

Policy & Procedure Manual

CANNABIS FOR RECREATIONAL PURPOSE – HR-XI-31

OPTIONS NORTHWEST is committed to protecting the health and safety of all people supported and/or affected by our activities, the communities in which we operate, and administration. We recognize that the use of cannabis can adversely affect job performance, the environment, the safety of the people we support, our employees, and the general public.

Cannabis will be treated the same as all other recreational substances. OPTIONS NORTHWEST has adopted this policy to communicate its expectations and guidelines surrounding cannabis use, misuse, and abuse.

POLICY:

This policy and its related practices apply to all employees when they are engaged in agency business, and when driving or operating agency vehicles and equipment. To minimize the risk of unsafe and substandard performance due to cannabis, employees are expected to report alert and fully competent to work and remain as such throughout their workday, shift, or when on call.

It is the policy of OPTIONS NORTHWEST to provide reasonable workplace accommodation, short of undue hardship, for employees who are otherwise able to work are not unfairly excluded from doing so because of a cannabis dependency, addiction, or problem.

OPTIONS NORTHWEST will respond in a timely, confidential, sensitive and reasonable manner to all requests for accommodations and supports in relation to any materials or information required to perform the essential duties of a position, as outlined in OPTIONS NORTHWEST's Workplace Accommodation Policy. Employees are responsible to request and complete an Applicant Workplace Accommodation Form to receive appropriate accommodation (HR-XI-27, Appendix A).

This policy applies to all current employees of OPTIONS NORTHWEST, including full and part-time, casual, contract, permanent, and temporary employees and employees on leave and who are able to return within a reasonable period of time and with reasonable accommodation and also job applicants.

The following are expressly prohibited while on agency business or premises:

- The use, possession, distribution, and offering for sale of cannabis or paraphernalia;

- The unauthorized use, possession, distribution, offering for sale of cannabis infused or baked-in substances, digestives, oils, drinks, or food; and
- Possession and/or use of prescribed cannabis not authorized for personal use.

EXPECTATIONS

The following expectations apply to employees and management alike while conducting work on behalf of OPTIONS NORTHWEST, while on or off agency premises:

- Employees are expected to arrive to work fit for duty and able to perform their duties safely and to standard, as outlined in the Ontario Health and Safety Act
- Employees must remain fit for duty for the duration of their shift;
- Use, possession, distribution, or sale of cannabis and paraphernalia during work hours, including paid and unpaid breaks, is strictly prohibited;
- Employees are prohibited to reporting to work while under the influence of recreational cannabis and any other non-prescribed substances;
- Employees on medically approved medication must communicate to management any potential risk, limitation, or restriction requiring modification of duties or temporary reassignment; and
- Employees are expected to abide by all governing legislation pertaining to the possession and use of cannabis.

OPTIONS NORTHWEST shall provide reasonable support and resources for employees who admit to having or suspect they have a cannabis dependency or emerging cannabis problem and are willing to cooperate in treatment for that problem. Employees concerned or experiencing cannabis/related cannabis problems are encouraged to seek assistance from OPTIONS NORTHWEST contracted Employee Assistance Program, their physician, healthcare practitioner, or other appropriate community service before their job performance is affected or violations occur.

All employees must take responsibility to act in accordance with the expectations of this policy. Disciplinary actions up to and including termination of employment, will be taken for violations of this policy and its related practices, where the use of cannabis detrimentally affect performance or behavior at work and where:

- I. A cannabis problem/dependency does not exist;
- II. The individual has refused to disclose, seek, or participate in treatment plans or programs; or
- III. The employer has satisfied its obligation under the Ontario Human Rights Code.

PURPOSE:

1. To provide a safe living environment for people receiving services and a safe workplace for employees.
2. To create a shared understanding and awareness that the impact of cannabis use in conjunction with work can be significant in terms of employee health, workplace and public safety, and operational productivity.

