

# MARIJUANA AND THE WORKPLACE

**THE THC LEVEL** in 1960s era marijuana was around 1%.<sup>1</sup> Today's marijuana averages 18.7% THC, with some samples in the upper 20%-30% range.<sup>2</sup> Today, hash oil extracts average more than 50% THC with some samples exceeding 80%.<sup>3</sup>

**9.5% OF FULL-TIME EMPLOYEES AND 12.5% OF PART-TIME EMPLOYEES** were past-month marijuana users in 2016.

**ONE STUDY FOUND** that marijuana users had 85% more injuries at work than non-users.<sup>6</sup>

**MARIJUANA IS NOT CONSIDERED** an effective medical treatment, therefore it is not covered under workers compensation guidelines.<sup>8</sup>

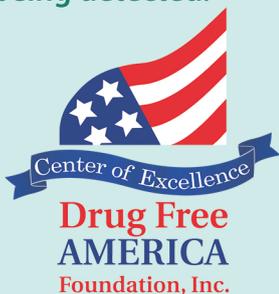
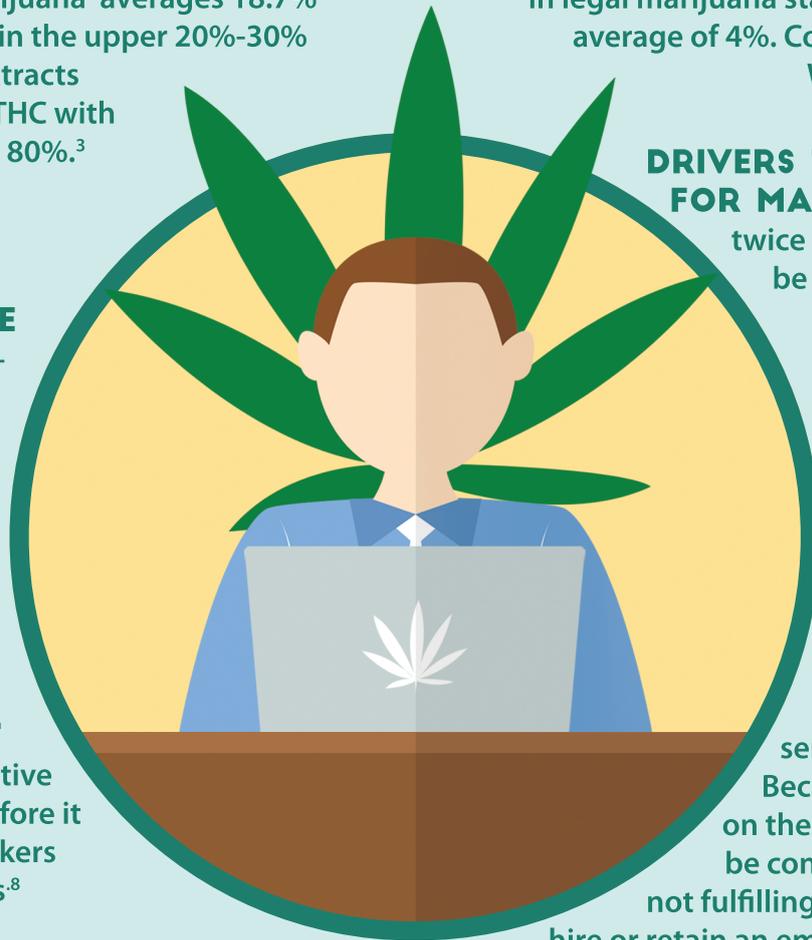
**POTENT MARIJUANA EXTRACTS** are used in vaping or in a variety of everyday foods such as snacks, candies, and drinks, making it easy to consume pot in the workplace without being detected.

**POSITIVE WORKPLACE** urine drug tests in legal marijuana states outpaced the national average of 4%. Colorado increased 11% and Washington increased 9%.<sup>4</sup>

**DRIVERS THAT TEST POSITIVE FOR MARIJUANA** are more than twice as likely as other drivers to be involved in a collision, and three to seven times more likely to have caused the crash.<sup>7</sup>

**OSHA TELLS EMPLOYERS** they must provide a work environment that "is free from recognizable hazards that are causing or likely to cause death or serious harm to employees."<sup>9</sup> Because of marijuana's impact on the brain and behavior, it may be construed that an employer is not fulfilling their responsibility if they hire or retain an employee who is a marijuana user, be it for medical or other reasons.

