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A Review of Workplace

Substance Use Policies in Canada

Strengths, Gaps and Key Considerations

April 2018

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This document was published by the Canadian Centre on Substance Use and Addiction (CCSA).

Suggested citation: Meister, S.R. (2018). *A Review of Workplace Substance Use Policies in Canada: Strengths, Gaps and Key Considerations*. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.

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Production of this document has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

This document can also be downloaded as a PDF at www.ccsa.ca

Ce document est également disponible en français sous le titre :

*Examen des politiques sur la consommation de substances en milieu de travail au Canada :
Points forts, lacunes et principales considérations*

ISBN 978-1-77178-467-2



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Acknowledgements

The author would like to thank the Canadian Centre for Occupational Health and Safety (CCOHS) for reviewing this report. CCOHS comments and suggestions were valuable and helped improve the overall document. The author would also like to thank Bryce Barker (Knowledge Broker) and Maggie Patterson (National Priority Advisor) at CCSA for their valuable contributions and reviews in the development of this report.

Conflict of Interest

The author has no conflict of interest to declare.



Definitions

Acronym/Term	Definition
EAP or EFAP	Employee assistance program or employee and family assistance program
IME	Independent medical evaluation
MRO	Medical review officer
Psychoactive drugs	Psychoactive drugs (legal or illegal) cause changes in brain functioning that can disrupt normal cognitive and psychomotor performance.
SAP/SAE	Substance abuse professional/substance abuse expert
Safety-sensitive	Organizations or positions where impaired employee performance could result in a significant incident affecting the health and safety of the individual, other employees, customers or the public, or could cause property damage.
THC	Tetrahydrocannabinol, primary psychoactive cannabinoid in cannabis.
U.S. DOT	United States Department of Transportation
POCT	Point-of-care/collection-testing



Executive Summary

Introduction

Substance use affecting the workplace is a growing concern among a variety of groups, including employers, employees, industry associations, unions, health professionals and insurance companies. The negative consequences of such use can be serious and wide-ranging. Of primary concern is the potential negative impact on the health and safety of the affected employee and co-workers, and, for certain industries, additional risks to the public (Spicer, Miller, & Smith, 2003; Zwerling, Ryan, & Orav, 1990). Beyond these concerns, substance use can affect the workplace in other ways, contributing to increased costs, absenteeism, turnover, disciplinary actions and use of organizational resources, as well as lower productivity and workplace morale (Ames, Grube, & Moore, 1997; Frone, 2004; Pidd, Kostadinov, & Roche, 2015; Zwerling, Ryan, & Orav, 1990). More recently, concerns surrounding the regulation and legalization of cannabis in Canada have also prompted employers and other stakeholders to consider how best to address substance use in their workplace policies and practices.

Objectives

Substance use policies and practices in the workplace are at a relatively early stage, and research and information in this area is limited. There are many areas where improved knowledge and understanding could be beneficial for various stakeholders, particularly employers and employees. Given these facts, the objectives of this study were:

- To review, analyze and provide a general overview of the state of workplace policies on substance use in Canada, their common components and unique elements, and any gaps;
- To identify lessons learned and best practices in developing and implementing workplace substance use policies from the experiences of safety-sensitive organizations; and
- To determine which policy areas require more guidance, tools and resources, and from this information make recommendations to help improve policy development and employer responses to substance use affecting the workplace.

This study is the first of its kind to explore the state of Canadian substance use policies in the workplace. It is primarily intended for employers and human resources professionals interested in developing or improving workplace policies and best practices related to substance use, and secondarily for other professionals working with organizations (e.g., medical professionals, SAPs/SAEs, lawyers, etc.).

Method

To investigate the current state of workplace substance use policies and make recommendations towards developing effective and comprehensive policies, this study used both qualitative and quantitative research methods, including:

- An examination of workplace and policy-related literature;
- An environmental scan of policies from various Canadian industries,
- A national survey of selected safety-sensitive industries, and
- Key informant interviews from safety-sensitive industries.



To guide the overall investigation, researchers at the Canadian Centre for Substance Use and Addiction conducted an examination of the literature to identify key components of effective and comprehensive workplace substance use policies. The results were organized into eight thematic components (see below) and were used to form the framework for analyzing policies and developing the survey and interview questions.

To conduct the environmental scan, industries chosen for analysis were based on a collapsed version of sectors defined by the 2017 version of the North American Industry Classification System. Through convenience sampling, publicly available policies were identified for review by examining organization websites, by searching the Canadian Industry Statistics website and by using the Google search engine. Approximately 800 organizations from ten industries were scanned and analyzed for their substance use policies. A total of 35 policies, 12 policy statements and 24 position statements were identified.

To obtain more details about organization policies, practices and experiences, a bilingual web-based survey, consisting largely of multiple choice and matrix-style questions, was used to collect additional data through a convenience sample of non-random participants who were likely to have the authority or experience to report on their organization's policies (e.g., human resources professionals, safety managers, presidents). The survey targeted six safety-sensitive industries (aviation, marine, rail, oil and gas, construction and law enforcement) and was exploratory in nature. The results cannot be generalized to the wider population of industries. The survey was sent to individuals who represented organizations across Canada in the six selected safety-sensitive industries and yielded a total of 87 completed surveys.

To provide further details on lessons learned and best practices, and to obtain specifics about developing and implementing policies — including successes, challenges and effectiveness — key informant interviews were conducted with particular individuals from the six selected safety-sensitive industries. Twelve interviews were conducted via the telephone in the official language of the key informant's choice at their convenience over a seven-week period. Organizations believed to have comprehensive substance use policies in place were targeted for this research.

Key Findings

Examination of the Literature

Eight key thematic components to comprehensive and well-developed policies were identified in the literature and formed the framework for analyzing data and developing survey and interview questions for this study:

1. Objectives and scope
2. Prevention
3. Observation and investigation
4. Support
5. Return to duty/work
6. Non-compliance
7. Review and evaluation
8. Legal requirements



These components are made up of various elements (e.g., education, training, treatment programs, behavioural indicators, return-to-duty/work programs, consequences, etc.).

Environmental Scan

The key findings include:

- Although many organizations are not likely to make their policies public, the very small number of organizations that referenced substance use (in comparison to the large number of organizations examined) likely indicates that many organizations do not have comprehensive substance use policies.
- Organizations that appeared to have well-developed and more comprehensive policies in place were typically larger and safety-sensitive organizations.
- Although almost all policies included disciplinary measures such as termination, many policies did not sufficiently incorporate, or were completely absent of, proactive and supportive elements, such as educating employees, training managers and offering employees support options.

National Survey and Key Informant Interviews

The results from the national survey and key informant interviews revealed that:

- An important best practice identified by key informants was to create a workplace culture that makes it clear that impairment from substance use will not be tolerated and that encourages a trusting and supporting environment for those affected by substance use issues.
- Another best practice identified by key informants was to create a comprehensive, well-developed policy that is informed by legal and regulatory requirements, that involves other stakeholders (e.g., unions, professional associations) and that provides for the education of employees about their obligations with respect to the policy.
- The majority of respondents and informants reported that they were concerned about the legalization and regulation of cannabis in Canada.
- Less than half of all survey respondents reported that their organization evaluated its policies and practices for effectiveness in addressing substance use affecting the workplace, and even fewer did this on a regular basis (e.g., annually). Key informants indicated that their policies were typically evaluated annually or as needed due to court or arbitration decisions. However, these policies were largely evaluated for content and did not appear to be evaluated using indicators to measure effectiveness.
- Several key informants indicated that the biggest factor contributing to success in reducing substance use affecting the workplace was employee commitment to recovery and the treatment program.
- Survey respondents reported that most policies contained procedures outlining the consequences of non-compliance with the policy and procedures for termination, but fewer discussed treatment, support and return-to-work programs, demonstrating that disciplinary measures appeared to be more often discussed than supportive measures.
- The most prevalent response to suspected employee substance use affecting the workplace reported by participants was to refer the employee for assessment or to an assistance program of some type.



- The most frequently used approach to observe for substance use affecting the workplace were investigations based on reasonable cause (e.g., employee behaviour, decline in performance, supervisor or co-worker concern), an incident that caused injury or damage, or a near-miss incident.

Discussion and Considerations

This study is the first of its kind to examine the state of Canadian workplace substance use policies and best practices. It does so using four investigative methods: an examination of the literature, an environmental scan, a national survey and key informant interviews. Overall, the findings indicate that not enough organizations have comprehensive, well-developed substance use policies. This observation potentially puts organizations at risk for various issues (e.g., lost productivity, increased absenteeism, safety issues, reduced employee morale, liability problems, etc.)(Pidd et al., 2015).

Similar to the absence of policies, another key finding was that some of the components to comprehensive policies were either absent or insufficiently developed. Foremost among these components was the lack of procedures to review and evaluate organization policies and practices or the minimal development of such procedures. Program evaluation is important, as organizations need to determine if the substance use policies and practices they have developed and implemented are actually effective in reducing substance use and the potential associated issues that affect the workplace (Ames & Bennett, 2011; Atlantic Canada Council on Addiction (n.d.).

Another important finding from this review was the imbalance between disciplinary measures and supportive measures in policies. The majority of policies reviewed addressed disciplinary measures, such as procedures for non-compliance with the policy and procedures for immediate termination or suspension of employees. However, supportive measures, such as treatment options, accommodation options, education and prevention, were absent or addressed to a much lesser extent.

The national survey and key informant interviews revealed that the legalization and regulation of cannabis is a concern among the majority of the participating organizations. Some organizations have been proactive and are amending policies to reflect the upcoming changes. However, others are unsure about how to move forward.

Key Implications for Employers and Other Stakeholders

The following points describe some of the key implications of this study:

- Addressing substance use issues through comprehensive, well-developed policies sends the message that substance use and its potential ramifications (e.g., injuries, lost productivity, absenteeism) are important concerns within an organization, while not having such a policy can imply that substance use is not a concern or is even tolerated, which can increase workplace risks (Pidd et al., 2015).
- Key informants viewed both workplace culture and employee commitment to recovery as critical to reducing substance use affecting the workplace. The implication here is that policies and best practices will be most effective in an environment that discourages substance use, but also discourages discrimination, stigma and potential prejudice.
- Reviewing and evaluating policies is important to ensure that they are effective and up to date. Ineffective policies can put both employees and employers at risk. Additionally, organizations should develop appropriate and measurable indicators that capture the impact of their policy.



- The legal landscape for workplace policies on substance use is continually changing due to many ongoing court and arbitration cases. As a result, organizations have to update their policies frequently, which has been challenging and costly. Some organizations indicated a preference for the federal government to develop a national standard for workplace substance use policies, which could help improve consistency, provide clarity and potentially reduce legal issues.
- Failure to balance employer and employee needs, particularly with respect to disciplinary and supportive measures, can have legal consequences, as well as a negative impact on workplace culture.

There were also a number of encouraging findings including that some policies recognized substance use dependence as a disability and that some policies included accommodation options.

The limitations to the study included access to only publicly available policies for the environmental scan, difficulty in obtaining email addresses for some respondents in the national survey, and the fact that some key informants were not permitted to discuss their policies.

Given the limited research on workplace substance use policies, this study helps to fill gaps and provides new insights on the issue of substance use affecting the workplace, but more research is needed. Additionally, this study acts as a starting point for future research to further investigate effective policies and best practices on the issue. As the majority of Canadians are employed, the workplace offers a unique opportunity to access, help and support individuals, particularly hard to reach and at-risk individuals (e.g., students, transient workers, part-time workers, etc.) affected by substance use which might not be readily available through other contexts.



Introduction

Substance use affecting the workplace is a growing concern among a variety of groups, including employers, employees, industry associations, unions, health professionals and insurance companies. The negative consequences of such use can be serious and wide-ranging. Of primary concern is the potential negative impact on the health and safety of the affected employee and co-workers, and, for certain industries, additional risks to the public (Spicer, Miller, & Smith, 2003; Zwerling et al., 1990). Beyond these concerns, substance use can affect the workplace in other ways, contributing to increased costs, absenteeism, turnover, disciplinary actions and use of organizational resources, as well as potential lower productivity and workplace morale (Ames et al., 1997; Frone, 2004; Pidd et al., 2015; Zwerling et al., 1990). More recently, concerns surrounding the regulation and legalization of cannabis in Canada have also prompted employers and other stakeholders to consider how best to address substance use in their workplace policies and practices.

Objectives

Substance use policies and practices in the workplace are at a relatively early stage, and research and information in this area is limited. There are many areas where improved knowledge and understanding could be beneficial for various stakeholders, particularly employers and employees. Furthermore, experiences from safety-sensitive industries, which typically have well-developed policies due to the nature of their work, can provide practical insights into policies and practices in action. Given these facts, the objectives of this study were:

- To review, analyze and provide a general overview of the state of workplace policies on substance use in Canada, their common components and unique elements, and any gaps;
- To identify lessons learned and best practices in developing and implementing workplace substance use policies from the experiences of safety-sensitive organizations; and
- To determine which policy areas require more guidance, tools, and resources, and from this information make recommendations to help improve policy development and employer responses to substance use affecting the workplace.

This study is the first of its kind to explore the state of Canadian substance use policies in the workplace. It is primarily intended for employers and human resources professionals interested in developing or improving workplace policies and best practices related to substance use, and secondarily for other professionals working with organizations (e.g., medical professionals, SAPs/SAEs, lawyers, etc.).

Context of Substance Use and the Workplace

The impact of substance use on the workplace and methods to address this issue, have not been extensively studied, and new research continues to shape understandings in the area. Research has largely examined substance use in general rather than specific to substance use in or affecting the workplace (Frone, 2003). Substance use affecting the workplace includes use that occurs during operational hours that can have an impact on employee behaviour or performance (e.g., consuming alcohol at lunch, taking certain medications) and use that occurs outside of operational hours but still has an impact (e.g., getting high before going to work, calling in sick due to a hangover). Furthermore, methods to address substance use such as prevention and substance use support



have not traditionally been considered within the purview of the workplace, but rather as something that occurs separately at a personal level and in a private context.

Few studies have examined prevalence rates of substance use in the workplace and among these studies alcohol use has been the focus. Within the limited data, a survey of employed adults in the United States (U.S.) revealed that during the 12 months before the survey, 1.8% of the respondents self-reported they used alcohol at least once before work, 7.1% used alcohol during the work day, 8.1% used alcohol either before or during the work day and 10.2% self-reported working impaired or with a hangover at work at least once (Frone, 2006). In an Australian survey of employed individuals, respondents self-reported that 0.9% and 3.5% of their absences were due to monthly and weekly illicit drug use, respectively (Roche, Pidd, & Kostadinov, 2016). Studies have also examined the potential impact of substance use on self-reported employee performance. A 2015 Canadian survey found that 1.0% of those who indicated that they were employed or self-employed reported that drug use had produced a harmful effect on their work, studies or opportunities for employment within the past 12 months (Health Canada, 2015).

Prevalence rates of substance use can also be influenced by occupational characteristics such as stress, social culture or ease of access to substances. For instance, research conducted by Frone (2006), and by Hoffmann, Larison, and Brittingham (1996), found that predictors of alcohol use in the workplace and impairment were associated with certain occupations and types of shift work. Specifically, individuals in management, arts, entertainment, sports, media, food service, building and maintenance, and sales, as well as individuals working irregular or flexible shifts, were more likely to consume alcohol before or during work, or to be impaired by alcohol at work (Frone, 2006). Similarly, other studies that have examined prevalence rates among employed adults have also found higher rates of use by employees in certain industries, such as heavy alcohol use in mining, construction, and accommodation and food industries and illicit drug use in accommodation and food, construction, and the arts, entertainment and sports industries (Bush & Lipari, 2013).

The primary concern of substance use in the context of the workplace is the health and safety of the affected employee, co-workers and the public, and the environment. Despite limited studies and variations in study design, the evidence has demonstrated associations between employee substance use and increased workplace injuries and accidents (Ames et al., 1997; Cercarelli, Allsop, Evans, & Velander, 2012; Dawson, 1994; Frone, 2006; Larson, Eyerman, Foster, & Gfroerer, 2007; Spicer et al., 2003; Webb, Shakeshaft, Sanson-Fisher, & Havard, 2009; Webb et al., 1994; Zwerling et al., 1990). To illustrate, in one study conducted at an industrial work site, employees identified as problem drinkers through a self-report questionnaire were significantly more likely to experience an accidental injury at work (Webb et al., 1994). In another study that examined pre-employment drug tests and subsequent job performance by postal workers, those who tested positive for cannabis or cocaine experienced 85% more injuries in comparison to non-users (Zwerling et al., 1990). In the same study, testing positive for cannabis or cocaine corresponded to 55% and 59% more accidents, respectively. Certain industries also have positions that present greater critical risks to people. Safety-sensitive positions and industries include those where impaired employee performance could result in a significant incident affecting the health and safety of the individual, other employees, customers or the public, or could cause property damage, such as airline pilots, forklift operators and doctors (Canadian Human Rights Commission [CHRC], 2009; Canadian Nuclear Safety Commission, 2015; Els, Amin, & Straube, 2016; Keith, 2015).

Beyond injuries and accidents, substance use can have other health effects such as reduced workplace morale, increased workload on co-workers, increased disciplinary actions, increased confrontations with co-workers and fatigue or sleeping at work (Ames & Bennett, 2011; Ames et al., 1997; International Labour Organization [ILO], 2012; Pidd et al., 2015).



Financial costs of substance use are largely borne by the employer, but can also be carried by affected employees and society. Costs vary widely but are often experienced due to loss of employment, reduced productivity, absenteeism, tardiness, disability leave, property damage and theft, increased turnover, higher insurance and health premiums, and treatment costs, among many other costs (Collins, et al., 2006; Frone, 2004). In Canada, a 2002 study found that workplace costs included \$17.0 million spent on employee assistance programs and employee and family assistance programs (EAPs/EFAPs) and health programs for alcohol use, \$4.2 million for illegal drugs, and \$2.4 million for drug testing (Rehm et al., 2006). Indirect costs in terms of lost productivity were found to be much higher: \$7.1 billion due to alcohol use and \$4.7 billion due to illegal drugs. Looking at these results more closely, absenteeism due to alcohol (defined as days in bed resulting in missed work) cost \$15.9 million and due to illegal drugs cost \$21.8 million. Losses due to reduced presenteeism or productivity (defined as days with reduced activity) included \$23.6 million due to alcohol use. Other studies that have analyzed workplace-related costs over time have found that the trend for these costs is increasing (Collins & Lapsley, 2008; Harwood, 2000; Rehm et al., 2006). At the time of this report, CCSA was in the process of finalizing a large-scale study on the costs of substance use as an update to the above 2002 study. This report, which will be available in mid-2018, will include current data pertaining to various substance use-related costs borne by employers. Specifically, data will include costs associated with long- and short-term disability, including absenteeism and presenteeism, as well as other relevant estimated costs.

Comprehensive and Effective Substance Use Policies

Addressing substance use in the workplace requires a delicate interplay between responding to employee needs (e.g., privacy, support for a disability, healthy and safe work environments), and responding to employer needs (e.g., providing safe work environments, controlling costs, liability). While there have been efforts by employers to manage the harms and costs associated with substance use and the workplace, some of these efforts have been reactive, driven by concerns over employer liability, in response to an incident, or court and arbitration rulings, or in response to requirements for employers to accommodate substance use dependence in the workplace (Barbara Butler and Associates Inc., 2012; Webb et al., 2009). Equally concerning, many Canadian workplaces still do not have substance use policies and practices or, if they do, they might not be sufficient to meet the requirements for legal, comprehensive, appropriate and effective policies.

There are a number of benefits to having clear, well-informed policies that address the multiple ways in which substance use can have an impact on organizations. Effective workplace policies can help reduce risks for both employers and employees, and can contribute to a culture of trust and openness (Chartier, 2006). Setting out specific expectations, responsibilities and potential consequences for substance use provides employees with a better understanding of what is expected of them, which can help improve employee compliance with policies. For managers and supervisors, clear policies assist them in applying rules consistently and provide them with guidelines on how to appropriately and effectively address potential issues.

Responding to substance use issues through established, clear policies and practices is more likely to have a positive impact on health and safety, as well as help reduce associated costs and other issues. For instance, in one study that examined the impact of substance use policies, it was found that the presence of any policy was associated with significantly reduced odds of high-risk drinking



compared to low-risk drinking (Pidd et al., 2015).¹ The same study also found that having comprehensive substance use policies — those that addressed multiple areas such as alcohol and other drugs, prevention, support, and testing — were associated with reduced odds of drug use by employees.

Despite evidence that demonstrates the effectiveness of comprehensive policies and practices, few organizations develop programs that go beyond describing disciplinary and deterrence measures. To illustrate, a 2004 survey conducted at U.S. worksites determined that although 91% of policies prohibited alcohol use and 93% prohibited drug use, only 6.9% offered comprehensive policies, that is, those that included health education, a supportive environment, integration into the organization's structure, linkages to related programs (e.g., EAPs or EFAPs), and worksite screening and education (Linnan et al., 2008). However, organizations that have safety-sensitive positions or those that conduct cross-border business with the U.S. are more likely to develop substance use policies due to health and safety risks or because some of these organizations are subject to the U.S. Department of Transportation (U.S. DOT) regulations governing substance use and testing, which are relatively strict (see below) (Barbara Butler and Associates Inc., 2012). Comprehensive policies and practices are also more common among large organizations (e.g., more than 750 employees) in comparison to small organizations (e.g., 99 or fewer employees) (Ames & Bennett, 2011; Linnan et al., 2008). Nevertheless, the low percentage of organizations with comprehensive policies reveals a strong need for organizations to review their existing policies and determine if changes or the addition of substance use policies are required.

Influence of the United States Department of Transportation Regulations

Given Canada's close relationship with the U.S., a large number of Canadian businesses operate in both countries. When operations involve crossing the border (e.g., transportation industry) or operating in the U.S. (e.g., U.S.-based plants), the U.S. operations will be subject to U.S. DOT regulations. (This sometimes also includes the Substance Abuse and Mental Health Services Administration [SAMHSA] regulations and the U.S. Department of Health and Human Services [DHSS] regulations.) Although Canadian and U.S. operations are only subject to the laws of the country in which they are operating within, the impact is that many Canadian businesses with U.S. operations will adopt DOT requirements into their Canadian policies, or be required to apply DOT regulations to Canadian employees who conduct cross-border work (e.g., truck drivers, rail operators). These types of cross-border relations have meant the adoption of various U.S. procedures, such as using substance abuse professionals/substance abuse experts (SAPs/SAEs), implementing U.S. substance testing procedures, conducting random substance use testing or only using Canadian drug testing labs certified by the DOT.

¹ Pidd and colleagues based their study on a national survey that asked a number of questions related to substance use and the presence of different types of workplace policies (e.g., policies that addressed use, incorporated assistance, included testing, etc.) or the absence of any type of workplace policy. The study is therefore limited to self-reported data by respondents, as well as whether they were aware of their organization policies, or the type of policy in place. More research is needed to better understand these relationships.



