

# SAFETY VS. MARIJUANA: WHAT EVERY EMPLOYER SHOULD KNOW

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# Today's Objectives

- What's trending in drug use that impacts the workplace
- Outcomes & challenges
- Employer's rights & responsibilities



# Impact of Employee Marijuana Use to the Workplace



<https://foxbaltimore.com/news/local/deadly-train-accident-in-chase-md>

# Chicago Tribune

## Former Cook County forest preserves worker indicted on reckless homicide, DUI charges in fatal on-the-job crash

August 2, 2018



One person was killed and several were injured in a six-vehicle accident on Arlington Heights Road in Elk Grove Village on June 30, 2018. (Elk Grove Village Police Department)

By **George Houde**  
Chicago Tribune

Prosecutors said Rallings had THC, the active ingredient in marijuana, in his blood when he drove a forest preserve dump truck at 76 mph into a line of five vehicles stopped at a red light at Arlington Heights and Cosman roads in Elk Grove Village. The speed limit there is 30 mph.

Giuseppe Gazzano, 44, of Bloomingdale, was killed, authorities said. Two other people suffered broken legs and others suffered lesser injuries, authorities said.

Rallings was a seasonal employee for the forest preserve supervising a crew of four community service workers that morning, prosecutors said.





By E.J. MUNDELL / HEALTHDAY / April 13, 2018, 12:57 PM

## Is your waiter stoned? Pot use highest among restaurant workers, study finds

As for job types, "Food Preparation and Serving had the highest prevalence of current marijuana users," Smith's team said, with nearly a third admitting to using the drug.

Next came workers in the arts/entertainment/recreation category, where 27.5% said they'd used marijuana over the past month.

Other fields of work had relatively few pot users. For example, about 10% of transportation workers said they'd recently used the drug, and about 6% of teachers and police said they had done so.

Dr. Robert Glatter is an emergency department physician who's seen the tragic consequences of on-the-job drug use, especially when driving is involved. "Marijuana use, whether long-term or sporadic, has the ability to slow reaction time, impair judgment of distance, and lead to drowsiness -- all which may adversely affect not only the driver and passengers' safety, but also that of pedestrians," said Glatter, who works at Lenox Hill Hospital in New York City.



# Under the Influence

## Short Term for Standard THC Doses:

- Red eyes, strong smell; problems with memory & learning
- Distorted perception, difficulty in thinking & problem-solving
- Loss of physical & mental coordination in divided attention tasks
- Difficulty shifting attention to meet the demands of changes in the environment, and in registering, processing and using information
- Perceptual functions are significantly affected
- Diminished ability to concentrate and maintain attention
- Distorted time & distance tracking
- Residual effects have been reported from days to weeks



# Under the Influence

## Long Term for Standard THC Doses:

- Fatigue, paranoia, possible psychosis, memory problems
- Mood alterations, decreased motor coordination, lethargy, slurred speech, & dizziness
- Impaired health – lung damage, behavioral changes, reproductive, cardiovascular & immunological effects
- Respiratory problems similar to tobacco smokers , daily cough & phlegm, symptoms of chronic bronchitis. (The amount of tar inhaled and the level of carbon monoxide absorbed by marijuana smokers is 3 to 5 times greater than among tobacco smokers.)



# Under the Influence

## Short Term for Extreme THC Doses:

- Extreme paranoia
- Hallucinations
- Delusional behavior that can turn violent
- Bursts of violence, rage
- Heart palpitations, increased risk of heart attack
- Anxiety, panic attacks
- ER Visits – currently higher than any other substance
- The “high” has been reported to last for days, still unknown how long impairment can last



# ASIDE FROM IMPAIRMENT, WHAT OTHER RISKS EXIST?





# Association Between Level of Cannabis Use & Risk of Psychosis

- 571 references, 18 studies
- 66,816 individuals
- Higher levels of cannabis use were associated with increased risk for psychosis in all included studies
- Current evidence shows high levels of cannabis use increase risk of psychotic outcomes
- Confirms a dose-response relationship between the level of use and risk for psychosis



# First Episode of Psychosis Due to High Potency Cannabis Use



- Daily use of high potency marijuana increases psychosis risk 5x
- Weekend use nearly triples the risk
- High potency marijuana use alone was responsible for 24% of psychosis cases

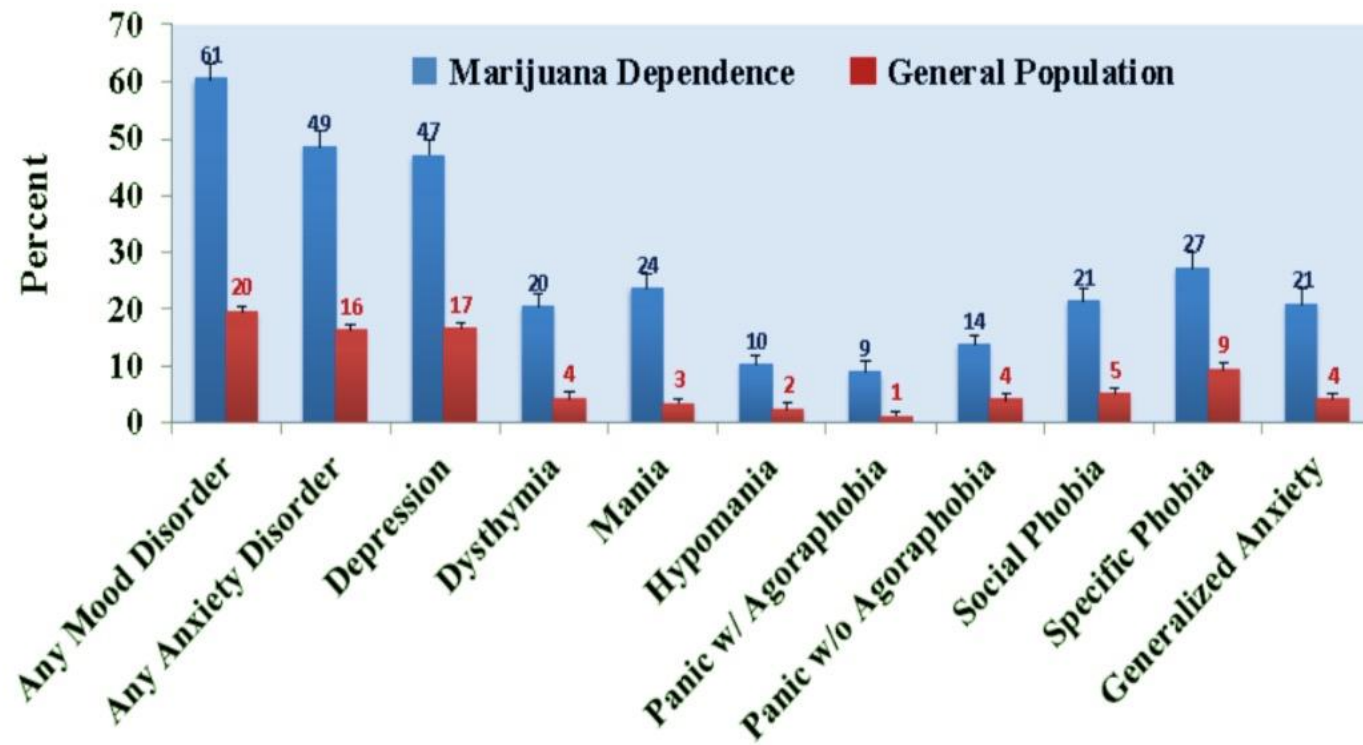
...tion of patients in south London with first episode of psychosis attributable to use of high potency cannabis: a case control study. Lancet Psychiatry. February 18, 2015

[www.thelancet.com/psychiatry](http://www.thelancet.com/psychiatry)

# Mood & Anxiety Disorders

## High Rates of Comorbid Mood & Anxiety Disorders Among Respondents with Marijuana Dependence (NESARC)

National Epidemiologic Survey on Alcohol & Related Conditions



# Marijuana Use and Risk of Stroke

**34 different studies reviewed by American Heart Assoc. in Stroke Journal**

- 64 stroke patients: 80% men, average age: 32
- 81% suffered a stroke within 24 hours following marijuana use
- 1 in 4 stroke patients suffered another stroke after repeat marijuana use
- Marijuana doubles stroke risk in young adults



# Cannabis Use and Risk of Prescription Opioid Use Disorder in the United States

Mark Olfson, M.D., M.P.H., Melanie M. Wall, Ph.D., Shang-Min Liu, M.S., Carlos Blanco, M.D., Ph.D.