**IN THE U.S.**, 47 jurisdictions have workers' compensation laws that restrict benefits when drugs or alcohol are presumed to be the cause of a worker's injury.<sup>10</sup>



<sup>1</sup> Marijuana Potency Monitoring Project, report No. 83. University of Mississippi, 2003. <sup>2</sup> Colorado Marijuana Study Finds Legal Weed Contains Potent THC Levels." NBC News, NBC News, 23 Mar. 2015, 5:04 AM. Quote from Andy LaFrate, president of Charas Scientific on the rising THC levels in marijuana. <sup>3</sup> NIDA. "Marijuana." National Institute on Drug Abuse, 28 Apr. 2017, <https://www.drugabuse.gov/publications/research-reports/marijuana>. Accessed 24 Aug. 2017. <sup>4</sup> Quest Diagnostics - Drug Testing Index™ - May 16, 2017. <sup>5</sup> 2016 National Survey on Drug Use and Health: Detailed Tables, Retrieved from: [www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf](http://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf). Accessed April 3, 2018. <sup>6</sup> Zwerling, Craig. "The Efficacy of Preemployment Drug Screening for Marijuana and Cocaine in Predicting Employment Outcome." JAMA: The Journal of the American Medical Association, vol. 264, no. 20, 1990, p. 2639., doi:10.1001/jama.1990.03450200047029. <sup>7</sup> Li, Mu-Chen, et al. "Marijuana Use and Motor Vehicle Crashes." Epidemiologic Reviews, Oxford University Press, Jan. 2012, [www.ncbi.nlm.nih.gov/pmc/articles/PMC3276316/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3276316/). <sup>8</sup> "Clinical Practice and Guidance Center." ACOEM Practice Guidelines, [www.acoem.org/PracticeGuidelines.aspx](http://www.acoem.org/PracticeGuidelines.aspx). <sup>9</sup> "Occupational Safety and Health Act of 1970, Section 5 Duties." Occupational Safety and Health Administration, United States Department of Labor, [www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=OSHACT&p\\_id=3359](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=OSHACT&p_id=3359). <sup>10</sup> The Marijuana Conversation: Questions Employers Are Asking. NCCI. August 28, 2017. [https://www.ncci.com/Articles/Pages/II\\_Marijuana-Conversation-Employer.aspx](https://www.ncci.com/Articles/Pages/II_Marijuana-Conversation-Employer.aspx). Accessed February 12, 2018.

# OPIOIDS AND THE WORKPLACE

**MORE THAN 53,000 U.S. OPIOID DEATHS** occurred in 2016, a 200% increase since 2000.<sup>1</sup>

**OPIOID PRESCRIPTIONS** have been linked to higher workers' compensation cost claims, more lost time from the workplace, and greater duration of paid short-term disability.<sup>3</sup>

**IN THE U.S.,** nonmedical use of prescription opioids cost employers \$42 billion attributable to lost productivity.<sup>5</sup>

**THE EFFECTS OF OPIOIDS** may include sedation, reduced attention, short term memory, reaction time, and coordination; affecting safety sensitive functions such as driving, equipment operation, critical monitoring, and judgement.<sup>8</sup>

