



COAA Best Practices Conference

Canadian Model Best Practice Update

May 2015



Workshop Ground rules

Please:

- Put your cell phone on silent or vibrate, and
- Please avoid side conversations.
- Questions are welcome at any point in the workshop.





Workshop Participants and Panel

Neil Tidsbury

Construction Labor Relations - Alberta

Dr. Bruce Demers

CannAmm Occupational Testing Services

Rene Boisvert

CannAmm Occupational Testing Services

Joe McFadyen

Construction Labour Relations – Alberta

Gary Truhn

PCL Industrial Constructors Inc.

Shelley Gallant

Organizational Health

Dave Hagen

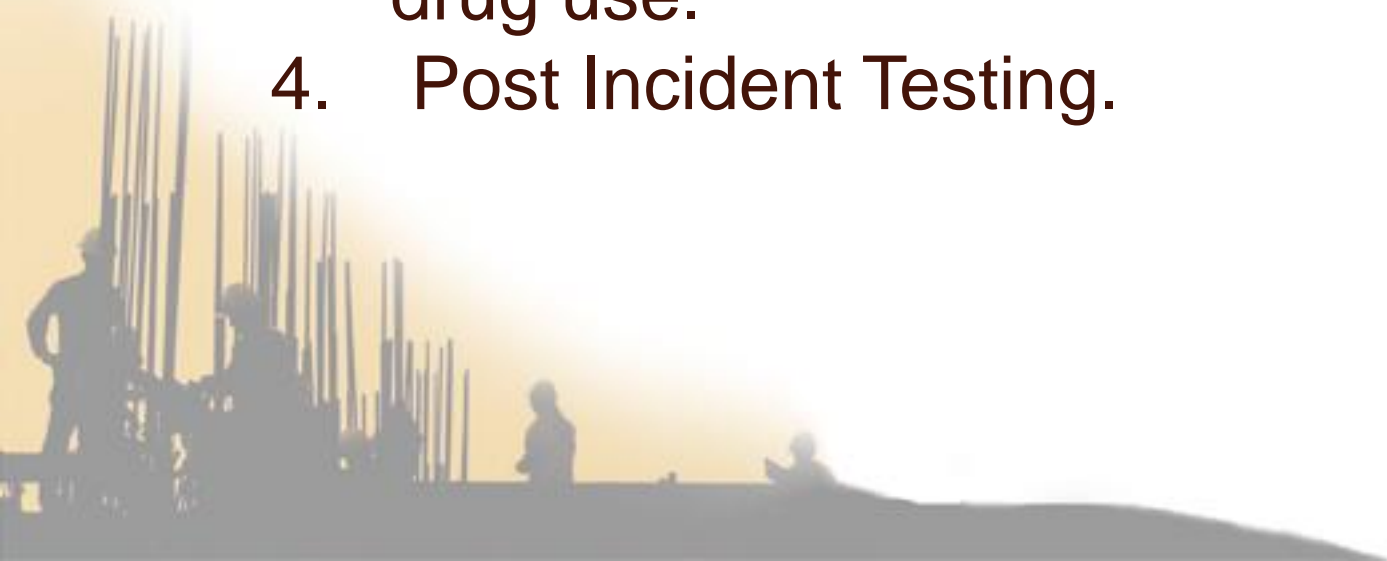
Chemco Electrical Contractors

Hal Middlemiss

Construction Owners Association of Alberta

Canadian Model Workshop Outline

1. Selecting and Administering Service Providers.
2. Point of Collection (POCT) as a risk assessment tool.
3. Safety Advisory, disclosure of prescription drug use.
4. Post Incident Testing.