**Objective:** The authors sought to determine whether cannabis use is associated with a change in the risk of incident nonmedical prescription opioid use and opioid use disorder at 3-year follow-up.

**Method:** The authors used logistic regression models to assess prospective associations between cannabis use at wave 1 (2001–2002) and nonmedical prescription opioid use and prescription opioid use disorder at wave 2 (2004–2005) of the National Epidemiologic Survey on Alcohol and Related Conditions. Corresponding analyses were performed among adults with moderate or more severe pain and with nonmedical opioid use at wave 1. Cannabis and prescription opioid use were measured with a structured interview (the Alcohol Use Disorder and Associated Disabilities Interview Schedule–DSM-IV version). Other covariates included age, sex, race/ethnicity, anxiety or mood disorders, family history of drug, alcohol, and behavioral problems, and, in opioid use disorder analyses, nonmedical opioid use.

**Results:** In logistic regression models, cannabis use at wave 1 was associated with increased incident nonmedical prescription

opioid use (odds ratio=5.78, 95% CI=4.23–7.90) and opioid use disorder (odds ratio=7.76, 95% CI=4.95–12.16) at wave 2. These associations remained significant after adjustment for background characteristics (nonmedical opioid use: adjusted odds ratio=2.62, 95% CI=1.86–3.69; opioid use disorder: adjusted odds ratio=2.18, 95% CI=1.14–4.14). Among adults with pain at wave 1, cannabis use was also associated with increased incident nonmedical opioid use (adjusted odds ratio=2.99, 95% CI=1.63–5.47) at wave 2; it was also associated with increased incident prescription opioid use disorder, although the association fell short of significance (adjusted odds ratio=2.14, 95% CI=0.95–4.83). Among adults with nonmedical opioid use at wave 1, cannabis use was also associated with an increase in nonmedical opioid use (adjusted odds ratio=3.13, 95% CI=1.19–8.23).

**Conclusions:** Cannabis use appears to increase rather than decrease the risk of developing nonmedical prescription opioid use and opioid use disorder.

*AJP in Advance (doi: 10.1176/appi.ajp.2017.17040413)*





## Opioid Deaths and Legalized Marijuana

Contrary to information that has been published, opioid/opiate deaths in Colorado have increased 33% since legalization of marijuana in 2013. Prescription opioid deaths decreased slightly in 2015 and 2016 but increased to 357 in 2017. Heroin deaths increased 93% from 2013 to 2016 but decreased 7% in 2017.

- Colorado Department of Public Health and Environment, Vital Statistics, 2018.



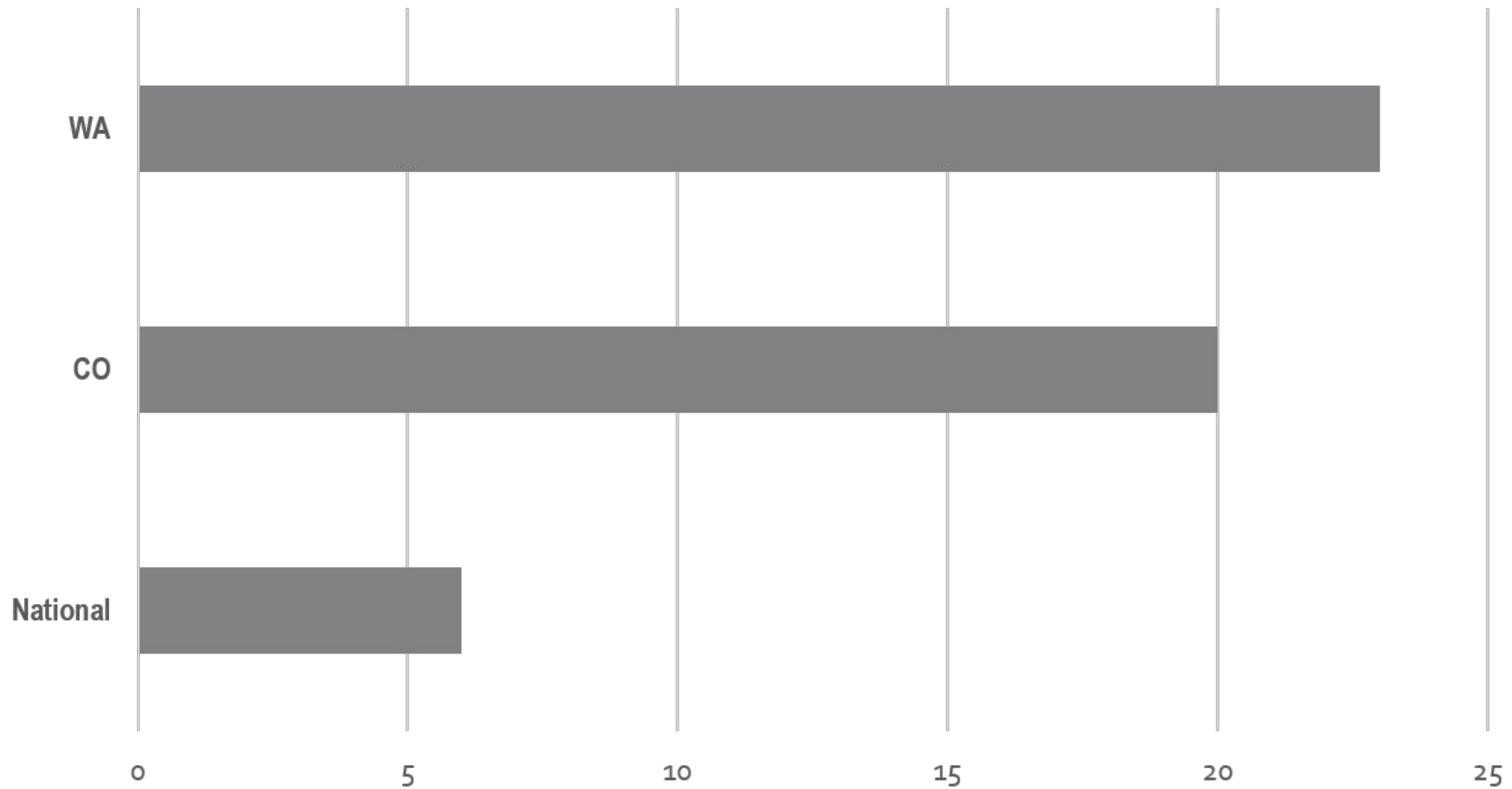
# WHAT IS THE IMPACT?

