Cannabis in the Workplace

Recognizing signs and symptoms on the job and navigating the conversation

Rosecrance Inc., March 2020
Agenda for today

• Rosecrance is not providing legal advice. Be sure to consult with your legal advisors.
• Illinois marijuana law: The facts
• What is a substance use disorder?
• Physical effects and warning signs of marijuana use/abuse
• Marijuana and mental health
• Recognizing the workplace warning signs
• FAQs from employers related to substance use
• Best practices for interactions
Introduction to Illinois Marijuana Law
Illinois marijuana law: The facts

• As of January 1, 2020, adults 21 and older may purchase cannabis legally at state-licensed dispensaries in Illinois for recreational use.

• Illinois is the 11th state to legalize recreational marijuana.

• The law is expected to generate tax revenue – an average of 26.25% but as high as 41.25%. Higher tax rate for higher potency products.
Illinois marijuana law: The facts

- Cannabis remains an illegal Schedule I substance under the Controlled Substances Act. Federal Law enforcement activity is unpredictable.
- Residents of Illinois can legally possess 30 grams, or about an ounce, of cannabis flower. The legal limit for cannabis concentrate is 5 grams.
Illinois marijuana law: The facts

It is legal to use recreational cannabis in one’s own home, but it is prohibited:

- In any public place, like streets, parks, school grounds, etc.; any landlord, business, or person may prohibit use on private property
- In any motor vehicle
- In close physical proximity to someone under the age of 21

Note: rules regarding medical cannabis may differ.
Facts: Marijuana ....

- Cannabis is a psychoactive substance, which means it can change perceptions, mood, and behavior.
- THC – tetrahydrocannabinol – produces the “high”
- CBD – cannabidiol – produces the sedative and anti-anxiety effects.
- With increased amounts of THC in products, the concentration of CBD – the part of the plant with proven medicinal value – decreases. CBD also has a moderating or protective effect on some of the negative effects of THC.
**Facts: Marijuana ....**

- **Is addictive:** Research shows one in 10 adults who use the drug will develop cannabis use disorder. For those who start using marijuana before age 18, that rate goes up: As about one in six will develop a use disorder/addiction.

- **Affects your lungs:** Marijuana smoke deposits four times more tar in the lungs and contains 50 - 70% more cancer-causing substances than tobacco smoke.
Cannabis at work?

- Employer policies are the foundation for managing cannabis in the workplace.
- Balance workplace safety vs. employee rights
- Being able to judge impairment with a drug that is difficult to measure
Cannabis at work?

- Employers may adopt a zero tolerance or drug-free workplace policy or policies concerning drug testing.
- Employers can prohibit an employee from being under the influence or using in the workplace.
- Employers can discipline or terminate an employee for violating its policies.
Cannabis at work?

- Companies may reject job applicants who don’t pass drug screens.
- Does a positive test equal impairment?
- Challenge: Testing that determines impairment and risk with levels of THC in one’s system.
- Another Challenge: Helping employees with a cannabis use disorder.
An employer may consider an employee to be impaired or under the influence of cannabis if the employer has a good faith belief that an employee manifests specific, articulable symptoms while working that decrease or lessen the employee's performance of the duties or tasks of the employee's job position, including symptoms of the employee's speech, physical dexterity, agility, coordination, demeanor, irrational or unusual behavior, or negligence or carelessness in operating equipment or machinery...or carelessness that results in any injury to the employee or others.
Today’s cannabis: Dispel myths

- THC potency has increased from 2-3% in the ‘80s and ‘90s. Now the average is 15%-65% depending on the product. Greater potential for abuse and addiction.
- Products – flower, oil, edible, wax, concentrate
- Some products have as much as 95% THC.
- Higher potency = longer period of impairment, higher THC content in the body, greater potential for addiction.
Today’s cannabis: Dispel myths

• THC metabolites are fat soluble. What does that mean for an employee?
• Does a positive test for THC indicate impairment?
  • Sub-acute impairment of motor skills, memory, and slower reaction times. More research is needed.
• Inhaled cannabis peaks in 15-30 minutes, tapers off after two to three hours.
• Ingested cannabis peaks in two to three hours, tapers off in four to 12 hours.
Today’s marijuana is far stronger than in the past.
Rosecrance Community Relations Coordinator Matthew Quinn
What is a substance use disorder?