Method

To investigate the current state of workplace substance use policies and make recommendations towards developing effective and comprehensive policies, this study used both qualitative and quantitative research methods including:

- An examination of workplace and policy-related literature;
- An environmental scan of policies various Canadian industries,
- A national survey of selected safety-sensitive industries, and
- Key informant interviews from safety-sensitive industries.

Each of these approaches is discussed in turn below.

Examination of the Literature

To be able to examine workplace policies for the scan, and to develop questions for the survey and interviews, the literature was reviewed to establish criteria pertinent to the development, implementation or effectiveness of substance use policies. The review included both published grey literature (e.g., government and industry documents, policy development tools) and peer-reviewed literature. Researchers at the Canadian Centre for Substance Use and Addiction (CCSA) identified various components (broad themes) and specific elements (detailed actions) of comprehensive policies. More specifically, the grey literature (see search terms in Appendix A) was examined to determine what components and elements are typically included, are recommended for inclusion or are required for inclusion (e.g., legal, safety or human rights components) in workplace substance use policies and best practices. The peer-reviewed literature (see primary database searches in Appendix B) was examined for studies that analyzed the impact or effectiveness of various policy components and elements in addressing workplace substance use issues.

The results of the literature reviews were compiled to determine what components and elements comprise effective comprehensive policies, which were used to develop a checklist for a data collection sheet. A CCSA Knowledge Broker with expertise in this content area reviewed the collection sheet to identify any gaps, inconsistencies or issues with the tool. CCSA then tested the sheet by categorizing 15 policy documents collected from the scan and then further refined the criteria where needed. (Refer to Appendix B for the data collection sheet.) Eight thematic components and various detailed elements that make up those components were identified (see results) and used to conduct the environmental scan and guide development of the questions for the survey and interviews. To most effectively report the results of multiple investigative methods, the results of the scan, survey and interviews are reported according to which thematic component identified from the literature review that they best fell under.

Environmental Scan

CCSA conducted an environmental scan following the literature review. Environmental scans allow for the examination of a broad range of data as a way to identify strengths, observe commonalities and patterns, detect gaps, and inform recommendations for making future changes and decisions (Costa, 1995).



Industries chosen for the environmental scan were based on the top 20 broad sectors defined by the 2017 version of the North American Industry Classification System (NAICS).² To make the scan more manageable and to ensure it resulted in policies that reflected different work contexts, the sectors were collapsed and reorganized into ten categories based on commonalities between work environments (see Table 1). For instance, sectors that interacted with the public in an unstructured environment were grouped together as “Services” (e.g., retail trade, accommodation and food services, sports, and arts and entertainment); and sectors that primarily consisted of closed or structured environments were grouped together as “Office” (e.g., finance, insurance, management of companies and enterprises, and administrative and support). As it was anticipated that safety-sensitive industries would be the most likely to have policies, especially comprehensive policies, most of these sectors were not combined in order to obtain a more robust selection of policies.

Table 1: Ten industries examined in the environmental scan based on the NAICS	
Industry	Sub-category
1. Agriculture, forestry, fishing and hunting	
2. Mining, quarrying, and oil and gas extraction	
3. Construction	
4. Manufacturing	<ul style="list-style-type: none">• Textiles, lumber/mills, paper, petroleum/coal, printing
5. Transportation, public utilities	<ul style="list-style-type: none">• Transportation of people and/or goods via road, rail, water, air and pipeline• Waste management and remediation services• Nuclear/electric power generation, transmission and distribution• Distribution of natural gas, water and irrigation
6. Wholesale trade, warehousing	
7. Office environments	<ul style="list-style-type: none">• Finance, insurance and real estate• Management of companies and enterprises• Administration and support• Professional, scientific and technical services
8. Services	<ul style="list-style-type: none">• Information and cultural industries (movies, recording studios, telecommunications and data processing)• Arts, entertainment and recreation• Accommodation and food services (hotels, restaurants and bars)• Retail trade
9. Public administration	<ul style="list-style-type: none">• First responders (police, fire fighters and ambulance)
10. Other services	<ul style="list-style-type: none">• Educational services• Health care and social assistance• Doctors, dentists, nurses and optometrists• Unions

Approximately 800 organization websites were scanned for publicly available policies or statements pertaining to substance use. A total of 35 policies, 12 policy statements and 24 position statements

² The NAICS was developed by the statistical agencies of Canada, Mexico and the United States to establish common definitions to improve comparisons between the three economies. For more information, see www.statcan.gc.ca/eng/subjects/standard/naics/2017/introduction#a3.



were identified, reviewed and analyzed. Within the 35 policies, 15 were found to be comprehensive substance use workplace policies (i.e., full programs). Convenience sampling was used to retrieve the data (i.e., documents and information related to workplace substance use policies) for several reasons. Since only publicly available data could be accessed for review, it was not possible to obtain a random sample of policies. However, efforts were made to be as broad as possible by selecting policies from organizations of varying sizes, locations, structures, union status and operations among others. Likewise, to obtain a sufficient number of comprehensive, well-developed policies, it was necessary to target specific industries (e.g., safety-sensitive) or organizations (e.g., large, cross-border operations). Policies were also identified by searching the Canadian Industry Statistics website,³ which lists organizations that self-identify with specific sectors. Since searching by individual organization sometimes produced limited results and was not efficient, searches were also made using combinations of key words, direct quotations and phrases, as well as French equivalents for some key words through Google’s search engine (see Appendix B for the search criteria).

Data collected from the scan were then subdivided into four general categories: comprehensive policies, policies, policy statements and positions statements (see Table 2).

Table 2: Classification criteria of data for policies, policy statements and position statements			
Comprehensive policy	Policy	Policy statement	Position statement
<ul style="list-style-type: none"> Incorporated six or more policy components* Included several elements (e.g., employee responsibilities, education, return-to-duty/work procedure)* Included procedures, guidelines, other resources 	<ul style="list-style-type: none"> Identified by the organization as their substance use policy Typically written in policy format with a visible structure Included four or more policy components and several elements* Were typically standalone documents or standalone sections within larger documents 	<ul style="list-style-type: none"> Identified by the organization as their company policy Only included a brief statement (e.g., one to three paragraphs) Addressed only one to three policy components* Addressed only a few or no elements* Typically listed in other documents and not stand-alone (e.g., Code of Conduct, Code of Ethics) or on company websites 	<ul style="list-style-type: none"> Statements that indicated where the organization stood on the issue Not identified by the organization as the company policy Included a brief statement (e.g., one to three paragraphs) and, typically, consequences for non-compliance Typically addressed parts (i.e., elements) of a few of the policy components* Typically written in Code of Conduct or Code of Ethics documents, or on company websites
<p>*The results of the examination of the literature produced eight thematic policy components and numerous detailed policy elements. These are described in the Results section.</p>			

3 See strategies.ic.gc.ca/app/scr/app/cis/search-recherche#brwseinds.



Policies were considered to be comprehensive if they addressed 75% of the policy components (six out of eight components) identified during the reviews of the literature (components and elements are discussed in the Results section), as it was possible that some components, such as policy review and evaluation or meeting legal requirements, might be addressed in other policies or procedures rather than directly in the substance use policy. Additionally, policies were considered comprehensive if they clearly explained or provided specific procedures for various elements of the components (e.g., employee responsibilities, procedures for non-compliance). Documents that addressed at least 50% of the components (four out of eight), were written in policy format and were generally independent documents were considered to be policies, but not strong enough to be considered comprehensive. Documents or text indicating they were the organization's policy, but were insufficiently developed (e.g., only addressed three or fewer components, did not provide details or procedures, were only a few paragraphs in length), were considered to be policy statements. These types of documents were too brief in content to provide guidance for employees or management on how to address potential substance use issues. Statements that described an organization's position or philosophy towards substance use, but did not indicate that these were the organization's policy, were categorized as position statements. These were included to capture, at a minimum, the general context of organizations with an awareness of substance use issues and the workplace.

National Survey

A bilingual, web-based survey was used to collect more data on policies and obtain details about practices and experiences of organizations from across Canada, which was not possible through the environmental scan. Online surveys, when combined with an introductory email, can be effective in the collection of large amounts of data from target populations, as well as allowing for greater comparative analyses of responses (Evans & Mathur, 2005; Solomon, 2001). The survey contained 22 questions (approximately 65 items) that used a combination of multiple choice, yes/no, check-all-that-apply, Likert-type scale (e.g., very ineffective to very effective), and open-ended queries. The survey questions are listed in Appendix C. Convenience sampling was used to identify and select potential participants from six safety-sensitive industries (aviation, marine, rail, oil and gas, construction, and law enforcement). CCSA selected safety-sensitive industries because of their universal need to protect employees, the public and sometimes the environment, and, as such, they were most likely to have comprehensive policies and practices, and were likely to have undergone some form of legal review.

CCSA developed survey questions based on the review of academic and grey literature and other surveys of this type, as well as from the results of the environmental scan. Questions collected data on demographic information related to the organization (e.g., location of operations, number of employees), the organization's substance use policy (e.g., components, education, consultation), detection and testing (e.g., reasonable cause testing, type of substance screened), treatment and return to duty (e.g., referral for assistance, return-to-duty/work agreements), evaluation of policies and practices (e.g., frequency of evaluation, indicators used), and concerns related to the potential impact of cannabis legalization and regulation.

The survey was initiated through a bilingual email that included a link to the bilingual survey website. Convenience sampling was used and approximately 700 individuals (health and safety managers, human resource personnel, presidents) were invited to participate in the anonymous survey. It was not possible to obtain direct email addresses for all organizations and so CCSA sent emails to general email addresses for organizations with a request to have the appropriate person contact the contractor if she/he was interested in participating. With the exception of associations, only one



email contact was used for each of the 700 invitations and each was coded with a unique identifier to prevent more than one person from an organization responding to the survey. CCSA identified organizations from among our network of interested stakeholders and those known to have comprehensive policies. The majority of organizations were found using the Canadian Industry Statistics website.

To maximize participation in the survey, CCSA developed a second list of potential contacts to ensure the highest number of possible responses. This list contained email contacts to over 30 associations from the six safety-sensitive industries. As associations were not likely to share their membership list, a request to distribute an open link to the survey to association members was sent to a contact in the association.

The survey was open for a total of five weeks (April 24, 2017, to May 26, 2017). Four reminder emails were sent to encourage responses. On average, participants completed the survey in 20 minutes and 30 seconds. No responses were considered incomplete or removed for analytical purposes.⁴ Skip logic was used to ensure that respondents were only asked questions that applied to them, and that the survey focused primarily on respondents who indicated that their organization included safety-sensitive positions and had a substance use policy. Therefore, the number of responses to questions generally declined over the course of the survey. Without the ability to track how many organizations or individuals received the open survey link through the association invitations, the survey response rate could not be calculated. The survey yielded a total of 87 completed surveys, which included 60 individuals who received the unique survey link and 27 individuals who completed the survey through the open link distributed by industry associations.

The Statistical Package for the Social Sciences (SPSS), version 19, software was used for the analysis of survey results. The results were analyzed by subgroups to explore any subgroup differences in responses.⁵ The following subgroups were used in the analyses:

- **The organization's industry or sector of work.** Cross-tabulations were run to explore potential differences in responses between the six safety-sensitive industries targeted in this research.
- **The nature of the safety-sensitive organization.** For analytical purposes, responses were grouped into two broad categories: 1) private sector organizations, which included any for-profit organizations, as well as industry associations represented by respondents; and 2) public-sector organizations, which included federal, provincial and municipal government departments or agencies, not-for-profit organizations Crown corporations and educational institutions.
- **The geographic extent of the organization's operations.** Responses were grouped into two categories: 1) Canada only; and 2) Canadian and international operations, which includes North American organizations, as well as those with operations beyond North America.
- **The region where the largest number of the Canadian organization's employees work.** Response options included each of the Canadian provinces or territories, the U.S. (considered as one region for the purpose of this survey if the majority of the organization's employees work in the U.S.), and outside of Canada or the United States (if the majority of the organization's employees work outside these countries).

⁴ Four respondents were skipped to the end of the survey after the second question, as the majority of questions did not apply to them.

⁵ For some survey questions (in particular, those with a greater number of response options), the counts for each response option were very small. Grouping response options into broader categories as described was necessary to reduce the degrees of freedom in cross-tabulations and enable meaningful comparison.



- **The organization's size, as measured by the number of employees.** Responses were grouped into three categories: small organizations (100 or fewer employees), medium-sized organizations (101 to 500 employees) and large organizations (more than 500 employees).
- **Unionization of the organization's Canadian workforce.** Two broad categories were considered in cross-tabulations: 1) organizations with only non-unionized employees; and 2) organizations in which at least some employees were unionized.

Differences were identified using a test of statistical significance that applied a Pearson's chi-square. Since the survey's sample was based on a non-random stakeholder database and the number of completions within the subgroups was less than optimal for testing statistical significance, statements about tendencies among the subgroups should be interpreted as a starting point for further exploration and analysis, rather than as conclusive or statistically significant findings. This report only discusses cross-tabulations that resulted in a chi-square p-value of less than 0.05. Analyses by geographic extent of operations, organization size and unionization yielded statistically significant results for at least some questions. Regional analyses produced no significant differences.

Key Informant Interviews

To provide further contextual details on best practices and to obtain details regarding development and implementation of policies – including successes, challenges and effectiveness of policies – key informant interviews were conducted with specific individuals from safety-sensitive organizations. Interviews can be an effective method for gathering detailed data and, with respect to this study, allowed for the exploration of unique differences between organizational approaches and experiences to workplace substance use that cannot be obtained from environmental scan and survey data alone (Qu & Dumay, 2011).

As with the survey, CCSA developed interview questions from the academic and grey literature findings, as well as from findings in the environmental scan. There were a total of 19 questions (34 items), which followed the survey format but asked specific details with respect to workplace procedures and practices. Appendix D provides the interview questions.

A total of 49 potential informants were contacted across the six industries: aviation (eight informants), marine (10 informants), rail (eight informants), oil and gas (seven informants), construction (six informants), law enforcement (nine informants), and one additional interviewee in the transportation industry. CCSA identified key informants from the safety-sensitive industries using the same criteria as those identified for the survey, and included the participant if their organization had a policy. CCSA sent personalized emails to those most likely to be best suited to respond to the survey (e.g., human resources). However, each organization was responsible for identifying the individual best placed to respond to the interview questions. Emails were repeated weekly (or more frequently, when appropriate) until an interview was scheduled, the individual declined, two interviews were completed for that industry or the interview timeline elapsed. A total of 12 interviews were conducted at the convenience of the interviewee via the telephone in the official language of the interviewee's choice. Nine of the key informants were managers, five of whom had roles in health and safety. One interviewee was a chief medical officer and one was a policy advisor in the human resources department. The interviews lasted approximately 45 minutes. Each individual possessed detailed knowledge and the authority to discuss their organization's substance use policies.

Achieving the requisite number of interviews was challenging due to low response rates. Of those contacted, 17 did not respond and 15 declined, and several others could not be completed within



the allotted timeframe due to scheduling difficulties. The most common reason for declining, when offered, was a lack of time. Notably, no key informants representing the law enforcement industry participated in an interview. While two interviews with law enforcement representatives were scheduled, these key informants cancelled their scheduled interviews upon reviewing the interview questions. These and other law enforcement representatives noted that their organization did not have their own substance use policy; instead, their organizations' substance use policies and procedures were set externally through legislation, such as the *Royal Canadian Mounted Police Act* of the Government of Canada.⁶ Given that this sector was not likely to be able to participate in the study, an individual from another safety-sensitive sector, the transportation industry, was interviewed and the results included in this report.

Names of individuals and organizations were removed from the raw data, and results discussed in aggregated format for this report. Since the purpose of the interviews was to gain detailed information on the implementation of and experiences with substance use policies, the interview questions were emailed to interviewees in advance to improve efficiency and to ensure they were prepared with information for the discussion.

⁶ See *Royal Canadian Mounted Police Act*, R.S.C., 1985, c. R-10 at laws-lois.justice.gc.ca/PDF/R-10.pdf.



Results

To best organize the findings, the results of the literature examination are reported first, and then the results of the environmental scan, national survey and key informant interviews are reported according to the eight thematic components identified from the literature. Within each thematic component, the results of the scan are reported first, followed by the results of the survey and interviews.

Key Components of Substance Use Policies Identified in the Literature

From the review of the literature, there did not appear to be a standardized method used to examine policies for their multiple components. To conduct this study, a method was necessary to review the state of substance use policies in the environmental scan, survey and interviews. The results of the review revealed that, although comprehensive policies and practices are variously defined, there were a number of components that were consistently identified as important to substance use policies and provided a method to frame this study (Canadian Centre on Substance Use and Addiction [CCSA], 2017; Carpenter, 2007; ILO, 2012; Keith, 2015; Linnan et al., 2008; Pidd et al., 2015). Since organizations can structure their policies very differently from each other depending on their individual needs, these components were organized into eight broad thematic areas:

1. Objectives and scope
2. Prevention
3. Observation and investigation
4. Support
5. Return to duty/work
6. Non-compliance
7. Review and evaluation
8. Legal requirements

Within each of these broad components a number of specific elements (e.g., education, training, treatment programs, behavioural indicators, return-to-duty/work programs, consequences, etc.) were also identified from the literature. Best practices indicate that policies must be tailored to individual organizations, such as the type of workplace environment or the operational procedures (Ames & Bennett, 2011). Therefore, it is recommended that organizations choose the elements applicable to their situation, while ensuring compliance with local jurisdictional requirements.⁷ The components and elements are discussed in detail below.

1. Objectives and Scope

According to the International Labour Organization (ILO, 2012), the objectives and scope of how substance use will be addressed in the workplace should be clearly stated in the policy. This

⁷ This “thematic” framework was designed for the collection and analyses of data, and actual workplace policies should be developed around a “policy” framework rather than an investigative framework. Policies may, and often will, include many other components and specific elements pertinent to the organization’s needs.



component will generally include a policy statement describing the organization's position on substance use, the purpose and goals of the policy, to whom the policy applies (e.g., employees, contractors, volunteers), the substances that are included (e.g., alcohol, illegal drugs, prescription drugs), the expectations, roles and responsibilities of employees and employers and where and when the policy applies (e.g., premises, property, social events, on call duties) (Ames & Bennett, 2011; ILO, n.d.; Attridge & Wallace, 2009; ILO, 2012; Pidd et al., 2015). Additionally, the literature states that all employees should have access to policies.

Within Canadian law, employers must provide a safe work environment (discussed below). Policies will typically describe the employer's obligations in this regard, often under health and safety policies. At the same time, employees also have responsibilities to their fellow employees, employers and others whom their actions might affect. Employees have an implied duty under Section 126, Duties of Employees, Health and Safety matters, of the Canada Labour Code, Part II, to report to their employer should they be taking any substances that could impact their ability to work safely (CCSA, 2017).⁸

Organizations must also adhere to the regulations of individual provinces and territories, which may expand upon federal regulations. Policies should acknowledge the employee's "duty to disclose" (i.e., report use that could impair their performance) and expressly include legal drugs that could impair an employee's performance. Similarly, in order for employers to offer accommodation, the Supreme Court of Canada has indicated that an employee must be an active participant in accommodation, where not disclosing a disability can impede the duty to accommodate (CHRC, 2017). However, an employee might not want to admit to or recognize that he or she may be affected by a substance use issue, which would trigger the employer's duty to inquire (described below).

2. Prevention

Prevention components of policies describe the strategies organizations use to help reduce and deter substance use. According to the research, this component can include proactive elements such as education, training and developing supportive workplace culture and norms about substance use (Ames & Bennett, 2011; Attridge & Wallace, 2009; ILO, 2012). Education can encompass many subjects, but typically includes ensuring all employees understand the organization's policy about substance use and their responsibilities, and also that employees are educated and provided information about healthy living, the effects of substance use, stress management and occupational risks (Ames & Bennett, 2011; Macdonald, Csiernik, Durand, Rylett, & Wild, 2006). Some studies have shown that educating employees, particularly about drug use, significantly reduces workplace substance use (Pidd et al., 2015).⁹ Offering training, such as how to observe and detect potential issues, how to respond to incidents, or how to investigate when impairment or substance use is suspected, to managers and other employees who might be required to implement or carry out workplace policies can be instrumental in early detection and response to issues (ILO, 2012; Webb et al., 2009). Workplace culture and norms that support beliefs, values and behaviours related to substances, in particular alcohol, are often associated with substance use that affects the workplace (Frone, 2006; Macdonald, Wells, & Wild, 1999). Such norms can include

⁸ Section 126 describes general responsibilities and duties of employees including taking reasonable precautions to ensure the health and safety of the employee, other employees and individuals likely to be affected by the employee's acts or omissions, following health and safety procedures, and cooperating with health and safety representatives and workplace committees, among other requirements. The expectation to report substances that could impair performance and risk health and safety can be considered under these broader duties.

⁹ Various delivery methods for educational information, for example, face-to-face versus web-based programs, have varying degrees of effectiveness. Organizations will need to develop programs that are best suited for their context, needs and capacity. One method that has been shown to be effective in addressing substance use is the "Team Awareness" program, which involves education, training and intervention (Bennett, Lehman, & Reynolds, 2000).



permissive environments where consuming alcohol is part of business or after work social activities, or environments with greater access to substances such as the service industry (alcohol) or the medical industry (drugs).

3. Observation and Investigation

The literature also suggests that comprehensive policies and practices include clear procedures on how to monitor for, and handle suspicion or detection of, impairment and substance use (Atlantic Canada Council on Addiction [ACCA], n.d.; Attridge & Wallace, 2009; ILO, 2012). Substances covered by workplace policies typically include alcohol and illegal drugs. However, some policies are broadened to other drugs to capture all substances that can have potential impairing effects (e.g., some prescription or over-the-counter drugs).

Observing for impairment or substance use can be difficult and is often done by using behavioural indicators (e.g., observation of depression, attitude changes, confrontations) or performance indicators (e.g., absenteeism, poor performance, accidents, near misses) (Ames & Bennett, 2011; ILO, 2012; S. Macdonald et al., 2006). For certain industries, bodily fluids or breath are also tested for the presence and concentrations of substances (e.g., alcohol or certain types of drugs). Nevertheless, for some substances, presence does not indicate impairment, thus testing cannot be considered conclusive in certain cases.¹⁰ There is evidence that substance testing alone as a deterrence measure has limited efficacy in reducing workplace substance use (CCSA, 2017). However, when combined with other policy components like education and support as part of a comprehensive policy, testing may demonstrate more usefulness; however, more research is needed (see below) (Pidd et al., 2015).

