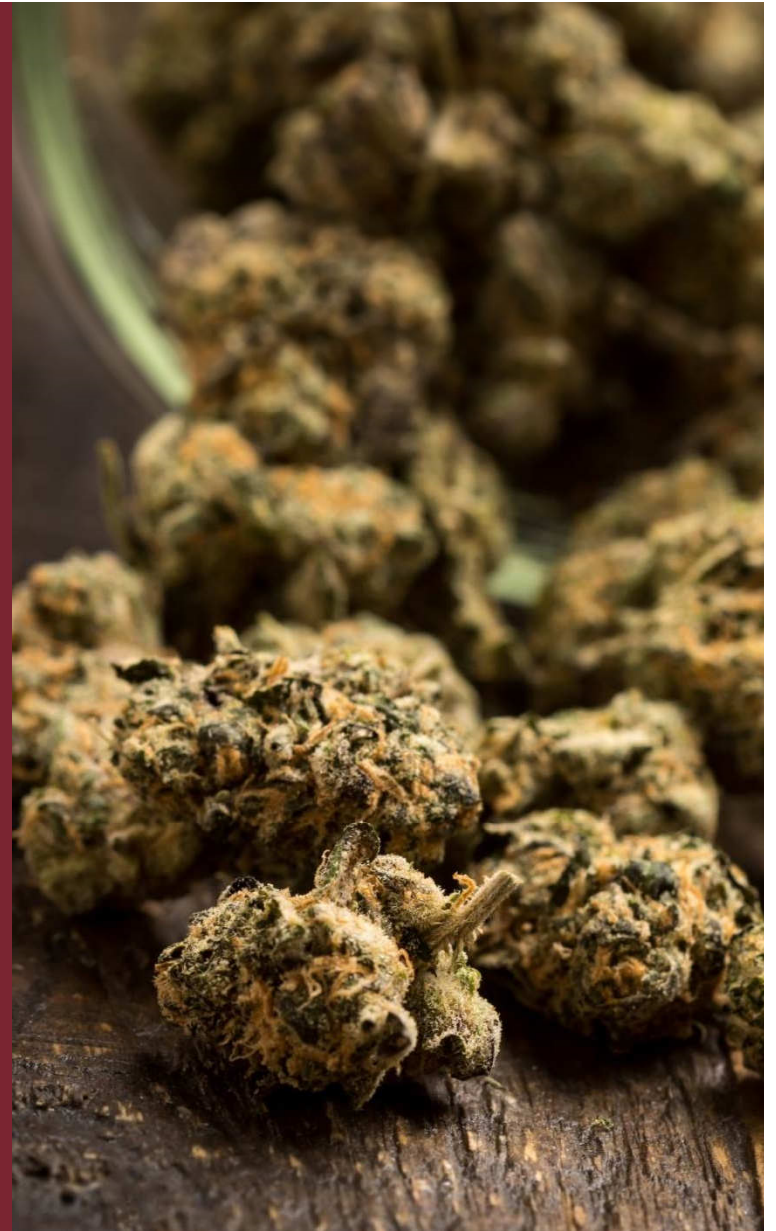




Safe Environments.  
Healthy Workers.

# CANNABIS IN THE WORKPLACE

Jeff Pajot  
Health and Safety Consultant



# Cannabis 101

- Why we don't call it Marijuana
- History of Cannabis
- What is Cannabis made up of: buds of female plant contain Trichomes



2 families of Cannabis that are common:



Medicinal & psychoactive properties from **Cannabinoids**

- **THC**– psychoactive “high”
- **CBD** – *not psychoactive*, but claims for various benefits: nausea reduction, pain reduction suppression of seizure activity, combating anxiety & depression disorders and has anti-inflammatory properties.