- A disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication
- Dependence
- Use that leads to problems at home or work
- Use that causes damage to health
What is a substance use disorder?

- 8.1% of the population over 12 has a substance use disorder in any given year.
- The use of alcohol or drugs does not mean a person has a substance use disorder.
- 75% of people who develop substance use disorders do so by age 27.
- Alcohol use disorders are almost three times as common as drug use disorders.
What is a substance use disorder?

- Substance use disorders can co-occur with any mental health disorder.
- Some people self-medicate with alcohol and/or other drugs.
- People with mood or anxiety disorders are two to three times more likely to have a substance use disorder.
Signs and symptoms

Clinical factors

1. Taking the substance in larger amounts or for longer than you meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not getting things done at work, home or school because of substance use
6. Continuing to use, even when it causes problems in relationships
Signs and symptoms

Clinical factors

7. Giving up important social, occupational, or recreational activities because of substance use
8. Using substances again and again, even when it puts the you in danger
9. Continuing to use, even when the you know you have a physical or psychological problem that could have been caused or made worse by the substance
10. Needing more of the substance to get the effect you want (tolerance)
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance
Clinical factors

- The DSM 5 allows clinicians to specify how severe the substance use disorder is, depending on how many symptoms are identified.
  - Two or three symptoms indicate a **mild** substance use disorder
  - Four or five symptoms indicate a **moderate** substance use disorder
  - Six or more symptoms indicate a **severe** substance use disorder
Most people who engage in harmful substance use do not fully recognize that they have a problem or that their life problems are related to their use of alcohol and drugs.
Introduction to signs and symptoms
Physical effects and warning signs of marijuana use

- Rapid, loud talking and bursts of laughter in early stages of intoxication
- Sleepy in the later stages
- Forgetfulness in conversation
- Inflammation in whites of eyes, pupils likely to be dilated
- Slowed reaction time, perception of time and speed
- Short-term memory impairment
Physical effects and warning signs of marijuana use

- Cognitive impairment—memory, attention, reasoning, and concentration
- Odor similar to burnt rope on clothing or breath – or none
- Tendency to drive slowly—below speed limit, perception of time and speed, poor coordination on divided attention tasks.

Cannabis can interfere with precise motor functions even 24 hours after use. (Studies)
Physical effects and warning signs of marijuana use

- Distorted sense of time passage, tendency to overestimate time intervals
- Panic attacks, seizures, hallucinations, psychosis
- Sedation, dry mouth
- Heart palpitations and arrhythmias
- Difficulty with thinking and problem solving
- Use or possession of paraphernalia including roach clip, packs of rolling papers, vapor devices, cartridges
Edibles

- In Illinois, the limit for cannabis-infused products, such as edibles or tinctures, is 500 milligrams of THC, the chemical that gets users high. (Illinois visitors are allowed to possess half of those amounts.)

- What many may not realize is edibles take longer to digest, so the high doesn't come as quickly as when smoked or vaped.
What puts a person at higher risk for addiction?

Genetics

- Individuals who have a parent with an addiction are 40% more likely to develop an addiction.
- Specifically, males who have a father with an addiction are 80-90% more likely to develop an addiction.

Mental health

- Co-occurring disorders
What puts a person at higher risk for addiction?

Environment

- Media portrayal of substance use/addiction
- Community and/or social norms
- Lack of support for non-use or limited use
Addiction is a disease
Addiction is a disease

• Progressive
• Chronic
• Potentially fatal
• Identifiable symptoms
• Life deterioration
• Unknown cause
Addiction is a disease

Brain disease

- Drug use causes large upsurges in dopamine.
- Repeated exposure to drug-induced dopamine surges blunts the brain to normal stimuli.
- Reward circuitry is increasingly dulled and desensitized by drugs.
- Use is then not about feeling good but use to feel normal.
Mental health disorder
Marijuana linked to mental illness

- It’s unclear whether cannabis actually causes mental illness, or if people with mental health issues are prone to self-medicate with cannabis. But a recent study in Lancet Psychiatry showed:
  - The chance of developing psychosis was nearly five times greater for those who used high-potency weed daily, compared with those who never used.
What is a mental health disorder?