Organizations can choose to incorporate testing in different ways. Random testing typically refers to a random selection of employees for testing that might occur at pre-determined dates and times, and unannounced testing is performed at unknown dates and times on employees selected at random or specifically (e.g., for monitoring during return-to-duty/work period) (CCSA, 2017; McNaught, 2013). An event (e.g., an injury or property damage incident or narrow avoidance of an incident) can also trigger testing, usually referred to as a post-incident, near-miss incident or reasonable cause testing (Keith, 2015). Reasonable cause testing can also be triggered by a change in employee behaviour, decline in performance or supervisor/co-worker concern. Testing can also be context specific, such as pre-employment testing or site access testing (e.g., employees might be required to undergo testing before entering a safety-critical location).

The use of testing in Canada has largely been defined through legal decisions and guided by health and safety, and human rights legislation. Consultation with relevant experts and stakeholders should take place when testing is being considered as part of workplace policies or practices (CCSA, 2017).¹¹ Substance testing has been challenged as to whether it is effective in deterring substance use or reducing accidents and injuries (Christie, 2015; Kraus, 2001). There are a number of study design challenges to investigating the effectiveness of testing in workplaces (e.g., eliminating other causes such as improved safety measures, presence of support options, establishing a control

¹⁰ Alcohol and drug testing is typically conducted by organizations with safety-sensitive occupations and those subject to U.S. DOT regulations, although other industries can also choose to conduct tests. Testing can include blood, urine, oral fluid, hair or breath. However, with the exception of alcohol, a positive drug test indicates past drug use and not necessarily impairment levels (Frone, 2004; Pidd et al., 2015). Incorporating testing into a policy is a sensitive topic with legal implications and requires a thorough understanding of properly balancing the need for a safe work environment and the privacy rights of an individual (CCSA, 2017).

¹¹ Observation and investigation techniques and procedures used in the workplace are tools and should not be considered an assessment. Only trained medical professionals who conduct thorough evaluations of individuals can make assessments as behaviours could be indicators of other potential issues (e.g., physical illness, personal events, mental health changes).



group, small sample sizes, etc.). Many studies, at best, have only demonstrated correlations between testing and deterrence and reduced injuries or accidents, rather than causation (Cashman, Ruotsalainen, Greiner, Beirne, & Verbeek, 2009; Macdonald et al., 2010; Pidd & Roche, 2014).

Comprehensive policies describe (or refer to supplemental policy documents) the behavioural and performance indicators that the organization uses to observe for potential impairment or substance use affecting performance, as well as provide guidelines for management on how to investigate and make decisions for further review (ACCA, n.d.). It is recommended that policies indicate who will conduct further investigations and reviews such as independent medical evaluations (IMEs) by a medical review officer (MRO), medical doctor with a specialization in addiction and occupational medicine, qualified SAPs/SAEs, or equivalent (Attridge & Wallace, 2009; CHRC, 2017). To be able to provide accurate evaluations, advice and recommendations appropriate to the workplace context, medical experts should have a specialization in addiction and occupational medicine (CCSA, 2017).

When it is observed that an employee might be affected by a substance (e.g., employee behaviour, attendance, performance changes), but does not want to admit it or does not recognize the potential issue, from a legal perspective, employers have a “duty to inquire” (CHRC, 2017). This duty can be included as part of the policy guidelines for managers. It is also recommended that policies include standards and explain the procedures pertaining to maintenance of employee confidentiality during the investigative process (Chartier, 2006; ILO, 2012). Factors related to human rights and workplace safety are also defined at the provincial level, as well as by occupational health and safety standards.¹²

4. Support

Supporting employees is also an important component of comprehensive policies and can be instrumental in reducing issues, yet this component is often missing from workplace approaches (Pidd et al., 2015). There has been little research on how workplaces support employees, but among the evidence thus far, opportunities for brief interventions (e.g., education), conducting interventions through general health checks, referrals from peers, offering psychological counselling and EAPs/EFAPs have demonstrated modest to favourable effects on employee substance use (Ames & Bennett, 2011; Attridge & Wallace, 2009; Logan & Marlatt, 2010; Macdonald et al., 2006; Public Health Agency of Canada, 2015; Webb et al., 2009).

Although subject to the quality of the provider, counselling and EAPs appear to have been the more effective support options, but more research is required to make this determination. Some organizations, such as smaller organizations, may be limited in their capacity to offer health programs, but policies can still refer employees to resources and information for further assistance (Ames & Bennett, 2011). As with observation and investigation, policies should also describe how employee privacy and confidentiality will be maintained while receiving support (ILO, 2012).

5. Return to Duty or Work

Describing the process for employees who return to duty/work after an extended absence is another component of comprehensive policies. By law, employers have a “duty to accommodate” employees up until the point of undue hardship when it has been determined that they are affected by a

¹² For instance, see the Ontario Human Rights Commission regarding duty to accommodate at www.ohrc.on.ca/en/policy-preventing-discrimination-based-mental-health-disabilities-and-addictions/13-duty-accommodate or the *Canada Occupational Health and Safety Regulations* (SOR/86-304) found at www.laws-lois.justice.gc.ca/eng/regulations/SOR-86-304/index.html.



substance use disability¹³ (CHRC, 2017). This duty will often form part of the return-to-duty or return-to-work policy (ACCA, n.d.; CCSA, 2017).¹⁴ Since relapse is a part of the recovery process for many individuals who use substances (McQuaid et al., 2017), policies and practices will need to incorporate relapse as a factor that can affect the return-to-duty/work period. This component also often includes general conditions under which employees can resume their duties, such as indicating that employers will work with employees or unions to accommodate employee needs, employees will participate in return-to-work or aftercare programs, medical professionals or SAPs/SAEs will be consulted,¹⁵ or employee progress will be monitored and evaluated. There may be a requirement to enter into employer–employee agreements (e.g., return-to-duty/work agreement, relapse agreement, last-chance agreement) (ACCA, n.d.; CHRC, 2017; Chartier, 2006). Beyond these elements, specific conditions and strategies pertaining to an employee returning to work are conducted on a case-by-case basis and are not described in policies.

6. Non-compliance

Across the literature, most organizations include at minimum a policy component for non-compliance, which is generally used as a disciplinary measure or a reactive deterrence measure (Macdonald et al., 2006; Pidd et al., 2015). Elements of the non-compliance component describe what constitutes violation of the policy, provide clear procedures for how the organization will respond and explain the consequences for different violations (Attridge & Wallace, 2009; CCSA, 2017). Details of these elements vary and are specific to the organization. However, violations can include bringing alcohol or psychoactive drugs¹⁶ (illegal or legal) to work or working impaired. Response procedures may describe the rules or standards about substance use and non-compliance. Consequences may include immediate removal from a safety-sensitive area, suspension or termination.

7. Review and Evaluation

To ensure workplace policies are appropriate and effective, a review and evaluation component should be built into the policy (ACCA, n.d.). A number of elements are included in this component such as conducting a needs assessment, incorporating consultative processes, scheduling reviews or establishing indicators (Ames & Bennett, 2011; ACCA, n.d.). SAMHSA in the U.S. recommends organizations conduct a needs assessment to determine what type of policy is best suited for them (SAMHSA, n.d.). No one blanket policy will work for all organizations, nor can organizations borrow policies from other organizations without making adjustments. Instead, they must be tailored to the specific needs and context of the business (Ames & Bennett, 2011).

13 Accommodation must be balanced with the need to prevent undue hardship to the employer, such as when accommodation will be detrimental to the employer in some manner, for instance, costs or creating health or safety risks (Chartier, 2006). Undue hardship is decided on a case-by-case basis and is not typically addressed within the substance use policy (CCSA, 2017).

14 Return to work means an employee is able to return to the workplace in general, but might not return to their specific job. Return to duty means an employee is able to return to their previous job and perform the duties of that job.

15 SAPs/SAEs are another option in assessing and monitoring employees. Although, a number of Canadian organizations make use of their services, SAPs/SAEs are not regulated in Canada and therefore qualifications may vary. These professionals are regulated in the U.S. and are responsible for evaluating employees who have violated DOT substance use regulations, as well as providing recommendations for treatment, education, testing and aftercare. In the U.S., they do not represent the employee or employer, but are expected to act in the interests of public safety.

16 Policies typically did not use the term psychoactive, but instead used more lay language such as drugs that can cause impairment. Psychoactive drugs (legal or illegal) cause changes in brain functioning that can disrupt normal cognitive and psychomotor performance. The effects vary depending on the substance, but can include slowing of brain functioning reducing effectiveness and efficiency of decision making; or speeding up brain activity that could result in impulsive or risky decisions (Beirness, 2017).



To further ensure policies are appropriate, foster improvement, encourage employee uptake and reduce stigma, it is recommended that policy development and review should be a consultative process with employees, unions where applicable, human resources, medical experts, legal counsel and other relevant individuals or groups (Ames & Bennett, 2011; Attridge & Wallace, 2009; Keith, 2015). Policies are often reviewed after an incident or when they are not able to address a situation, but they should undergo regular review and evaluation. Evaluation also involves establishing indicators to measure if the policy is effective and meeting its objectives. Indicators can include measuring absenteeism rates, use of EAP/EFAP services, productivity, number of incidents or other indicators applicable to the organization (ILO, 2012). Although there does not appear to be research that examines which indicators are effective in measuring reductions of substance use affecting the workplace, some studies have shown associations between use and certain measures. For instance, in the study on cannabis use among postal workers discussed earlier (Zwerling et al., 1990), the substantially higher rates of accidents, injuries and absenteeism among employees who tested positive for cannabis or cocaine might suggest a starting point to establishing indicators for evaluation. A recent survey by the Conference Board of Canada (2016) of 179 Canadian organizations found that only 32% of respondents evaluated their policies and programs for effectiveness.

8. Legal Requirements

Workplace substance use policies and practices must, at minimum, meet the applicable provincial, territorial or federal legal standards. Employers are required by law to ensure that the health and safety of all employees is protected at work at the federal level for federally regulated workplaces (*Canada Labour Code*, RSC 1985, c L-2, s 124), as well as at the various provincial and territorial levels. The employment and human rights legislation also recognizes substance use dependence as a disability and therefore it cannot be discriminated against in the workplace (*Canadian Human Rights Act*, RSC 1985, c. H-6; *Employment Equity Act*, SC 1995, c. 44). Legislation on employment discrimination and human rights also exists at the provincial and territorial levels. Among other legal requirements, substance use policies and practices will be governed by ensuring health and safety for all employees, recognizing substance use dependence as a disability and addressing the duty to disclose, the duty to inquire and the duty to accommodate (discussed below) (CCSA, 2017; CHRC, 2017; Chartier, 2006; ILO, 2012).

Characteristics of the Environmental Scan, National Survey and Key Informant Interviews

Environmental Scan

Through the review of publicly available policies, CCSA identified 35 policies, 12 policy statements and 24 position statements. Within the 35 policies, 15 were found to be comprehensive substance use workplace policies. Organizations reviewed included those from the private, public and non-profit sectors; those with union and non-union environments; and those with operations that varied among municipal, provincial, national and international jurisdictions. Where information was available, organizations ranged in size from approximately 2,000 to over 23,000 employees, with most ranging between 2,000 and 8,000 employees. All ten industries were represented (see Table 3). However, for two industries, “agriculture, forestry, fishing and hunting” and “wholesale trade/warehousing,” only one organization with policy data was found for each. As unions sometimes define substance use policies, this sector was also included.



Industry	Quantity
1. Agriculture, forestry, fishing and hunting	1
2. Mining, quarrying, and oil and gas extraction	11
3. Construction	8
4. Manufacturing	5
5. Transportation, public utilities	6
Aviation	5
Shipping/marine	4
Transportation	3
6. Wholesale trade, warehousing	1
7. Office environments	4
8. Services	4
9. Public administration	10
10. Other services	5
11. Unions	4
Total	71

Almost all of the comprehensive policies that were found fell under industries with safety-sensitive or risk-sensitive elements, such as oil and gas, mining, construction, transportation, municipal agencies and healthcare sectors (e.g., hospitals). A number of these industries, particularly transportation, had cross-border operations and therefore often referenced U.S. DOT regulations within their policies.

Although most organizations were not likely to have publicly available substance use policies, given the large number of organizations that were scanned (approximately 800) for policies or statements and the small amount of data that were found (71 pieces), the results suggest that a number of organizations do not address substance use in the workplace. Among the results that were classified as policy statements, the wording often suggested that organizations considered these as their formal policy for substance use, even though the wording was often brief, lacked sufficient content describing policy procedures, or lacked policy components beyond objectives and scope, and non-compliance. This lack of detail indicates that a number of Canadian organizations appear to have insufficient policies to address substance use.

Survey and Key Informant Interviews

The national survey sample included 87 respondents from various safety-sensitive industries. Similarly, the 12 key informants represented various safety-sensitive industries and included a mixture of positions (e.g., managers, chief medical officers). Although a number of key informants emphasized the importance of unions and professional associations, none of the interviewees were representatives of these groups, therefore the perspectives of unions and associations were not captured directly in the interview findings.

Industry Representation

Table 4 reveals that the largest number of survey respondents represented organizations belonging to the law enforcement, construction and oil and gas industries. This sector-based profile of respondents appeared to reflect, to some degree, the relative industry sizes, as more respondents participated from the larger construction (23%) and oil and gas (18%) industries, and fewer respondents participated from the smaller marine and rail industries. However, the response from the law enforcement sector (32%) is relatively large, given the size of the law enforcement industry in



Canada. This somewhat disproportionate representation of law enforcement representatives might result from the fact that three of the five industry associations that agreed to distribute the open survey link were law enforcement associations and so reached greater numbers of respondents.

While most respondents identified their organization as belonging to one of the six safety-sensitive industries that were the focus of this research, six individuals (8%) identified another safety-sensitive industry to which their organization belonged. Other safety-sensitive industries identified by respondents included transportation (of the public or goods), storage or management of goods or waste, and energy production. Two key informants represented each of the select safety-sensitive sectors with the exception of law enforcement, where there were no key informants. Additionally, three informants represented the rail industry. Although transportation was more broadly represented across all of the selected safety-sensitive industries, one additional interview was conducted with a representative from an organization whose primary operations were road transportation.

Table 4: To which of the following sectors does your organization belong?		
(n=87)	Count	%
Aviation	14	16%
Marine	6	7%
Oil and gas	16	18%
Rail	6	7%
Construction	20	23%
Law enforcement	28	32%
Other		
Transportation (public or goods)	3	3%
Storage/management of goods or waste	2	2%
Energy production	2	2%

Note: Respondents could provide more than one answer; totals can sum to more than 100%.

For the majority of the oil and gas (81%), law enforcement (68%) and construction (50%) sector organizations represented by survey respondents, the largest number of their workers are employed in the province of Alberta (see Table 5). Given the large oil and gas industry in Alberta, the corresponding number of responses might not be surprising. In terms of construction, one survey respondent from Alberta expressed strong interest in the survey and made concerted efforts to promote and encourage other organizations from this sector and region to participate in the survey.

Table 5: Sector, by region, in which largest number of employees work						
To which of the following sectors does your organization belong?						
In what region does the largest number of your organization's employees work?						
	Aviation (n=14)	Marine (n=6)	Oil and gas (n=16)	Rail (n=5)	Construction (n=20)	Law enforcement (n=28)
British Columbia	28%	33%	6%	-	10%	0%
Alberta	36%	33%	81%	40%	50%	68%
Saskatchewan	14%	-	13%	-	15%	11%
Manitoba	7%	-	-	20%	4%	4%
Ontario	14%	-	-	20%	25%	11%
Quebec	-	33%	-	20%	-	7%

Note: Columns might not sum to 100% due to rounding.



Safety-sensitive Positions

This survey targeted only organizations operating within safety-sensitive sectors, but organizations that operate within a safety-sensitive industry do not necessarily have safety-sensitive positions.¹⁷ Due to this possibility, respondents were asked to identify whether their organization includes safety-sensitive positions.

The vast majority of respondents (n=83, or 95%) indicated that their organization did have safety-sensitive positions. Individuals who said their organization did not include these positions were skipped to the end of the survey and did not participate in the remainder of the survey. All organizations targeted for the key informant interviews had safety-sensitive positions.

Nature of Organization and Workforce

Table 6 shows the types of organizations represented by survey respondents. Roughly two-thirds of respondents indicated their organization fell within the private business sector (60% of all who responded to this question). A smaller proportion indicated they represented industry associations (5%). Slightly less than one-third of respondents (30% of all who responded to this question) completed the survey on behalf of a municipal government department or agency. Few respondents indicated that their organizations represented other levels of government or other public-sector institutions, such as Crown corporations and educational organizations (only 1% of respondents selected each of these options). Organizations represented by key informants fell largely within the private sector and several indicated they were controlled by Government of Canada or Transport Canada regulations.

Table 6: Which of the following best describes the nature of your organization?		
(n=83)	Count	%
Private sector	50	60%
Municipal government department/agency	25	30%
Federal government department/agency	1	1%
Provincial government department/agency	1	1%
Crown corporation	1	1%
Educational (university/college/school)	1	1%
Industry association	4	5%

Note: Percentages might not sum to 100% due to rounding.

Table 7 shows the extent of unionization among Canadian employees of organizations represented by survey respondents. For two-thirds of respondents (66%), their organization's Canadian workforce included at least some unionized employees, with the vast majority of these indicating that over half of their workforce was unionized. One-third (33%) of respondents indicated that their organization had no unionized employees. Among the key informants, the majority of organizations represented had some degree of unionized employees.

17 For the purposes of this research, safety-sensitive positions were defined as those in which impaired employee performance could result in a significant incident affecting the health and safety of the individual, other employees, customers or the public, or could cause property damage. Respondents were informed that safety-sensitive positions could include any full-time, part-time, contract or other employee performing work for their organization.



Table 7: Which of the following best describes your organization's Canadian workforce?		
(n=83)	Count	%
Non-unionized employees	27	33%
Less than 50% unionized	6	7%
50% or more unionized	49	59%
Unsure/don't know	1	1%

Geographic and Regional Profile

Respondents were asked to identify the geographic extent of their organization's operations, as well as the region in which the largest number of the organization's employees are located. As Table 8 shows, nearly three-quarters (71%) of organizations represented by respondents operate solely within Canada. Less than one-third of respondents indicated that their organization's operations also extend beyond Canada's borders, operating within other North American countries (15%) or internationally in countries beyond North America (15%).

Table 8: Which of the following best describes the geographic extent of your organization's operations?		
(n=83)	Count	%
Canada only	59	71%
North America	12	15%
International	12	15%

Note: Percentages might not sum to 100% due to rounding.

Table 9 shows that 54% of respondents indicated that the largest number of their employees work in Alberta, while approximately one-tenth each reported that the largest number of their employees work in Ontario (13%), Saskatchewan (12%) or British Columbia (11%). Only a few respondents indicated that the largest number of their organization's employees was located in either Manitoba (4%) or Quebec (5%). No respondents indicated that the largest number of their organization's employees worked in the Maritimes, any of the territories, the U.S. or any location outside of Canada or the U.S. All of the organizations represented by key informants were headquartered in Canada. Many operated in North America, several operated internationally, and a few operated in Canada only. The majority of organizations operated in more than one province or territory.

Table 9: In what region does the largest number of your organization's employees work?		
(n=83)	Count	%
Alberta	45	54%
Ontario	11	13%
Saskatchewan	10	12%
British Columbia	9	11%
Quebec	4	5%
Manitoba	3	4%
Unsure/don't know	1	1%

Note: Respondents were also given the following response options: New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Labrador, Nunavut, Yukon, Northwest Territories, United States, and outside of Canada or the United States.



Organization Size

Respondents were asked to select their organization's size by providing an estimate of the number of individuals their organization employs in Canada. Table 10 shows that respondents were relatively well distributed between those representing small (100 employees or less, 28%), medium (101 to 500 employees, 41%), and large organizations (501 or more employees, 31%). Key informants were not asked about the specific number of employees their organizations employed. However, a profile of their organizations indicated that approximately half were large employers having more than 500 employees.

Table 10: Please indicate the approximate number of all individuals employed by your organization in Canada.		
(n=83)	Count	%
1 to 10 employees	5	6%
11 to 20 employees	5	6%
21 to 100 employees	13	16%
101 to 500 employees	34	41%
More than 500 employees	26	31%

Presence of Substance Use Policy

The vast majority of survey respondents (91%) said their organization had a specific policy on employee alcohol and drug use (see Table 11). As the survey was designed to target organizations with substance use policies, those who reported that their organization did not have a policy with respect to substance use, or were unsure or did not know, were skipped to the end of the survey, and did not respond to the remainder of the survey questions.

Table 11: Does your organization have a policy on employee alcohol and/or drug use?		
(n=80)	Count	%
Yes	73	91%
No	6	8%
Unsure/don't know	1	1%

As the key informants were targeted for interviews because of the likelihood that their organizations would have substance use policies, each reported having a policy in place. Among them, nearly all had a policy in place for 10 years or more, with only two having implemented one within the last six years and one having implemented its policy in 2017.

Results of the Scan, Survey and Interviews According to Eight Comprehensive Policy Components

The data collected through the environmental scan, national survey and key informant interviews were analyzed against the eight components of comprehensive substance use policy identified during the examination of the literature (objectives and scope, prevention, observation and investigation, support, return to duty/work, non-compliance, review and evaluation, and legal requirements). The data are also discussed according to various elements of each component.



1. Objectives and Scope

Environmental Scan

The results of the scan revealed that all policies, policy statements and position statements included wording about the organization's position on substance use affecting the workplace. The majority, but not all, generally stated that alcohol and drugs that impair employee performance were not permitted while working. A few policies also extended this prohibition to outside of working hours if the substance could have an impact on performance (e.g., consuming alcohol prior to work or during breaks or lunch, or while employees were on call). Almost all policies or statements included wording that directly named alcohol or drugs. However, slightly fewer policies and less than half of all policy statements and position statements specifically addressed psychoactive prescription drugs and their potential impairing effects.

With the exception of the above statements, almost all policy and position statements did not include any other information with respect to objectives and scope. The majority of policies, however, were relatively clear about the purpose of the policy, with most citing health and safety reasons.

In terms of scope, about two-thirds of policies also described the roles and responsibilities of both employers and employees, and typically referred to this relationship as a "shared responsibility." Many organizations with safety-sensitive positions defined these roles separately within the policy and often ascribed greater responsibilities to, and scrutiny of, these positions relative to non-safety-sensitive positions. In addition to safety-sensitive roles, the results revealed two organizations that defined and used the term "risk-sensitive" positions. Each defined risk-sensitive slightly differently, one referring to those positions that supervised safety-sensitive positions and the other referring to health positions (e.g., doctors, nurses) that interacted with patients. Nonetheless, each policy addressed the same overriding principal that there are positions outside of safety-sensitive roles where impairment related to making decisions and overseeing others can have an impact on the health and safety of others. A few organizations included other workers (e.g., volunteers, students, part-time employees) within the scope of their existing policies, yet many of the organizations with contract employees had separate policies for these employees or indicated contractors had to have equivalent or better policies than that of the organization in order to work with it.