Canadian Model Workshop Outline

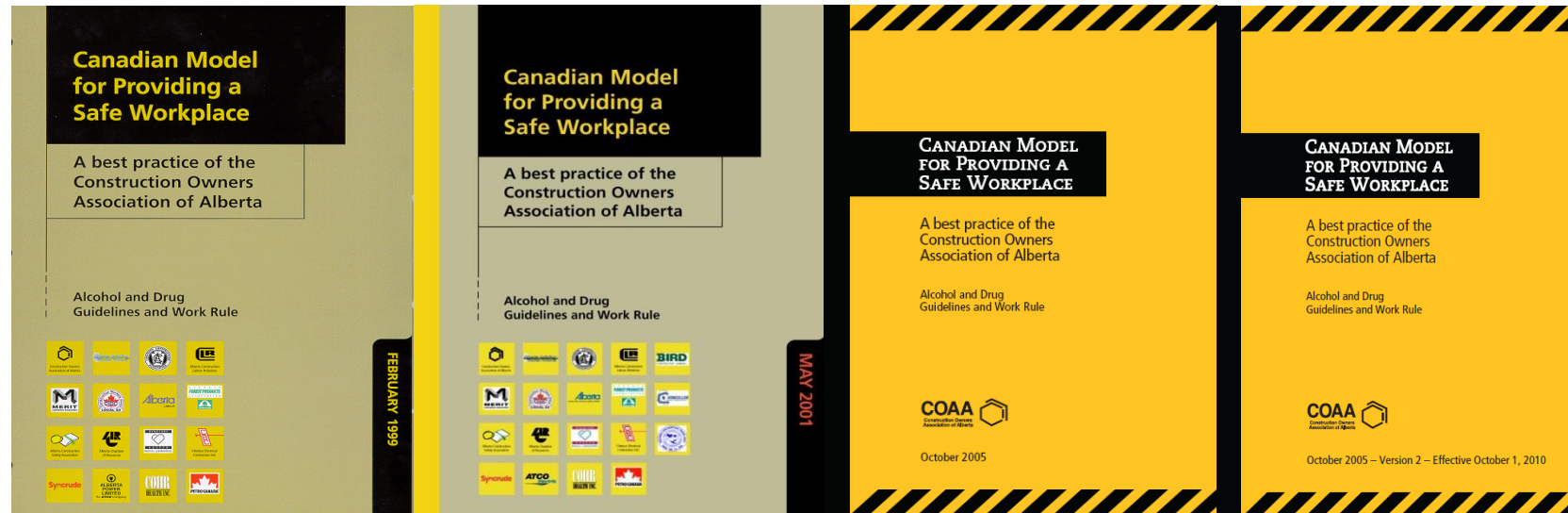
6. Redeployment and Support of Workers Returning Following Violations.
7. Keep Statistics.
8. Scope and Application of the Canadian Model.



Bugs on Drugs



Canadian Model History



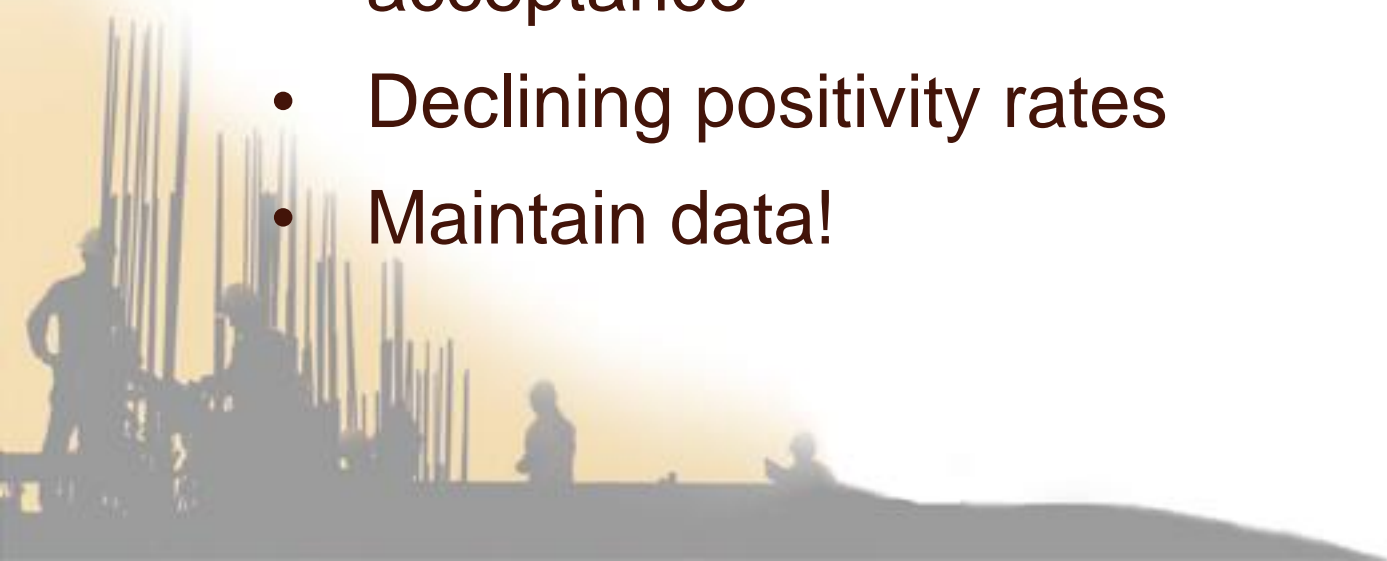
Development of the Model has been an evolving process since 1997

The Model has been updated and revised to reflect the state of law and industry needs with versions published is 1999, 2001 and 2005

The most recent version of the Model was published in October 2014.