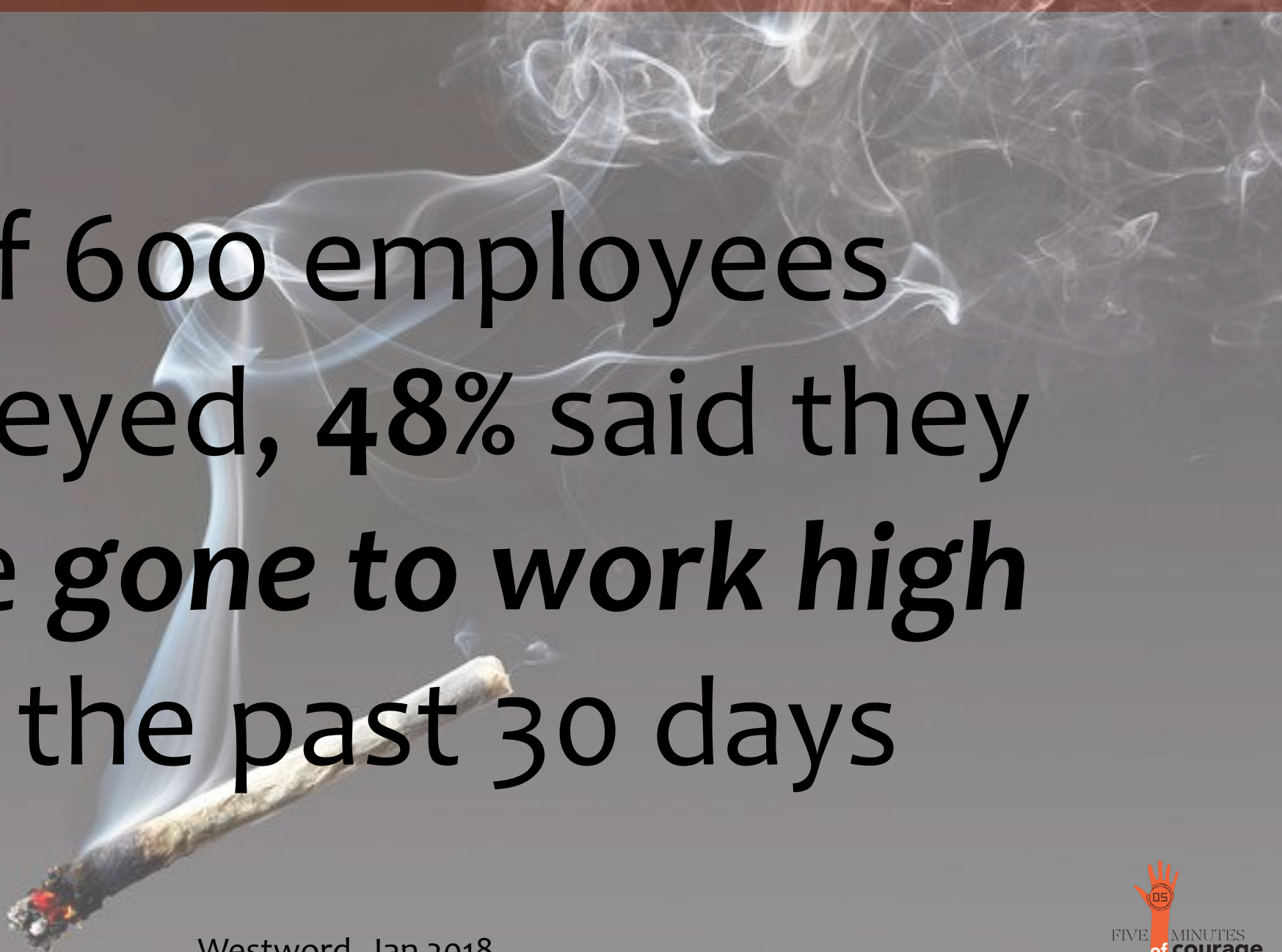
## Workplace Outcomes

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## Workplace Pos MJ Tests: Increase from 2012-2013

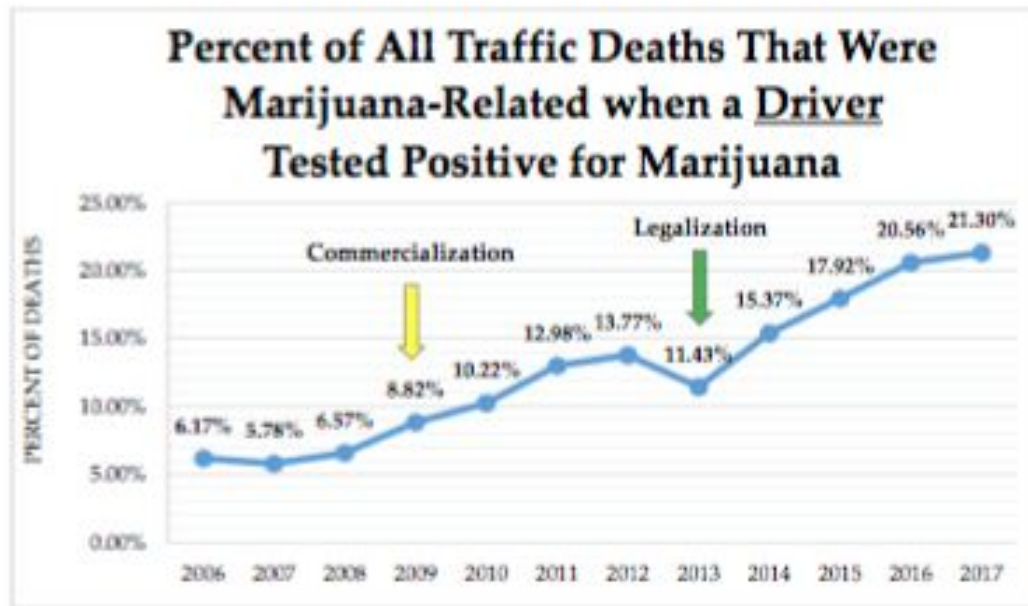




Of 600 employees  
surveyed, 48% said they  
have ***gone to work high***  
in the past 30 days



# 57% of marijuana users admit to driving within 2 hours of use



SOURCE: National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS), 2006-2011 and Colorado Department of Transportation 2012-2017



Keri Headley, Pueblo, CO



The leading cause of death for workplace fatalities is:

**DRIVING**

Impaired

Distracted

Fatigued

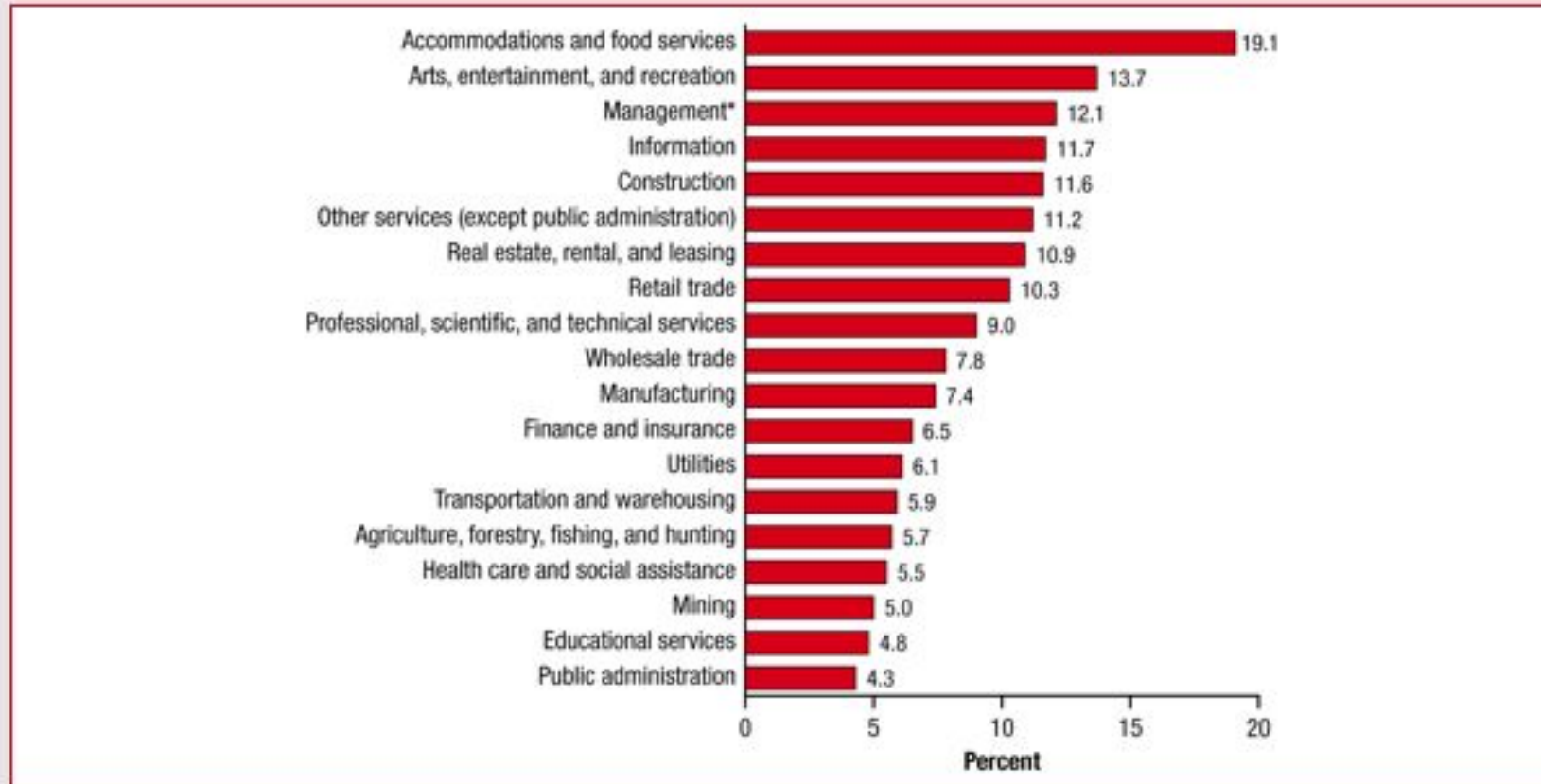


## The National Transportation Safety Board reported on a study of truck drivers from 182 heavy-truck crashes in which the driver was fatally injured:



- 1/3 of drivers tested positive for illicit drugs.
- Marijuana and alcohol were found most frequently (13% each) followed by cocaine (9%), other stimulants (8%), and amphetamines (7%).
- 41% of the alcohol and other drug-positive drivers tested positive for multiple drugs.
- Impairment from alcohol and other drugs was determined to be a factor

**Figure 2. Past month illicit drug use among adults aged 18 to 64 employed full time, by industry category: combined 2008 to 2012**



\* The full title of this category is "Management of companies and enterprises, administration, support, waste management, and remediation services."

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs) 2008 to 2010 (revised March 2012) and 2011 to 2012.

# Quest Diagnostics Drug Test Index



## Workforce Drug Positivity at Highest Rate in a Decade, Finds Analysis of More Than 10 Million Drug Test Results

April 11, 2019

*Prescription opiate positivity rate drops by double digits, while cocaine rises by double digits in certain states*

*Methamphetamine positivity skyrockets in Midwestern and Southern United States*

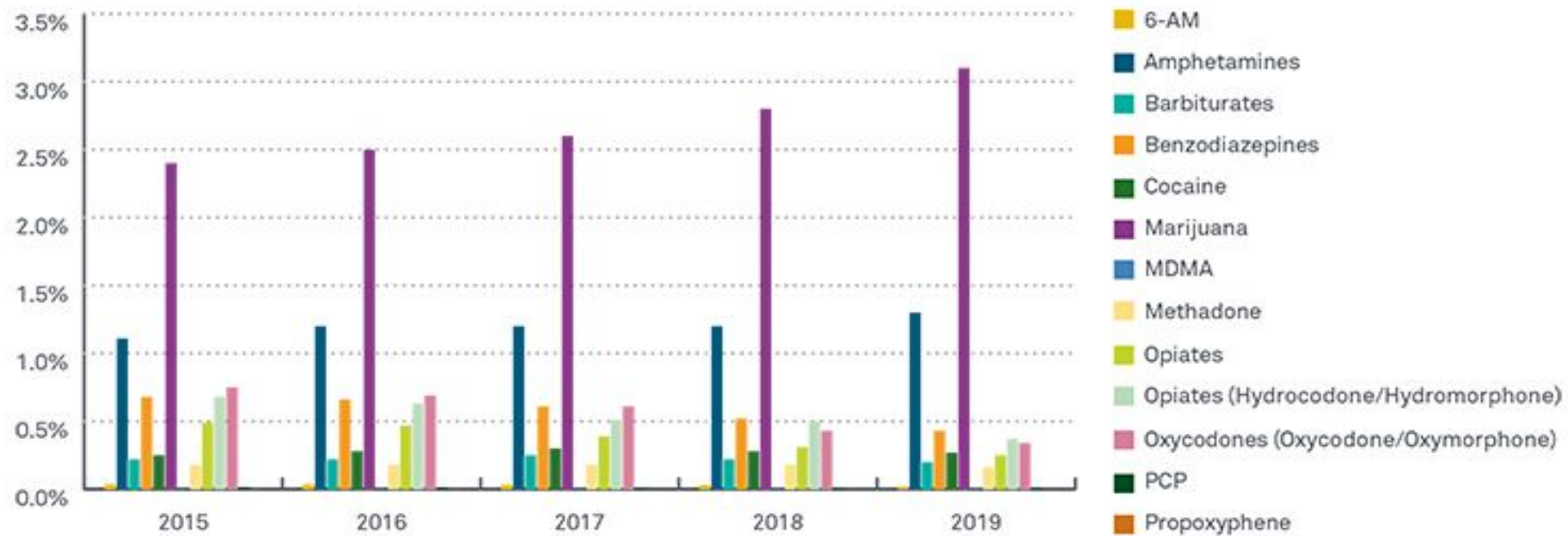
*Marijuana positivity rises considerably in states that recently enacted recreational use statutes, finds national analysis by Quest Diagnostics*