Absent in the majority of policies were guidelines that described where the policy applied (e.g., on company premises, conducting company business, using company vehicles or property) and guidelines for attending social events or hosting events (e.g., hosting company events, attending social events related to company work). Only about half of all policies provided guidelines and, with respect to social guidelines, some policies were unclear about expectations, a few used somewhat permissive language (e.g., could drink on premises in certain situations or during working hours, such as at lunch), or appeared tolerant of social drinking when it was part of business.

Survey and Key Informant Interviews

To set the context of workplace policies, survey respondents were asked to identify some of the topics and components included in their organizations' substance use policies. For the survey, it was necessary to ask this question by including a variety of policy elements to allow for comparisons of the data (for instance, the frequency of those that addressed alcohol versus the frequency of those that addressed prescription drugs) (see Table 12). However, for the purposes of reporting, the different components of this table will be addressed under its corresponding section throughout the results section.



Policy Content: Which Substances Are Addressed?

In terms of objectives and scope, Table 12 indicates that substance use policies covered alcohol use and illegal drug use for nearly all (99%) of the organizations represented by survey respondents. A large majority of respondents (88%) also identified that their organizations' substance use policies address the use of (psychoactive) prescription drugs and painkillers (when not used as directed). Respondents reported on these policy aspects with a high degree of certainty.¹⁸ Medical cannabis was the only substance that the majority (55%) of respondents indicated was not a part of their organization's substance use policy. During the interviews, several key informants indicated they were reviewing their policies in light of the new legislation and regulations, and recognize addressing cannabis (both medical and recreational uses) in their policy will be necessary. Whether or not the organization's policy already addressed cannabis, testing for cannabis was still carried out as part of the panel of screened substances. Some key informants pointed out that the science for detecting impairment by the psychoactive component of cannabis, tetrahydrocannabinol (THC), is considerably less developed than other substances, which could explain, at least in part, why organizations would exclude medical cannabis from their substance use policies. As some key informants reported, testing indicates the presence of THC, but it does not tell the organization if the employee is impaired. Other steps must be taken to determine impairment, such as a medical review.

Table 12: Please indicate whether or not each of the following topics or components are addressed or included in your organization's substance use policy.

(n=73)	Addressed/ Included		Not addressed/ Included		Unsure/Don't know	
	Count	Row %	Count	Row %	Count	Row %
Alcohol use	72	99%	0	0%	1	1%
Illegal drug use (e.g., recreational cannabis, cocaine, speed, street opioids)	72	99%	0	0%	1	1%
Prescription drugs and painkillers not used as directed (e.g., codeine, morphine, anxiety medications, fentanyl, diazepam, Demerol®)	64	88%	6	8%	3	4%
Procedures/actions for non-compliance with policy	55	75%	9	12%	9	12%
Procedures/actions for dismissal/termination	55	75%	8	11%	10	14%
Treatment options and/or support services	49	67%	13	18%	11	15%
Procedures or methods for evaluating employee substance use	43	59%	22	30%	8	11%
Return-to-work program	42	58%	18	25%	13	18%
Drug and/or alcohol screening or testing procedures	40	55%	27	37%	6	8%
Procedure for monitoring employees who return to work	38	52%	18	25%	17	23%
Accommodations (i.e., adjusting to employee needs when they return to work)	30	41%	26	36%	17	23%
Medical cannabis	21	29%	40	55%	12	16%
Other (open-ended response)	5	7%	33	45%	35	48%

Note: Row percentages might not sum to 100% due to rounding.

¹⁸ Only 1–4% of respondents indicated that they were uncertain about whether their organization's substance use policy included these components.



Survey respondents were not asked questions about the objectives and scope of their policies, as the survey focused more on operational and implementation aspects, but key informant interviews provided some information in this regard. Among the key informants, substance use policies applied to all employees in 10 out of 12 cases. The two exceptions were in construction, with one organization applying the policy only to field employees and one limiting the policy to certain sites, rather than particular employees. However, five of the 10 organizations with universal policies noted that the requirements for different positions under the policy would vary, in particular for safety-sensitive positions. While the policy applied to all employees, those in safety-sensitive positions would be subject to different triggering conditions and potential consequences for violating the policy than those in non-safety-sensitive positions. For example, one organization noted that if an employee operating rail equipment were to fall down, that would trigger the possibility of drug and alcohol testing; similar behaviour from an office employee might not.

Key informants representing other industries presented more varied definitions of safety-sensitive positions, with some organizations having extremely detailed and restrictive definitions, but at least one organization having no pre-set definition. The most restrictive definition of safety sensitive was held by an organization that carried out random substance testing. This organization defined a safety-sensitive position as one in which employees must 1) have a key, direct role in an operation where impaired performance could result in a catastrophic incident affecting the health and safety of employees, contractors, customers or the public; and 2) they have no, or very limited supervision, to provide frequent operational checks. According to the key informant speaking on behalf of this organization, this definition was necessary to establish random testing as a bona fide occupational requirement.

In general, key informant interviews revealed considerable variability among organizations in both the comprehensiveness and content of substance use policies. The policies described by key informants ranged from well developed policies that included details on expectations, support services, drug and alcohol testing procedures, and return-to-duty/work procedures to very basic policies that avoided explicit mention of sensitive issues such as substance testing. Although policies may vary in content, in terms of implementation one key informant stressed that organizations:

[D]on't make broad, sweeping standards that everyone has to adhere to. ... You have to take each case and look at it individually. It takes a lot of effort and time, but it typically pays off at the latter end because you can demonstrate you haven't discriminated against that person, because you haven't made one broad statement.

2. Prevention

Environmental Scan

Overall, less than half of the policies reviewed referred to proactive preventative methods such as education and training as part of the organization's substance use policy, and no policy or position statements mentioned these preventative elements. Among those policies that included education or training as part of their practices, the majority were those with safety-sensitive (e.g., construction) or risk-sensitive positions (e.g., hospitals). These policies often included details about their programs. Industry associations in particular tended to have the most developed programs, which included guidebooks, courses, checklists and additional resources specific to addressing substance use and the workplace for both employees and management. These resources typically provided clear information on substance use, as well as step-by-step procedures and methods to be used by management to address potential issues. Some organizations included resources directly in the



policy or referred employees to internal sources (e.g., insurance, EAP, EFAP, benefits, company human resources, health and safety, videos) for additional information.

Regarding those policies that did not refer to preventative methods, a few stated that it was the employee's responsibility to learn about, and be familiar with, the organization's substance use policy, but the majority of these policies made no reference to activities that would help address or reduce the issue in the workplace.

Almost all policies referred to the potential for impairment from prescription drugs, but only a few discussed over-the-counter drugs. Very few policies explained or provided examples of common prescription or over-the-counter drugs that could be impairing (e.g., cold or flu medication). A large number of policies required employees to discuss with their physician any potential impact on work performance from prescription drugs and report to the organization if there was an issue. These references in policies fall under the employee duty to disclose. However, statements were often general and only some policies, typically safety-sensitive, specifically explained the employee's responsibilities and procedures for disclosure.

It was not possible to analyze adequately workplace culture and norms by reviewing policies alone, but hints about these could be detected in some policy wordings. For instance, some policies explicitly indicated the organization's position was that of "zero tolerance" for substance use of all forms and in all situations; two policies included sections on human rights; and a few policies stated employees would be immediately terminated without investigation. This demonstrates the varying viewpoints and approaches to substance use by organizations. Viewpoints on alcohol use appeared to have the most variation in wording. Policies varied from no exceptions to alcohol use, to some policies providing guidelines to responsible use of alcohol in social situations (e.g., alternative transportation must be used when drinking), to a few policies that used permissive language, such as exemptions to the alcohol policy in certain business situations.

Survey and Key Informant Interviews

Survey respondents were asked to identify which employees within their organization receive orientation or education about the organization's substance use policy. Table 13 shows that for the vast majority (80%) of organizations represented by the survey, all employees, regardless of their position within the organization, receive education or orientation about substance use policies. Only a small proportion of organizations educated just those in management or safety-sensitive positions (6% for each). One-tenth of the organizations represented by the survey do not offer employees specific education or orientation about their substance use policies, relying instead on employees to read about the policies independently.



Table 13: Within your organization, which employees (if any) receive orientation and/or education about your organization’s substance use policy?

(n=73)	Count	%
All employees	58	80%
Employees do not receive orientation/education about substance use policies (employees are expected to read company policies on their own)	7	10%
Management	4	6%
Employees in safety-sensitive positions	4	6%
Other (open-ended response)	2	3%

Note: Respondents could provide more than one answer; totals can sum to more than 100%.

A number of key informants indicated that their supervisors or upper management received education and training on substance use and how to observe for and recognize potential impairment and other safety issues. One informant described the importance of ongoing education and understanding of the policy among all employees. This organization conducts two training sessions per year to remind employees of the policy and reinforces skills among front-line managers to handle potential substance use issues: “We host training sessions twice per year to make sure people have a chance to get re-exposed on the policy and its desired outcomes.” Employees are also educated about the organization’s standards and expectations for fitness for duty, as well as receive training on how fitness for duty can be compromised by other factors such as fatigue. The nature of the organization’s operations also affected the extent of training for management. For one organization whose operations were located over a large area of North America, training of supervisors did not make sense as these individuals are not in regular contact with the employees. Instead, the organization relies on trained individuals at the community level to help monitor and address potential impairment.

3. Observation and Investigation

Environmental Scan

Approximately half of all policies reviewed incorporated observation and investigation components and, similar to prevention, almost all of these instances were found within safety-sensitive or risk-sensitive industries. In terms of observation techniques, approximately half of the policies encouraged or required employees to self-disclose any substance use issues or to report if they had concerns with co-workers. Not all policies indicated to whom the information should be reported, but most specified management and then medical professionals, human resources or an equivalent internal position. A number of policies stated managers were to watch for changes in behaviour or work performance, but only a few policies provided specific details about what behavioural or work performance indicators to observe. Some policies combined these indicators, but generally behavioural indicators tended to include threatening mannerisms, withdrawal, argumentativeness, slurred speech, unsteadiness, disorientation or sensitivity. Performance indicators tended to include declines in productivity, poor quality work, absenteeism, tardiness or carelessness. These indicators were typically used as the basis for referral for medical assessment or substance testing.

Although no policy explicitly referred to the obligation “duty to inquire” (as described in the human rights policy of the federal and some regional human rights commissions [Ontario, New Brunswick]), several policies implied this obligation, generally stating managers must investigate incidents, reports from co-workers or if they observed any concerning behaviour or performance issues. Nonetheless, very few of these policies described how or what procedures managers were to follow when they



suspected potential impairment or substance use at work. Across the few policies that did provide procedures, the methods to address an immediate concern were relatively consistent and included:

- Remove employee from the work area;
- Bring him or her to a private area;
- Ask employee to explain behaviour or ask employee if she/he has consumed alcohol or drugs;
- Observe employee for behavioural indicators during the conversation;
- Bring in another manager or equivalent as a second observer;
- Refer the employee for medical assessment if necessary;
- Remain with employee if there will be testing; and
- Once done, consider if there is a need to send the employee home and, if so, arrange alternative transportation.

These few policies included sample interview questions, decision trees or flow charts to assist in the interview and decision-making process.

With the exception of one risk-sensitive organization, testing for substances was almost exclusively described in policies from safety-sensitive industries. The majority of organizations tested for reasonable cause, post-incident or near-miss incidents, and the majority provided examples of each in the policy. Somewhat fewer policies indicated job- or site-specific testing (e.g., pre-employment, prior to accessing certain work sites) and random testing. In most cases, random testing was not defined in the policies. The environmental scan, the national survey and the key informant interviews revealed wide variation in the use of terms associated with testing. This important distinction is discussed further following the discussion below of results from the survey and interviews. Among policies reviewed in the scan, random testing appeared to be used most often as part of return-to-duty/work practices (see below). Point-of-care/collection-testing (POCT), a portable test conducted on site rather than in the lab that can test for one or a combination of substances, was only mentioned by two policies. A number of organizations also included searches as a part of their policy, in order to detect or investigate the presence of alcohol or drugs and related paraphernalia. With the exception of a handful of organizations that provided full procedures for searches, most policies only described searches as something that occurred on company property or with personal belongings on company property without any further details.

Most organizations that conducted testing listed in their policies what substances were tested (e.g., alcohol, amphetamines, cannabis metabolites) and the method of testing (e.g., urine, breath, oral fluid). Somewhat fewer policies explained what the actual testing procedures would entail (e.g., where or who collected samples, rules for collecting samples such as not consuming alcohol before a test, when samples would be collected after an incident, etc.). Similarly, only some of the policies indicated the source of the reviewer for test results, such as an IME or MRO, or how decisions were made about results (e.g., interpretation of positive results, options for re-test). One policy specified that management would review results and make decisions. Almost all policies indicated that refusal to take the test would be treated as a positive result, but one policy stated that employees had the right to refuse to take the test.



Survey and Key Informant Interviews

To learn more about approaches used by safety-sensitive organizations to observe and investigate potential substance use issues, the survey and interviews asked specific questions related to types of observations or events that triggered investigation, methods for investigation and approaches to substance testing if performed by the organization.

Policy Content: Is Testing or Screening Addressed?

Revisiting Table 12, which displayed the results of aspects addressed in policies reported by survey respondents, over one-third of respondents (37%) indicated that drug or alcohol screening or testing procedures were not a part of their organizations' policies. The results provided some evidence that the inclusion of drug and alcohol testing procedures in substance use policies might be related to organization size. Larger organizations (those with more than 500 employees) were more likely than smaller organizations (those with 100 or fewer employees) to report that their organization's policies addressed testing procedures ($p = 0.001$). Key informant interviews also demonstrated a similar pattern where larger organizations tended to have more well-developed policies and comprehensive procedures in place and only the most comprehensive substance use policies tended to include explicit substance testing requirements and procedures.

Survey results also provided evidence of an association between the geographic extent of an organization's operations and inclusion of drug and alcohol testing procedures in substance use policies. In comparison to those respondents whose organizations operated only within Canada (44%), respondents from organizations with international (92%) or North American (64%) operations were more likely to state that their policies addressed testing procedures ($p = 0.051$). Again, this association was supported by observations from the key informant interviews, as some informants pointed out that Canada's legal system limits workplace drug testing practices more than other countries' legal systems, the U.S. in particular. As one key informant stated:

The American model – and if you read the library of parliament opinion piece on drug testing in the workplace, it says that the U.S. drug testing model is partially put in place to limit supply. In the U.S. the use of any limit narcotics is prohibited at any time. ... Canadian jurisprudence has said an employer in Canada cannot do that. There has to be evidence of impairment.

Key informants highlighted the considerable legal risk that surrounds drug testing in Canada, and noted that this risk deters some organizations from explicitly mentioning testing procedures in their policies. For instance, one key informant stated that “our policy is weak and generic, [in this way] legal uncertainty of testing has been avoided.” Some key informants stated that rather than describe testing procedures in policies, these were instead described in their organization's medical manuals and procedures. Nonetheless, some key informants indicated the importance of well-developed policies that include the organization's standards, expectations and procedures related to substance use issues and testing.

Methods Used to Observe for Potential Substance Use Issues

The survey gathered information on the processes and methods used by respondents' organizations to both observe for and address potential workplace substance use issues. The most common approach used by organizations represented in this survey involved conducting investigations once there was reason to suspect a substance use issue. As shown in Table 14, the majority of respondents confirmed that their organization identified substance use issues through investigations:



- Based on reasonable cause (81%);
- After an incident involving injury or damage has occurred (74%); and
- After a near-miss incident has occurred (64%).

Table 14: To identify substance use issues among employees, does your organization...

(n=73)	Yes		No		Unsure/Don't know	
	Count	Row %	Count	Row %	Count	Row %
Investigate substance use issues based on reasonable cause (e.g., employee behaviour, decline in performance, supervisor/co-worker concern)	59	81%	7	10%	8	10%
Investigate substance use issues after an incident involving injury or damage has occurred	54	74%	10	14%	9	12%
Investigate substance use issues after a near-miss incident has occurred	47	64%	14	19%	12	16%
Rely on employees to report their own substance use	37	51%	24	33%	12	16%
Conduct drug and/or alcohol testing after non-compliance with policy	34	47%	31	43%	8	11%
Conduct drug and/or alcohol testing after employees undergo treatment for substance use	33	45%	26	36%	14	19%
Conduct searches for evidence of drug and/or alcohol use	12	16%	57	78%	4	6%
Conduct pre-determined (e.g., monthly) drug and/or alcohol testing for employees or applicants	12	16%	59	81%	2	3%
Conduct random testing of specific employees (such as those in safety-sensitive positions)	9	12%	62	85%	2	3%
Other (open-ended response)	5	7%	36	49%	32	44%
Conduct random testing of all employees	3	4%	68	93%	2	3%

Note: Row percentages might not sum to 100% due to rounding.

Similarly, the majority of key informants indicated that investigation is the first approach used to identify potential substance use issues. Investigations frequently involved SAPs/SAEs or medical professionals and were often conducted based on reasonable cause or post-incident situations. There was an acknowledgement among some informants about the importance of focusing on, and observing for, impairment in general, and not just impairment caused by substance use:

[It] seems inconsistent to be concerned about impairment due to an addiction, but not concerned about impairment due to diabetes, epilepsy or a psychotic disorder. If we're concerned about impairment – we're concerned about all causes of impairment.

Substance Testing

As substance testing is common among various safety-sensitive industries, and because a number of these organizations would like more information and guidance about how other organizations conduct testing, the survey examined testing more specifically. According to the survey respondents, identification methods that involved testing for substances and searching for evidence of substance use appeared to be far less used by organizations. Almost all (93%) respondents indicated their organization does not conduct random testing of all employees (see Table 14). Those who indicated



their organization does conduct random testing of all employees identified their organization as belonging to the oil and gas industry.

Similarly, a large proportion of respondents reported that their organization does not conduct either random testing of specific employees, such as those in safety-sensitive positions (85% selected “no”), or pre-determined drug and alcohol testing (i.e., periodic testing such as monthly or other repetitive time frames) for employees or applicants (81% selected “no”). Once again, those representing organizations in the oil and gas industry appeared to be more likely than those in other sectors to indicate that their organization does conduct random testing of specific employees. Roughly 30% of respondents who identified their organization as belonging to the oil and gas industry selected “yes” to this question in comparison to 17% of those who identified their organization as belonging to the aviation industry and 16% of those who identified their organization as belonging to the construction industry. The nature of the organization might also have an effect on whether an organization conducts random testing of specific employees, as no respondents representing public sector organizations selected “yes” to this question, in comparison to 18% of those who represented private sector organizations ($p = 0.031$).

The results in Table 14 also indicated that respondents’ organizations were somewhat more likely to conduct testing after either non-compliance with the policy (47%) or after an employee had undergone treatment for substance use (45%). The results revealed that almost equal numbers of respondents selected “yes” and “no” in relation to testing for non-compliance (47% and 45% for “yes” and “no” respectively), which suggests that organizations represented in this survey might be just as likely to conduct a test as to not conduct a test.

Most key informants stated that their organization performs substance testing of some kind. Similar to the survey respondents, however, the most common forms of testing were post-incident and reasonable cause testing, and only two informants reported that their organization conducted random testing as part of its ongoing process. One key informant noted that his organization was working on a testing process and that it had not yet been implemented. Only one organization represented in the interviews did not include substance testing as part of their policy; for this organization, substance testing was only undertaken if required by a treatment program.

With respect to random testing, this procedure was mostly restricted to safety-sensitive employees in the sample of key informants, with the exception of specific executives in one organization who also underwent random testing, and not those in non-safety-sensitive positions.¹⁹ In the two organizations where random testing was part of an ongoing process, for one organization, random testing was required by the U.S. DOT, and only carried out for truck drivers crossing the U.S. border. In the other case, random testing was determined to be a bona fide occupational requirement and was applied to all safety-sensitive employees. However, the scope of the definition of safety sensitive was narrow and specific, as described above:

Because we random test employees, and because random testing is somewhat controversial and confrontational in the courts, and is challenged quite frequently, we’ve picked a very narrow definition for what safety sensitive should mean so we can truly tell the courts this a bona fide occupational requirement.

¹⁹ Some key informants also referred to random testing as unannounced testing and ad hoc testing. Understanding what is meant by different types of testing (e.g., random, unannounced, periodic, post-incident, ongoing, etc.) can be challenging given the various ways in which organizations interpret and define these terms (see discussion in the Introduction). During the interviews, the meaning of the term random testing was either clarified by informants or understood in the context of the discussion. When used by informants, random testing referred either to general ongoing testing (which the majority of organizations did not conduct) or to random testing as part of return-to-duty/work procedures or programs.



In contrast to general and ongoing random testing, key informants stated that when they conducted random and unannounced testing, it was more typically conducted during return-to-duty/work situations.

Pre-employment and site-specific or site-access (pre-entry) testing varied in the rigour of the test. In some cases, it was part of a full medical examination to determine the possibility of a substance use disorder. This testing was most common when entering into long-term employment with an organization. In industries where employees were drawn from a common labour pool and assigned to specific jobs or projects – for example, construction and marine – pre-employment testing was often described as being linked to site access. In these cases, the nature of the tests required could change based on where the work was taking place and the requirements of the client for whom the work was being done. In one case, the informant indicated that pre-employment testing was sometimes ironically referred to as an “intelligence test,” implying that the test was easily circumvented by prospective employees and failed to effectively detect substance use issues. In contrast, another informant explained that pre-employment medical testing was more comprehensive:

In pre-employment medical testing, drug testing is done as part of an overall assessment of medical fitness for work. ... What flows from that is that if we are not doing any medical assessment, then we are not doing drug testing. Sometimes we do medical assessments with no drug testing, but we never do drug testing with no medical assessment.

Point-of-care/collection-testing (POCT) was used by many organizations, with one additional organization indicating that they intended to implement it. POCT was used most frequently in connection to post-incident or site access testing.

Return-to-duty/work or aftercare testing was conducted by several organizations. Key informants indicated that this type of testing was generally unannounced (although one informant stated that management in that organization would know in advance if unannounced testing was going to occur). According to some key informants, SAP/SAEs or physicians determined the frequency and duration of unannounced testing for individual employees. However, one informant indicated that the laboratory company conducting the tests determined when unannounced testing should occur.

Survey respondents who indicated that their organization conducts some sort of drug and alcohol testing (i.e., responded “yes” in any of the responses that corresponded to conducting tests listed in Table 14) were further asked to specify the substances for which their organization tests (see Table 15). Over four-fifths of these respondents identified that their organization tests for alcohol (83%) and illegal drugs (88%), and nearly two-thirds (60%) confirmed that their organization’s substance testing also covered prescription drugs.

Table 15: For which substance(s) does your organization test?		
(n=42)	Count	%
Alcohol	35	83%
Illegal drugs (e.g., non-medical cannabis, cocaine, speed or other street drugs)	37	88%
Prescription drugs and painkillers or impairing substances found in these drugs (e.g., codeine, morphine, anxiety medications, fentanyl, diazepam, Demerol®)	25	60%
Unsure/don't know	5	12%

Note: Respondents could provide more than one answer; totals might sum to more than 100%.