3. To promote an environment where employees are competent and reliable, maintaining a professional manner while representing OPTIONS NORTHWEST.
4. To set out the rules regarding the use of an intoxicating substance in the workplace so that employees are aware of the likely consequences for their employment of misusing them.
5. To provide support access information on cannabis and to encourage those with problems to seek assistance and/or to authorize reasonable absence from work in order to allow employees time to obtain the necessary support to address their dependency/addiction problems.
6. To achieve a balance between supporting employees who come forward with a problem and the legal requirement to maintain:
 - The provision of high quality, effective services and supports;
 - The health, safety and welfare of employees, people receiving services, and others; and
 - OPTIONS NORTHWEST's reputation.

PROCEDURE:

While in the course of their employment, employees will be made aware of this policy and shall always ensure to act in accordance with it.

1. *Situations in which Cannabis Abuse/Misuse and Dependency affects Employee Performance or Behaviour – General Overview:*

The employee's Supervisor/Manager/Director is responsible for responding to all such situations, carrying out and/or participating in interviews and investigations, supported by the Director of Human Resources. During the interviews, the possible existence of a cannabis dependency will be investigated. The Director of Human Resources will provide direction and lead on how to proceed on handling the situation.

2. *Incidence of Impairment or Suspected Impairment:*

If an employee reports for work showing symptoms of impairment, the following shall occur:

- a. The employee's Supervisor/Manager/Director shall document all information in relation to the situation (i.e. date, time, location, behaviour, witnesses, observed symptoms, and an explanation of how the employee presents a safety risk)
- b. The Supervisor/Manager/Director shall explain the hazardous environment the employee creates by being in this condition while at work. The

Supervisor/Manager/Director shall prevent the employee from remaining at the work site until they are alert and fully competent for work (as deemed so by management). The Supervisor/Manager/Director should arrange for the employee to have a safe way home or to another destination from the work site.

- c. Once the employee is removed from the worksite, an investigation of the incident by the Director of Human Resources and the Supervisor/Manager/Director shall commence.
- d. The Supervisor/Manager/Director and the Director of Human Resources will arrange for a meeting with the employee on their next scheduled work day, or as soon as possible. Unionized employees will be encouraged to have Union representation at all meetings with management.

3. *Meeting/Interview and Outcomes:*

a. Determining the Existence of a Cannabis Dependency

If the meetings lead to the employee admitting to a potential cannabis dependency/problem and the employee agrees to seek assistance, the Director of Human Resources shall arrange for suitable support for the employee, where they will be assessed by a professional external organization.

Disciplinary action will be pending until evaluation is obtained by the Director of Human Resources.

If the interview or evaluation fails to lead to a conclusion that a dependency/problem does exist, disciplinary action shall be continued as warranted.

b. Confirmation that a Cannabis Dependency Does Exist and Treatment Arrangements

If the employee does have a dependency and he/she/they agree to participate in treatment, accommodation arrangements will begin.

If the employee decides they want to seek assistance through a treatment facility, they will be able to utilize any available sick time paid and/or

unpaid if a physician's certification is provided in order to attend the required treatment.

NOTE: Confirmation of a dependency does not exclude an employee of his/her/their actions or prevent possible disciplinary actions.

4. *Situations Where Drug/Alcohol Abuse Dependency Admitted or Suspected but There is No Apparent Effect on Work Performance or Behaviour:*

Situations may occur where the possible cannabis dependency of an employee comes to a Supervisor, Manager or Director's attention, without noticeably affecting work performance or behaviour. The use of alternative measures may be appropriate where the employee confides in a management personnel or colleagues bring it to the attention of management personnel.

Job security will not be an issue where the employee participates in a treatment program/plan in these instances and the employee can be confident to receive assistance from OPTIONS NORTHWEST. The Director of Human Resources and the Health and Safety Coordinator/Designate will work with the employee and health practitioner to decide on a plan of action for support and treatment that will best suit their individual needs. These shall only commence with the employee's consent, without the employee's consent no further action shall be taken.

5. *Return to Work:*

Before returning to work, the employee will need clearance from a physician/treating practitioner and the Director of Human Resources and the Health & Safety Coordinator/Designate will facilitate appropriate follow up support in accordance with the medical recommendations and the Human Rights Code.