**EMPLOYER SUPPORTED AND MONITORED TREATMENT** yields better sustained recovery rates.<sup>10</sup>

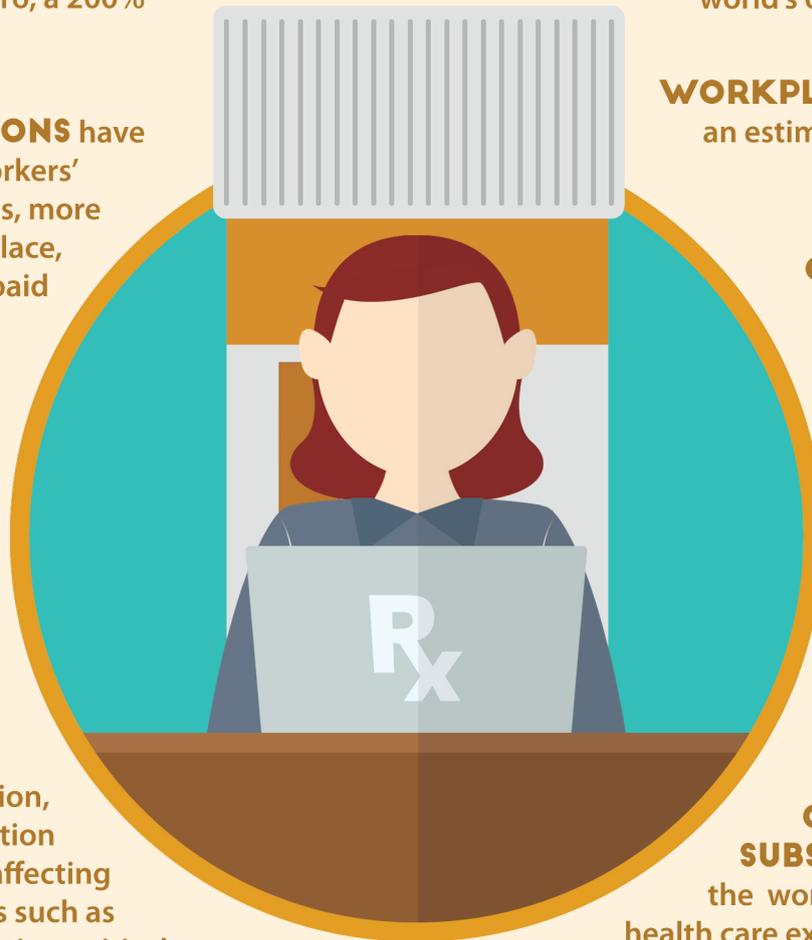
**THE U.S. CONSUMES** at least 75% of the world's opioid prescription drugs.<sup>2</sup>

**WORKPLACE INSURERS** spend an estimated \$1.4 billion annually on opioids.<sup>4</sup>

**OVER 69%** of all current illegal drug users work.<sup>6</sup>

**WORKERS WHO RECEIVED HIGH DOSES** of opioid painkillers to treat injuries like back strain stayed out of work three times longer than those with similar injuries who took lower doses.<sup>7</sup>

**OPIOIDS AND OTHER SUBSTANCE ABUSE** affects the workplace through increased health care expenses, and absenteeism; reductions in productivity and performance; additional workers' compensation and disability claims; and safety concerns.<sup>9</sup>



<sup>1</sup> Hedegaard, H, et al. "National Center for Health Statistics." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 21 Dec. 2017, [www.cdc.gov/nchs/products/databriefs/db294.htm](http://www.cdc.gov/nchs/products/databriefs/db294.htm). <sup>2</sup> United Nations Office on Drugs and Crime, 2011. <sup>3</sup> Swedlow, A., Gardner, L., Ireland, J., Genovese, E. Pain Management and the Use of Opioids in the Treatment of Back Conditions in the California Workers' Compensation System. Report to the Industry. CWCI. June 2008. <sup>4</sup> Meier, B. (2012, June 2). Pain pills add cost and delays to job injuries. New York Times. <http://www.nytimes.com/2012/06/03/health/painkillers-add-costs-and-delays-to-workplace-injuries.html>. Accessed February 13, 2018. <sup>5</sup> Hansen, R N, et al. "Economic Costs of Nonmedical Use of Prescription Opioids." The Clinical Journal of Pain., U.S. National Library of Medicine, 2011, [www.ncbi.nlm.nih.gov/pubmed/21178601](http://www.ncbi.nlm.nih.gov/pubmed/21178601). <sup>6</sup> SAMHSA, Center for Behavioral Health Statistics and Quality. "Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings." Sept. 2014, [www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.htm](http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.htm). <sup>7</sup> Meier, B. (2012, June 2). Pain pills add cost and delays to job injuries. New York Times. <http://www.nytimes.com/2012/06/03/health/painkillers-add-costs-and-delays-to-workplace-injuries.html>. Accessed February 13, 2018. <sup>8</sup> Stewart-Patterson, C. "Can My Patient Safely Drive on Long-Term Daily Opioid Medication?" This Changed My Practice (UBC CPD), The University of British Columbia Faculty of Medicine, 25 Nov. 2014, [thischangedmypractice.com/drive-on-opioid-medication/](http://thischangedmypractice.com/drive-on-opioid-medication/). <sup>9</sup> U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. 14 short employer cost savings briefs. Available at: <http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17943>. Accessed January 26, 2009. <sup>10</sup> Weisner, C, et al. "Substance Use, Symptom, and Employment Outcomes of Persons with a Workplace Mandate for Chemical Dependency Treatment." Pub Med, U.S. National Library of Medicine, NIH, HHS, May 2009, [www.ncbi.nlm.nih.gov/pubmed/19411353](http://www.ncbi.nlm.nih.gov/pubmed/19411353).