# Ways to use it



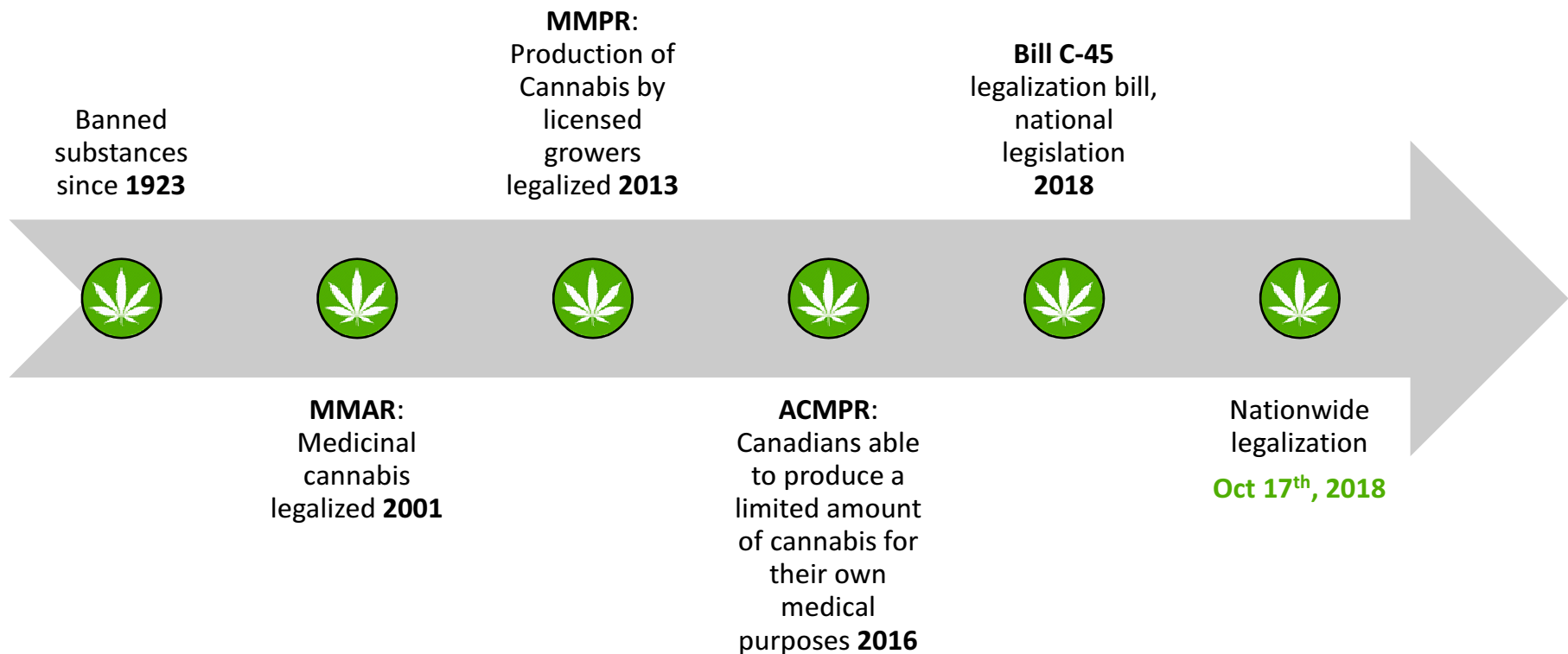
Smoking is the worst way to use Cannabis: unhealthy (cancer, cardiovascular disease, lung disease etc.) 50% is wasted, bad smell etc.

Vaporizing, edibles (oil, Cannabutter), tinctures, topical creams, lozenges, dermal patches, nasal spray, sublingual (under tongue)





# HISTORY OF CANNABIS LEGALIZATION





# Medical Cannabis

- Health Canada
  - cannabis is a “controlled substance” but exemption for certain, quality-controlled types of cannabis for medical purposes
  - Studies supporting safety and efficacy of medical cannabis are limited
  - Other alternatives are two approved pharmaceutical drugs:
    - Sativex® (Nabiximols)
    - Cesamet® (Nabilones)