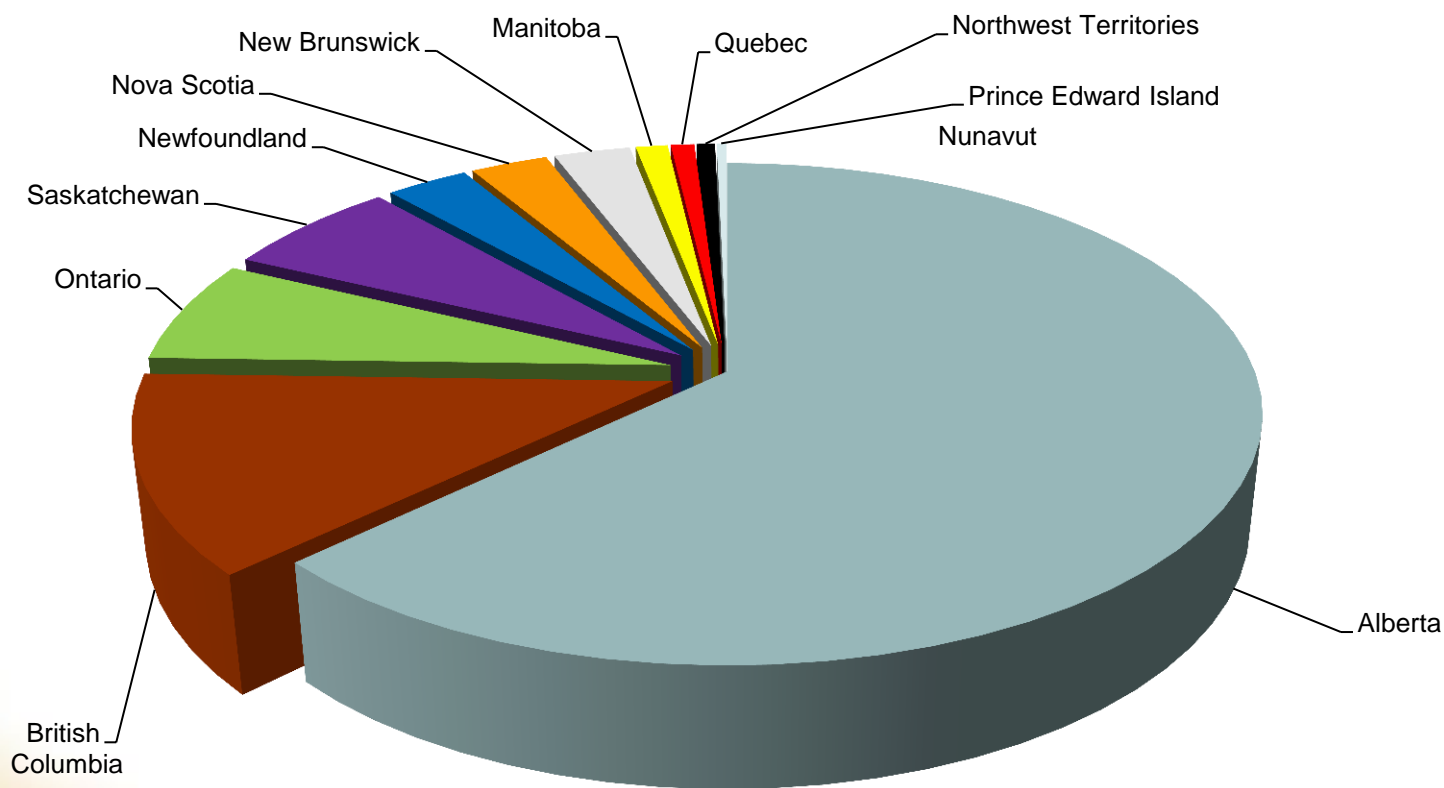
Canadian Model History - Observations, Learnings, and Trends from the past 15 years.

- Multi-stakeholder support important
- Training and mentoring essential
- How those that fail are treated affects policy acceptance
- Declining positivity rates
- Maintain data!



Testing By Province

Approximately 50% of tests conducted in Canada. (200,000).

