

A close-up, profile view of a person's face on the left side of the frame, holding a lit cannabis joint horizontally. The person's features are partially obscured by shadow. The background is filled with soft, out-of-focus smoke or light, creating a hazy, atmospheric effect. The text is overlaid on the right side of the image.

Cannabis **in the workplace:**

A cat amongst the pigeons?

Presenter: Carol Venter



Overview

- 1) Cannabis – the plant
- 2) Cannabis – the drug
- 3) Cannabis – effects as a drug
- 4) A global perspective
- 5) Cannabis in South Africa
- 6) Intoxication and impairment
- 7) Testing
- 8) Indicators of use
- 9) Medicinal use in South Africa
- 10) Workplace interventions: where to from here?
- 11) Summary



Cannabis – the plant

Cannabis – the plant



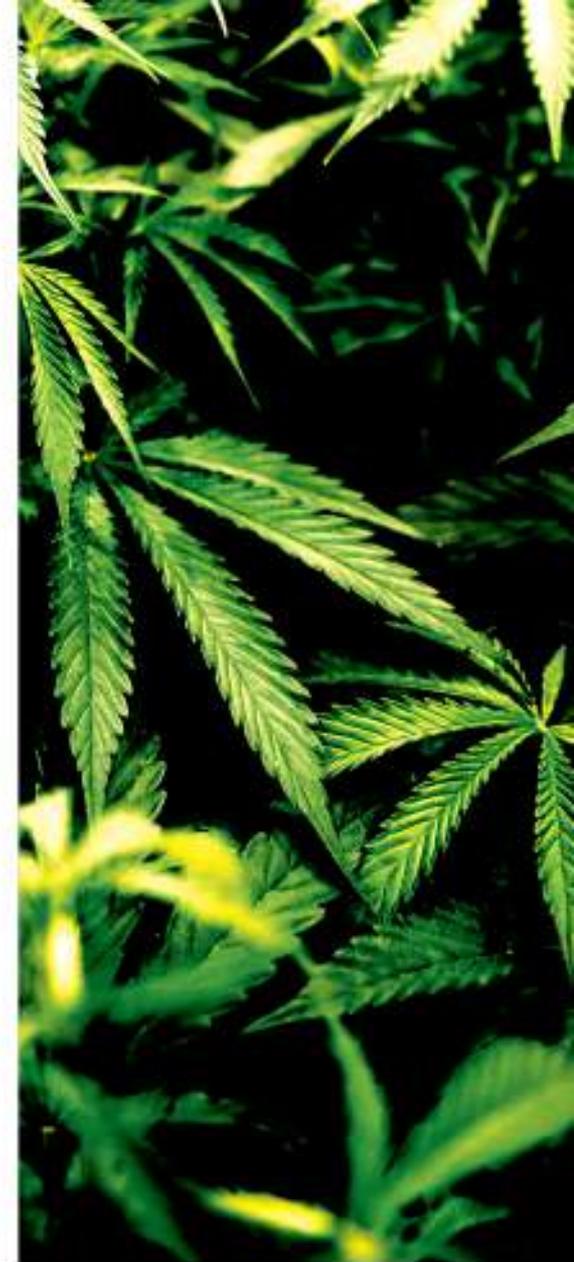
A generic term used to denote several psychoactive preparations of the cannabis plant



Cannabis, also referred to as marijuana, weed, pot, grass – and more commonly as “dagga” in South Africa – is a tobacco-like greenish or brownish material consisting of the dried flowering, fruiting tops and leaves of plants from the *Cannabis sativa* family



Cannabinoids – a class of diverse chemical compounds that act on cannabinoid receptors in cells that modulate neurotransmitter release in the brain



The principal cannabinoids include **delta-9-tetrahydrocannabinol (THC)**, **cannabidiol (CBD)** and **cannabinol (CBN)**



THC – primary psychoactive compound

CBD – a non-psychoactive compound – helps to mitigate negative effects of THC (also useful on own for medicinal purposes)

CBN – a mildly psychoactive cannabinoid



Cannabis – the drug



Cannabis use creates feelings of:

- Light headedness
- Relaxation
- Talkativeness
- Euphoria
- Increased appetite
- Feelings of detachment from reality