# Cannabis Health Effects

- Short term effects
  - Impairment, risky behavior leading to injury or death
- Long-term effects
  - Cannabinoid hyperemesis syndrome (cyclic vomiting)
  - Effects relating to smoking: respiratory diseases, cardiovascular effects, cancer etc.
  - Addictive
- Special concerns
  - Exposure to fetus or breastfeeding child through maternal use
  - Young children that consume cannabis
  - Use by youth may affect brain development and mental health (dependence and mental illness)
  - Use by people at risk of mental health problems
- *Therapeutic use supported for some conditions*



There are both potential therapeutic uses for and potential health risks of using cannabis (marijuana). A chemical called delta-9-tetrahydrocannabinol (THC) is responsible for the way your brain and body respond to cannabis. While it is used by some for therapeutic purposes, there are short- and long-term physical and mental health effects that can be harmful.

## SHORT-TERM HEALTH EFFECTS

While cannabis may make you feel relaxed and happy, you could experience unpleasant, unwanted or negative effects on your brain and body.

- disturbances in mood
- psychotic symptoms

There is also evidence to suggest that combining tobacco with cannabis can increase:

- the strength of some psychoactive effects<sup>2</sup>
- the risk of poor mental health outcomes,<sup>3</sup> including dependence

Effects can be felt within seconds to minutes of smoking, vaporizing or dabbing cannabis. These effects can last up to 6 hours or longer.



# Medical Cannabis

- College of Family Physicians of Canada:
  - “Authorizing Dried Cannabis for Chronic Pain or Anxiety: Preliminary Guidance”
  - 15 recommendations
- College of Physicians and Surgeons of Ontario (CPSO)
  - Policy Statement #1-15: Marijuana for Medical Purposes







# Smoke-Free Ontario Act (SFOA) 2017

- The *Smoke-Free Ontario Act* will repeal the existing *Smoke-Free Ontario Act* and *Electronic Cigarettes Act, 2015* and replace them with a single legislative framework to regulate the sale, supply, use, display, promotion of tobacco and vapour products (e.g. e-cigarettes), and the smoking and vaping of medical cannabis.
- The SFOA will prohibit the smoking of tobacco or medical cannabis, and use of electronic cigarettes (including those containing medical cannabis) in a number of places such as:
  - Enclosed public places
  - Enclosed work places
  - School grounds
  - Child care centres
  - Reserved seating areas of sporting arenas
- Cannabis for medical purposes is not considered an “illegal drug” since Federal Gov. has made it available under the “*Access to Cannabis for Medical Purposes Regulation*”.
- The SFOA would prohibit the smoking of cannabis for medical purposes in some locals, but there is no provincial restrictions on whether people would be able to bring cannabis for medical purposes onto premises (and consume it in a non-smoking or vaping manner).



# Lessons learned in United States

## Colorado:

- Increased calls to poison centre, emergency visits and hospitalizations (children and young adults using edible cannabis)
- Increased cannabis use in adults

## Washington:

- increased use in youth and adults
- decreased perceived harmfulness by students in Grade 8, 9 & 10



# Plans to protect youth

- Federal and provincial objectives
  - Limit exposure/access to purchase, promotion and advertising
  - Public education and awareness activities including youth engagement
  - Enforcement sector is encouraged to avoid criminally charging youth for possession

# How can medical cannabis Impact Workplace

- Ontario Human Rights Code
  - Accommodation for disability
  - Medical documentation
  - Undue hardship
- Occupational Health and Safety Act
  - Impairment & safety risk
  - Sect. 25(2)(h)
- Smoke-Free Ontario Act
  - incl. cannabis, e-cigarettes & vaping



# Accommodation Under Human Rights Code

- Accom. for disability where medical cannabis is prescribed OR for cannabis addiction
- Amount of undue hardship caused by safety risk is assessed by considering:
  - Severity of consequences if risk materializes
  - Probability of the risk materializing
  - People exposed to the risk

# Bona Fide Occupational Requirement & Meiorin Test



## Meiorin Test:

To determine if the employer has established a standard that is a *bona fide occupational requirement* (BFOR). The Employer's standard must:

- 1) be for a purpose rationally connected to job performance
- 2) be necessary to fulfill the legitimate, work-related purpose
- 3) demonstrate it is impossible to accommodate workers without ***undue hardship***

## To deal with step 3, the following questions are asked:

- Have alternatives been considered? If so, why were these alternatives not adopted?
- Must all workers meet a single standard, or could different standards be adopted?
- Does the standard treat some more harshly than others? If so, was the standard designed to minimize this differential treatment?
- What steps were taken to find accommodations?
- Is there evidence of undue hardship if accommodation were to be provided?
- Have all parties who are required to accommodate, played their roles?



## Does employee have authorization to use medical cannabis?

- Request medical documentation i.e. confirmed medical condition/disability, valid prescription, functional/cognitive capabilities of worker
- Procedures to maintain confidentiality
- Process to safely use & store medical documentation

# Medical Cannabis Accommodations & Controls

- Conduct risk assessment
- Policies and procedures for medical cannabis & substance use
- Encourage worker to ask Doctor for non-smoking forms of Cannabis
- Leave of absence
- Assign other types of work (i.e. non-safety sensitive job)
- Fit for Duty policies





# Policy Tips

- Define terms such as “impairment”, “intoxication” precisely enough to capture all “substances”
- Set acceptable boundaries on use of prescription medication, including protocols for self-reporting
- Communicate willingness to accommodate
- Communicate the disciplinary consequences of policy breaches, including sharing & selling drugs



# Cannabis/THC Impairment

- Very difficult: no reliable medical test for cannabis impairment
- THC is psychoactive & impairing
- Everyone reacts differently to cannabis/THC
- Focus on job performance
- Train staff in recognizing impairment



# What are the Effects?

There are a spectrum of signs and symptoms associated with cannabis use:

- Euphoria & relaxation
- Time distortion
- Difficulty with divided attention
- Cognitive impairments & memory
- Decrease reaction time
- Increased anxiety, panic attacks or hallucinations

# Determining Cannabis Impairment

- Physical: appearance, slurred speech, yelling, odours, unsteadiness
- Behaviour: abnormal behaviour, decrease work performance, tardiness, admission of use
- Cognitive: abnormal communication or thinking/information processing or inability to focus
- Emotional: abnormal emotional reactions



# Impairment & Safety

- Can person perform job/task safely while impaired? E.g. driving, operating machinery or equipment, or using of sharp objects?
- Is there an impact on cognitive ability or judgment while impaired?
- Are there other side effects of the medical condition or the treatment that need to be considered?



# Safety-sensitive Job?

- “*If not performed in a safe manner, can cause direct and significant damage to property, and/or injury to employee, others around them, the public and/or the immediate environment*” (Cdn Human Rights Commission)
- considered within the context of the industry, the particular workplace, and an employee’s direct involvement in a high-risk operations.
- take into account the role of properly trained supervisors and the checks and balances present in the workplace



# Prevention Methods

- *Occupational Health and Safety Act* – Employer & Supervisor are required to, “***take every precaution reasonable in the circumstances for the protection of a worker***”
  - Including prevention of hazards resulting from impairment
- Risk assessment to identify risks & controls
  - Fitness for Duty Policies
  - Training and Education
  - Drug Testing

# Drug Testing Limitations

## Testing Limitations

- Drug testing is unreliable
- Drug testing only measures past use
- Drug testing does not provide a quantitative level of impairment similar to a breathalyzer
- No legal limit for comparison

## Policy Limitations

- Controversial re: human rights
- Testing may have no demonstrable relationship to job safety and performance
- Must meet the 3 conditions of the *Meiorin Test*





## Alternatives to Drug Testing

“The Commission supports the use of methods other than drug testing for dealing with employee impairment. **Awareness, education, rehabilitation,** and effective interventions such as **enhanced supervision** and **peer monitoring** are the most effective ways of ensuring that performance issues associated with alcohol and drug use are detected and resolved.”