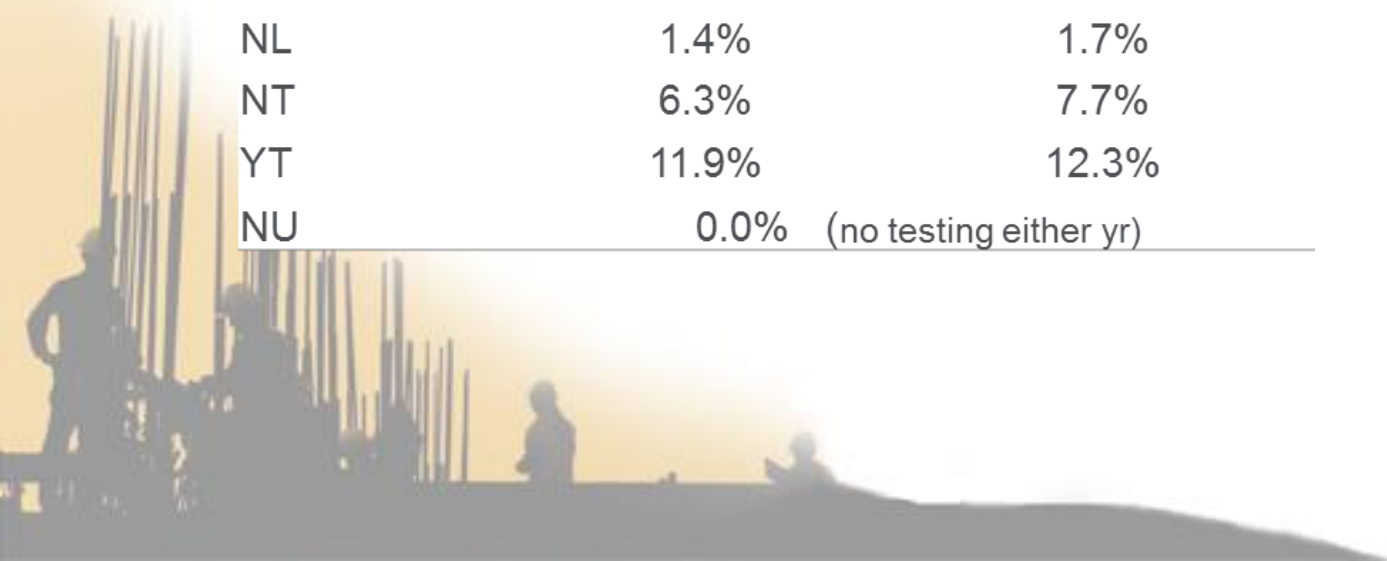




2013 DRUG TESTING POSITIVITY RATES BY PROVINCE: NON-DOT & DOT

Province	Positive Rate	Including Refusals
BC	4.3%	(2012: 4.7%)
AB	4.1%	4.2%
SK	3.5%	4.3%
MB	3.3%	4.4%
ON	4.1%	5.0%
QC	1.7%	2.0%
NS	2.1%	2.3%
NB	1.5%	1.9%
PE	0.8%	1.5%
NL	1.4%	1.7%
NT	6.3%	7.7%
YT	11.9%	12.3%
NU	0.0%	(no testing either yr)

- Generally – all provinces saw a reduction in positive rate from 2012 to 2013
- Ranges stayed consistent:
 - Territories are highest, followed by Ontario
 - SK, MB lowest in prairies (last year it was AB)
 - Atlantic provinces lowest region in Canada





