violating the duty to accommodate or drug testing laws.

CONVERSATIONS

While engaging a possibly impaired worker in a conversation:

- Conduct it in a private location if possible
- If possible, have a second supervisor present as a witness
- Do not make accusations of impairment
- Focus on job performance and conduct issues
- Inform the worker of your concerns and ask for their explanation
- Listen actively, don’t judge, respect their self-esteem
- Don’t moralize or diagnose the problem
- Don’t threaten discipline unless appropriate and you intend to follow through
- Listen for the feelings and needs behind their words. Is there a disability here?
- If appropriate discuss any employee assistance program (EAP)
- Be firm but fair in stating performance expectations

WHEN YOU SUSPECT CHRONIC UNFIT FOR DUTY BEHAVIOR:



ENABLING

Management is responsible for setting and demonstrating clear substance abuse policies. Supervisors must act promptly to enforce such policies when a problem is identified. Failing to do so will cause an 'enabling' culture to develop which, once started, is difficult to end. Supervisors who may be aware they are showing favoritism or other methods of protecting workers from dealing with issues by enabling behaviors should communicate this to their managers for assistance. Outside intervention may be required.