**Canadian Human Rights Commission**

# What should employer do if suspects worker using Cannabis in workplace?



- Private meeting
- Determine whether use is medical & authorized
- Approach concern as performance issue
- Raise possibility of providing accommodation, if needed
- Request medical documentation, when appropriate
- Explore accommodation options
- Document meeting and investigation of options fully
- Set a time to meet again to review the employee's performance and accommodation measures

# Accommodating Substance Dependence

## ***1. Recognize the signs***

- Personality changes, signs of impairment, working unsafely, failing a drug test, etc.

## ***2. Talk about it***

- Employees responsibility to disclose. Employer's duty to inquire.

## ***3. Gather & consider medical information***

- Medical professional diagnoses that employee has disability and requires accommodations

## ***4. Accommodate***

- Changes to schedule, adjustments in hours, reassignment to a non safety-sensitive position

## ***5. Follow-up & adjust***

- Follow-up meetings, medical updates, employee assistance program (EAP), substance abuse program, ongoing communication

# PSHSA Resources

- *Fast Facts* sheets provide concise information on a range of hazards and topics
- Webinars on Cannabis



Visit [pshsa.ca](https://pshsa.ca)

## MEDICAL MARIJUANA IN THE WORKPLACE

According to Health Canada, the number of Canadians authorized to use medical marijuana is increasing and is expected to reach approximately 1% of the Canadian population by 2024<sup>5</sup>. This PSHSA Fast Fact provides Ontario employers, supervisors and workers with basic information on cannabis, the history of medical marijuana in Canada, applicable legislation, considerations for accommodation and suggested control measures for the workplace.

### WHAT IS MEDICAL MARIJUANA? AND IS IT LEGAL?

Medical marijuana refers to cannabis prescribed and used to relieve symptoms and minimize treatment side effects of various medical conditions. Examples of therapeutic uses include managing neuropathic pain in individuals with multiple sclerosis and preventing chemotherapy/radiotherapy-induced nausea and vomiting. Medical marijuana is derived from the leaves and flowering tops of the cannabis plant. The primary compounds within cannabis, called phytocannabinoids, are delta-9-tetrahydrocannabinol (THC), cannabidiol (CBD) and cannabidiol (CBD)<sup>4</sup>. The properties of THC and CBD have been extensively studied. Evidence suggests that THC, particularly, is responsible for the physical and psychoactive ("high") effects commonly attributed to cannabis use. CBD on the other hand apparently has little if any psychoactive effect<sup>4</sup>. Adverse side effects of cannabis use can include euphoria, anxiety and impairment in short-term memory<sup>4</sup>.

According to the College of Family Physicians of Canada (CFPC), chronic pain and anxiety are the most common reasons for which medical marijuana is requested from treating physicians<sup>1</sup>. The CFPC, however, recommends