2013 DRUG TESTING POSITIVITY BY DRUG AS % OF TOTAL: NON-DOT & DOT

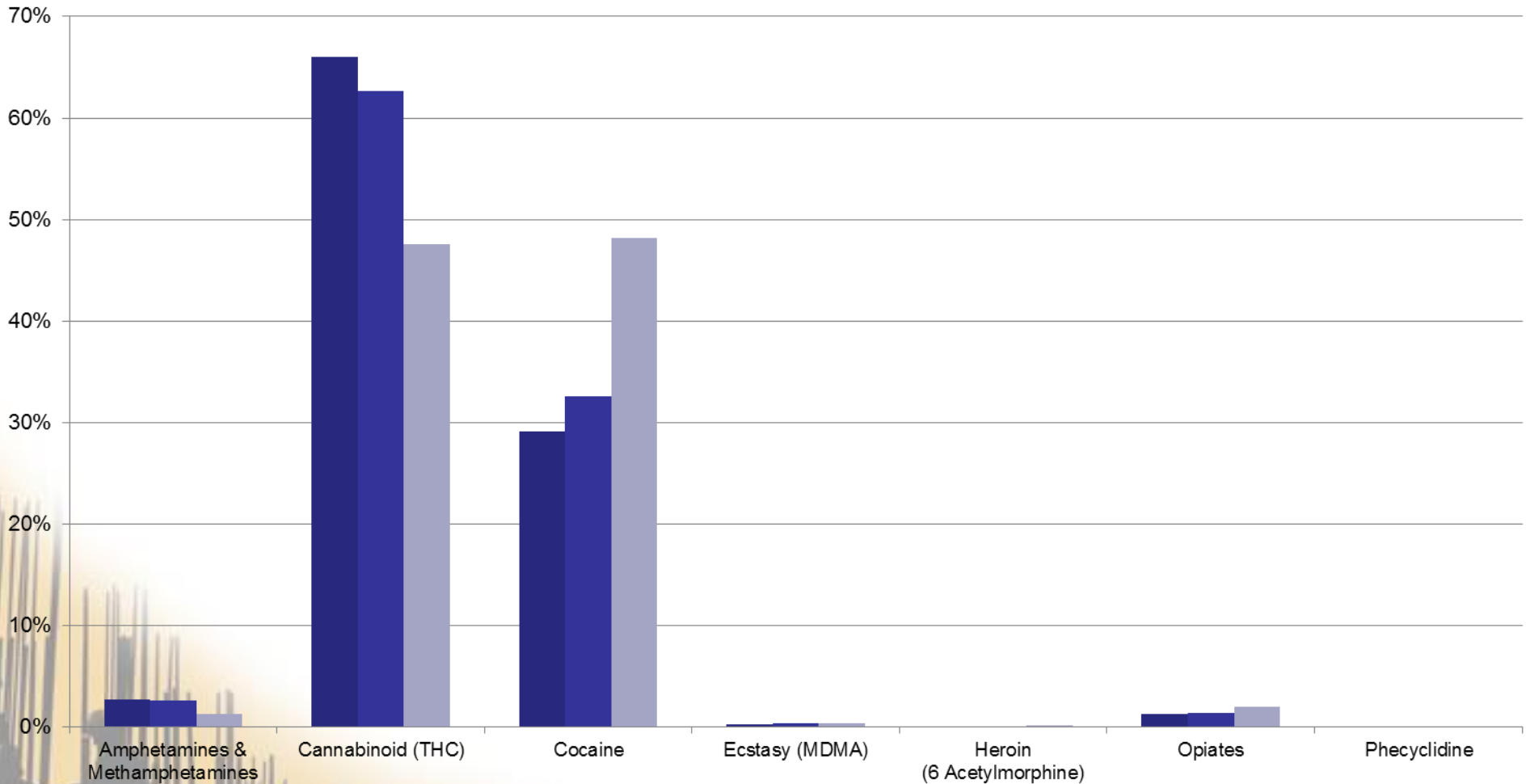
Drug	Canada	Alberta	Ft. McMurray
Amphetamines & Methamphetamines	2.7%	2.6%	1.3%
Barbiturates	0.0%	0.0%	0.0%
Benzodiazepines	0.0%	0.0%	0.0%
Cannabinoid (THC)	66.0%	62.7%	47.6%
Cocaine	29.1%	32.6%	48.2%
Ecstasy (MDMA)	0.3%	0.4%	0.4%
Ethanol Urine Alcohol	0.5%	0.4%	0.2%
Heroin (6 Acetylmorphine)	0.1%	0.0%	0.2%
Ketamine	0.0%	0.0%	0.0%
Methadone	0.0%	0.0%	0.0%
Opiates	1.3%	1.4%	2.0%
Oxycodone	0.1%	0.0%	0.0%
Phencyclidine	0.1%	0.0%	0.0%
Propoxyphene	0.0%	0.0%	0.0%