# Drug Testing Index

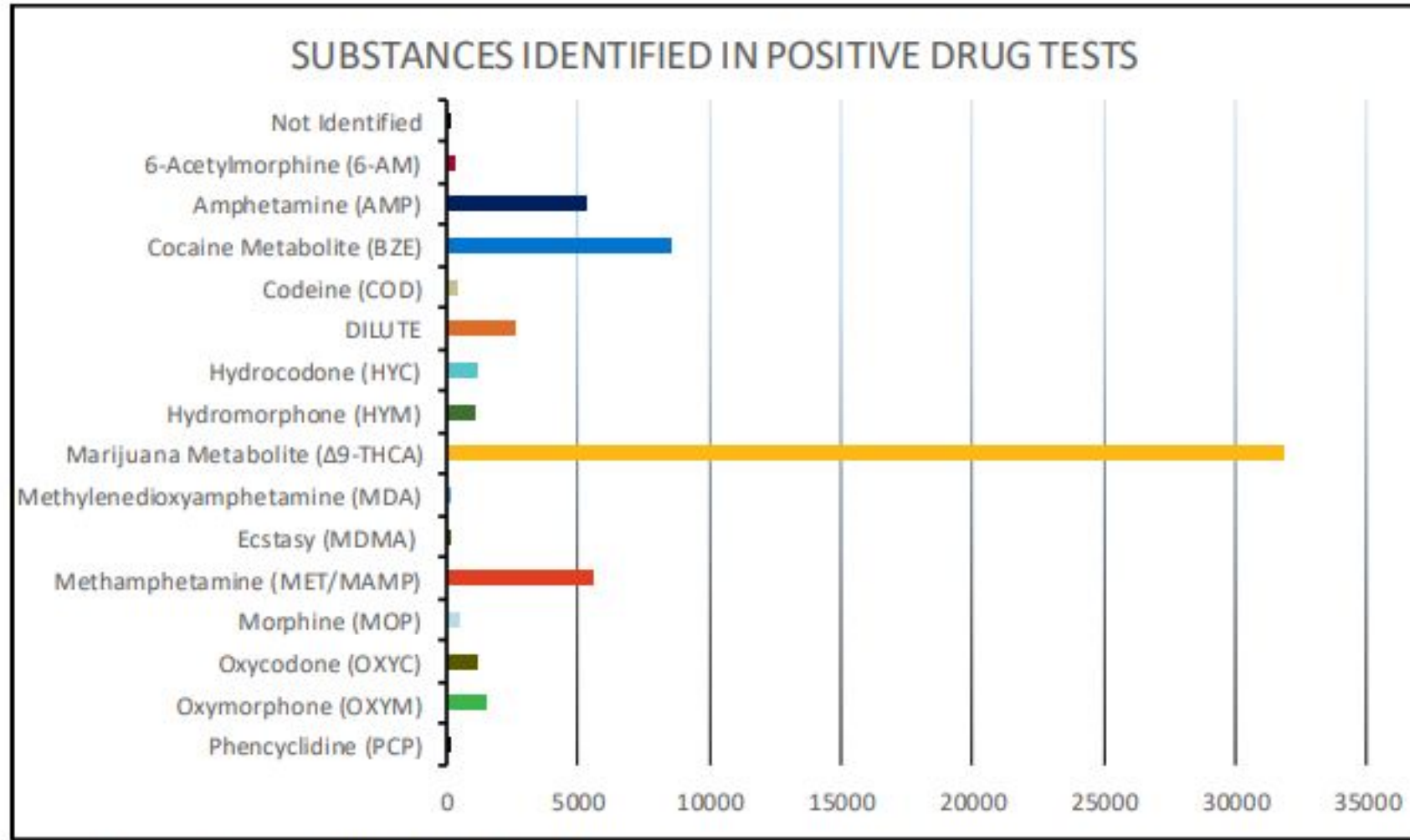
## Positivity Rates by Drug Category | *Annual Report*

Urine Drug Tests – For General U.S. Workforce, as a Percentage of All Such Tests





# Trends with FMCSA

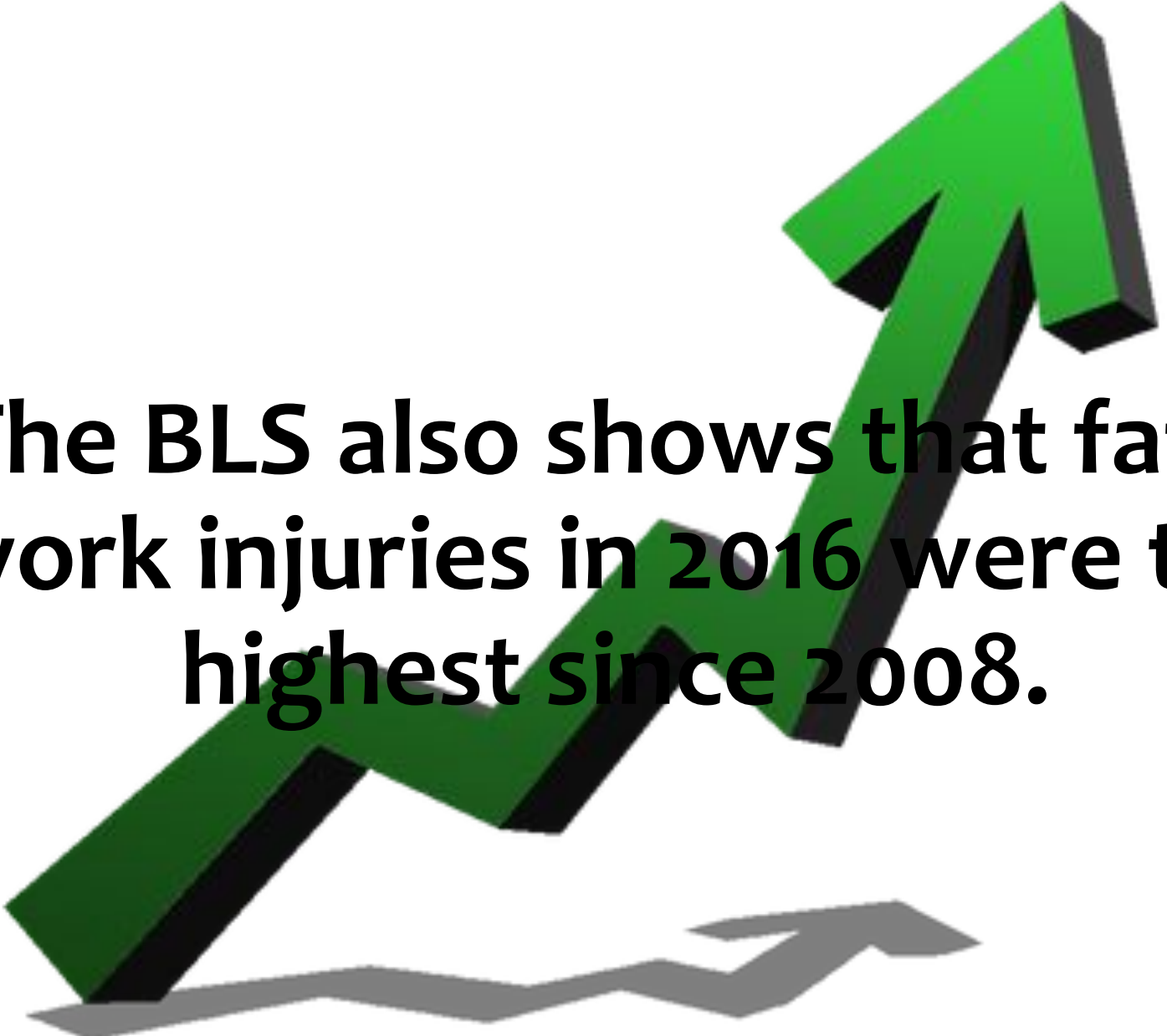


Positive drug tests reported as of 2/1/2021

<https://clearinghouse.fmcsa.dot.gov/Resource/Index/monthly-report-Jan2021>

According to the U.S. Bureau of Labor Statistics drug and alcohol-related deaths in the workplace soared in 2016 with a spike of more than 30% in a single year.





**The BLS also shows that fatal  
work injuries in 2016 were the  
highest since 2008.**

# Job Applicants at CO Electric Company

**February 2015**

12 applicants in the pre-employment process

Mobile drug test collector arrives

***9 applicants walk-out***

3 complete pre-employment drug screen

**2 pass the drug screen**

1 fails (THC positive)



**VS**





# Looking Outside the State for Qualified Employees



“ Jim Johnson said his company has encountered so many job candidates who have failed pre-employment drug tests because of their THC use ... it is actively recruiting construction workers from other states. ”

GE Johnson

# Southern Colorado Challenges

## Pate Construction

- For every 75 people we interview, we can find about 15 who can pass the drug test



## Canon City Workforce Center

- It took 2 months to find 3 CDL drivers that could pass the drug test. Salaries offered were competitive

“ “In February,” Leona Willener said,  
“more than half the applicants who  
came to her company looking for  
work failed the required drug tests  
because of THC use ... 1 in 3  
*attempted to cheat the test.*”

Colorado Staffing Agency

<http://gazette.com/drug-use-a-problem-for-employers/article/1548427>



# TODAY'S MARIJUANA

It's Not Just a “Little Pot”