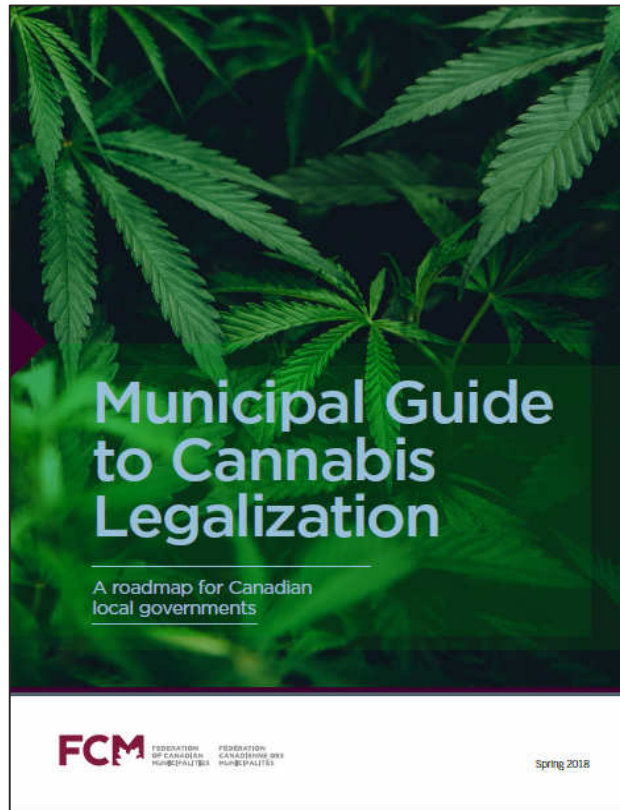
that family physicians only consider the authorization of dried cannabis for the treatment of neuropathic pain in those patients that have not responded to standard treatments. In addition, dried cannabis is not recommended as an appropriate therapy for anxiety or insomnia. These are among the fifteen recommendations provided for family physicians with regards to prescribing dried cannabis for medical purposes contained within CFPC's document, "Authorizing Dried Cannabis for Chronic Pain or Anxiety: Preliminary Guidance". The College of Physicians and Surgeons of Ontario (CPSO) has also outlined their expectations for physicians when prescribing the use of dried marijuana for medical purposes through their policy statement #1-15<sup>1</sup>. These expectations and recommendations are necessary because authorizing a prescription to use medical marijuana now lies solely with the patient's physician.

Health Canada has made it very clear that dried marijuana is not an approved drug<sup>4</sup> and therefore does not have a drug identification number (DIN). There are, however, two pharmaceutical drugs on the market that have been approved by Health Canada and can be used as alternatives to cannabis. These drugs, Sativex<sup>®</sup> (Nabiximols) and Cesamet<sup>®</sup> (Nabilones), contain a liquid

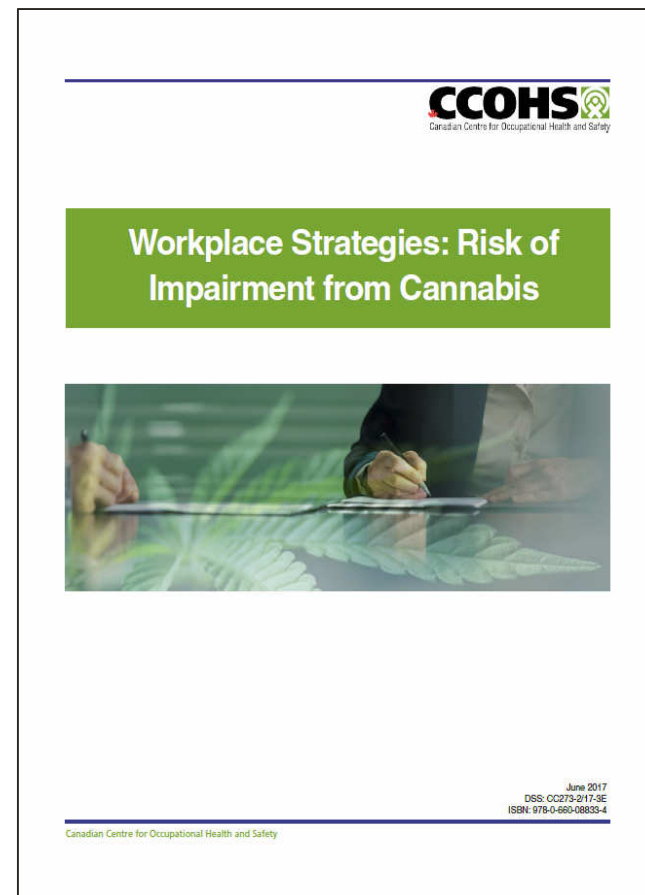


# Other Resources

Federation Canadian  
Municipalities:



CCOHS:





# Q&A





*Jeff Pajot*  
jpajot@pshsa.ca  
(705) 868-5793



**Thank you!**



PSHSA.ca



@PSHSAca



Public Services Health &  
Safety Association on  
LinkedIn



youtube.com/PSHSA



416-250-2131  
(toll free: 1-877-250-7444)