- Affects a person’s thinking, emotional state, and behavior
- Disrupts the person’s ability to:
  - Work
  - Carry out daily activities
  - Engage in satisfying relationships
# Statistics

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<th>Type of Mental Disorder</th>
<th>% Adults</th>
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<tr>
<td>Major depressive disorder</td>
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<td>Substance use disorder</td>
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<tr>
<td>Any mental disorder</td>
<td>18.5</td>
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</table>
Mental health as a risk factor

- Depression/major depressive disorder – “I’m not comfortable in my skin.”
- Anxiety disorders – “I can’t handle the pressure.”
- ADHD/ADD – “I can’t focus.”
- Bipolar – mood swings
- Conduct disorders – poor decisions
- Trauma – “I can’t take the memory of what happened.”
Impact of mental illness

- "Disability" refers to the amount of disruption a health problem causes to a person’s ability to:
  - Work
  - Carry out daily activities
  - Engage in satisfying relationships
Impact of mental illness

- Mental illnesses can be more disabling than many chronic physical illnesses. For example:
  - The disability from moderate depression is similar to the impact from relapsing multiple sclerosis, severe asthma, or chronic hepatitis B.
  - The disability from severe depression is comparable to the disability from quadriplegia.
Why don’t families intervene sooner?

- The addicted person manipulates the family by hijacking the emotions
  - Guilt
  - Sympathy
  - Fear
  - Hope

Recovery (change) is uncomfortable, the addicted person wants easy.
Common mistakes: Emotional manipulation

**Guilt:** “You’re too busy with your own life! You drink all the time! I hate you! You’re the reason I use!”

- Guilt is a strong emotion that prevents change – the feeling that “I am a bad spouse/partner/friend” and “I am the reason for my loved one’s problems.”
- Co-dependency
- You become unwilling to punish your loved one for behaviors you feel responsible for.
- The substance use isn’t really their fault.
Common mistakes: Emotional manipulation

**Hope:** “I promise I’ll never use again. I’ve learned my lesson.”

- You want to believe these statements, and you hope the problem will go away on its own, but when left untreated, substance use issues tend to get worse.
- You are often desperate for hope and fall prey to these emotions.
- Education about the process of addiction is the best antidote.
Common mistakes: Emotional manipulation

Fear: “I’ll run away! You’ll never see me again!” or “I’ll throw a temper tantrum to get you to back off!” “I’ll hurt myself.”

• You may be afraid of making things worse by addressing the substance use, but avoidance is not the answer.

• Failing to respond allows the problem to continue and sometimes get worse.

• Clear, calm communication about the facts and the next steps is best antidote.
Common mistakes:
Emotional manipulation

**Sympathy:** “My life sucks! I’m bored! I need drugs for my anxiety/depression/pain!”

- Used to minimize or eliminate the concern and get others to back off.
- Mental health or life’s circumstances are used as the reason for using drugs to alleviate physical or emotional pain, and then it’s not their fault for using.
- You may find yourself backing off, telling your loved one what a good person they are.
What to do when you are concerned about an employee
Recognize the workplace warning signs

Disclaimer: Warning signs are not grounds for you to diagnose or immediately assume someone is chemically dependent; don’t rush to a diagnosis!