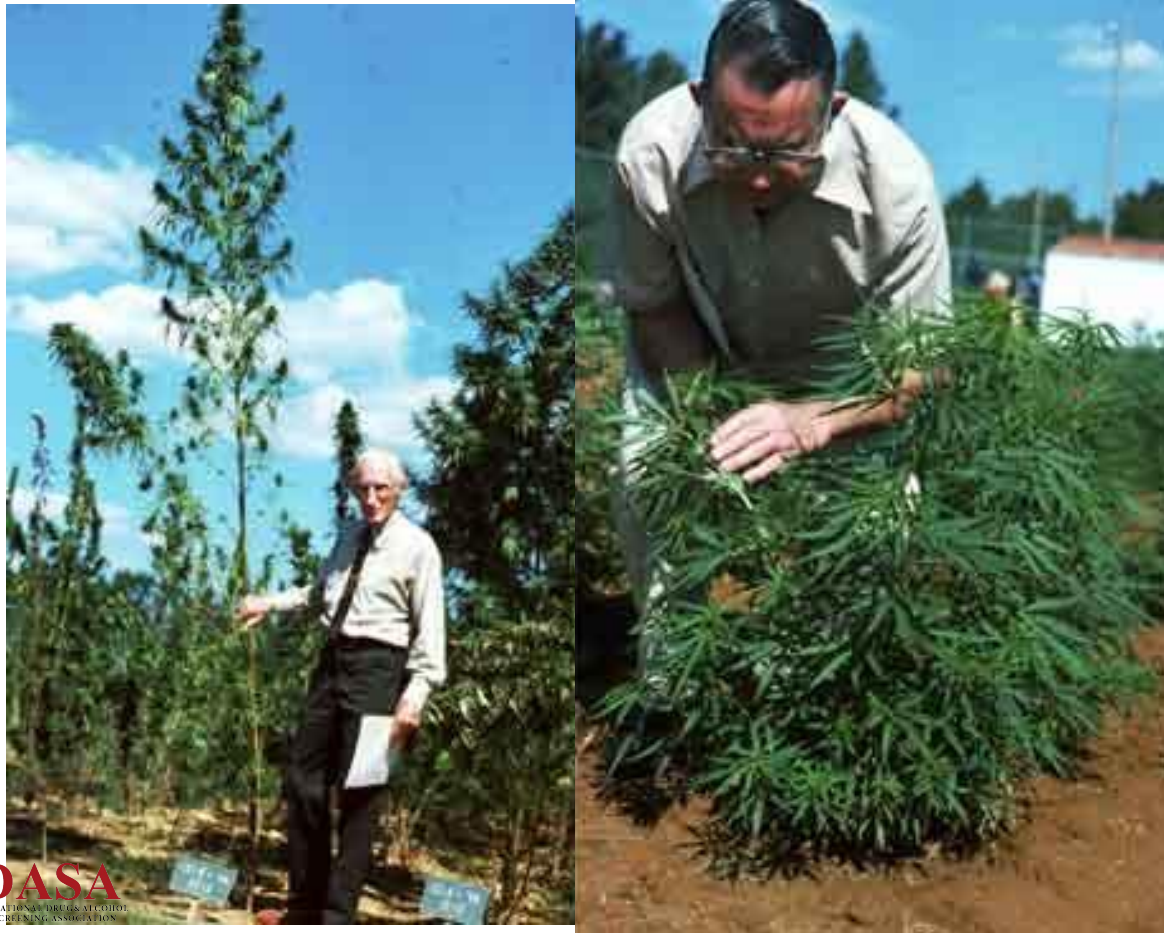
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# Contemporary Marijuana

Cannabis plants – Circa 1970's



Today: 1 plant can produce 1 lb of pot per harvest



# Contemporary Marijuana

- Highest THC potencies ever seen
- New delivery systems that are beyond standard thinking
- **Longer lasting impairment**
- Confusing lack of standards regarding how to handle private use by employees
- Edible products complicate the issue



# Contemporary Marijuana

“Just a plant” .... “It’s an herb” .... “It’s natural”





# Contemporary Marijuana

“Just a plant” .... “It’s an herb” .... “It’s natural”





# What's Trending



# Vaping: Nicotine or Marijuana?





# Vaping: Nicotine or Marijuana?



How about now?



# Vaping: Nicotine or Marijuana?



How about now?











# Employer Challenges



# What About CBD?

- Raw CBD (still raw cannabis) is a Schedule 1 drug
- The ratio of THC and CBD used in **pharmaceutical trials** is 1:1
- Some OTC products contain CBD from hemp
- Many products claiming to contain CBD are fraudulent, containing no CBD
  - Over 600 samples tested in Colorado
  - Most were THC-rich with no CBD
  - Those containing CBD had on average 0.1%





# CBD and Drug Testing

*Will CBD show up in a drug test?*

Most “CBD” products contain high amounts of THC. If the product contains THC (which is likely) it will produce a positive drug test result.



Photo: Blitized Vapor CBD Infused Coffee

# WHAT YOU NEED TO KNOW

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# Employees and Illicit Drug Use

- 9.1% of F/T employees are illicit drug users
- 13.7% of P/T employees are illicit drug users



# Substance Use Does Not Equal “SAFE”

- Substance abusers are five times more likely to file a worker's compensation claim.
- Roughly 35% of the industrial injuries that take place in the U.S. involve drugs or alcohol.
- Substance abusers are 33% less productive on the job.
- Absenteeism among substance abusers is significantly higher.





# Workplace Drug Use

F/T workers age 18-49 who currently use illicit drugs, report they have:

- Worked for 3 or more employers in the past year
- Voluntarily left an employer in the past year
- Were fired by an employer in the past year



An Analysis of Worker Drug Use and Workplace Policies and Programs, SAMHSA

# Workplace Drug Use



F/T workers age 18-49 who currently use illicit drugs, report they have:

- Taken an unexcused absence in the past month
- Requested early dismissal or time off
- Had absences of 8 days or longer & significantly increased tardiness

# Workplace Drug Use

- 44% sold drugs to other employees
- 64% admitted that drugs adversely affected their performance
- 18 % had stolen from co-workers to support their drug habit



<http://www.dol.gov/elaws/asp/drugfree/benefits.htm>

# Workplace Drug Use



- Operating machinery under the influence of alcohol or drugs is clearly high-risk.
- Danger also increases when reflexes or judgment are compromised to any degree by drugs or alcohol.
- Substance abusers are responsible for 40% of all industrial fatalities.



# Workplace Marijuana Use

- .55% more industrial accidents
- .85% more injuries
- .75% more absenteeism



Crites-Leoni, Abbie. "Medicinal Use of Marijuana: Is the Debate a Smoke Screen for Movement Toward Legalization?" *Journal of Legal Medicine* (1998): 273-280. Journal.