2013 DRUG TESTING POSITIVITY BY DRUG AS % OF TOTAL: NON-DOT & DOT (con't)

■ Canada ■ Alberta ■ Ft. McMurray

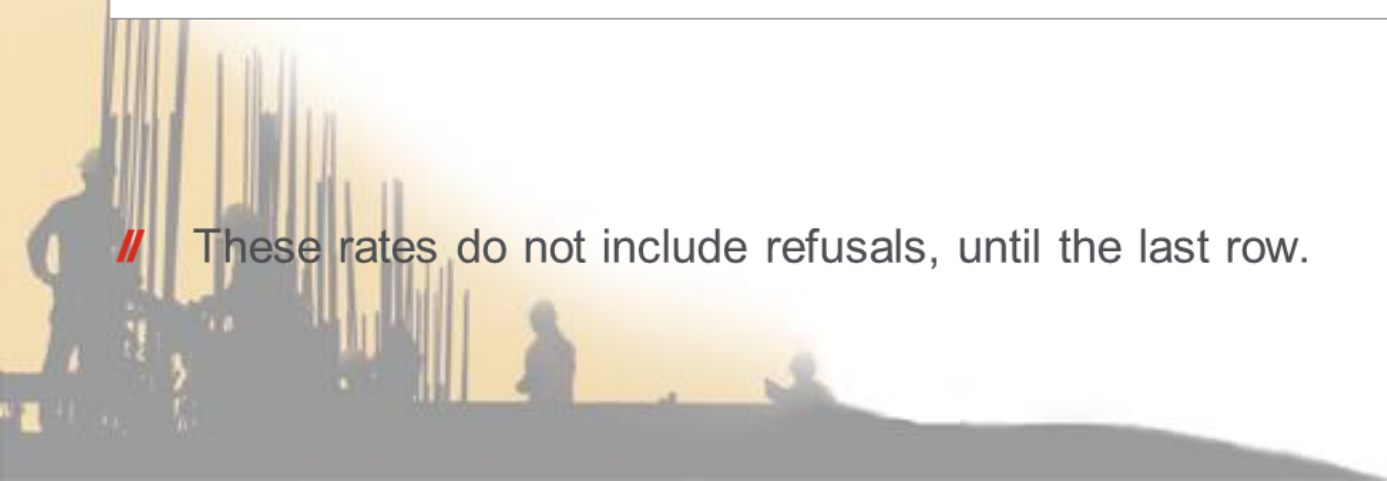




ALL CANADA TRENDS: DRUG TESTING 5-YEAR TREND

Test Reasons	Positive Rate by Year				
	2009	2010	2011	2012	2013
Pre-Access	2.7%	2.7%	2.8%	2.9%	2.6%
Pre-Employment	4.4%	4.1%	3.9%	3.5%	3.1%
Post-Accident	6.5%	7.2%	6.2%	5.7%	5.3%
Reasonable Cause	34.7%	33.2%	30.7%	34.1%	27.1%
Total Positive Rate	3.6%	3.6%	3.6%	3.4%	3.1%
Total Positive Rate including refusals	4.7%	4.7%	4.1%	4.1%	3.9%

// These rates do not include refusals, until the last row.



Selecting and Administering Service Providers

1. Sample Collection

A. Breath Testing:

- i. Only personnel trained, documented, refresher trained (STT, BAT)
- ii. Screening and Evidentiary Devices from Conforming Products Lists (NHTSA)
- iii. Communications with Donor
- iv. Reporting to Designated Employer Rep
- v. Documentation of Irregularities
- vi. Service Standards

Selecting and Administering Service Providers

1. Sample Collection

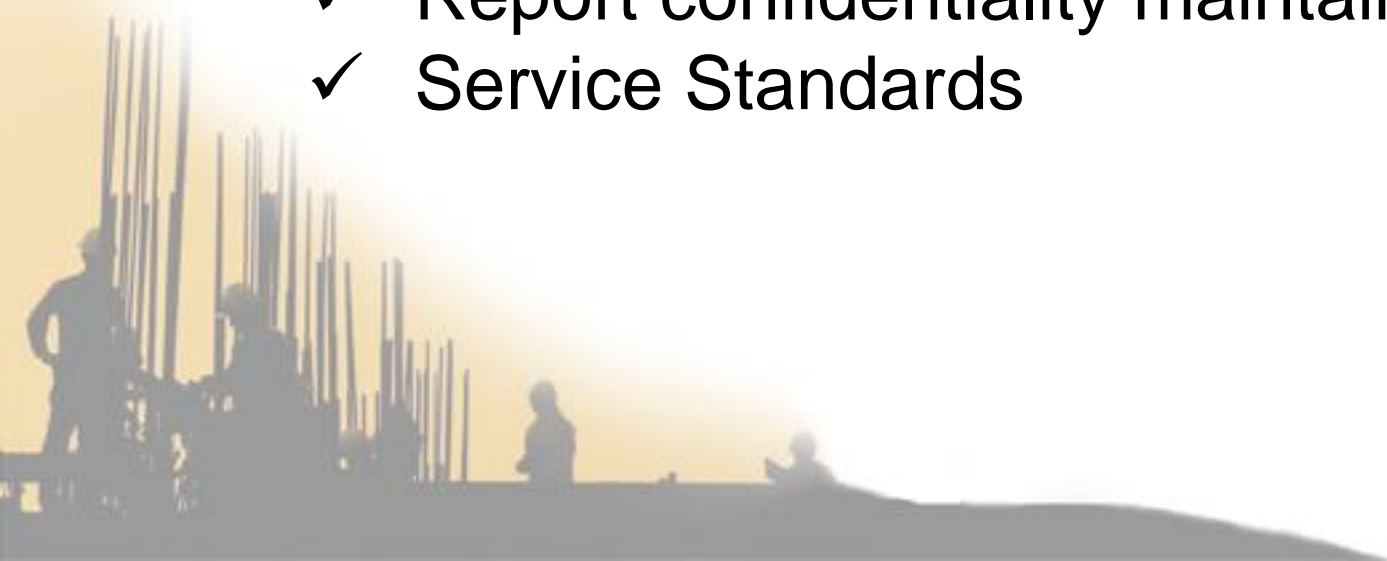
B. Drug Testing:

- ✓ Only personnel trained, documented, refresher trained
- ✓ Compliant specimen bottles
- ✓ Split sample for urine; Sufficient volume for second assay for oral fluid
- ✓ Documentation for incomplete collections, refusals
- ✓ Service Standards

Selecting and Administering Service Providers

2. Analysis

- ✓ Certified Laboratory (SAMHSA)
- ✓ Trained personal
- ✓ Results reviewed by certifying scientist
- ✓ Reports through Medical Review Officer
- ✓ Report confidentiality maintained
- ✓ Service Standards



Selecting and Administering Service Providers

3. Employee Assistance Service Provider
 - ✓ Substance Abuse Expert Assessment competency and qualifications
 - ✓ Qualified for Medical Diagnoses
 - ✓ Service Standards
 - ✓ Indemnification
 - ✓ Eligibility Requirements
 - ✓ SAE Report Requirements



Redeployment & Support of Workers Returning Following Violations or Self Disclosure

Self Disclosure is optimal for all workers with Substance Abuse issues. We must provide an environment for the worker to come forward to his/her Employer, Union, or Co -Worker and initiate Early Intervention.

Best Practice for Workers following violations/self disclosure includes Early Intervention and Supportive Aftercare Services:

- **Early Intervention** starts with the SAE assessment followed by treatment planning & completion of the treatment recommendations prior to redeployment.

- **Supportive Aftercare Services** are essential in relapse prevention to ensure safety for all workers. These include counseling, unannounced A&D testing and regular support through case management services and/or the Employer.

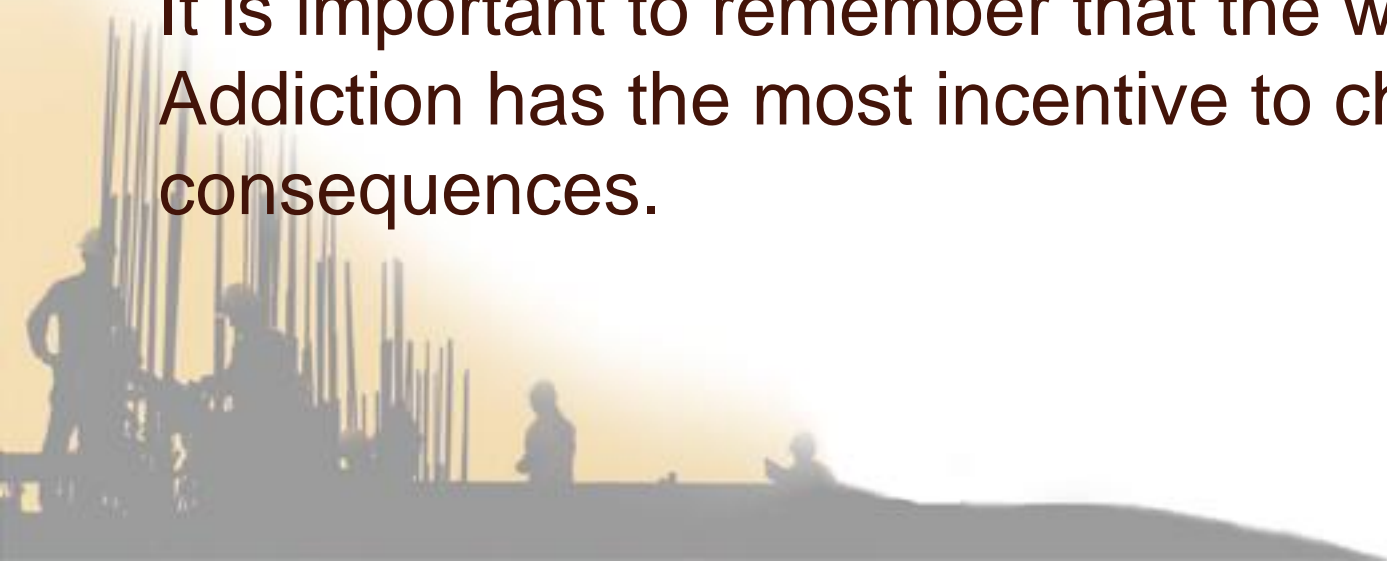
Relapse behavior such as:

- Attendance & productivity – excuses for not attending work or leaving early
- Physical symptoms - red eyes, fatigue, appearing unwell
- Psychological Symptoms - mood swings, anger, despair
- Canceling Counseling sessions
- Unannounced A&D Testing – refusing, un-cooperative

Relapse behavior cannot be ignored and enabling workers with Addiction issues puts all workers in a safety sensitive worksite at risk.