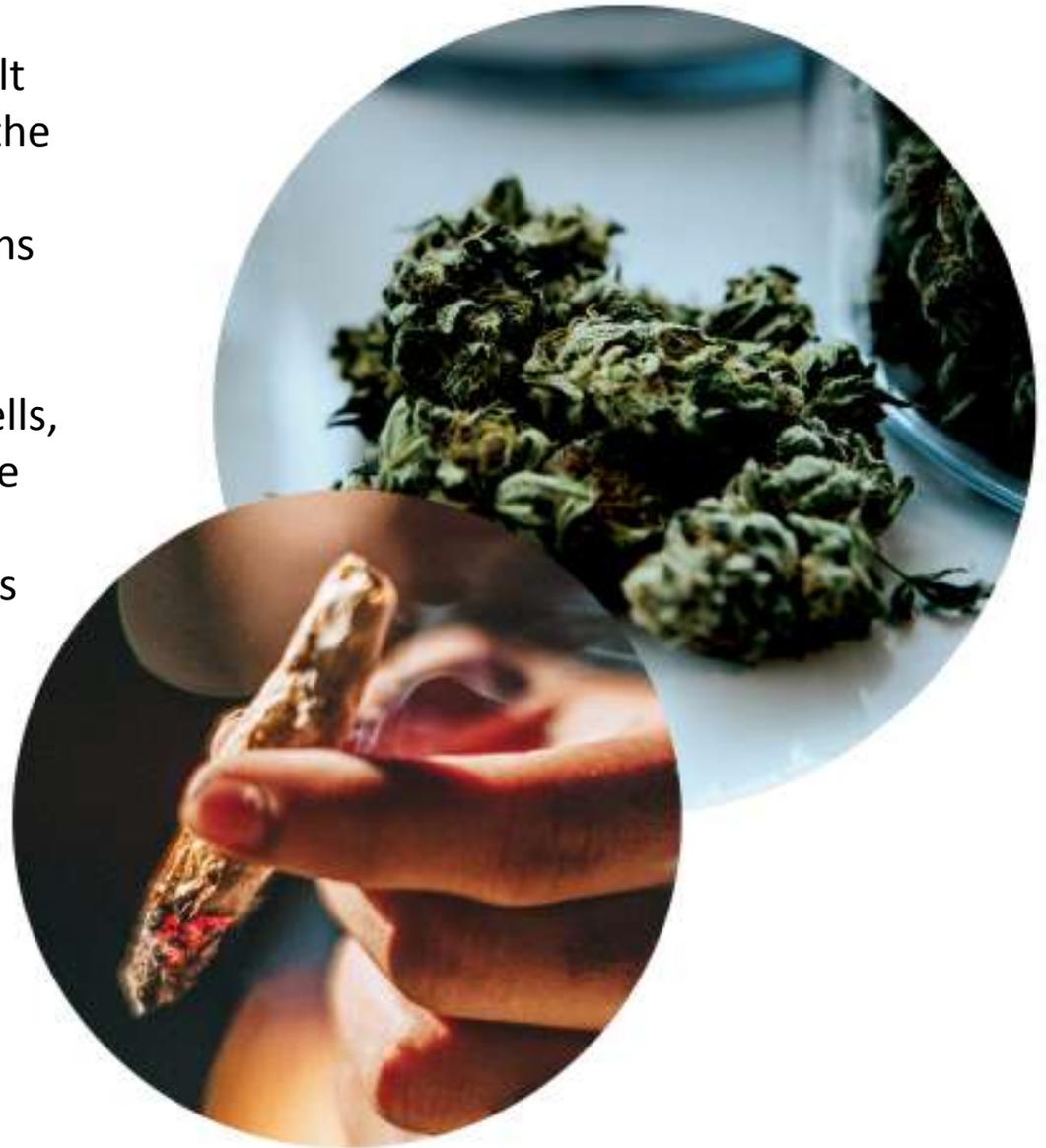
The user may also experience heightened awareness of the senses and hallucinations



Long term, chronic use can result in withdrawal symptoms when the individual stops using but it can take some time for the symptoms to present due to the fact that THC is “fat loving” or fat soluble (lipophilic) and lodges in fat cells, taking some time to metabolise (for this reason cannabis is still detected in a drug test for weeks after use)



Possible withdrawal symptoms include: irritability, hostility, restlessness, anxiety, insomnia, trembling, sweating and diarrhea, as well as flu-like symptoms



A man with a beard, wearing a dark t-shirt and blue jeans, is sitting on a brown leather sofa. He is looking upwards and to the right, with his right hand resting against his face in a contemplative pose. The background is a dark, textured wall.