Definition and Application of Terms Associated with Substance Testing

An interesting finding revealed during the study was the way in which different organizations, experts and key stakeholders defined and applied terms associated with substance testing. Wide variability and sometimes lack of clarity were seen in the use of some terms, while the use of other terms were clearer and universally understood in one way.

At the top of the list, “random testing” appeared to be the most indiscriminately used term. It is understood or applied differently by different organizations. Most organizations did not appear to specifically define what the term meant in their context, yet policy wording or survey and interview responses typically indicated how the organization applied the term. Among some organizations, random testing was used to more broadly and interchangeably refer to the method of employee selection for testing. This was testing that either occurred through a random selection of a specified number of employees or through unannounced testing, which could be a random selection of employees. Among other organizations, random testing appeared to refer to the context in which random or unannounced testing would be triggered. In these cases, some organizations used the term to describe testing during the return-to-duty/work period (i.e., monitoring employees after treatment).

Terms that appeared to be more commonly defined and consistently applied were post-incident, near-miss and reasonable cause testing. In these cases, testing is triggered by the event and not conducted randomly or unannounced. Some key informants indicated, however, that all incidents triggered an investigation, but not all incidents automatically triggered testing.

Lack of consistent use and clarity of definitions for terms such as random testing and unannounced testing could lead to potential issues in applying policies and best practices, particularly if an issue arises that leads to a legal situation.

4. Support

Environmental Scan

Approximately half of the policies reviewed and only a very few policy statements and position statements referred to support options for employees. These components were again predominately found in safety-sensitive industries, although a handful of non-safety-sensitive industries, such as some in the services sector, one office environment, and one in the education sector (other services), also referenced these components. Nonetheless, there were often differences between the safety-sensitive and non-safety sensitive policies, where most of the former provided details about health-type services (e.g., counselling) and treatment, the latter generally only mentioned that support options were available.

Regardless of industry, almost all of the policies that mentioned some form of support and at least one collective agreement for a union recognized substance use as a disability. The majority of these policies referred employees to insurance, EAP and EFAP support services. In contrast, among the organizations that did not offer employee assistance, only a few provided alternative suggestions, such as instructing employees to talk with their personal physician or listing community resources. Only a few policies indicated that employees could receive leave with pay and one policy indicated leave without pay. Whether policies offered support or not, the majority stated that individuals identified as potentially having a substance use issue were required to attend some form of treatment program.



Slightly more than half of all policies reviewed referenced upholding employee privacy and confidentiality, but less than half provided details or procedures on how organizations would protect personal information. Those policies that provided details often indicated that test results would be shared with managers, but also that employees would be asked to sign consent forms to release this information. Only a few organizations clarified in their policies that medical information would not be shared. Those organizations whose policies stated that they used an MRO, SAP/SAE, physician or equivalent frequently indicated that only these individuals would conduct medical reviews or would make recommendations based on the results.

Survey and Key Informant Interviews

To gain more details about support mechanisms for employees, which might not be apparent in policies alone, survey respondents and key informants were asked about this topic as well as how their organization responds to employees when substance use has been confirmed.

Policy Content: Supportive and Disciplinary Aspects

Re-examination of Table 12, which displays the results of aspects addressed in policies reported by survey respondents, reveals that organizations vary in terms of the frequency and type of supportive and disciplinary measures present in policies. The survey results revealed that options to support employees are generally only made available less than one-half to slightly more than one-third of the time. These options included:

- Treatment options or support services (67%)
- Procedures or methods for evaluating employee substance use (59%)
- Return-to-work programs (58%)
- Accommodation (41%)

In comparison, disciplinary measures such as procedures for non-compliance with policies and procedures for dismissal or termination were addressed in workplace policies more often, at least as reported by three-quarters (75%) of the respondents.

Treatment Monitoring

Key informants indicated that the costs to offer support options, such as evaluations by medical professionals, monitoring by SAPs/SAEs or treatment and aftercare programs, make providing support to employees challenging. Smaller organizations (or unions) with a lower revenue base might not be able to offer a full spectrum of services to employees, requiring some to rely upon community or other free or low-cost services operated outside of the organization. When organizations must rely on outside services, whether community-based or through unions, they have limited ability to monitor and assess employee participation and success in a treatment program, creating additional challenges in determining if an employee is ready to return-to-duty/work or if he or she requires more time.

Some key informants revealed that their organization used a “medical model” for determining an employee’s readiness to return to duty/work, meaning that a medical professional was involved in plans related to the employee’s treatment and recovery. Sometimes these models included SAPs/SAEs in the ongoing monitoring and sometimes they did not. However, other key informants described a more “hands off” approach used by their organization, whereby unions or professional associations take the lead in handling treatment and fitness-for-duty concerns. For instance, four of the organizations had internal medical teams who were involved with ongoing treatment and monitoring. All of these included at least a doctor as well as other medical professionals, such as



nurses or caseworkers. Nevertheless, none of these teams worked as treating physicians. Rather, employees tended to be sent for external assessment with a SAP/SAE or to recovery facilities, and the internal medical team would act as a liaison and support in managing recovery. In all cases where there was a medical team, medical information and communications with external medical professionals was handled first by this team, and then shared as appropriate with human resources and management. Professional ethics and compartmentalized data handling – information was shared only as legally appropriate and with the permission of the individuals involved – ensured privacy and security in these cases. Other organizations used external SAPs/SAEs exclusively and human resource professionals handled the exchange of information to ensure privacy and security. One organization indicated that, because they terminate for any violation, there was no ongoing monitoring or treatment.

Among those key informants whose organization offered support options for employees, a team approach was often used to support the employee. The team members, which could include a doctor, nurse, manager in health and safety or related area, human resources, employee's manager or supervisor, SAP/SAE and a case manager, work together to support the employee during treatment, aftercare and return-to-duty/work periods. Most informants indicated that employees were typically required to enroll in a treatment program. Key individuals from these teams are generally only informed about whether the employee was successful or not in the program, if they require more recovery time, and – once ready to return-to-duty – recommendations about what restrictions and modifications to the employee's duties might be needed in the future.

For some organizations, however, key informants noted that treatment and return-to-work programs for certain employee types (construction workers, longshoremen and pilots) were monitored and handled by the union or professional association (described above). These organizations had no meaningful engagement with the treatment process. The key informants representing organizations with these arrangements, therefore, had limited details on the course of treatment and the monitoring of employees until they returned and were certified fit for duty by the union or association. At that point, the organization would be informed of the schedule for any required follow-up testing and would assist in ensuring that those tests took place. This information was treated as confidential and was typically accessed by the human resources department or select management staff. The information was typically transmitted through phone and email, and was handled with standard precautions such as password protection. In one case, results of testing could be accessed on a registered website only by key individuals designated by the company and the union to have access.

For assessing substance use, the *Diagnostic and Statistical Manual of Mental Disorders*, fourth and fifth editions, were identified as resources. Several organizations used reasonable cause checklists to identify warning signs of impairment at work. Informants also identified the Drug Abuse Screening Test (DAST) and Alcohol Use Disorders Identification Test (AUDIT) as tools. One key informant described the importance of changing perceptions about substance use issues:

The old patterns, if you look at the pattern of SUD [substance use disorder], they used to be considered moral failings, almost pre-AA [Alcoholics Anonymous] ... We've evolved since then to say we're going to use a professional. That sort of evolution of treating SUD as legitimate medical disorders is important. [Our organization's] significant success [in this area] and our ability to weather regulatory changes, including legalization of cannabis, are because we're not looking at this as a legal or moral issue, it's a medical issue.



Response to Confirmed Substance Use: Support Options

Support options for employees were also investigated by asking survey respondents how their organization responds to confirmed substance use (e.g., through positive test results). Table 16 highlights the various responses. As it was necessary to ask this question by including a variety of response choices in order to allow for comparison of these data (for instance, the frequency of disciplinary responses in comparison to investigative responses), Table 16 displays the results for the entire question. However, for the purposes of reporting the survey results according to the different thematic components identified in the literature review, the individual responses in this table will be addressed under its corresponding section through the remainder of the results section. Only those questions pertaining to support options are discussed here. The remaining responses items are discussed below under the non-compliance section (i.e., responses to non-compliance with the substance use policy). Most commonly, respondents indicated that their organization responds to confirmed substance use by referring employees to an EAP, EFAP or equivalent (56%), or to specific treatment, wellness or prevention programs (43%). Substantially fewer organizations, approximately one-quarter (27%), provided employees support to return to work, and 22% of organizations referred employees to a medical doctor. Key informants highlighted that one of the primary factors to consider in the response to substance use at work was the determination of whether the employee was addicted, as opposed to using substances, whether non-medically or otherwise, at work. Under employment and human rights legislation (see above), substance use dependence is considered a disability, for which employers are obligated to make accommodations.

Table 16: If an employee's substance use is confirmed (for example, through positive test results), how does your business or organization respond?		
(n=73)	Count	%
Refer employee to an Employee Assistance Program/Employee Family Assistance Program or equivalent	41	56%
Refer employee to a specific treatment/wellness/prevention program	31	43%
Provide support to return to work	20	27%
Give employee a warning	18	25%
Require employee to complete a Relapse Agreement	17	23%
Suspend employee	16	22%
Refer employee to a medical doctor	16	22%
Require employee to undergo further testing	15	21%
Dismiss/terminate employee	13	18%
Unsure/don't know	11	15%
Offer leave with pay	10	14%
Other (open-ended response)		
Response varies with circumstances/position (multiple steps prior to termination for repeat offenses)	7	10%
Various other responses	6	8%
Offer leave without pay	6	8%

Note: Respondents could provide more than one answer; totals might sum to more than 100%.

Key informants identified several possible responses used by their organization when an employee tested positive for a substance. One important factor in determining the response was whether a union or professional organization was involved. In the construction industry, both key informants indicated that employees were either suspended or terminated from the current contract project or job with the company. The union was then informed. The unions had treatment and return-to-work



programs in place, and the employees were released to them until such time as they were certified as ready to return to duty/work. At that time, they often returned to the same contract job on the project from which they were released. The process to address substance use was essentially taken out of the hands of the employers and given over to the unions. This same sort of process was in place for longshoremen and pilots.

When cases were not handled exclusively by the unions, key informants often stated that actions were determined on a case-by-case basis. In these instances, some organizations use their own program and some use that of the laboratory testing company to address positive test results. One key informant described their process as follows:

I get notified [of the positive result]. I'll put together all the particulars of the case: employee information, demographic information such as age, years of service, education, position, whether or not it's safety-sensitive, what location they work in because the various provinces have kind of varying differences in legal impact. We look at the actual specifics to what caused the test, whether it was an incident or whether it was reasonable cause, we look at all the facts of that situation as well as the person's prior performance, whether they have any other performance issues or any past A&D [alcohol and drug] policy violations.

And then I review that with [the lawyer] to evaluate the legal risks, and then we get together with management to make a recommendation, joint recommendation from [the lawyer] and HR [human resources] policy folks (which is myself) on what we think the next steps should be, outlining the legal risks.

Typically, most [employees] follow a similar pattern – they're sent for an assessment by a subject matter expert in addictions medicine, and that doctor determines if there is a dependency or not per the policy definition. And they send that back to us along with – so if there is no dependency we head down the route of termination with or without severance. If there is a dependency we'll head down the accommodation route as required by law, we look at treatment as prescribed and then potentially an aftercare program as prescribed.

For those organizations that use a testing company, key informants indicated that they would follow the testing company's program. In some cases, this involved the company assigning the employee a nurse or doctor to work with the employee and make recommendations. Nonetheless, in aftercare situations, some key informants indicated that their organization becomes involved again and works with the medical professional, SAP/SAE or EAP/EFAP counsellor and their recommendations about determining appropriate return-to-duty/work responsibilities and monitoring.

5. Return to Duty/Work

Environmental Scan

Approximately two-thirds of policies reviewed referred to return-to-duty/work elements, such as employer–employee agreements or employee monitoring, but less than half referred to the availability of, or requirement to, participate in return-to-duty/work programs and aftercare for employees. With respect to duty to accommodate, although no policy used this exact phrase, nearly all policies that had included return-to-duty/work elements stated that provisions would be made to accommodate employees who were affected by a substance use disability. Two policies took this further by including brief sections on human rights in the workplace. A few policies specified that accommodation might include re-assignment to another position or new duties upon return.



As part of the return-to-duty/work component, several policies indicated that employees would be required to enter into an agreement between the employer and employee. In most policies, the terms of the agreement and any consequences were to be discussed between the employer and employee, and two policies provided examples of agreements.

Almost all policies that had return-to-duty/work elements indicated that employees would be monitored or undergo substance testing (for applicable positions) for up to 24 months. Monitoring in most cases would be done by a medical professional (e.g., MRO), SAP/SAE or through reports from aftercare programs. Almost all policies that used testing stipulated that returning employees would be subject to random or unannounced testing or both during the monitoring period.

Survey and Key Informant Interviews

Survey respondents and key informants were asked a variety of questions related to the return-to-duty/work period, including what aspects were addressed in their policies, determining fitness for duty, monitoring and methods to encourage working free of impairment.

Policy Content: Is Return to Duty/Work Addressed?

Re-examination of Table 12 (which displayed the results of aspects addressed in policies reported by survey respondents), shows that slightly more than half of respondents (58%) indicated their organization has a return-to-duty/work program, approximately half (52%) have procedures in place to monitor employees when they return to duty/work, and less than half (41%) include elements to accommodate employees upon return to duty/work. As discussed above, options to support employees are much less frequently offered, in part due to their costs.

Determination of Fitness for Duty

Survey respondents were asked to identify the information sources used by their organization to determine if an employee with a confirmed substance use issue was ready to return to duty/work. As Table 17 shows, a recommendation or evaluation from a SAP/SAE appeared to be the most commonly used source of information, with the majority (57%) of respondents identifying that their organization used these individuals to determine an employee's readiness to return to work.

Table 17: What source(s) of information does your organization use to determine if an employee with a confirmed substance use issue is ready to return to work?

(n=73)	Count	%
Recommendation/evaluation from a Substance Use Expert/Substance Use Professional	40	57%
Confirmation of an employee's successful completion of a substance use program	33	47%
Recommendation/evaluation from an Employee Assistance Program/Employee Family Assistance Program or equivalent	24	34%
Results of substance use testing that employees undergo prior to resuming work	21	30%
Unsure/don't know	19	27%
If disability benefits are provided (e.g., short-term disability), decision from insurance company	13	19%
If disability benefits are not provided, recommendation/evaluation from a medical doctor	13	19%
Other (open-ended response)	2	3%
None	1	1%

Note: Respondents could provide more than one answer; totals might sum to more than 100%.



Confirmation of an employee's successful completion of a substance use program was the second most commonly identified source of information used for determining an employee's readiness to return to work, with nearly half (47%) of respondents reporting this response. Roughly one-third of respondents identified that their organization looked to recommendations or evaluations from an EAP, EFAP or equivalent (34%), or the results of substance use testing conducted prior to an employee's return to work (30%) to determine their readiness to return.

A smaller proportion (roughly one-fifth) of respondents said their organization relied on a decision from an insurance company, if disability benefits are provided (19%), or a medical doctor's recommendation or evaluation, if disability benefits are not provided (19%).

Accommodation

Several key informants reported that accommodation was not possible within their organization. Reasons cited included staff being hired for a specific role on a project and a lack of non-safety-sensitive jobs to which employees returning to work after addressing a substance use issue could be reassigned. For those organizations that were able to accommodate, the advice of medical professionals, which could include a medical form describing the types of duty/work that were appropriate for the employee,²⁰ was often used in conjunction with consultation with human resources to determine what forms of work would be appropriate for accommodation. As stated by one key informant:

We assess every case independently. We look at the restrictions, limitations and implications of their disorder as well as their transferrable skills and where the person is from. Our company employs people all across the country. Based on where the person is located, this can affect the extent to which we're able to accommodate them in another position.

Accommodation was often reported to be temporary, lasting until such time as the employee could be certified as capable of returning to their original duties. Time periods between 90 days and several months were mentioned for this temporary accommodation. For instance, one key informant stated that the organization had a six- to 12-week return-to-work process, depending on the severity of the addiction. Where employees were in safety-sensitive positions, initial accommodation was always in non-safety-sensitive positions, with the possibility of returning to their original role. Unions were identified as playing a key role in accommodation decisions.

Key informants who mentioned the legal obligation to accommodate when a disability was present highlighted the importance of officially diagnosing substance use or dependency issues. For these informants' organizations, when a violation of the substance use policy occurred that was determined not to be caused by a disability, that employee was terminated rather than accommodated.

Terminations were often preceded by an investigation to establish the facts of the case. However, with respect to return-to-duty/work situations, several organizations indicated that there was zero tolerance for relapse or failure on follow-up tests, with positive tests leading to termination. More common, however, was the indication that termination decisions were handled on a case-by-case basis. The assessment of legal risk to the organization was a prominent theme for some organizations in determining how cases were resolved and whether severance would be offered.

²⁰ Key informants were provided the following definition to differentiate between return to work and return to duty: Return to duty means an employee is able to return to their previous job and perform the duties of that job. Return to work means an employee is able to return to the workplace in general, but might not return to their specific job.



Encouraging Working Free of Impairment

When asked about the organization’s procedures or methods to reduce the possibility of working impaired (i.e., encourage abstinence) when employees return to duty/work, offering employees a support program was the method most commonly selected by respondents, by a substantial margin; over two-thirds (69%) of respondents identified that their organization encourages abstinence through an employee support program (see Table 18). By contrast, about one-quarter (26%) of respondents reported that their organization required employees to undergo random testing, while the same proportion automatically terminated the employee. Scheduled substance testing and medical reports were minimally used (14% each).

Table 18: Has your organization ever used or does it currently use any of the following procedures/methods to encourage abstinence when employees return to work after addressing a substance use issue?

(n=73)	Yes		No		Unsure/don't know	
	Count	Row %	Count	Row %	Count	Row %
Offer employees a support program	48	69%	13	19%	9	13%
Require employees to undergo random substance testing	18	26%	39	56%	13	19%
Automatically dismiss/terminate employees for re-occurrence (i.e., for any further non-compliance with the substance use policy)	18	26%	29	41%	23	33%
Require employees to undergo scheduled substance testing (e.g., quarterly)	10	14%	47	67%	13	19%
Require regular medical reports	10	14%	46	66%	14	20%
Other (open-ended response)	6	9%	37	53%	27	39%

Note: Row percentages might not sum to 100% due to rounding.

Key informant interviews revealed that ensuring compliance with a treatment program or an aftercare plan was most often accomplished through joint management with SAPs/SAEs, medical teams, human resources, management and the employee. In cases where the employee was in an external treatment program, reports on the progress of the employee could be released to the medical team. Many informants referred to meetings with counsellors or other support groups as part of the treatment program. Monitoring attendance at these meetings was frequently mentioned as a means of ensuring compliance. Unannounced drug and alcohol testing was also used to monitor compliance. Respondents from some organizations described relapse agreements, return-to-duty/work contracts or recovery contracts that were signed with employees that outlined the treatment plan as well as the employee’s willingness to adhere to it. The most common duration for these agreements was two years.

A common theme that emerged in the key informant’s evaluation of the success of recovery programs was that the degree of success was closely tied to the commitment from participants. Where commitment was high, results were reported to be much better than where individuals complied only as a requirement and did not fully engage with the process. Abstinence was the most frequently-cited benchmark for success, which was monitored through unannounced testing. One key informant explained the importance of employee commitment to recovery:

Relapse is kind of expected. We go case-by-case. We look at [the] intensity of relapse, how soon after leave, the effect of a positive test result on safety-sensitive positions, and how proactive [the] participant is in disclosing and addressing the relapse. For example, we had one [employee] that proactively removed himself from duty, but another individual who denied relapse. [With the second individual], we didn’t feel we could



take the risk. We couldn't trust him to stay sober; he engaged in risky behaviour, so we had to discharge him.

Another key informant expressed frustration with the recovery programs as handled by the union, suggesting the union-led process was, in essence, a “rubber stamp” process that was not effective. This evaluation appeared to be dependent on the union, which sometimes would only send the employee to a one-day free program. The key informant stated that employees who went through the quick, free programs typically relapsed. Other key informants indicated that good relationships with unions helped in the return-to-duty/work process.

As reported by key informants, the percentage of individuals estimated to have successfully returned to work after having been identified with a substance use issue ranged between 1% and 95%. Several organizations reported success rates between 85% and 95%, but a number of informants reported difficulty in estimating this number precisely. Success was generally considered to be completion of a substance use program and return to work. The higher estimates generally described the subset of employees who committed to a recovery program. Multiple informants observed, however, that these numbers are in some cases inflated, as they only represent individuals who were successfully diagnosed and returned to work. They do not account for individuals who were terminated for violation of the substance use policy or for those individuals who quit of their own volition rather than being diagnosed. The extreme low end of the range included organizations that reported immediately terminating employees for policy violation and have no program in place for return to duty/work.

6. Non-compliance

Environmental Scan

Almost all policies and some policy statements and position statements described consequences for non-compliance with substance use policies and procedures. Although a few policies specified that an employee would be immediately dismissed/terminated, the majority included this as a last resort, often stating that disciplinary measures would be taken up to and including termination. Other disciplinary measures included suspension, leave without pay and denied access to benefits, among others. Some policies also stipulated that impaired driving offences, both inside and outside of work, would be subject to consequences or disciplinary measures. For some of these policies, employees who committed an offence outside of work were required to report the offence to the employer if their position required driving, the operation of equipment or other safety-sensitive tasks. Other deterrence components included statements that specifically prohibited any illegal activities associated with substances, such as possession and distribution of illegal substances or legal substances being used or distributed in an illegal manner. Further to this, a small number of policies indicated that illegal activities would be reported to the authorities or authorities would be called in to investigate.

Some workplace policies were modified due to – or stated they were subject to – clauses in collective agreements with unions. To illustrate, one restriction observed in policies for the rail industry was an exemption from Rule G of the *Canadian Rail Operating Rules*, often referred to as the “Rule G Bypass Agreements.”²¹ Generally speaking, these exemptions allow union employees to bypass Transport Canada’s rules related to substance use (Rule G), where an employee will not be dismissed

21 For more information on Rule G, refer to www.tc.gc.ca/eng/railsafety/rules-tco167-161.htm. For more information on bypass agreements, refer to North American railway policies and collective agreements between unions and railway organizations.



for their first substance use offence when no other offence was committed. However, there may be other stipulations to qualify for the bypass, such as the requirement to meet with an EAP.

Survey and Key Informant Interviews

Policy Content: Is Non-compliance Addressed?

As discussed above, survey respondents were asked whether their policy addressed non-compliance (see Table 12, which displays the aspects addressed in policies as reported by survey respondents). Three-quarters (75%) of respondents reported that their organizational policy included procedures for non-compliance with the policy and the same proportion (75%) indicated the policy included procedures for dismissal or termination.