6. *Confidentiality:*

The information obtained from the employee and about the employee in relation to their cannabis addiction/problem shall remain strictly confidential. The information will only be made accessible to the employee, their immediate Supervisor/Manager/Director, Executive Director and the Director of Human Resources and the Health & Safety Coordinator/Designate. Discrimination will not be tolerated in the case of a cannabis dependency becoming evident. Human Rights legislation prohibits discrimination on the basis of a disability.

RESPONSIBILITIES:

The **Employer** is responsible for:

- Providing a safe living environment for people supported;
- Providing a safe workplace for all employees;
- Supporting employees with admitted cannabis abuse, problem, or dependency in receiving appropriate assistance so they can remain safely and productively employed; and
- Ensuring adherence to this policy.

Management Personnel are responsible for:

- Ensuring that impaired employees who pose a safety risk to themselves, people receiving services, or to their fellow workers are not allowed to remain at the workplace, and will take reasonable steps to ensure that the impaired employee has safe passage to an appropriate destination;
- Identifying any situations that may cause concern regarding an employee's ability to safely perform their job functions;
- Identifying and addressing any incidence of non-compliance with this policy, including any situation where an employee appears to be impaired and/or appears to be affected from cannabis abuse/dependency/problem; and
- Ensuring that all employees in their areas of responsibility are aware of and understand this policy for ensuring its consistent application.

Employees are responsible for their own consumption of cannabis and the consequences that might follow from that consumption. Employees are also responsible to uphold this policy and report concerns under this policy.

DISCIPLINARY ACTION

Employees found in violation of this policy may be subject to disciplinary action up to and including termination of employment. Where applicable, OPTIONS NORTHWEST may also take legal action in accordance with the law.

Information about Substance Abuse:

Substance Abuse is the harmful or hazardous use of prescription and illegal drugs for non-medical reasons. Although the use of these drugs can pose several physical harms, these drugs mainly affect the functioning of the nervous system and the way a person thinks, feels or acts. Abusing drugs can also lead to physical dependence and addiction.

Addiction and Dependence is when someone regularly uses alcohol, cannabis, or drugs despite negative consequences. The person may not be aware that their behaviour is out of control and that they are causing problems for themselves and others. Addiction involves psychological dependence and may or may not also include physical dependence.

Psychological dependence is also known as dependence of the mind. When a person is psychologically dependent, it becomes extremely hard for them to stop using or even thinking about the substance. Strong cravings for the substance may be triggered by internal or external cues. This behaviour is reinforced by consuming the drug in responses to a trigger.

Physical dependence is observed when the user needs the substance to function normally and has negative symptoms of withdrawal when the user stops or decreases use of the substance.

Tolerance is when the user becomes accustomed to a dose of a drug and needs higher dosages in order to obtain the same effects, he/she/they are likely to have developed tolerance to the drug. Users with increased tolerance are at a higher risk of overdose.

Information was taken from Government of Canada:

<https://www.canada.ca/en/health-canada/services/substance-use/about-problematic-substance-use.html>

Cannabis and its Health Affects:

You should not use cannabis if you have a predisposition to or family history of psychosis or problematic substance use.

Cannabis can be addictive. Close to 1 in 3 people who use cannabis will develop a problem with their use. Cannabis addiction can cause serious harm to your:

- health
- social life
- school work
- work and financial future

You should not use cannabis if you are pregnant or breastfeeding. It poses a risk to the fetus or new born child. Heavy cannabis use has been linked to lower birth weight (Government of Canada, 2019).

Information was taken from Government of Canada:

<https://www.canada.ca/en/services/health/campaigns/cannabis/canadians.html#a8>

Definition of Addiction:

The Supreme Court of Canada accepted the following definition of addiction, used by the Canadian Society of Addiction Medicine:

“A primary, chronic disease characterized by impaired control over the use of a psychoactive substance and/or behaviour. Clinically, the manifestations occur along biological, psychological, sociological and spiritual dimensions. Common features are change in mood, relief from negative emotions, provision of pleasure, pre-occupation with the use of substance(s) or ritualistic behaviour(s); and continued use of the

substance(s) and/or engagement in behaviour(s) despite adverse physical, psychological and/or social consequences.