Cannabis – effects as a drug



Short term effects:

Immediate impact on:

- Memory
- Planning
- Decision-making
- Response speed
- Accuracy
- Latency
- Impaired motor coordination
- Interferes with driving skill(perception)
- Increased risk of injury

Long term effects and health implications:

- Dependence
- Persistent neurocognitive impairment
- Delay in cortical processing
- A-motivation syndrome : apathy, lethargy, reduced ambition
- Psychotic states & mental disorders (anxiety and depression)
- Schizophrenia
- Respiratory complications
- Cancers

A globe of the Earth is the central focus, showing a world map with various countries and continents in different colors. The globe is set against a dark background with blurred lights and green foliage. The text 'A global perspective' is written in large, white, sans-serif font across the lower half of the globe.

A global perspective



The World Health Organization (2016) states: *“Cannabis is globally the most commonly used psychoactive substance under international control and an estimated 181.8 million people aged 15-64 years used cannabis for nonmedical purposes globally”*



Applicable international laws include the 1961 Single Convention on Narcotic Drugs, an amended 1972 version of that convention, and the 1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances



Nearly all countries are signatories to these conventions and have agreed to punish citizens who violate these principles



In countries such as China, the UAE, Saudi Arabia and the Philippines, possession or trafficking of Cannabis is punishable by death





Approximately **20** countries have decriminalized Cannabis



Belgium and Spain have so far only permitted distribution through “Cannabis Clubs”



Proposals for recreational use have been (or will still be) submitted: including in Chile, Denmark, Portugal and Switzerland



It remains an illicit / banned substance in Australia, the UK and New Zealand



Jurisdictions that have legalised Cannabis for recreational use are Canada (October 2018), Netherlands, Uruguay and 10 states within the USA (as of July 2018) which include ,for example: Washington, California and Colorado.



In most of these jurisdictions medical use has also been legalised



The reported results of legalization from various global studies include:

- A decrease in stigma and perceived risk of use
- More frequent use
- Use of higher potency cannabis products
- Increased dependence on cannabis use

Food for thought:

What does this mean for South Africa?



A composite image featuring a small globe with a map of Africa, set against a background of cannabis leaves and a bud. The globe is the central focus, with the continent of Africa clearly visible. The surrounding cannabis foliage is vibrant green, with some leaves showing signs of aging or damage. The overall composition suggests a connection between cannabis and the continent of Africa.

Cannabis in South Africa



The United Nations recognises South Africa as the regional hub for drug trafficking, and the largest transit zone for illicit drugs in Southern Africa



50% of the patients seen at specialist treatment facilities chose Cannabis as the primary substance of abuse. (MRC, 2018)



One third of all patients treated by SANCA nationally used Cannabis alone or in combination with other substances (SANCA National, 2018)



An internal study at SANCA confirmed that nearly 60% of clients started with Cannabis and then moved to other substances



September 2018: 3 judges of Cape High Court found that parts of Drugs Act of 1992 & Medicines Act of 1965 were unconstitutional



The judgement decriminalised home use and home cultivation of Cannabis by adults



The Constitutional Court confirmed the Cape High Court judgement but there is still no ruling on how many grams an adult may have for private use or grow privately (Canada = 30 grams)



Parliament has 24 months to amend the sections of the 2 Acts above (September 2020)



Key aspects: “personal or private dwelling” – although many workplaces are located in private properties, workplaces are public spaces and have other employees (who may be non-consenting employees) to consider



An employer should regulate this issue within its workplace policies



The possession and cultivation of cannabis at the workplace should expressly not be permitted and subject to disciplinary action if contravened by an employee





The use of Cannabis at the workplace should be prohibited by the employer: in fact a zero-tolerance approach is recommended



The use of or intoxication with the substance whilst at work must be prohibited as per the Occupational Health & Safety Act (1993)