Initial Responses to Suspected Substance Use

All survey respondents were asked to identify how their organization responds to suspected instances of substance use in the workplace. Respondents were asked this question regardless of whether their organization had a specific substance use policy in place. As shown in Table 19, the most common response was referral to assessment or testing. Nearly half (48%) of respondents indicated that their organization responds to a first-time incident of suspected workplace substance use by referring the employee for further assessment or testing or both. This response was echoed in the key informant interviews. Many key informants said that their organization’s initial response to suspected substance use was to gather more information about the suspected use.

Table 19: When an employee is suspected of substance use in the workplace for the first time, what is your organization’s response?		
(n=83)	Count	%
Refer employee for assessment/testing	40	48%
Refer employee to an Employee Assistance Program/Employee Family Assistance Program or equivalent	32	39%
Give employee a warning	28	34%
Unsure/don’t know	6	7%
Refer employee to a medical doctor	5	6%
Offer employee leave without pay	4	5%
Offer employee leave with pay	3	4%
Dismiss/terminate employee	3	4%
No response from organization	0	0%
Other (open-ended response)		
Initial response varies with/depends on employee’s position or circumstances	8	10%
No personal/organizational experience yet with suspected substance use	2	2%
Various other responses	3	4%

Note: Respondents could provide more than one answer; totals can sum to more than 100%.

Other commonly selected responses included referring employees to an EAP/EFAP or equivalent (39%) and giving employees a warning (34%). Only a small proportion of respondents indicated that their organization responds to an employee’s first incident of suspected workplace substance use by referring them to a medical doctor (6%), offering them leave with or without pay (4% and 5%, respectively), dismissing or terminating them (4%) or using another response (6%).²² A number of

²² Other responses identified by respondents included: removing the employee from safety-sensitive work and observing the employee for a period of time to determine if other responses (such as reasonable cause testing) were required.



respondents (10%) made a point of identifying that the specific response taken by their organization varied with the employee's position within the organization or the circumstances that surrounded the suspected substance use. No respondents indicated that their organization does not respond to suspected substance use in the workplace. Among key informants, investigations of suspected substance use included referral to a SAP/SAE, referral to human resources or referral to a medical doctor. As discussed above, some investigations might also involve post-incident or reasonable cause testing. Among unionized employees, organizations often deferred to the union to address and manage any potential substance use issues. A couple of key informants said that employees were immediately terminated.

Response to Confirmed Substance Use: Non-compliance

As previously discussed under the Support section, survey respondents indicated that the most common employer response to employees who do not comply with the policy (i.e., substance use has been confirmed, such as through a positive test result) was to refer an employee to an EAP/EFAP (56%) or to a specific treatment program (43%). Fewer respondents said their organization offered employees support to return to work (27%) or referred the employee to a medical doctor (22%) (see Table 16, which displays the results of responses to employees when substance use has been confirmed). Beyond support options, organization responses to confirmed substance use varied across a number of disciplinary responses approximately equally, where most of these responses were exercised less than one-quarter of the time, as follows:

- Give employee a warning (25%)
- Require employee to complete a Relapse Agreement (23%)
- Suspend employee (22%)
- Require further testing (21%)
- Dismiss or terminate employee (18%)

The least common response for organizations represented in the survey was to offer employees leave without pay (8%).

A small proportion of respondents (8%) identified other ways in which their organization responded to confirmed instances of employee substance use. "Other" responses identified by respondents included removing employees from safety-sensitive work or work sites, and referring employees to SAPs/SAEs. Ten per cent of respondents made a point of mentioning in the open-ended item that their organization's response was not the same in every case, but varied with the position held by the employee or the particular circumstances surrounding the employee's substance use.

Three of the 13 respondents who indicated that their organization responds to a confirmed substance use issue by dismissing or terminating the employee selected only this option, likely indicating that dismissal or termination is their organizations' only response when substance use is confirmed. These respondents were skipped to later in the survey since questions about treatment and return-to-duty/work options would not apply if the employee has been terminated.

Two organizations indicated that a positive substance test would result in immediate termination. In other cases, however, the response was conditional on the events that triggered the test. Establishing that the individual was impaired at work could lead to termination. Even when it was within the bounds of the policy to terminate with cause, employees could still be terminated without cause and offered severance. Organizations did this to mitigate the risk of legal reprisal or grievance. For several organizations, the individual would be referred for assessment by a SAP/SAE or physician, rather



than being terminated. In some cases, the company paid for a treatment plan if the employee agreed to participate. Organizations also sometimes offered referral in cases where the employee sought help from the employer, rather than being found in violation of the policy at work. One key informant stressed the importance of determining whether the individual suffered from a substance use issue or dependency, where dependency as a disability, carries the legal obligation to accommodate.

7. Review and Evaluation

Environmental Scan

Few policies indicated if the policy underwent review or evaluation. About one-quarter of policies included a statement that referred to being reviewed or had a “review date” on the policy. Although it is possible that policy reviews by some organizations were evaluations, only those policies that described measurable indicators to assess their policy were deemed as undergoing evaluation. Two policies indicated that the policy was reviewed and evaluated and one listed the evaluation criteria within the policy, which included indicators such as assessing employee feedback and number of substance use-related incidents. This policy also indicated that it was evaluated annually.

With respect to engaging all stakeholders, three policies stipulated they used a consultative process some of which included consulting with employees.

Survey and Key Informant Interviews

Policy Development

The survey and interviews allowed for deeper investigation of policy review and evaluation. In terms of policy review, survey respondents were asked to provide information about the development of those policies. As Table 20 shows, nearly all (93%) respondents reported that management was involved in developing their organization’s substance use policy. Human resources groups or personnel were also involved in policy development for a large majority of the organizations represented by respondents (78%). Nearly half of respondents (47%) indicated that lawyers were involved in policy development. Unions (34%), other employees (27%), external consultants (25%), medical doctors (16%) and other medical professionals (19%) were less commonly involved in developing substance use policies. Insurance companies (8%) and other stakeholders (8%) – including workplace health and safety departments and industry associations – were involved in policy development for only a small proportion of the organizations. Among key informants, several mentioned the importance of engaging with unions and contractors in developing and implementing policies. One informant mentioned the importance of consulting with key individuals (e.g., lawyers, doctors) to ensure the policy is well-developed and addresses multiple potential issues that could arise.



Table 20: Please indicate whether or not representatives from the following groups or positions were involved in the development of your organization’s substance use policy.

(n=73)	Involved		Not involved		Unsure/Don’t know	
	Count	Row %	Count	Row %	Count	Row %
Management	68	93%	1	1%	4	6%
Human Resources	57	78%	6	8%	10	14%
Lawyer	34	47%	21	29%	18	25%
Union	25	34%	35	48%	13	18%
Employees	20	27%	36	49%	17	23%
External consultant	18	25%	27	37%	28	38%
Medical professional (e.g., Substance Abuse Expert or Substance Use Professional)	14	19%	34	47%	25	34%
Medical doctor or physician	12	16%	36	49%	25	34%
Insurance company	6	8%	39	53%	28	38%
Other (open-ended response)	6	8%	37	51%	30	41%

Note: Row percentages might not sum to 100% due to rounding.

Evaluation of Substance Use Policies, Practices and Procedures

The survey asked respondents to provide information about any evaluations or reviews that their organization had undertaken to examine the effectiveness of their substance use policies. Only respondents who answered “yes” to at least one of the response options under the section Working Free of Impairment (see Table 18) were asked the questions in this section. (Those who did not select “yes” to any of the response options were skipped to the final survey question and did not respond to the following questions about evaluation.)

As Table 21 shows, nearly two-thirds (65%) of respondents (n=59) who were not skipped to the end of the survey and who answered this question indicated that their organization had reviewed its substance use policies, practices and procedures at least once, with the majority of them indicating that evaluations had taken place on a more frequent or regular basis. Around one-eighth (12%) of respondents indicated that their organization’s policies, practices and procedures had not been evaluated for effectiveness and a further 24% were unsure if evaluation occurred.

Table 21: Have your organization’s substance use policies, practices, and/or procedures been evaluated or reviewed for effectiveness?

(n=59)	Count	%
Yes, annually or more frequently	16	27%
Yes, every one to five years	14	24%
Yes, at least once	8	14%
No	7	12%
Unsure/don’t know	14	24%

Note: Totals might not sum to 100% due to rounding.

Analyses of the organizations’ reported policy evaluation practices by various subgroups revealed some associations worth highlighting. Table 22 shows that respondents who represented private sector organizations were more likely than those who represented public sector organizations to report regular (every one to five years) or frequent (annually or more frequently) policy evaluations or reviews. By contrast, those who represented public sector organizations were more likely than those who represented private sector organizations to indicate that their organization had not evaluated or



reviewed their substance use policies, practices and procedures, or that evaluations had been conducted at least once.

Table 22: Evaluation of policies, by nature of organization		
Which of the following best describes the nature of your organization? Have your organization's substance use policies, practices, and/or procedures been evaluated or reviewed for effectiveness?		
	Private sector (n=37)	Public sector (n=8)
Yes, annually or more frequently	41%	13%
Yes, every one to five years	38%	-
Yes, at least once	8%	63%
No	14%	25%

Note: Columns might not sum to 100% due to rounding. Cross-tabulation excluded respondents who answered "Unsure/don't know." p = 0.001

Subgroup analysis also highlighted a possible association between the size of an organization's workforce and its policy evaluation or review practices. As Table 23 shows, compared with mid- and large-sized organizations, small-sized organizations were more likely to report that their policies have never been evaluated for effectiveness. The majority of mid- (71%) and large-sized (83%) organizations indicated they reviewed their policies on a regular basis (either annually or more frequently, or every one to five years).

Table 23: Evaluation of policies, by organization size			
Please indicate the approximate number of all individuals employed by your organization in Canada. Have your organization's substance use policies, practices and/or procedures been evaluated or reviewed for effectiveness?			
	100 or fewer employees (n=14)	101 to 500 employees (n=14)	More than 500 employees (n=17)
Yes, annually or more frequently	36%	50%	24%
Yes, every one to five years	7%	21%	59%
Yes, at least once	21%	29%	6%
No	36%	-	12%

Note: Columns might not sum to 100% due to rounding. Cross-tabulation excluded respondents who answered "Unsure/don't know." p = 0.009

Survey results also pointed to a possible association between an organization's practices in evaluating or reviewing its substance use policies and the unionization of its workforce. As Table 24 shows, a higher proportion of respondents who represented organizations with no unionized employees (30%) reported that their organization had not evaluated its substance use policies (compared to only 4% of respondents who represented organizations with at least some unionized employees who reported doing this procedure). In other words, the majority of respondents of organizations with at least some unionized employees reported that policies were evaluated at least once or more frequently.



Table 24: Evaluation of policies, by unionization of workforce		
Which of the following best describes your organization’s Canadian workforce?		
Have your organization’s substance use policies, practices and/or procedures been evaluated or reviewed for effectiveness?		
	Non-unionized employees (n=20)	At least some employees unionized (n=25)
Yes, annually or more frequently	40%	32%
Yes, every one to five years	15%	44%
Yes, at least once	15%	20%
No	30%	4%
Note: Columns might not sum to 100% due to rounding. Cross-tabulation excluded respondents who answered “Unsure/don’t know.” p = 0.042		

Key informants indicated that their organizations’ policies were most often reviewed cyclically, either through ongoing revisions in response to changes in legislation, regulations or collective agreements, or in scheduled annual to semi-annual reviews. One key informant said that the organization had recently reviewed its policies in light of the impending change to the legalization and regulation of cannabis.

There was widespread use of either internal or external legal counsel to evaluate substance use policies. Consultation with doctors, unions and human resources experts were also reported in maintaining and updating policies. Some key informants indicated that case law informed the ongoing review and development of their policies. If something within their policy was contradicted by a decision made in a court or arbitration case, the organization would update their policy or practices. However, these informants indicated that this frequent updating was challenging and costly and they would prefer a national standard or regulation for substance use in the workplace.

Techniques Used to Evaluate Policy Effectiveness

Survey respondents who indicated that their organization had conducted some form of evaluation of their substance use policies, practices and procedures (n=38) were asked to identify the individuals or groups involved in the evaluation. The results, shown in Table 25, are summarized below:

- Among the respondents who indicated their organization conducted evaluations, management appeared to play a key role in the process. Over four-fifths (84%) of respondents indicated that management was involved in policy evaluation.
- Roughly half of respondents who had indicated their organization conducted evaluations indicated that these evaluations involved either external stakeholders (such as consultants, medical doctors or lawyers; 50%) or internal groups (such as committees; 47%).
- About one-quarter of respondents who had specified their organization conducted evaluations indicated the involvement of unions (24%).
- Only a relatively small proportion of organizations that conducted evaluations (16%) involved other employees (i.e., general employees and not managers, committee members, etc.) in the evaluation of substance use policies, practices and procedures.



Table 25: Please indicate if one or more of the following people and/or techniques were used to evaluate your organization's substance use policies, practices, and/or procedures.

(n=38)	Count	%
Evaluated by management	32	84%
Evaluated by external individual or group (e.g., consultant, medical doctor, lawyer)	19	50%
Evaluated by internal group (e.g., committee)	18	47%
Evaluated by union(s)	9	24%
Evaluated by employee(s)	6	16%
Evaluated for changes in illegal drug use in the workplace	9	24%
Evaluated for knowledge of the policy among employees	9	24%
Evaluated for changes in the occurrence of incidents (injury or damage)	7	18%
Evaluated for changes in problematic use of prescription drugs in the workplace	6	16%
Evaluated for changes in absenteeism	5	13%
Evaluated for changes in alcohol use	5	13%
Unsure/don't know	3	8%
Evaluated for changes in productivity	2	5%

Note: Respondents could provide more than one answer; totals can sum to more than 100%.

These results were supported by observations from the key informant interviews, as key informants said that reviews of complex policies tended to involve input by human resource departments, as well as medical and legal advisors.

Survey respondents also provided information about the focus of such evaluations or reviews (the results of which are also captured in Table 25). Most commonly, respondents identified that their organization's substance use policies were evaluated for changes in illegal drug use in the workplace and employees' knowledge of the substance use policy (24% of respondents identified each of these factors). Less commonly, respondents indicated that evaluations considered changes in the occurrence of incidents, including injury or damage (18%), problematic prescription drug use (16%), absenteeism (13%), alcohol use (13%) and productivity (5%). During the key informant interviews, some participants mentioned that reviews of policies took place due to external events, such as arbitration or court cases. These types of external influences were not captured in the survey and it is not possible to determine if these influences might also have been a factor driving evaluations.

Self-reported Effectiveness of Policies, Practices and Procedures

Table 26 provides information related to the effectiveness of substance use policies in a number of key areas. These results are based on self-reported analyses and level of effectiveness was not independently verified as part of this survey. According to respondents, their organizations' substance use policies, practices and procedures were deemed most effective in reducing the use of alcohol and illegal drugs in the workplace: 64% of respondents indicated that policies had been either somewhat or very effective in reducing alcohol use in the workplace, and 58% of respondents indicated that policies had been either somewhat or very effective in reducing illegal drug use.



Table 26: Based on the most recent evaluation(s) of your organization’s substance use policies, practices and/or procedures, how effective have they been in the following areas?

(n=38)	Very effective (5)	Somewhat effective (4)	Neither effective nor ineffective (3)	Somewhat ineffective (2)	Very ineffective (1)	N/A (not assessed by evaluation)	Unsure/don't know
Reducing alcohol use in the workplace	32%	32%	5%	3%	0%	11%	18%
Reducing illegal drug use in the workplace	21%	37%	11%	0%	3%	11%	18%
Identifying employees with substance use issues	11%	37%	16%	8%	0%	13%	16%
Improving abstinence (reducing re-occurrence of use in employees previously confirmed as affected by substance use)	21%	24%	16%	5%	0%	13%	21%
Reducing incidents involving injury/damage	21%	24%	13%	5%	0%	13%	24%
Reducing absenteeism	8%	34%	16%	5%	3%	11%	24%
Reducing problematic use of medical prescription drugs in the workplace	18%	24%	18%	3%	3%	11%	24%
Increasing productivity	11%	24%	18%	3%	3%	18%	24%

Note: Totals might not sum to 100% due to rounding. Results are based on self-reported analyses by respondents and level of effectiveness was not independently verified as part of the survey.

Slightly less than half of respondents indicated that their organization’s policies were either somewhat or very effective in a number of other areas, including the following:

- Identifying employees with substance use issues (48%)
- Improving abstinence (i.e., reducing re-occurrence of use in employees previously confirmed as affected by substance use) (45%)
- Reducing incidents of injury or damage (45%)
- Reducing absenteeism (42%)

According to respondents, substance use policies appear to have had a lesser effect on productivity, as only 35% of respondents indicated that their organization’s policy was effective at increasing productivity. However, another measure, which could prove useful in future surveys, is to determine if policies are effective in reducing lost productivity. With the exception of reducing alcohol and illegal drug use, at least 8% to 24% of respondents reported that their policies, practices and procedures had not been effective in improving other areas (i.e., very ineffective, somewhat ineffective, and neither effective nor ineffective).

8. Legal Requirements

The key informant interviews were able to provide additional details and insights into legal experiences and best practices among the select safety-sensitive industries, while both the survey and the interviews were able to collect data about employer perceptions of the legalization and regulation of cannabis. These data are discussed below.

Practical and Legal Experiences

Among key informants, some of their practices were reported to have been stricken down through legal challenges or arbitration decisions, including automatic termination for positive drug test results, unilaterally defining safety-sensitive positions without union input, discipline for the presence



of drug metabolites in the body, drug testing employees when there are no safety implications and random drug testing in certain locations or using specific types of tests.

Key informants indicated that testing was a challenging legal issue. In several cases, arbitration decisions or human rights tribunals removed the ability to use these tests. The scope of these legal decisions varied. In one case, only a single site was affected. In another, a company was instructed to reformulate its policy around random testing. Where random testing withstood legal challenge, the organization was able to produce strong evidence that it was a bona fide occupational requirement and there was considerable risk involved. In terms of returning to work, random testing was widely used in monitoring for recovery programs with the participant's consent.

Another significant challenge identified by key informants was the lack of a nationally unified legal framework that addresses substance use (e.g., defining impairment, what constitutes undue hardship, how to balance safety requirements with human rights requirements, etc.). Regulation and practices vary among jurisdictions and several organizations identified that this variability results in high costs to ensuring compliance and assessing legal risk. Several legal terms were also identified as challenging to interpret. Examples offered included undue hardship and fitness for work. Undue hardship was raised in the context of an organization's obligation to accommodate employees insofar as it did not represent undue hardship on the organization. Key informants also indicated that the lack of specific criteria for determining whether an employee was fit for duty or work was a barrier.

Best Practices

Key informants were asked to comment on best practices in the form of challenges, successes and recommendations for other organizations developing or augmenting substance use policies. A best practice identified as important was fostering a cultural shift within organizations, so that there was understanding for the idea that impairment would not be tolerated in the workplace. Several key informants emphasized the importance of creating a culture of openness and trust where employees would feel comfortable coming forward and seeking help if they needed it:

[The] biggest challenge is getting people to be open and coming forward and saying, "I have a problem," before they get into trouble. ... One of the most rewarding things, is a lot of times we'll send people off and they're angry at me, "I don't want to go to this program." They [come back] and they say, "I should have gone 20 years ago."

Where these cultural shifts were reported to be relatively successful, key informants described them as having strong positive impacts on practices around substance use and compliance with substance use policies. Some organizations identified the process of cultural change as a continuing challenge.

Several key informants commented on the importance of having a comprehensive, well-developed policy. Informants identified that the following practices support the successful development and implementation of substance use policies:

- Carefully reviewing legal and regulatory requirements across the jurisdictions where operations take place;
- Involving unions and professional organizations; and
- Educating staff about the policy and their specific obligations under the policy.

Several key informants used the term "Canadian model" when describing their policies. However, informants used the term in two slightly different senses. One key informant characterized it as a set of general principles that distinguishes the uniquely Canadian approach to the issue of substance



use and testing, primarily as compared to the U.S. DOT approach. This informant characterized the Canadian model as approaching substance use as a medical condition to be treated in the same manner as other medical conditions, in combination with the legal ruling in Canada that – unlike in the U.S. – the presence of drug metabolites alone cannot be used to penalize a worker. Instead, what must be established is whether the individual was impaired while performing work duties.

Two other key informants representing construction companies used the term Canadian model in a narrower sense to refer to an industry standard document of best practices for substance use policies (Construction Owners Association of Alberta, 2014). The Canadian Labour Relations (Alberta) Association developed the Canadian Model, which is used by its members and several of its affiliates, such as the COAA. While specific to the construction industry, the policy guidelines contained in this document represent the broader use of the term Canadian model.

With respect to unions, some key informants indicated the importance of engaging unions in the process early on and across jurisdictions. The unions can be a partner or potentially an obstacle to developing effective policies that balance workplace safety and human rights. The legal characteristics of different jurisdictions can also pose challenges since a policy can be appropriate for one province or territory, but not for another.

Spotlight: Concern about the Potential Impact of Cannabis Legalization and Regulation

The final survey question asked all respondents, including those screened out at various stages throughout the course of the survey, to indicate their organization's level of concern about the potential impact of the legalization and regulation of cannabis on safety in their workplace. Listed below is a summary of the key findings, followed by the detailed results:

- The vast majority, 84% of employers surveyed, were either very concerned (58%) or somewhat concerned about workplace safety with impending cannabis legalization.
- In this sample, larger organizations of 500 or more employees were more likely to be very concerned (83%) with cannabis legalization than smaller organizations of 100 to 500 employees (65% very concerned) or less than 100 employees (30% very concerned).
- Organizations with at least some unionized employees were also more concerned than organizations with non-unionized employees.
- Key informants were concerned about the difficulty in establishing impairment due to cannabis since presence in bodily fluids does not necessarily indicate impairment.

Overall, the majority (84%: 58% very concerned and 26% somewhat concerned) of respondents indicated that the potential impact of cannabis legalization and regulation on workplace safety was concerning to their organization. Only one-tenth indicated that their organization was not at all concerned (see Table 27). However, some differences among subgroups of respondents are worth highlighting.



Table 27: How concerned is your organization about the potential impact of the legalization and regulation of cannabis on safety in your workplace?

(n=87)	Count	%
Very concerned	50	58%
Somewhat concerned	23	26%
Not at all concerned	9	10%
Unsure/don't know	5	6%

Organizational size appeared to have some effect on concern for the potential impact of cannabis legalization and regulation on safety in their workplace. As Table 28 shows, the percentage of respondents who indicated that their organization was very concerned increased with organization size, from 30% of those who represented organizations with 100 or fewer employees (n=23), to 65% of those who represented organizations with 101 to 500 employees (n=31), to 83% of those who represented organizations with over 500 employees (n=24). In addition, the percentage of respondents who indicated that their organization is not at all concerned was more than three times higher among those representing organizations with 100 or fewer employees (26%) than among those representing larger organizations (less than 10%).

