Effects of Drugs at Work: Warning Signs & Prevention

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DISCLAIMER

• This presentation is provided for educational and informational purposes only. It is not intended to be used as advice.

• Please consult your agency's legal council for specific guidance.

DRUGS IN THE WORKPLACE: STATS

• 70% of the estimated 14.8 million Americans who use illegal drugs are employed.

DRUG USE IN OHIO

- 4329 overdose deaths in 2016 (3,613 related to opioids)
- 4854 overdose deaths in 2017 (987 due to heroin)
- 5232 overdose deaths from June 2016-June 2017 (39% increase)
- Decrease in prescription opioid deaths, heroin deaths stabilizingdecreasing, increase in fentanyl deaths
- Meth and cocaine use on the rise

POP FACT

- In 2015, Ohio providers wrote 85.8 opioid prescriptions per 100 persons (9.96 million prescriptions).
- Average U.S. rate was 70 opioid prescriptions per 100 persons (IMS Health, 2016).

DRUGS IN THE WORKPLACE: STATS

- 5,190 fatal work injuries recorded in the United States in 2016
- 5,147 fatal work injuries recorded in the United States in 2017
- Overdose fatalities have increased by at least 25 percent annually since 2012.
- Overdoses from the nonmedical use of drugs or alcohol while on the job increased from 165 in 2015 to 217 in 2016 to 272 in 2018.
- The growth rate was the fastest for any category of fatal workplace injuries tracked by the bureau during that time.

(Bureau of Labor Statistics, 2017/2018)

DRUGS IN THE WORKPLACE: STATS

- Employees in the U.S. workforce testing positive for drugs has steadily increased over the last three years to a 10-year high.
- Amphetamines, heroin, and marijuana
- Nearly 1 in 11 job applicants were unable to pass an oral fluid drug screen.
- Heroin increased 147%; Oxycodone has decreased since 2011.

(Insurance Journal, 2016)

DRUGS IN THE WORKPLACE: RESULTS

- Issues with co-workers
- Poor decision-making
- Theft
- Loss of employment
- Family members distracted
- Increased insurance costs
- Illegal activities at work including selling drugs
- Higher turnover
- Changing landscape of businesses to protect from on-sight overdoses

Four major issues:

- Premature death/fatal accidents
- Injuries/accident rates
- Absenteeism/extra sick leave
- Loss of production

DRUGS IN THE WORKPLACE: RESULTS

Nationally

- 39% increase in absenteeism
- 39% of employees use prescriptions pain medication at work
- 32% of employees test positive for drugs
- 14% of employees sell or borrow drugs at work
- 10% of employers deal with overdose at work

(National Safety Council, 2017)

POP FACT

Approximately 16% of emergency room patients injured at work have alcohol in their system.

POP FACT

Over 26% of employed adults have substance use or addiction in their family.

Over 42% of these employees felt their productivity suffers as a result.

COMMON WARNING SIGNS

- Change in appearance
- Lack of sleep indicators
- High on job
- Increased absences
- Frequent, small accidents
- Unusual behavior
- Unusual physical symptoms
- Personality change
- Evidence of use

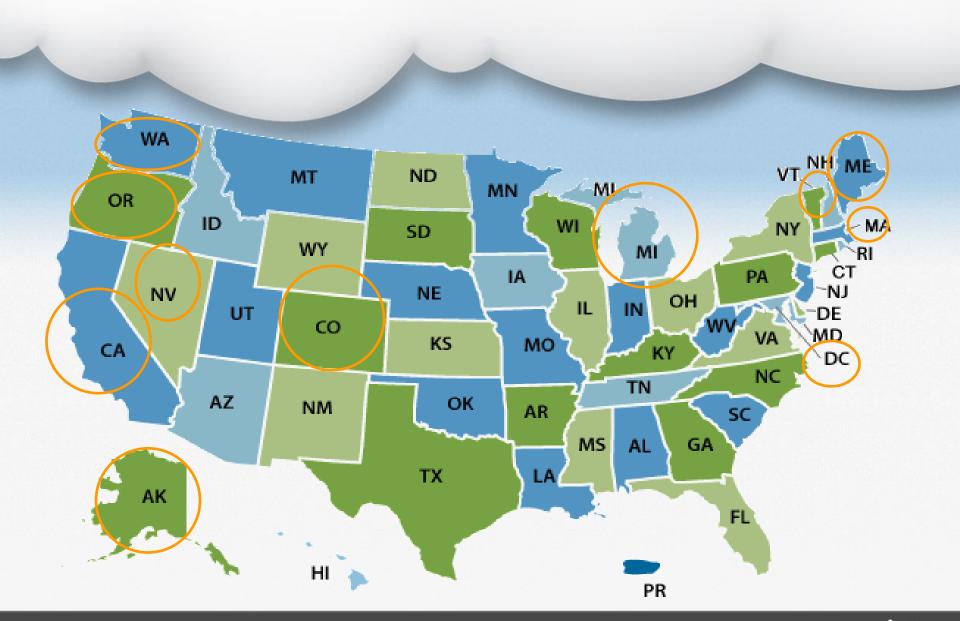


MARIJUANA

MEDICAL MARIJUANA IN THE U.S.