Like any other chronic diseases, it can be progressive, relapsing and even fatal.”

Definition take from the Ontario Human Rights Commission:

<http://www.ohrc.on.ca/en/policy-drug-and-alcohol-testing-2016/3-code-protections>

Stigmatization and Cannabis

OPTIONS NORTHWEST strongly believes and aims to provide a safe work environment for all employees, and a safe living environment for individuals we support. This includes an environment that is free from stigmatization, bullying, harassment, and differential treatment.

“The courts have confirmed that addictions to drugs or alcohol are protected by the Code. People with mental health disabilities and addictions face a high degree of stigmatization and significant barriers. Stigmatization can foster a climate that exacerbates stress and may trigger or worsen the person’s condition. It may also mean that someone who has a problem and needs help may not seek it, for fear of being labelled” (Ontario Human Rights Commission, 2016).

Regardless of whether a disability is evident or non-evident, a great deal of discrimination faced by people with disabilities is underpinned by social constructs of “normality” which in turn tend to reinforce obstacles to integration rather than encourage ways to ensure full participation. In addition, the recreational use of cannabis for employees (based upon the previously listed restrictions under *Expectations* and *Responsibilities*) will neither be encouraged or reprimanded, but all employees will remain free from stigmatization. OPTIONS NORTHWEST will enforce an equal opportunity workforce that allows full participation for all employees.

RECOMMENDED BY: Administration

APPENDICES: 1

OPERATIONAL ACCOUNTABILITY: Administration, Finance, Human Resources, Community Service Administration, Community Services (all)

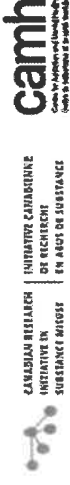
ORIGINAL POLICY DATE: June 2019

AUTHORIZED BY: Executive Director

SIGNATURE:



Canada's Lower-Risk Cannabis Use Guidelines (LRCUG)



Reference

Fischer, B., Russell, C., Seabolt, P., van den Brink, W., Le Foll, B., Hall, W., Rehm, J. & Poorn, R. (2017). Lower-Risk Cannabis Use Guidelines (LRCUG): An evidence-based update. *American Journal of Public Health, 107*(8). DOI: 10.2105/AJPH.2017.303918.

Endorsements

The LRCUG have been endorsed by the following organizations:



Council of Chief Medical Officers of Health (in principle)

Acknowledgment

The Lower-Risk Cannabis Use Guidelines (LRCUG) are an evidence-based intervention initiative by the Canadian Research Initiative in Substance Misuse (CRISM), funded by the Canadian Institutes of Health Research (CIHR).

A briefer version of the LRCUG, mainly aimed at people who use cannabis, is available at camh.ca.

Cannabis use and health

Cannabis use is common, especially among adolescents and young adults. There are well-documented risks from cannabis use to both immediate and long-term health. The main risks include cognitive, psychomotor and memory impairments; hallucinations and impaired perception; impaired driving and injuries (including fatalities); mental health problems (including psychosis); dependence; pulmonary/bronchial problems; and reproductive problems.

Why Lower-Risk Cannabis Use Guidelines?

Cannabis has been illegal for decades, but Canada is moving toward legalizing and regulating use and supply. The main goals of this policy are to protect public health and public safety. Towards that end, education, prevention and guidance on cannabis use and health are key elements for reducing cannabis use-related harms and problems in the population. Extensive data show that cannabis use has inherent health risks, but users can make choices as to how and what they use to modify their own risks. The main objective of Canada's Lower-Risk Cannabis Use Guidelines (LRCUG) is to provide science-based recommendations to enable people to reduce their health risks associated with cannabis use, similar to the intent of health-oriented guidelines for low-risk drinking, nutrition or sexual behavior.

How were the LRCUG developed?

The scientific version of the Lower-Risk Cannabis Use Guidelines was published in the *American Journal of Public Health* in 2017 (see "Reference" on back), where all data and sources can be found. The original LRCUG had been tabled in 2011; the current version has been updated by an international team of addiction and health experts.