Table 28: Concern about legalization of cannabis on workplace safety, by number of employees
Please indicate the approximate number of all individuals employed by your organization in Canada. How concerned is your organization about the potential impact of the legalization and regulation of cannabis on safety in your workplace?

	100 or fewer employees (n=23)	101 to 500 employees (n=31)	More than 500 employees (n=24)
Very concerned	30%	65%	83%
Somewhat concerned	44%	32%	8%
Not at all concerned	26%	3%	8%

Note: Columns might not sum to 100%, due to rounding. Cross-tabulation excluded respondents who answered "Unsure/don't know" to Q20. p = 0.002

Whether employees were unionized also seemed to have some effect on concern about the potential impact of the legalization and regulation of cannabis on safety in their workplace. As Table 29 shows, representatives of organizations with at least some unionized employees were twice as likely as representatives of organizations with no unionized employees to select "very concerned" in response to this survey question (74% versus 37%), and nearly four times less likely to select "not at all concerned" (6% versus 22%).

Table 29: Concern about legalization of cannabis on workplace safety, by unionization of workforce
Which of the following best describes your organization's Canadian workforce? How concerned is your organization about the potential impact of the legalization and regulation of cannabis on safety in your workplace?

	Non-unionized employees (n=27)	At least some employees unionized (n=50)
Very concerned	37%	74%
Somewhat concerned	41%	20%
Not at all concerned	22%	6%

Note: Columns might not sum to 100%, due to rounding. Cross-tabulation excluded respondents who answered "Unsure/don't know." p = 0.005



While key informants were not specifically asked to comment about the potential impact of the upcoming legalization and regulation of cannabis on their workplace, almost half of the interviewees brought up this issue. Most commonly, these key informants highlighted the difficulty in testing for cannabis. Two issues were identified with testing. The first was that the scientific and technical foundation for cannabis-related testing is less advanced than the testing for other substances (such as alcohol), which undermines the accuracy of these tests. The second was the lack of an identified criterion for impairment. Using alcohol as an example, key informants noted that some use blood alcohol content of .05 % or higher as their defined measure for impairment.²³

One organization indicated that it had recently reviewed its substance use policy to account for the potential legalization of cannabis. However, another key informant observed that the policy model that they followed for their industry does not allow a worker to be penalized simply for the presence of drug metabolites in the body. Rather, the key issue in an investigation is establishing that the employee was impaired at work at the time in question. If impairment can be established, it is immaterial whether that impairment was the result of legal or illegal drugs.

²³ Alcohol impairment is often defined with respect to impaired driving laws. Although the federal government has set criminal penalties for drivers who exceed a blood alcohol content (BAC) at 80 mg/dL (.08), the majority of provincial and territorial governments have set administrative penalties at 50 mg/dL (.05). For more information, refer to *Impaired Driving in Canada* (CCSA, 2017).



Discussion and Considerations

This study is the first of its kind to examine the state of Canadian workplace substance use policies and best practices. It used four methods: an examination of the literature, an environmental scan, national survey and key informant interviews. A number of important findings were revealed, which help to fill some gaps and provide additional insights into workplace substance use policies that have important implications for employers, employees, human resources personnel, unions, medical professionals and others.

To conduct the study, it was necessary to develop a framework to enable comparisons and analyses across the different data collection methods. An examination of the literature identified eight broad policy components as being important to comprehensive, well-developed and effective policies:

1. Objectives and scope
2. Prevention
3. Observation and investigation
4. Support
5. Return to duty/work
6. Non-compliance
7. Review and evaluation
8. Legal requirements

Within these broad components, over 60 specific elements were further identified. This framework was designed for the collection and analyses of data, and actual workplace policies should be developed around a “policy” framework, rather than an investigative framework. However, when developing a policy, employers might wish to consider addressing these eight components in the policy as well as the various elements to tailor the policy to the needs of the organization.

State of Comprehensive Policies

One of the initial key findings from the review was the lack of substance use policies. Even when taking into consideration that some organizations will not have publicly available policies, the extremely small number of policies (35) identified from the scan of approximately 800 organizations likely indicates that many do not have substance use policies, and even fewer are likely to have comprehensive policies. A number of survey respondents and interviewees also indicated that their organization did not have policies on substance use. Policies help establish guidelines for managers and expectations for employees, and are critical to reducing workplace risks

Equally concerning were the number of organizations that described inadequately developed policy statements as the company policy. Some legal arbitrations and court cases have resulted in decisions that have found organizations negligent in the handling of employees affected by substance use issues due to the absence, misapplication or insufficient development of substance use policies (CCSA, 2017). Organizations should consider consulting with lawyers, human resource professionals, medical professionals, employees, union officials, if applicable, and other relevant sources in order to develop substance use policies appropriate for their work environment and employees.



Review and Evaluation of Policies

Underdeveloped policies lead to similar concerns as those for absent policies. Through examining the literature, CCSA observed that some of the components to comprehensive policies were either absent or insufficiently developed. Procedures to review and evaluate policies and practices were the components that were most often lacking or minimally developed. Only two policies from the environmental scan had this component and less than half of survey respondents reported that their organization evaluated its policies and practices for effectiveness in addressing substance use affecting the workplace; among respondents, even fewer reported that their organization did this on a regular basis. Despite this finding, some organizations appear to be aware that their policies might be insufficient in this regard. This awareness was evident among some of the key informants who indicated that even if they could terminate employees with cause they chose to terminate without cause and offer severance in order to reduce the potential for legal repercussions.

The lack of policy review and evaluation is also in line with the literature. There is minimal research that evaluates the impact and effectiveness of workplace policies in reducing issues related to substance use and the workplace. This lack of evaluation is important as organizations need to determine if the substance use policies and practices they have developed and implemented are actually effective in reducing substance use and potential associated issues in the workplace (Ames & Bennett, 2011; ACCA, n.d.).

A good practice observed among some key informants is to be proactive and establish review and evaluation procedures on both a regular basis and in response to changing dynamics (e.g., changes in legislation, organizational changes), rather than in reaction to a negative incident. Not only should employers consider developing policies, they also need to consider how to measure the effectiveness of those policies on a regular basis with well-defined indicators. Appropriate indicators could include absenteeism rates, lost productivity rates, injuries and employee use of organization support programs. Evaluation methods should be developed in consultation with experienced professionals.

Balancing Disciplinary and Supportive Measures

Another important finding from this review was the imbalance between disciplinary measures and supportive measures in policies. The majority of policies reviewed in the scan or reported on by survey respondents and interviewees addressed disciplinary measures, such as procedures for non-compliance with the policy and for immediate termination or suspension of employees. In contrast, supportive measures, such as treatment options, support services, accommodation options, education and prevention, were absent or addressed to a much lesser extent in policies. Substance use policies require a balance between employer and employee needs, which includes balancing disciplinary and supportive measures.

Along these lines, the importance of workplace culture was emphasized during the key informant interviews where several interviewees thought success and compliance with their organization's policy was linked to a positive, supportive workplace environment. Size and structure of organizations, among other factors, could affect the level and type of support they can offer. However, support measures come in various forms — changing culture, identifying free community services, developing peer and team programs or working with employees to identify alternatives — that could be accessed by smaller organizations or those with minimal resources (Ames & Bennett, 2011; Bennett, Lehman, & Reynolds, 2000). Employers should consider assessing the degree of disciplinary and supportive measures within their policies with a view to making adjustments if support options are lacking or if disciplinary measures are inappropriate.



Legalization and Regulation of Cannabis

The national survey and key informant interviews revealed that the legalization and regulation of cannabis is a concern among the majority of participating organizations. Some organizations have been proactive and are amending policies to reflect the upcoming legislative changes. Others, however, are unsure about how to move forward. Of particular concern is the difficulty in determining impairment by cannabis. Substance testing of bodily fluids only indicates the presence of THC, but does not indicate impairment, as the drug remains in an individual's system for an extended period of time (CCSA, 2017). Other steps must be taken to determine impairment, such as observation and medical review. During occasions where CCSA has discussed the issue with various employers or presented the findings from this study, a number of employers expressed a desire for more guidance from federal, provincial and territorial governments on how they can manage the change in the legal status of cannabis. In particular, several organizations suggested that a national standard on policies pertaining to substance use, including cannabis, would be useful. Although national guidance or standards might help, organizations still need to create policies and best practices that are tailored to their specific needs.

Key Implications for Employers and Other Stakeholders

The findings from this study raised a number of important implications about substance use for organizations and professionals who work with organizations, as well as for the federal, provincial and territorial governments. The following implications are key:

- Addressing substance use issues through comprehensive, well-developed policies sends the message that substance use and potential ramifications are important within your organization, while not having a policy might indicate that substance use is not a concern or is even tolerated, which could increase workplace risks (Pidd et al., 2015).
- Insufficiently developed policies (i.e., policy statements) can give organizations the false belief that they are operating with a functional, appropriate workplace policy and they could face difficulties if the inadequate policy is ever challenged, particularly in a legal environment.
- Performing reviews and evaluations of policies is important to ensure they are effective and up to date. Ineffective policies can put both employees and employers at risk. Additionally, organizations should develop appropriate, measurable indicators that capture the true impact of their policy.
- Some organizations reported that they lack the capacity, resources or expertise to develop substance use policies. Although some appeared to rely on community services, industry associations and other resources, these were not always available or applicable, particularly for smaller organizations. Efforts by multiple stakeholders, including governments, are likely needed to assist organizations that lack capacity to develop comprehensive substance use policies.
- The legal landscape pertaining to substance use and workplace policies is continually changing due to the numerous ongoing court and arbitration cases. As a result, organizations have to frequently update their policies, which is both challenging and costly. Some organizations would prefer for the federal government to develop a national standard for workplace substance use policies, which could improve consistency, provide clarity and potentially reduce legal issues.
- Key informants viewed both workplace culture and employee commitment to recovery as critical to reducing substance use affecting the workplace. Policies and best practices will be most



effective in an environment that discourages substance use, but also discourages discrimination, stigma and potential prejudice.

- Failure to balance employer and employee needs, particularly with respect to disciplinary and supportive measures, can have legal consequences as well as a negative impact on workplace culture. Canadian law requires some support measures, such as the duty to accommodate; therefore, employers should consult with lawyers and human rights experts to ensure their policies meet legal standards (CHRC, 2009; CHRC, 2017). Workplace environments that stigmatize substance use disorders rather than create a culture of trust might make employees affected by substance use more reluctant to disclose any potential issues (Chartier, 2006).

Encouraging Findings

There were a number of encouraging findings, demonstrating that there are Canadian organizations taking positive steps towards addressing substance use that affects the workplace. Some policies recognized substance use dependence as a disability and some included accommodation options. Most safety-sensitive organizations in the survey reported that they investigated suspicion of substance use before taking disciplinary actions. Some interviewees recognized employee commitment to recovery as critical to successful recovery and return-to-duty/work. Some organizations provide education and training to their employees and management about their policies, how to observe for potential impairment and guidelines pertaining to support and return-to-duty/work options.

Limitations

Some limitations associated with this study of substance use policies and practices should be considered when interpreting its findings. The environmental scan was limited to analysis of publicly available policies posted on the Internet. Organization policies are typically private and not shared with the public, thus there is more data that could be analyzed in future studies. These findings provide an initial look at the current Canadian policies and cannot be generalized to the broader workplace population.

With respect to the survey, the inability to obtain email addresses for key individuals from some organizations likely lowered the number of responses to the survey. It was also possible that some contacts or email filters might have categorized the email request as spam. Although the survey distribution methods sought only one response per organization, the distribution of the open link to those on the association list and completion of the survey through this link could not be tracked. Therefore, it was possible for more than one individual within an organization to respond. If more than one respondent answered questions about the same substance use policy, it could have produced a duplicative effect on responses to certain questions. The limited responses and the inability to collect data from a representative sample of safety-sensitive organizations prevents generalizing the results to the broader population of industries.

There were some challenges in obtaining key informant interviews as some organizations indicated they could not discuss their policies outside of their organization. Some required that CCSA submit an application for research, which was not possible in the five-week time frame of the interviews.

Although a focus on safety-sensitive industries was necessary to ensure that data on comprehensive policies, experiences and best practices were collected, the absence of non-safety-sensitive industries in the survey and interviews might overlook unique approaches or challenges to these organizations that could be useful in developing and implementing policy and best practices. Overall,



the findings from this study cannot be generalized to the larger workplace context, but offer a starting point for future research as one of the first studies of its kind.

Conclusion

Organizations will benefit by developing comprehensive policies tailored to themselves, and are a result of consulting various stakeholders and experts. As a starting point, organizations can look to their own industry associations for potential policy frameworks, such as is done in the safety-sensitive sectors. For those that do not have a model, such as non-safety sensitive organizations, a useful guide is the one developed by the former Atlantic Canada Council on Addiction, *Problematic Substance Use That Impacts the Workplace: A Step-by-Step Guide & Toolkit to Addressing It in Your Business/Organization*.

Given the limited research on workplace substance use policies, this study helped to fill some gaps and provided new insights on the issue of substance use affecting the workplace. However, more research is needed. Research that would be of particular benefit includes studies of the prevalence rates and risk factors of substance use in Canadian workplaces, research on what policy components and elements are effective in reducing issues associated with substance use, examinations of practical, appropriate indicators for organizations to review and evaluate their policies, and research on effective support measures. Additional research to further investigate the findings of this study, particularly about what components and elements make workplace substance use policies and practices effective, is needed.

Given the important safety, legal and cost advantages of comprehensive substance use policies and best practices, there might be opportunities for organizations and governments to share the costs of developing and implementing workplace standards or programs that benefit everyone. Finally, as the majority of Canadians are employed, the workplace offers a unique opportunity to access, help and support individuals, especially those who are hard to reach and at-risk (e.g., students, transient workers, part-time workers) affected by substance use. Substance use that affects the workplace can have wide-spread implications and impact. Success in addressing it is more likely when the issue is seen as a shared responsibility between employers and employees.



References

- Ames, G.M., & Bennett, J.B. (2011). Prevention interventions of alcohol problems in the workplace: a review and guiding framework. *Alcohol Research and Health*, 34(2), 175–187.
- Ames, G.M., Grube, J.W., & Moore, R.S. (1997). The relationship of drinking and hangovers to workplace problems: an empirical study. *Journal of Studies on Alcohol*, 58(1), 37–47.
- Atlantic Canada Council on Addiction (ACCA). (n.d.). *Problematic substance use that impacts the workplace: a step-by-step guide & toolkit to addressing it in your business/organization*. Ottawa, Ont.: Author.
- Attridge, M., & Wallace, S. (2009). *Hidden hazards: The business response to addictions in the workplace*. Vancouver:
- Barbara Butler and Associates Inc. (2012). *Recent alcohol and drug workplace policies in Canada - considerations for the nuclear industry*. Ottawa, Ont.: Canadian Nuclear Safety Commission.
- Beirness, D. (2017). *The effects of psychoactive prescription drugs on driving*. Ottawa, Ont.: Canadian Centre on Substance Abuse.
- Bennett, J.B., Lehman, W.E., & Reynolds, G.S. (2000). Team awareness for workplace substance abuse prevention: The empirical and conceptual development of a training program. *Prevention Science*, 1(3), 157-172.
- Bush, D.M., & Lipari, R.N. (2015). Substance use and substance use disorder by industry. *The CBHSQ Report*.
- Canadian Centre on Substance Use and Addiction. (2017). *Impaired driving in Canada*. Ottawa, Ont.: author.
- Canadian Centre on Substance Use and Addiction. (2017). *State of policies and practices on substance use in safety-sensitive industries in Canada*. Ottawa, Ont.: Canadian Nuclear Safety Commission.
- Canadian Human Rights Commission (CHRC). (2009). *Canadian Human Rights Commission's policy on alcohol and drug testing*. Ottawa, Ont.: Author.
- Canadian Human Rights Commission (CHRC). (2017). *Impaired at work: a guide to accommodating substance dependence*. Ottawa, Ont.: Author.
- Canadian Nuclear Safety Commission. (2015). *Human Performance Management: Fitness for duty REGDOC-2.2.4 (Draft)*. Ottawa, Ont.: Author.
- Carpenter, C.S. (2007). Workplace drug testing and worker drug use. *Health Services Research*, 42(2), 795-810.
- Cashman, C.M., Ruotsalainen, J.H., Greiner, B.A., Beirne, P.V., & Verbeek, J.H. (2009). Alcohol and drug screening of occupational drivers for preventing injury. *Cochrane Database of Systematic Reviews*, 15(2), CD006566.
- Cercarelli, L.R., Allsop, S., Evans, M., & Velandar, F. (2012). *Reducing alcohol-related harm in the workplace: an evidence review*. Melbourne, Australia: Victorian Health Promotion Foundation.
- Chartier, M.C. (2006). *Human rights and the return to work: the state of the issue*. Ottawa, Ont.: Canadian Human Rights Commission.



- Christie, T. (2015). *A discussion of the ethical implications of random drug testing in the workplace* 28(4):172–174. .
- Collins, D., Lapsley, H., Brochu, S., Easton, B., Pérez-Gómez, A., Rehm, J., & Single, E. (2006). *International guidelines for the estimation of the avoidable costs of substance abuse*. Ottawa, Ont.: Health Canada.
- Collins, D.J., & Lapsley, H.M. (2008). *The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05*. (1741864372) Canberra, Australia:
- Conference Board of Canada. (2016). *Problematic substance use and the Canadian workplace*. Ottawa, Ont.: Author.
- Construction Owners Association of Alberta. (2014). *Canadian model for providing a safe workplace: alcohol and drug guidelines and work rule*. Edmonton, Alberta: Author.
- Costa, J. (1995). An empirically-based review of the concept of environmental scanning. *International Journal of Contemporary Hospitality Management*, 7(7), 4–9.
- Dawson, D.A. (1994). Heavy drinking and the risk of occupational injury. *Accident Analysis & Prevention*, 26(5), 655–665.
- Els, C., Amin, A., & Straube, S. (2016). Marijuana and the workplace. *Canadian Journal of Addiction*, 7(4), 5–7.
- Evans, J.R., & Mathur, A. (2005). The value of online surveys. *Internet Research*, 15(2), 195–219.
- Frone, M.R. (2003). Predictors of overall and on-the-job substance use among young workers. *Journal of Occupational Health Psychology*, 8(1), 39–54.
- Frone, M.R. (2004). Alcohol, drugs, and workplace safety outcomes: a view from a general model of employee substance use and productivity. In J. Barling & M. Frone (Eds.). *The Psychology of Workplace Safety* (pp. 127–156).
- Frone, M.R. (2006). Prevalence and distribution of alcohol use and impairment in the workplace: a U.S. national survey. *Journal of Studies on Alcohol*, 67(1), 147–156.
- Harwood, H.J. (2000). *Updating estimates of the economic costs of alcohol abuse in the United States: estimates, update methods, and data*. No. 984327. Rockville, Md.: National Institutes of Health.
- Health Canada. (2015). *Canadian Tobacco Alcohol and Drugs Survey (CTADS)*. Data with author. Analysis by CCSA.
- Hoffmann, J.P., Larison, C., & Brittingham, A. (1996). *Drug use among U.S. workers: prevalence and trends by occupation and industry categories*. Rockville, Md.: Substance Abuse and Mental Health Services Administration.
- International Labour Organization (ILO). (2012). *Integrating health promotion into workplace OSH policies: trainer's guide*. Geneva, Switzerland: International Labour Office.
- Keith, N. (2015). *Alcohol and drugs in the Canadian workplace: an employer's guide to the law, prevention, and management of substance abuse* (2nd ed.). Toronto, Ont.: LexisNexis Canada.
- Kraus, J.F. (2001). The effects of certain drug-testing programs on injury reduction in the workplace: an evidence-based review. *International journal of occupational and environmental health*, 7(2), 103–108.



- Larson, S.L., Eyerman, J., Foster, M.S., & Gfroerer, J.C. (2007). *Worker substance use and workplace policies and programs*. Rockville, Md.: Substance Abuse and Mental Health Services Administration.
- Linnan, L., Bowling, M., Childress, J., Lindsay, G., Blakey, C., Pronk, S., ... Royall, P. (2008). Results of the 2004 National Worksite Health Promotion Survey. *American Journal of Public Health, 98*(8), 1503–1509.
- Logan, D.E., & Marlatt, G.A. (2010). Harm reduction therapy: a practice-friendly review of research. *Journal of Clinical Psychology, 66*(2), 201–214.
- Macdonald, S., Csiernik, R., Durand, P., Rylett, M., & Wild, T.C. (2006). Prevalence and factors related to Canadian workplace health programs. *Canadian Journal of Public Health, 97*(2), 121–125.
- Macdonald, S., Hall, W., Roman, P., Stockwell, T., Coghlan, M., & Nesvaag, S. (2010). Testing for cannabis in the work-place: a review of the evidence. *Addiction, 105*(3), 408–416.
- Macdonald, S., Wells, S., & Wild, T.C. (1999). Occupational risk factors associated with alcohol and drug problems. *American Journal of Drug and Alcohol Abuse, 25*(2), 351–369.
- McNaught, M.D. (2013). *Random drug and alcohol testing in the workplace: balancing employee privacy interests with employee safety*. Kingston, Ont.: Industrial Relations Centre, Queen's University.
- McQuaid, R.J., Malik, A., Moussouni, K., Baydack, N., Stargardter, M., & Morrissey, M. (2017). *Life in recovery from addiction in Canada*. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.
- Pidd, K., Kostadinov, V., & Roche, A. (2015). Do workplace policies work? An examination of the relationship between alcohol and other drug policies and workers' substance use. *International Journal of Drug Policy, 28*, 48–54.
- Pidd, K., & Roche, A.M. (2014). How effective is drug testing as a workplace safety strategy? A systematic review of the evidence. *Accident Analysis & Prevention, 71*, 154-165.
- Public Health Agency of Canada. (2015). *Alcohol consumption in Canada*. Ottawa, Ont.: Author.
- Qu, S.Q., & Dumay, J. (2011). The qualitative research interview. *Qualitative research in accounting & management, 8*(3), 238-264.
- Rehm, J., Baliunas, D., Brochu, S., Fischer, B., Gnam, W., Patra, J., ... Adlaf, E. (2006). *The costs of substance abuse in Canada 2002*. Ottawa, Ont.: Canadian Centre on Substance Abuse.
- Roche, A., Pidd, K., & Kostadinov, V. (2016). Alcohol- and drug-related absenteeism: a costly problem. *Australian and New Zealand Journal of Public Health, 40*(3), 236–238.
- Solomon, D.J. (2001). Conducting web-based surveys. *Practical Assessment, Research and Evaluation, 7*(19).
- Spicer, R.S., Miller, T.R., & Smith, G.S. (2003). Worker substance use, workplace problems and the risk of occupational injury: a matched case-control study. *Journal of Studies on Alcohol, 64*(4), 570–578.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d., Nov. 2, 2015). Assess your workplace. Retrieved from www.samhsa.gov/workplace/toolkit/assess-workplace



Webb, G., Shakeshaft, A., Sanson-Fisher, R., & Havard, A. (2009). A systematic review of work-place interventions for alcohol-related problems. *Addiction*, *104*(3), 365–377.