1.	California	1996	11.	Rhode Island	2006	21.	Maryland	2014
2.	Alaska	1998	12.	New Mexico	2007	22.	New York	2014
3.	Oregon	1998	13.	Michigan	2008	23.	Minnesota	2014
4.	Washington	1998	14.	New Jersey	2010	24.	Pennsylvania	2016
5.	Maine	1999		Washington DC	2010	25.	Louisiana	2016
6.	Colorado	2000	15.	Arizona	2010	26.	Ohio	2016
7.	Hawaii	2000			2010	27.	Arkansas	2016
8.	Nevada	2000		Delaware Connecticut	2011	28.	Florida	2016
9.	Montana	2004			2012	29.	North Dakota	2016
10	Vermont	2004	18.			30.	West Virginia	2017
10.	vermone	2004	19.		2013	31.	Oklahoma	2018
			20.	New Hampshire	2013	32.	Utah	2018
						33.	Missouri	2018

RECREATIONAL MARIJUANA IN THE U.S.





Board of Pharmacy

Nothing appealing to children

- 1. Must get a registration number and pay fee to be a MM patient
- 2. Certified physicians (CTR) may <u>recommend</u> medical marijuana only for the treatment of a qualifying medical condition.
- 3. <u>90 day supply</u>, no smoking, no home grow
- 4. 60 dispensaries; 16 L1/13 L2 cultivators; 40 processors; 5 testing

Patients/Caregivers/Physicians

Patients & Caregivers (as of 2/28/2019)

- •22,276 Recommendations
- •19,395 Registered patients with recommendations
 - 1,621 Patients with Veteran Status
 - 637 Patients with Indigent Status
 - 107 Patients with a Terminal Diagnosis
- •5,465 Unique patients who purchased medical marijuana (as reported to OARRS by licensed dispensaries)
- •973 Total Caregivers

Physicians

413 Certificates to Recommend

As of March 7, 2019

Information obtained from http://www.medicalmarijuana.ohio.gov/

OHIO QUALIFYING CONDITIONS

- Chronic traumatic encephalopathy,
- Crohn's disease and Inflammatory bowel disease
- Epilepsy or another seizure disorder, fibromyalgia,
- AIDS or positive status for HIV
- Amyotrophic lateral sclerosis
- Alzheimer's disease
- Cancer
- Glaucoma
- Hepatitis C

- Multiple sclerosis
- Pain that is either chronic and severe or intractable
- Parkinson's disease
- Post-traumatic stress disorder
- Sickle cell anemia
- Spinal cord disease or injury and Traumatic brain injury
- Tourette's syndrome
- Ulcerative colitis

WORKPLACE & MARIJUANA

House Bill 523

- 1. Drug-free workplaces and zero-tolerance drug policies remain alive and well
 - "Despite Ohio's new law, medical marijuana is prohibited under these policies"
- 2. No obligation to accommodate an employee's medical marijuana use, possession, or distribution
 - No ADA, No FMLA obligation

(Moore, 2016)

WORKPLACE & MARIJUANA

- 3. It's legal to fire employees for use, possession or distribution of medical marijuana
 - Ohio's new law specifically states that it does not authorize employees to sue an employer for adverse employment action related to medical marijuana.
 - Because the ADA does not protect individuals currently using illegal drugs, an employee may still be fired for periodic use of marijuana (medicinal uses included) in the weeks and months before the discharge.

(Moore, 2016)

WORKPLACE & MARIJUANA

4. Medical marijuana users are not entitled to unemployment benefits

- "just cause" to fire an employee for his or her use of medical marijuana, provided the use violated the employer's drug-free workplace or zero-tolerance drug policies.

5. Workers' compensation claim defenses are unchanged

- Under existing Ohio law, intoxication (including marijuana) is a defense to a claim for workers' compensation benefits.

(Moore, 2016)

POP FACT

IF MARIJUANA GETS RESCHEDULED, THIS CHANGES THINGS

PROTECT YOUR AGENCY

- Comply with federal regulations
- Have a drug free policy in place
 - ✓ Review policy at minimum annually and have employees resign
 - ✓ Update as laws at local, state, and federal levels change
 - ✓ Include a specific statement about marijuana use, both medically and recreationally (illegal drugs and with tobacco/alcohol)
 - ✓ Consider type of work (driving, etc.)
 - ✓ Confer with other state agencies like yours for examples of policy statements
 - ✓ Consider your agency mission, and your funding stream
 - ✓ OPENLY Communicate policy to staff

PROTECT YOUR EMPLOYEES

- Safety first, no intoxication, onsite use?
- Educate!
- Create a culture that is about safety, appropriate drug use, and reduces stigma for those with qualifying conditions (MM) or SUD
- Have an EAP
- Support treatment and recovery for those with addiction

PROTECT YOURSELF

- Avoid illegal drugs/misuse and be ACTIVE in own care
- Get a hobby
- Exercise
- Constructively share feelings
- Practice stress management
- Faith/Spiritual involvement
- Appropriate helpline/hotline
- Volunteer

Know your rights in regards to the agency policy, legal drug use, and how to file a discrimination claim with the EEOC

DRUG FREE SAFETY PROGRAM

Drug Free Safety Program (DFSP) is BWC's voluntary safety program developed to address workplace use and misuse of alcohol and other drugs. It's designed to help state-fund employers more effectively prevent on-the-job injuries and illnesses by integrating drug-free efforts into their overall workplace safety program. DFSP can help employers achieve both long-range safety and cost-saving benefits.

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