Who are the LRCUG for?

The LRCUG are a health education and prevention tool for:

- anyone who is considering using cannabis or has made the choice to use, as well as their family, friends and peers.
- any professional, organization or government aiming to improve the health of Canadians who use cannabis through evidence-based information and education.

FAST FACTS

- Canada has among the highest cannabis use rates in the world.
- Fatal and non-fatal injuries from motor-vehicle accidents, as well as dependence and other mental health problems, are the most common cannabis-related harms negatively impacting public health.
- About 1 in 5 people seeking substance use treatment have cannabis-related problems.

The LRCUG recommendations

The following section presents context and evidence summaries, as well as the LRCUG'S 10 recommendations for people who use cannabis. Note that these recommendations are mainly aimed at non-medical cannabis use.

Abstinence

As with any risky behaviour, the safest way to reduce risks is to avoid the behaviour altogether. The same is true for cannabis use.

- Recommendation 1**

The most effective way to avoid any risks of cannabis use is to abstain from use. Those who decide to use need to recognize that they incur risks of – acute and/or long-term – adverse health and social outcomes. These risks will vary in their likelihood and severity with user characteristics, use patterns and product qualities, and so may not be the same from user to user or use episode to another.

Age of initial use

Studies show that initiating cannabis at a young age—primarily before age 16—increases the risks for a variety of adverse health outcomes. For example, users who start young are more likely to develop related mental health and education problems, or to experience injuries or other substance use problems.

A contributing factor may be the impact of cannabis use on brain development, which is not completed until the mid-20s. The younger a person is when starting cannabis use, the greater the likelihood of developing health problems that are also more severe. Therefore, deferring cannabis use at least until after adolescence is advised.

- Recommendation 2**

Early initiation of cannabis use (i.e., most clearly that which begins before age 16) is associated with multiple subsequent adverse health and social effects in young adult life. These effects are particularly pronounced in early-onset users who also engage in intensive/frequent use. This may be in part because frequent cannabis use affects the developing brain. Prevention messages should emphasize that, the later cannabis use is initiated, the lower the risks will be for adverse effects on the user's general health and welfare throughout later life.

Choice of cannabis products

Cannabis products vary greatly in cannabis' main psychoactive ingredient, tetrahydrocannabinol (THC). Higher THC potency is strongly related to increased acute and long-term problems, such as mental health problems, dependence or injuries. In particular, cannabis extract or concentrate products contain extremely high THC levels. Yet evidence suggests that other cannabinoid components, including cannabidiol (CBD), attenuate some of THC's effects. Using cannabis products with high CBD:THC ratios typically carries less severe health risks. Synthetic cannabinoids (e.g., K2, Spice) are a relatively new class of products. Synthetics generally have more severe psychoactive impacts and health risks, including cases of death.

- Recommendation 3**

High THC content products are generally associated with higher risks for various (acute and chronic) mental and behavioural problem outcomes. Users should know the nature and composition of the cannabis products that they use, and ideally use cannabis products with low THC content. Given the evidence of CBD's attenuating effects on some THC-related outcomes, it is advisable to use cannabis containing high CBD:THC ratios.

- Recommendation 4**

Recent reviews on synthetic cannabinoids indicate markedly more acute and severe adverse health effects from the use of these products (including instances of death). The use of these products should be avoided.

Cannabis use methods and practices

Many alternative methods for consuming cannabis now exist. Evidence suggests that smoking combusted cannabis, especially combined with tobacco, results in various pulmonary/bronchial problems, possibly including lung cancer. In fact, smoking is likely the most hazardous method of cannabis use. The risks are exacerbated by practices such as deep inhalation. Alternative inhalation methods include vaporizers and e-cigarette devices. While these reduce key risks to health, they are not entirely risk-free alternatives. However, rigorous studies on health outcomes are largely lacking. Ingested or 'edible' cannabis products bypass inhalation-related risks but delay the onset of psychoactive effects and may lead to use of higher doses. If accompanied by adequate cannabis product labelling and warnings, edibles may offer the safest method of cannabis use.