It is difficult to approach and confront the worker regarding the behaviors you have witnessed and they may respond with denial, anger or despair.

It is important to remember that the worker with Addiction has the most incentive to change following consequences.



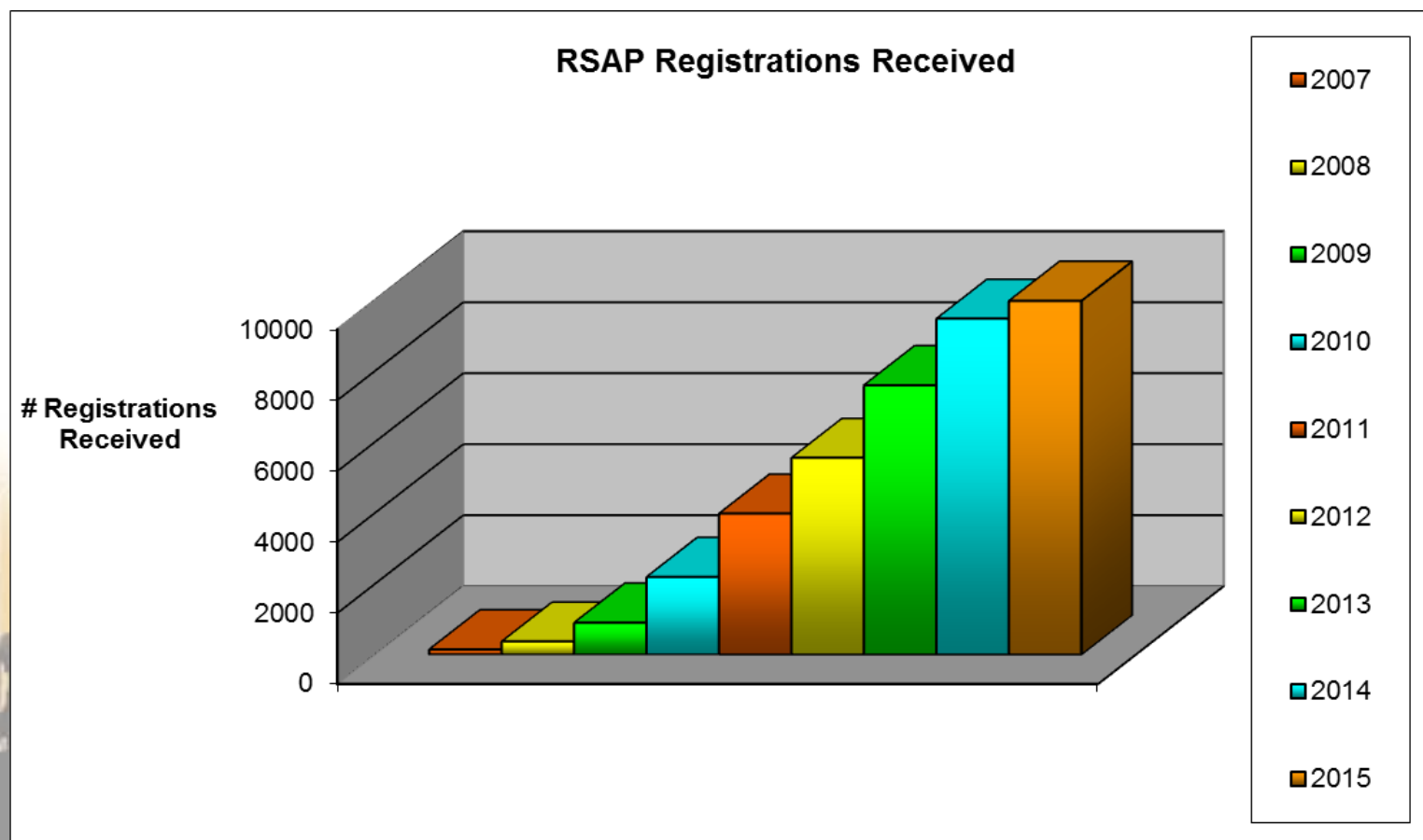
Addiction changes the brain the worker can often appear normal when they are not. For up to 6 months after stopping usage of their drug of choice the brain is trying to reestablish normal but until this happens confusion and impulsivity is heightened.

Compliance with Aftercare is essential for Recovery.



Rapid Site Access Program (RSAP) 2007-Present

Year	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total	150	372	901	2192	3978	5548	7595	9470	9870



Q&A to the Panel

- Questions