Some workplace warning signs include:

- Personal appearance changes
- Lack of dependability
- Declining quality of work
- Attitude changes
- Questionable judgment
- Signs and symptoms
Be aware of company policies

- Know your company policies regarding substance use in the workplace, and educate your employees on these policies.
- DOT requirements/occupationally sensitive jobs
- Employee assistance program
- Human resources contacts/employee representative
- Training on signs and symptoms of drug abuse
When approaching an employee

• Identify specific observations of employee behavior and appearance.
• If you are concerned about potential substance use or abuse, don’t delay. The sooner you talk to an employee, the sooner he or she can get help.
• Document, document, document.
• Paraphrase what was said to ensure understanding and clarify expectations.
When approaching an employee

• Focus on tangible behaviors that you have noticed; use “I” statements.
• Focus on the 3 P’s
  ▪ Productivity—company metrics
  ▪ Performance—quality
  ▪ Professionalism—conduct and behavior
• Do not rush to a diagnosis/or judgment.
• Provide firm guidance and direction.
• Follow up with appropriate support for the employee.
Resistance

Few of us accept criticism well

- Be prepared to face resistance from employees when you have to discuss concerns about potential substance use.
- Don’t take resistance personally, stay focused on the topic.
- Understand that it’s not about winning or losing an argument.
- Assure them that you will not gossip around the office, but that you will report your concerns to the appropriate company representatives.
- Confidentiality
Public health recommendations

• The most effective way to avoid any risks of cannabis use is to abstain from use. Those who decide to use need to recognize the risks—acute and/or long term adverse health and social outcomes.

• Early initiation of cannabis use is associated with increased risks.

• High THC content products are associated with higher risks for mental and behavioral problems.
Public health recommendations

- Regular inhalation of combusted cannabis adversely affects respiratory health outcomes. Other delivery methods have their own risks. (vaporizers or edibles)
- Frequent cannabis use is associated with higher risks.
- There is no safe level of cannabis use for driving.
- There are higher risks for those with family history of mental health and substance use disorders, e.g. psychosis, addictions.
Best practices for interactions

• Treat the person with respect and dignity.
• Understand that symptoms are an expression of distress or part of an illness.
• Have realistic expectations.
• Offer consistent emotional support and understanding.
• Give the person hope for recovery.
• Provide practical help.
• Offer credible information.
Best practices for interactions

• Talk when you are both in a calm frame of mind.
• Talk with the person about his or her symptoms openly and honestly.
• Talk with the person in a quiet, private environment when possible.
• Use ‘I’ statements.
• Use open-ended questions.
• Listen attentively—there is often more than one message.
Do not:

- Tell the person to “snap out of it”
- Act hostile or sarcastic
- Be critical or blame the person for his/her symptoms
- Label the person (addict, insane, etc.)
- Trivialize the person’s experiences
- Belittle or dismiss the person’s feelings
- Speak with a patronizing tone
- Try to “cure” the person
Rosecrance can help

- Assessments
- Professional addiction counselors to assist in consultation
- Treatment resources
  - www.rosecrance.org
When to recommend additional resources

- Dramatic increase or change in symptomatology
- Dramatic changes in substance use
- Larger quantities or more frequent use
- Abrupt changes in type or category of substance used
- Presence of suicidal thoughts, plans or intent
When to recommend additional resources

- Presence of homicidal thoughts
- Presence of self-harming behaviors
- Symptoms of anxiety, depression or trauma don’t improve within four weeks
- When employment, personal relationships or daily activities are dramatically impaired
Assessment

CADC recommendations for levels of care:

- Prevention and early intervention education
- Counseling
- Outpatient treatment
- Intensive outpatient treatment
- Residential treatment
Thank you for attending today!

Questions
Visit our website
rosecrance.org

Life’s Waiting
Find lasting recovery and discover your life’s purpose

There is a path to recovery waiting for you, and you don’t have to do it alone. At Rosecrance, we’ve been caring for the unique needs of our clients and their families for more than 100 years. Our evidence-based services help accelerate progress and create a roadmap that goes beyond initial treatment, because that’s the key to long-term success.

We offer comprehensive, individualized treatment for substance use and mental health disorders through residential and outpatient programs.

GET HELP NOW

This is Rosecrance
Since 1916, Rosecrance has had one goal: to save and change lives.
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Mental Health Association of Maryland, Missouri Department of Mental Health, and National Council for Behavioral Health (2013). *Mental Health First Aid USA, Revised 1st Addition*


[https://www.samhsa.gov/marijuana](https://www.samhsa.gov/marijuana)