- Recommendation 5**

Regular inhalation of combusted cannabis adversely affects respiratory health outcomes. While alternative delivery methods come with their own risks, it is generally preferable to avoid routes of administration that involve smoking

- combusted cannabis material, e.g., by using vaporizers or edibles. Use of edibles eliminates respiratory risks, but the delayed onset of psychoactive effect may result in the use of larger than intended doses and subsequently increased (mainly acute, e.g., from impairment) adverse effects.

- Recommendation 6**

Users should avoid practices such as 'deep-inhalation,' breath-holding, or the Valsalva maneuver to increase psychoactive ingredient absorption when smoking cannabis, as these practices disproportionately increase the intake of toxic material into the pulmonary system.

Frequency and intensity of use

Frequent or intensive patterns of use increase the likelihood of developing multiple health problems, including changes in brain development or functioning (especially at a younger age), mental health problems, cannabis dependence, impaired driving and related injuries, educational outcomes and suicidality. Overall, based on scientific evidence, frequency and intensity are among the strongest and most consistent predictors of severe and/or long-term cannabis-related health problems.

- Recommendation 7**

Frequent or intensive (e.g., daily or near-daily) cannabis use is strongly associated with higher risks of experiencing adverse health and social outcomes related to cannabis use. Users should be aware and vigilant to keep their own cannabis use—and that of friends, peers or fellow users—occasional (e.g., use only on one day/week, weekend use only, etc.) at most.

Cannabis use and driving

Cannabis impairs cognition, attention, reaction and psychomotor control—all of which are critical skills for driving or operating machinery. Numerous studies have shown that the risk of accident involvement and driving-related injuries, both non-fatal and fatal, is two to three times higher among cannabis-impaired compared with non-impaired drivers. Acute impairments set in shortly after use and persist for up to about 6 hours, but they vary depending on the individual's characteristics and constitution, as well as on the potency and type of cannabis used. There is no evidence for safe levels of cannabis use for driving. Irrespective of legal stipulations, users should refrain from driving during the period of acute psychoactive effects from cannabis. The risk of an accident is even higher when cannabis and alcohol are used together, since these drugs result in multiplicative impairment effects.

- Recommendation 8**

Driving while impaired from cannabis is associated with an increased risk of involvement in motor-vehicle accidents. It is recommended that users categorically refrain from driving (or operating other machinery or mobility devices) for at least 6 hours after using cannabis. This wait time may need to be longer, depending on the user and the properties of the specific cannabis product used. Besides these behavioural recommendations, users are bound by locally applicable legal limits concerning cannabis impairment and driving. The use of both cannabis and alcohol results in multiply increased impairment and risks for driving, and categorically should be avoided.

Special-risk populations

Studies have identified subgroups of people who have higher or distinct risks for cannabis-related health problems. For example, a substantial proportion of cannabis-related psychoses, and possibly other mental health problems (especially cannabis use disorders), occurs among users who have their own or a family history of such problems. Furthermore, cannabis use during pregnancy increases the risk of adverse maternal and neonatal health outcomes, including low birthweight and growth reduction. These high-risk groups are advised to abstain from cannabis use altogether.

- Recommendation 9**

There are some populations at probable higher risk for cannabis-related adverse effects who should refrain from using cannabis. These include: individuals with predisposition for, or a first-degree family history of, psychosis and substance use disorders, as well as pregnant women (primarily to avoid adverse effects on the fetus or newborn). These recommendations, in part, are based on precautionary principles.

Combining risks or risk behaviours

Combining any of the higher-risk behaviours described above is likely to further increase and amplify the risks of adverse health outcomes from cannabis use.

- Recommendation 10**

While data are sparse, it is likely that the combination of some of the risk behaviours listed above will magnify the risk of adverse outcomes from cannabis use. For example, early-onset use involving frequent use of high-potency cannabis is likely to disproportionately increase the risks of experiencing acute and/or chronic problems. Preventing these combined high-risk patterns of use should be avoided by the user and a policy focus.