# Did You Know?

**Employee drug use costs U.S. businesses over \$246 billion per year in lost revenue.**

**Small businesses can lose up to \$7,000/month in lost productivity, employee turnover, absenteeism and tardiness.**

[www.nida.gov](http://www.nida.gov)

# SOME BASICS ABOUT POLICIES

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## Building the Foundation

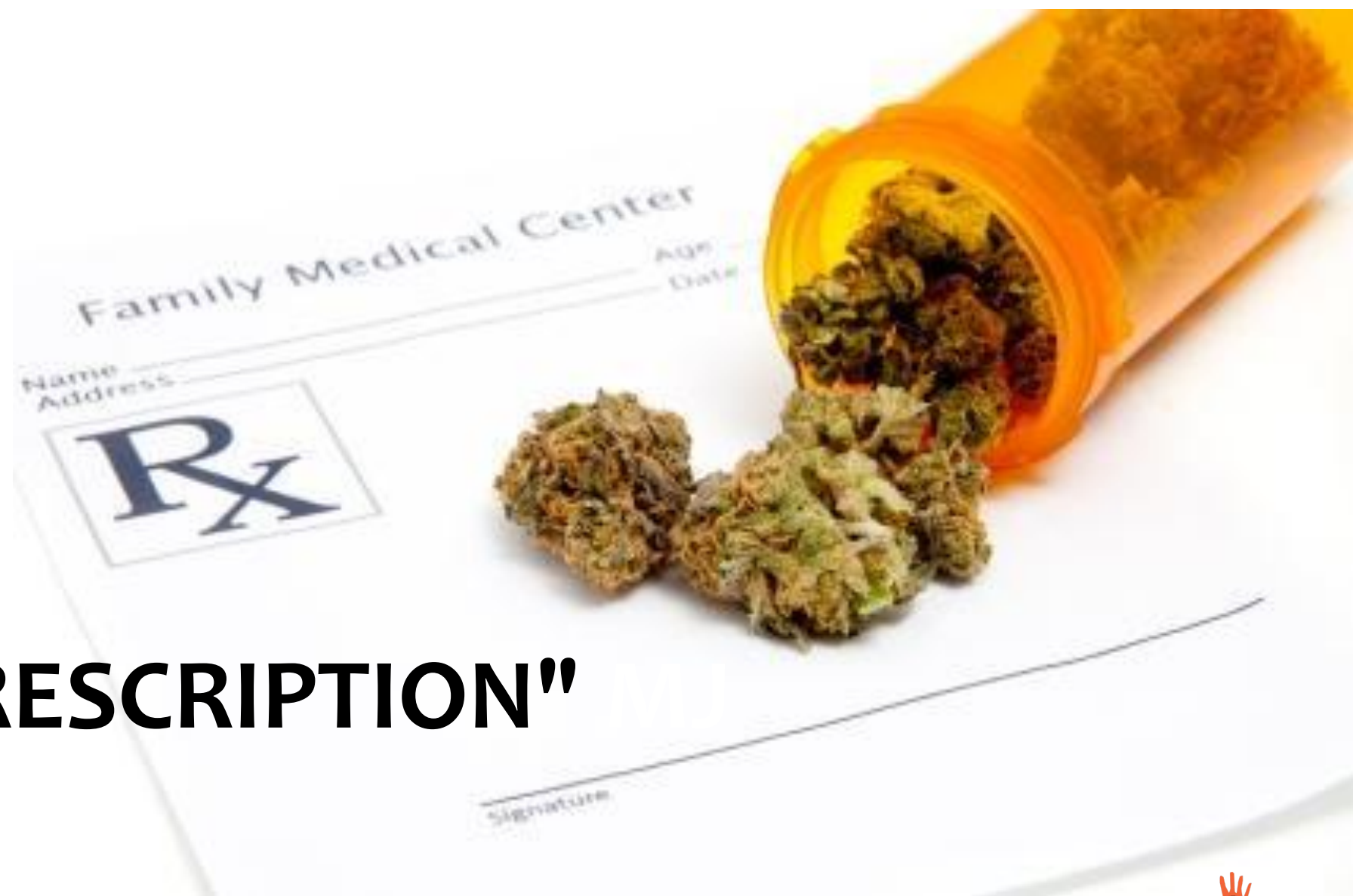




# Why is Cannabis Federal Schedule 1

- ✓ There is a high potential for abuse
- ✓ Lack of any accepted medical use
- ✓ No accepted safety standards for use under medical supervision
- ✓ Unable to regulate dosing standards





**NOT A “PRESCRIPTION”**

# Drug Testing Programs DO WORK

- Workers who are not in a drug testing program have substance use rates 50% higher than those who are subject to mandatory drug testing.
- The U.S. Department of Transportation's model of drug-free workplace programs have achieved significant improvements in safety and productivity.





# Be PREPARED

- Plan, Prepare, Prevent: Incidents of workplace violence
- Actively engage in a progressive safety program
- Address mental health in the workplace
- Don't turn a blind-eye to addiction



# Is “Friday Night Use” a Big Deal?!?!



# Cannabis and its Effects on Pilot Performance and Flight Safety: A Review



Author

Dr David G. Newman  
MB, BS, DAvMed, PhD, MRaES, MAICD, AFAIM  
Aviation Medicine Consultant



# 24 Hours After Smoking One Joint

- Difficulty in aligning with and landing on runway
- Increased vertical & lateral deviation from required flight path
- Lateral deviation on approach to land twice pre-marijuana test
- Sig increase in distance from center of runway on touchdown
- One pilot landed off the runway entirely
- Pilots not aware of any impairment



Yesavage JA, Leirer VO, Denari M, Hollister LE. Carry-over effects of marihuana intoxication on aircraft pilot performance: a preliminary report. Am J Psychiatry 1985; 142:1325-9.

# Boundaries Work



**Swerdfeger Construction** in Pueblo, Colorado has a robust company located in the heart of legal recreational marijuana territory and insists that maintaining a strong workplace drug and alcohol testing program has kept employees from engaging in activities that would put their safety record at risk.

# Boundaries Work



Reg Rudolph who has been in the public utilities industry for 26 years in Pueblo, Colorado states, “We’ve had to make some major operational changes. Overall, from an HR perspective we’ve maintained a hard line on marijuana. So far, we’ve had no issues but we’ve been clear about our policy and interpretation.”



# Hold the Line

- Employers have an opportunity to teach the boundaries
- There should be zero-tolerance for working buzzed, stoned or under-the-influence
- Drugs and safety don't mix
- Keep policies intact & enforced
- Create a culture of safety 1st
- Educate, educate, educate
- Protect the vulnerable



# EMPLOYER SOLUTIONS

It's all about **SAFETY**

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# Drug Testing Programs DO WORK

Workers who are not in a drug testing program have substance use rates **50% higher** than those who are subject to mandatory drug testing.



# What Can Employers Do?



# What Can Employers Do?

**Employers have the perfect opportunity to educate, prevent, and enforce boundaries surrounding SAFETY**

- There should be zero-tolerance for working buzzed, stoned or under-the-influence
- Protect the vulnerable
- Teach employees that substances and safety don't mix
- Make drug education a priority for any/all safety-sensitive employees

# What Can Employers Do?

## Keep policies intact, updated & enforced

- Review workplace D&A policies annually, at a minimum
- Look at drug use trends and get educated about contemporary products to fully understand what should/should not be in the policy
  - Example: vaping, edibles, pills that could be fentanyl, etc.
- The workplace D&A policy will hold up in a court of law, but it must be current, actively enforced, and **known** to the employees
- Use an MRO (Medical Review Officer) to verify test results, order Fit For Duty (FFD) tests and flag safety concerns!



# What Can Employers Do?

## Keep policies intact, updated & enforced

- Comply with state laws
  - Currently NO State has banned drug testing entirely, although some have restrictions.
  - Get educated by the experts and don't trust what Dr. Google says.
- Create a culture of **safety 1st**
- Communicate policy requirements regularly & consistently

# What Can Employers Do?

## Keep policies intact, updated & enforced

- DO NOT Discriminate
  - Employers must have a justifiable, documentable reason for veering from outcomes/consequences stated in the policy or the risk is losing a lawsuit.
  - Do not EVER ask an employee if they have a “medical marijuana” card. This will invite a claim of discrimination.
  - Do not treat anyone differently because they have admitted they hold a “medical marijuana” card.
  - You MAY enforce the policy equally for those who hold these certificates, as you would anybody else who may violate the policy.

