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.
Canadian Model Workshop Outline

6. Redeployment and Support of Workers Returning Following Violations.
8. Scope and Application of the Canadian Model.
Bugs on Drugs
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!
Approximately 50% of tests conducted in Canada. (200,000).
2013 DRUG TESTING POSITIVITY RATES BY PROVINCE: NON-DOT & DOT

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

- 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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Canada</th>
<th>Alberta</th>
<th>Ft. McMurray</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines &amp; Methamphetamine</td>
<td>2.7%</td>
<td>2.6%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Cannabinoid (THC)</td>
<td>66.0%</td>
<td>62.7%</td>
<td>47.6%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>29.1%</td>
<td>32.6%</td>
<td>48.2%</td>
</tr>
<tr>
<td>Ecstasy (MDMA)</td>
<td>0.3%</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Ethanol Urine Alcohol</td>
<td>0.5%</td>
<td>0.4%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Heroin (6 Acetylmorphine)</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Ketamine</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Methadone</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Opiates</td>
<td>1.3%</td>
<td>1.4%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Phencyclidine</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Propoxyphene</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
2013 DRUG TESTING POSITIVITY BY DRUG AS % OF TOTAL: NON-DOT & DOT (con’t)
# All Canada Trends: Drug Testing 5-Year Trend

<table>
<thead>
<tr>
<th>Test Reasons</th>
<th>Positive Rate by Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2009</td>
</tr>
<tr>
<td>Pre-Access</td>
<td>2.7%</td>
</tr>
<tr>
<td>Pre-Employment</td>
<td>4.4%</td>
</tr>
<tr>
<td>Post-Accident</td>
<td>6.5%</td>
</tr>
<tr>
<td>Reasonable Cause</td>
<td>34.7%</td>
</tr>
<tr>
<td>Total Positive Rate</td>
<td>3.6%</td>
</tr>
<tr>
<td>Total Positive Rate including refusals</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>150</td>
<td>372</td>
<td>901</td>
<td>2192</td>
<td>3978</td>
<td>5548</td>
<td>7595</td>
<td>9470</td>
<td>9870</td>
</tr>
</tbody>
</table>

RSAP Registrations Received

# Registrations Received

- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
Q&A to the Panel

- Questions