Webb, G.R., Redman, S., Hennrikus, D.J., Kelman, G.R., Gibberd, R.W., & Sanson-Fisher, R.W. (1994). The relationships between high-risk and problem drinking and the occurrence of work injuries and related absences. *Journal of Studies on Alcohol*, *55*(4), 434–446.

Zwerling, C., Ryan, J., & Orav, E.J. (1990). The efficacy of preemployment drug screening for marijuana and cocaine in predicting employment outcome. *Journal of the American Medical Association*, *264*(20), 2639–2643.



Appendices

Appendix A: Search Criteria Used for the Environmental Scan

Identification of Organizations and Policies

Organizations were identified using the following methods:

- Collapsed version of the North American Industry Classification System (NAICS) 2017
- Canadian Industry Statistics website
- CCSA network (some supplied their policies)
- Specific organizations expected to have policies (e.g., Toronto Transit Commission, Air Canada, Suncor, etc.)
- Lists of Canada's largest organizations, top employer organizations
- Union websites

Search Terms

Since searching by individual organizations sometimes produced limited results and was not efficient, searches were also made using combinations of key words, direct quotations and phrases, as well as French equivalents for some key words, through Google's search engine as follows:

Key terms

- Canada
- Alberta, British Columbia, Ontario, Quebec
- Policy
- Alcohol
- Drug
- Illegal drug
- Alcohol and drug
- Substance use
- Workplace
- Employer
- Employee
- Code of conduct
- Code of ethics
- Drinking
- Intoxication/intoxicated
- Impairment

Terms unique to policies

- Accommodation/duty to accommodate
- Return to work
- Substance abuse professional/expert
- Random testing
- Reasonable cause

Industry specific (industries with minimal to no policies were specifically targeted in order to find more)

- Restaurant chains
- Hotel chains
- Wholesale and retail 2006 +
- Information and cultural industries 2006 +
- Finance, real estate, management services 2006+
- Education, health and social services
- Entertainment and hospitality 2006+

Primary Database Searches

PubMed

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(((((employee[Title/Abstract]) OR workplace[Title/Abstract]) OR worker*[Title/Abstract]) OR occupation*[Title/Abstract])) OR (((("Disciplines and Occupations Category"[Mesh]) OR "Occupational Groups"[Mesh]) OR "Workplace"[Mesh]))) AND (((("random testing"[Title/Abstract]) OR "drug
```



testing"[Title/Abstract]) OR "unannounced testing"[Title/Abstract]) OR "substance use testing"[Title/Abstract]) OR "substance abuse testing"[Title/Abstract])) OR "Substance Abuse Detection"[Mesh])

(((((((((substance[Title]) OR addict*[Title]) OR dependen*[Title]) OR alcohol*[Title]) OR cannabis[Title]) OR drug*[Title]) OR marijuana[Title])) OR (("Substance-Related Disorders/prevention and control"[Mesh] OR "Substance-Related Disorders/rehabilitation"[Mesh] OR "Substance-Related Disorders/therapy"[Mesh]))) AND (((((((workplace[Title]) OR employer*[Title]) OR employee*[Title]) OR profession*[Title]) OR staff[Title]) OR worker*[Title])) OR "Workplace"[Mesh]) Filters: published in the last 10 years; English

PsycNET

(((((title: (employee))) OR ((abstract: (employee))) OR ((title: (workplace))) OR ((abstract: (workplace))) OR ((title: (worker*))) OR ((abstract: (worker*))) OR ((title: (occupation*))) OR ((abstract: (occupation*)))) OR (((IndexTermsFilt: ("Working Conditions")) OR (IndexTermsFilt: ("Occupational Safety")) OR (IndexTermsFilt: ("Industrial Accidents")) OR (IndexTermsFilt: ("Occupational Health")) OR (IndexTermsFilt: ("Occupations")) OR (IndexTermsFilt: ("Work Related Illnesses")) OR (IndexTermsFilt: ("Working Conditions")) OR (IndexTermsFilt: ("Organizational Climate")) OR (IndexTermsFilt: ("Personnel")) OR (IndexTermsFilt: ("Organizational Behavior")) OR (IndexTermsFilt: ("Organizations")) OR (IndexTermsFilt: ("Occupations")) OR (IndexTermsFilt: ("Workplace Intervention")) OR (IndexTermsFilt: ("Job Performance")))) AND (((IndexTermsFilt: ("Drug Usage Screening")))) OR (((title: ("random testing")) OR ((abstract: ("random testing")) OR ((title: ("drug testing")) OR ((abstract: ("drug testing")) OR ((title: ("unannounced testing")) OR ((abstract: ("unannounced testing")) OR ((title: ("substance use testing")) OR ((abstract: ("substance use testing")))))

((Title:(workplace) OR Title:(employer*) OR Title:(employee*)) AND (((IndexTermsFilt:("Addiction") OR IndexTermsFilt:("Alcohol Drinking Patterns") OR IndexTermsFilt:("Alcoholism") OR IndexTermsFilt:("Drug Abuse") OR IndexTermsFilt:("Drug Addiction") OR IndexTermsFilt:("Drug Usage") OR IndexTermsFilt:("Intravenous Drug Usage") OR IndexTermsFilt:("Marijuana Usage") OR IndexTermsFilt:("Substance Use Disorder")) OR (Title:(substance) OR Title:(addict*) OR Title:(dependen*) OR Title:(alcohol*) OR Title:(cannabis) OR Title:(drug*) OR Title:(marijuana)))) OR ((IndexTermsFilt:("Impaired Professionals"))) AND Year: 2005 To 2016 AND Peer-Reviewed Journals only



Appendix B: Environmental Scan Data Collection Sheet

Policy element	Policy	Policy statement	Position statement
1. Objectives and Scope			
<ul style="list-style-type: none"> Policy statement (position statement on substance use affecting the workplace) 			(not a position statement)
<ul style="list-style-type: none"> Position statement (not a policy, but in a Code) 	(not a policy)	(not a policy statement)	
<ul style="list-style-type: none"> Objectives (purpose of policy) 			
<ul style="list-style-type: none"> U.S.DOT-other agencies/DHHS/SAMHSA 			
<ul style="list-style-type: none"> Clear and/or provides definitions 			
Scope of policy (who, what, where policy application)			
<ul style="list-style-type: none"> Expectations/Roles and Responsibilities 			
<ul style="list-style-type: none"> Alcohol 			
<ul style="list-style-type: none"> Illegal drugs 			
<ul style="list-style-type: none"> Prescription drugs 			
<ul style="list-style-type: none"> Contractors 			
<ul style="list-style-type: none"> Other workers (volunteers, students, co-op students, summer students) 			
<ul style="list-style-type: none"> Location (on premises, off-site, company property) 			
<ul style="list-style-type: none"> Social events/hosting 			
2. Prevention			
<ul style="list-style-type: none"> Education provided 			
<ul style="list-style-type: none"> Training provided 			
<ul style="list-style-type: none"> Zero tolerance/unambiguous prohibition 			
3. Observation and Investigation			
<ul style="list-style-type: none"> Self-disclosure 			
<ul style="list-style-type: none"> Co-worker report on others 			
<ul style="list-style-type: none"> Observation (behavioural and/or performance indicators) 			
Investigation			
<ul style="list-style-type: none"> Duty to inquire (indirect/implied in policy) 			
<ul style="list-style-type: none"> Random/unannounced testing (not including return-to-duty/work testing) 			
<ul style="list-style-type: none"> Scheduled testing (e.g., changes position, after vacation, illness, etc.) 			
<ul style="list-style-type: none"> Job-specific testing (pre-employment, certain positions) 			
<ul style="list-style-type: none"> Reasonable cause testing 			



Policy element	Policy	Policy statement	Position statement
<ul style="list-style-type: none"> Post-incident/near-miss testing 			
<ul style="list-style-type: none"> POCT 			
<ul style="list-style-type: none"> Searches 			
<ul style="list-style-type: none"> Impaired driving, convictions, charges. 			
Testing			
<ul style="list-style-type: none"> procedures/process - general 			
<ul style="list-style-type: none"> Alcohol 			
<ul style="list-style-type: none"> Drug 			
<ul style="list-style-type: none"> Refusal of test 			
<ul style="list-style-type: none"> Measurement/cut-off limits for substances 			
<ul style="list-style-type: none"> Method of testing (e.g., blood, urine, oral, breath) 			
<ul style="list-style-type: none"> Medical review conducted with testing (e.g., IME/MRO/SAP/SUE) 			
4. Support			
<ul style="list-style-type: none"> Support/respond to employee procedures 			
<ul style="list-style-type: none"> Recognizes substance use as a disability 			
<ul style="list-style-type: none"> Referral for assessment 			
<ul style="list-style-type: none"> Provides support/ assistance 			
<ul style="list-style-type: none"> Insurance specifically mentioned (EFAP/EAP) 			
<ul style="list-style-type: none"> Treatment program – employee participates 			
<ul style="list-style-type: none"> Leave with pay 			
<ul style="list-style-type: none"> Leave without pay 			
<ul style="list-style-type: none"> Confidentiality procedures and details explained/maintained 			
<ul style="list-style-type: none"> Review conducted during treatment (e.g., IME/MRO/SAP/SAE) 			
<ul style="list-style-type: none"> If no company program (e.g., no benefits), provides available support options 			
5. Return to duty/work (after care)			
<ul style="list-style-type: none"> Return-to-duty/work program/plan (aftercare) 			
<ul style="list-style-type: none"> Agreement (Return-to-duty/work Agreement/Relapse Agreement/Last Chance Agreement) 			
<ul style="list-style-type: none"> Duty to accommodate (indirect/implied in policy) 			
<ul style="list-style-type: none"> Return-to-duty/work monitoring and/or testing 			
<ul style="list-style-type: none"> Who monitors/evaluates employee (e.g., MRO, SAP, physician) 			



Policy element	Policy	Policy statement	Position statement
6. Non-compliance			
• Non-compliance procedures/ rules/standards described			
• Suspension/removal from work area			
• Dismissal/termination stated			
• Reports illegal activities to the authorities			
• Prohibits illegal activities			
7. Review and Evaluation			
• Consultative policy development			
• Reviewed - not same as evaluated			
• Evaluated - uses indicators to assess policy			
• Frequency of evaluation			



Appendix C: National Survey Questions

1. To which of the following sectors does your organization belong? Please select all that apply.
 - Aviation
 - Marine
 - Oil and gas
 - Rail
 - Construction
 - Law enforcement
 - Other: Specify _____
 - Unsure/Don't know

2. Are there safety-sensitive positions in your organization? Safety-sensitive positions include those where impaired employee performance could result in a significant incident affecting the health and safety of the individual, other employees, customers, or the public, or could cause property damage. Safety-sensitive positions may include any full-time, part-time, contract or other employee performing work for your business.
 - Yes
 - No
 - Unsure/Don't know

3. Which of the following best describes the nature of your organization? [Check one]
 - Private sector
 - Federal government department/agency
 - Provincial government department/agency
 - Municipal government department/agency
 - Not-for-profit
 - Crown corporation
 - Educational (university, college, school)
 - Industry association
 - Unsure/Don't know

4. Which of the following best describes the geographic extent of your organization's operations? [Check one]
 - Canada only
 - North America
 - International
 - Unsure/Don't know

5. In what region do the largest number of your organization's employees work? [Check one]
 - British Columbia
 - Alberta
 - Saskatchewan
 - Manitoba
 - Ontario
 - Quebec
 - New Brunswick



- Nova Scotia
- Prince Edward Island
- Newfoundland
- Nunavut
- Yukon
- Northwest Territories
- United States
- Outside of Canada or the United States
- Unsure/Don't know

6. Please indicate the approximate number of all individuals employed by your organization in Canada. [Check one]

- 1 to 10 employees
- 11 to 20 employees
- 21 to 100 employees
- 101 to 500 employees
- More than 500 employees
- Unsure/Don't know

7. Which of the following best describes your organization's Canadian workforce? [Check one]

- Non-unionized employees
- Less than 50 percent unionized
- 50% or more unionized
- Unsure/Don't know

8. When an employee is suspected of substance use in the workplace for the first time, what is your organization's response? Please select all that apply.

- Give employee a warning
- Refer employee for assessment/testing
- Refer employee to a medical doctor
- Refer employee to an Employee Assistance Program/Employee Family Assistance Program or equivalent
- Offer employee leave with pay
- Offer employee leave without pay
- Dismiss/terminate employee
- No response from organization
- Other: Specify _____
- Unsure/Don't know

9. Does your organization have a policy on employee alcohol and/or drug use?

- Yes
- No
- Unsure/Don't know

10. Within your organization, which employees (if any) receive orientation and/or education about your organization's substance use policy? Please select all that apply.

- All employees
- Management



- 0 Employees in safety-sensitive positions
- 0 Employees do not receive orientation/education about substance use policies (employees are expected to read company policies on their own)
- 0 Other (please specify): _____
- 0 Unsure/Don't know

11. Please indicate whether or not representatives from the following groups or positions were involved in the development of your organization's substance use policy.

	Involved	Not involved	Unsure/Don't know
a. Management	0	0	0
b. Human Resources	0	0	0
c. Employee(s)	0	0	0
d. Lawyer	0	0	0
e. Medical doctor or physician	0	0	0
f. Medical professional (e.g., Substance Abuse Expert or Substance Use Professional)	0	0	0
g. Union	0	0	0
h. Insurance company	0	0	0
i. External consultant	0	0	0
j. Other: Specify _____	0	0	0

12. Please indicate whether or not each of the following topics or components are addressed or included in your organization's substance use policy.

	Addressed/ included	Not addressed/ included	Unsure/ Don't know
a. Alcohol use	0	0	0
b. Illegal drug use (e.g., non-medical cannabis, cocaine, speed, or other street drugs)	0	0	0
c. Prescription drugs and pain killers not used as directed (e.g., codeine, morphine, anxiety medications, fentanyl, diazepam, Demerol®)	0	0	0
d. Medical cannabis	0	0	0
e. Drug and/or alcohol screening or testing procedures	0	0	0
f. Procedures or methods for evaluating employee substance use	0	0	0
g. Treatment options and/or support services	0	0	0
h. Return to work program	0	0	0
i. Procedure for monitoring employees who return to work	0	0	0



j. Accommodations (i.e., adjusting to employee needs when they return to work)	0	0	0
k. Procedures/actions for non-compliance with policy	0	0	0
l. Procedures/actions for dismissal/termination	0	0	0
m. Other: Specify _____	0	0	0

13. To identify substance use issues among employees, does your organization:

	Yes	No	Unsure/ Don't know
a. Investigate substance use issues based on reasonable cause (e.g., employee behaviour, decline in performance, supervisor/co-worker concern)	0	0	0
b. Investigate substance use issues after an incident involving injury or damage has occurred	0	0	0
c. Investigate substance use issues after a near-miss incident has occurred	0	0	0
d. Conduct pre-determined (i.e., non-random) drug and/or alcohol testing for employees or applicants	0	0	0
e. Conduct random testing of all employees	0	0	0
f. Conduct random testing of specific employees (such as those in safety-sensitive positions)	0	0	0
g. Conduct searches for evidence of drug and/or alcohol use	0	0	0
h. Conduct drug and/or alcohol testing after non-compliance with policy	0	0	0
i. Conduct drug and/or alcohol testing after employees undergo treatment for substance use	0	0	0
j. Rely on employees to report their own substance use	0	0	0
k. Other: Specify _____	0	0	0

14. For which substance(s) does your organization test? Please select all that apply.

- Alcohol
- Illegal drugs (e.g., non-medical cannabis, cocaine, speed, or other street drugs)
- Prescription drugs and pain killers or impairing substances found in these drugs (e.g., codeine, morphine, anxiety medications, fentanyl, diazepam, Demerol®)
- Unsure/Don't know

15. If an employee's substance use is confirmed (for example, through positive test results), how does your business or organization respond? Please select all that apply.

- Give employee a warning
- Refer employee to a medical doctor
- Refer employee to a specific treatment/wellness/prevention program



- Refer employee to an Employee Assistance Program/Employee Family Assistance Program or equivalent
- Offer leave with pay
- Offer leave without pay
- Provide support to return to work
- Require employee to complete a Relapse Agreement
- Suspend employee
- Dismiss/terminate employee
- Require employee to undergo further testing
- Other: Specify _____
- Unsure/Don't know

16. What source(s) of information does your organization use to determine if an employee with a confirmed substance use issue is ready to return to work? Please select all that apply.

- If disability benefits are provided (e.g., short-term disability), decision from insurance company
- If disability benefits are not provided, recommendation/evaluation from a medical doctor
- Recommendation/evaluation from a Substance Use Expert/Substance Use Professional
- Recommendation/evaluation from an Employee Assistance Program/Employee Family Assistance Program or equivalent
- Results of substance use testing that employees undergo prior to resuming work
- Confirmation of an employee's successful completion of a substance use program
- None
- Other: Specify _____
- Unsure/Don't know

17. Has your organization ever used, or currently uses, any of the following procedures/methods to encourage abstinence when employees return to work after addressing a substance use issue?

	Yes	No	Unsure/ Don't know
a. Require employees to undergo scheduled substance testing (e.g., quarterly)	0	0	0
b. Require employees to undergo random substance testing	0	0	0
c. Require regular medical reports	0	0	0
d. Offer employees a support program	0	0	0
e. Automatically dismiss/terminate employees for re-occurrence (i.e., for any further non-compliance with the substance use policy)	0	0	0
f. Other: Specify _____	0	0	0



18. Have your organization’s substance use policies, practices and/or procedures been evaluated or reviewed for effectiveness? [Check one]

- Yes, annually or more frequently
- Yes, every one to five years
- Yes, at least once
- No
- Unsure/Don’t know

19. Please indicate if one or more of the following people and/or techniques were used to evaluate your organization’s substance use policies, practices and/or procedures? Please select all that apply.

- Evaluated by external individual or group (e.g., consultant, medical doctor, lawyer)
- Evaluated by union(s)
- Evaluated by internal group (e.g., committee)
- Evaluated by management
- Evaluated by employee(s)
- Evaluated for changes in the occurrence of incidents (injury or damage)
- Evaluated for changes in absenteeism
- Evaluated for changes in alcohol use
- Evaluated for changes in illegal drug use in the workplace
- Evaluated for changes in problematic use of prescription drugs in the workplace
- Evaluated for changes in productivity
- Evaluated for knowledge of the policy among employees
- Unsure/Don’t know

20. Based on the most recent evaluation(s) of your organization’s substance use policies, practices and/or procedures, how effective have they been in the following areas?

	Very effective	Somewhat effective	Neutral (neither effective nor ineffective)	Somewhat ineffective	Very ineffective	N/A (not assessed by evaluation)	Unsure/Don’t know
a. Identifying employees with substance use issues	0	0	0	0	0	0	0
b. Improving abstinence (reducing re-occurrence of use in employees previously confirmed as affected by substance use)	0	0	0	0	0	0	0
c. Reducing incidents involving injury/ damage	0	0	0	0	0	0	0
d. Reducing absenteeism	0	0	0	0	0	0	0
e. Reducing alcohol use in the workplace	0	0	0	0	0	0	0
f. Reducing illegal drug use in the workplace	0	0	0	0	0	0	0



g. Reducing problematic use of medical prescription drugs in the workplace	0	0	0	0	0	0	0
h. Increasing productivity	0	0	0	0	0	0	0
i. Other: Specify_____	0	0	0	0	0	0	0

21. How concerned is your organization about the potential impact of the legalization and regulation of cannabis on safety in your workplace?

- Very concerned
- Somewhat concerned
- Not at all concerned
- Unsure/Don't know



Appendix D: Key Informant Interview Questions

1. Can you please tell me the title of your position with [company name] and your primary responsibilities?
2. What are some of the safety-sensitive positions within your business?
3. When was your substance use policy implemented?
 - a. When was it last reviewed and what was the reason for the review?
4. Which positions in your business do your substance use policies apply to? (e.g., all staff, safety-sensitive only, other)
 - b. What criteria does your organization use to select specific positions for substance testing?
 - c. What criteria do you use to define a safety sensitive position?
5. Does your business conduct tests to assess substance use?
 - d. What types?
 - e. In what situations and/or for what reasons are these tests used?
 - f. Do you use point-of-collection testing (POCT)?
 - g. If testing is done externally, what company do you use?
6. What is the overall process an employee goes through when they have tested positive for a substance?
7. Who does your business rely upon to evaluate and monitor employees who have tested positive for substance use? (E.g., company doctor, personal physician, other medical professional, substance abuse expert (SAE), insurance company professional, etc.)
 - h. What were the reasons for this choice?
 - i. What type of special training or certification do they need to perform this duty, if any?
 - j. How were the lines of communication established between the person in your organization who handles employees undergoing evaluation and the external agency responsible for conducting the evaluation and employee monitoring (i.e., maintenance of communication, reporting protocols, etc.)?
 - k. How is privacy maintained during the communication of information between the above two people related to an employee's test results, monitoring, and/or status in return to work?
8. What criteria or methods does your business (or the professional your business relies upon) use to evaluate substance use by an employee? Please describe in detail.
9. For employees who have an identified substance use issue, how does your business ensure the employee is following a treatment program?
 - l. Are you able to describe how successful the treatment program has been for employees and how you determined success?



10. What criteria or methods does your business use to evaluate whether an employee is fit to return to work*? Please describe in detail.
 - m. To return to duty*?
**Return to work means an employee is able to return to the workplace in general, but may or may not return to their specific job. Return to duty means an employee is able to return to their previous job and perform the duties of that job.*
11. Once an employee returns to work/duty, what procedures does your business use to monitor the employee? Please describe in detail.
12. Among those employees who have been identified as having a substance use issue, approximately what percentage (if known) successfully return to work and/or return to duty after going through treatment?
13. How many times can an employee fail follow-up tests or relapse before the business can take measures to dismiss/terminate the employee?
14. What is the procedure for accommodating an employee who cannot return to their existing position, if any? Please describe in detail.
15. What is the procedure for terminating an employee for non-compliance with the substance use policy? Please describe in detail.
16. What processes does your business follow to ensure that its substance use policies and practices will be upheld legally?
17. If your business has ever been involved in arbitration/legal discussions/court decisions regarding an employee with substance use, what aspects of your policies and practices were upheld?
 - n. Were any not held up and, if so, the reasons?
18. What have been the biggest challenges for your business to carry out its substance use policy, if any?
 - o. What has worked really well/been the most successful?
19. Is there anything else you think would be important for a business to know when developing substance use policies and best practices? Any important lessons learned?