**NOTE:** There is no such thing as a “prescription” for MMJ. It is NOT protected by HIPPA

# What Can Employers Do?

## How to Enforce the Policy

- Enforce your policy with a robust drug and alcohol testing program
- Train every supervisor on the signs & symptoms of substance abuse
  - Do not hesitate to order tests for Reasonable Suspicion/Cause when employee substance use is suspected
  - NEVER call a Reasonable Suspicion Test a “random” test. This will invite a lawsuit, and you will LOSE.
- ALWAYS follow your workplace D&A policy
  - Be consistent, don’t go off-book, don’t get creative
  - Compassion and kindness mean enforcement, not endangerment
  - You can’t bring a person back to health if you ignore the problem

# What Can Employers Do?

## How to Ease the Burden of the “Unemployable”

- Allow 2<sup>nd</sup> chance programs with structures for accountability
- Hire & retain people in recovery
- Support recovery & treatment programs in the workplace
- Don't wait for an impairment test!



CONSISTENCY  
IS THE KEY!

Perception:



Reality:





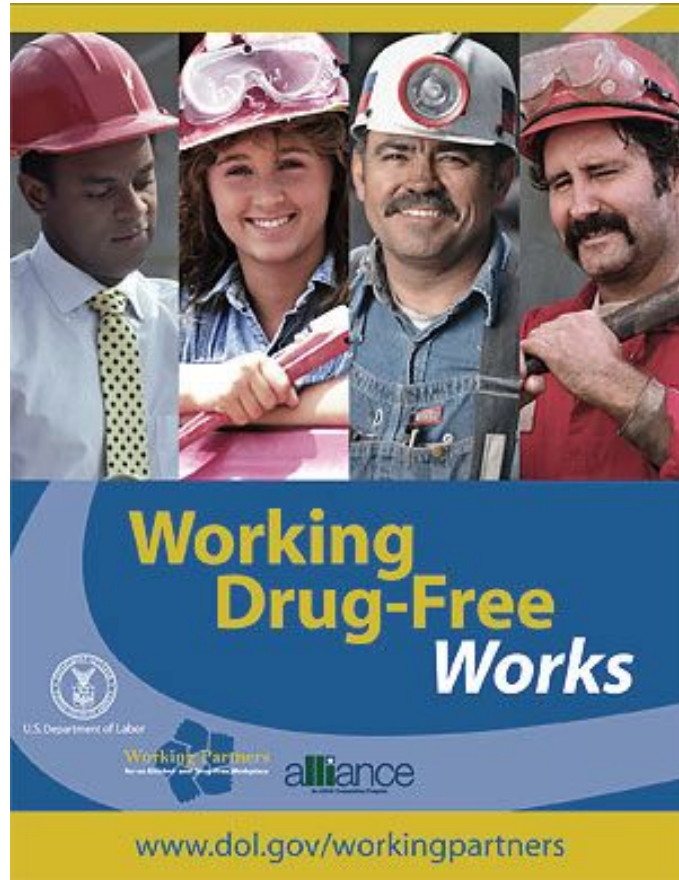
**DISCRIMINATION**

# Create a Drug-Free Culture

**COMMUNICATE,  
COMMUNICATE,  
COMMUNICATE**



# Employer's Rights



- Employers must speak out to protect workplace safety policies
- Membership organizations, trade associations, foundations, corporations and small business owners
- Make your voices heard in local, state and national policy-making

# Drug-Free Workplace Act of 1988



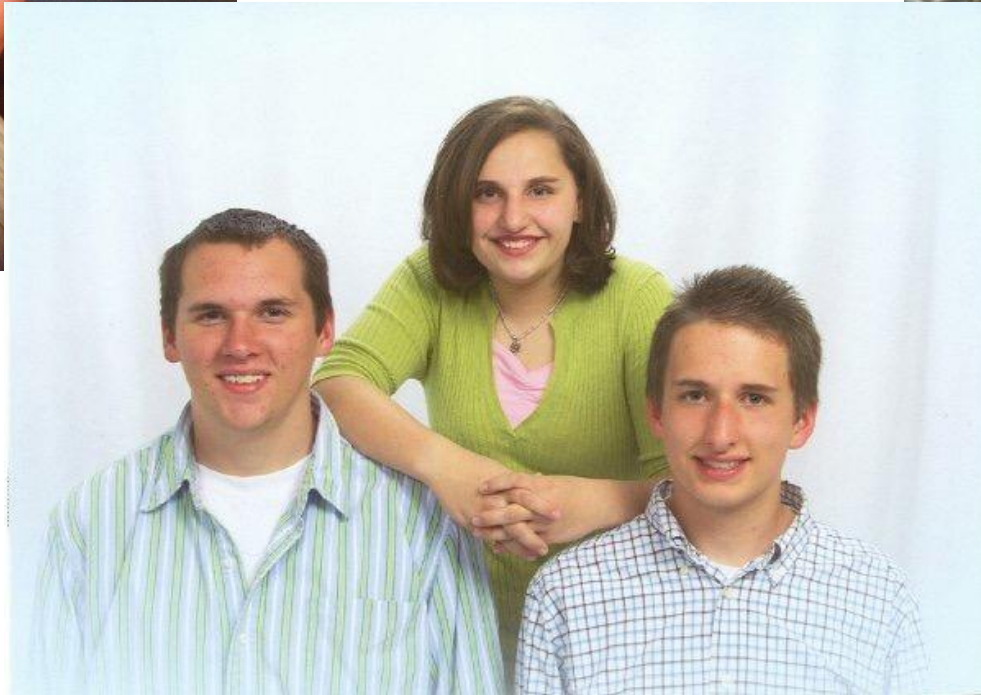
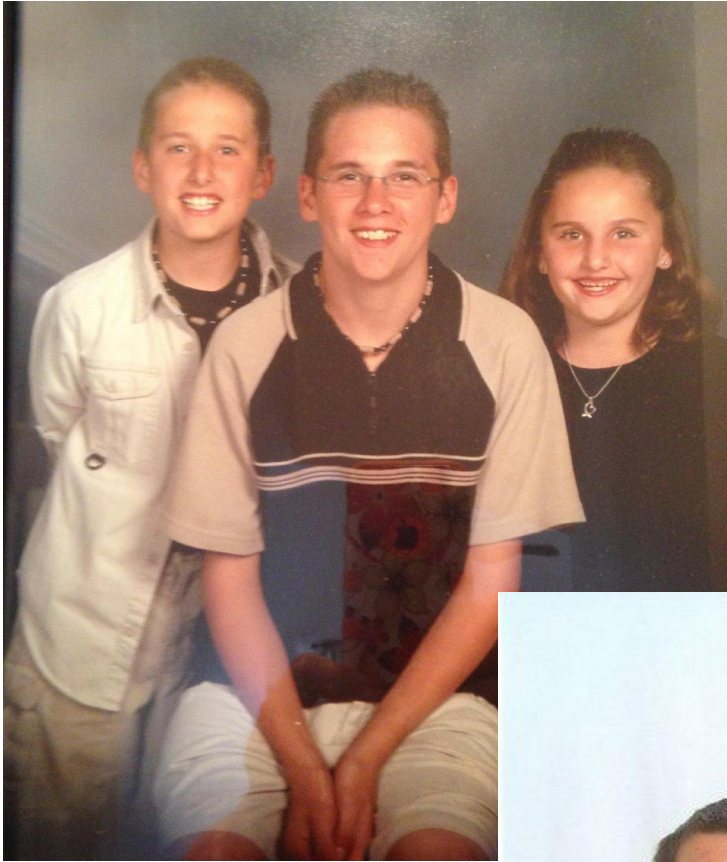
- Applies to federal contractors with contracts of \$100K or more and federal grantees
- Employer must certify they will provide a drug-free workplace
- Publish and give drug-free workplace policy to covered employees
- **Does not require drug testing**
- If employee is convicted for a criminal drug offense resulting from a violation occurring in the workplace, the employer must take disciplinary action or refer the employee for rehab or drug abuse program

# Care About People





# Care About People





# Care About People





# Care About People

Every  
Employee  
has a  
Family.





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## WHAT EVERY EMPLOYER SHOULD KNOW

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