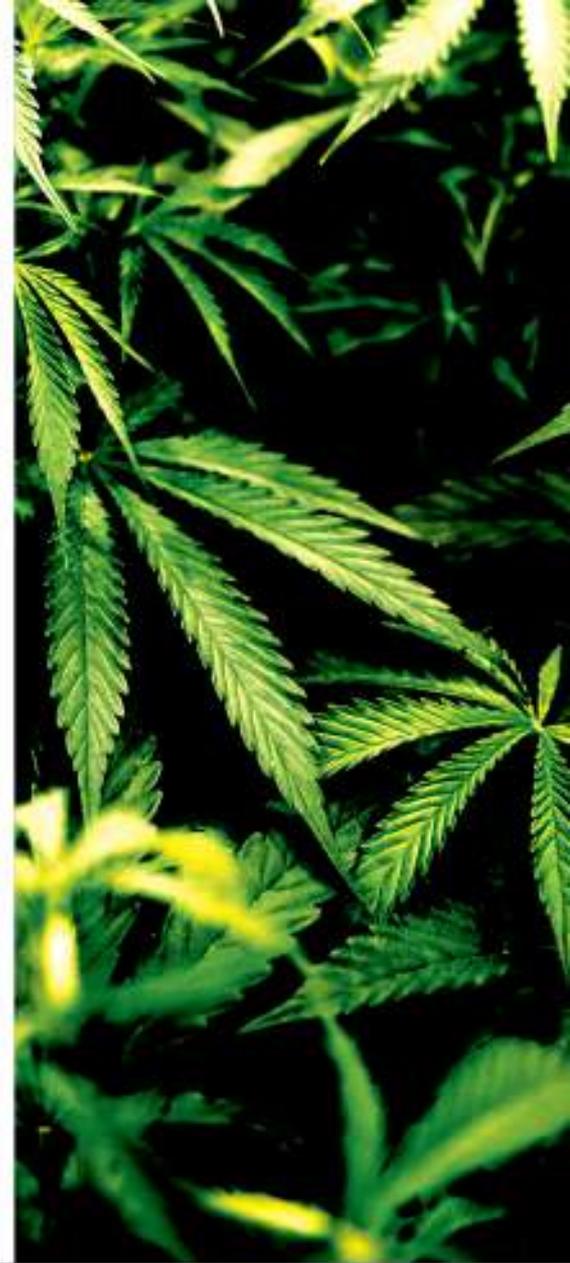


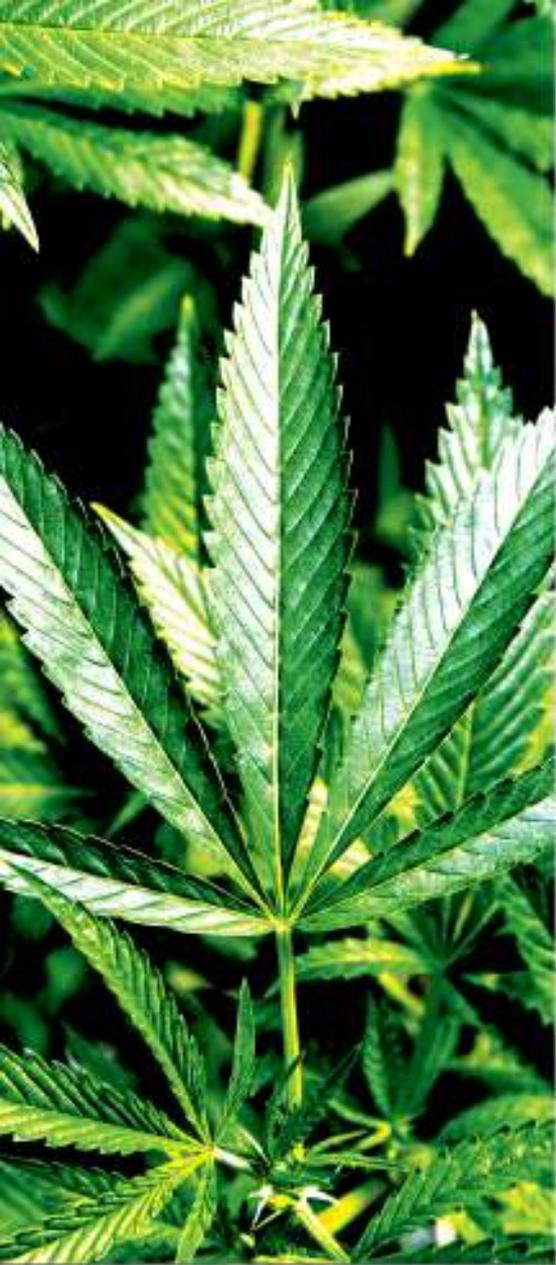
Section 2A applies regarding intoxication:

- *“an employer should not permit anyone who is, or who appears to be, under the influence of intoxicating liquor or drugs, to enter or remain in a workplace”*
- *“people in a workplace are not allowed to be under the influence of or have in their possession, use or offer other people intoxicating drugs”*



Section 8(1) of OHS Act states that employers should provide and maintain, as far as possible, a working environment that is safe and without risk to the health of their employees





“The nature of a person’s employment is such that they are governed by the OHS legislation which says *you may not operate machinery under the influence of any intoxicating substance and if you do so you are committing a criminal offense*”(Gavin Stansfield of Cliff, Dekker & Hofmeyr)



“Employees cannot arrive at work under the influence of any intoxicating substance nor can they consume any intoxicating substance at work”
(Anastasia Vatalidis, Werksmans Attorneys)

Food for thought:

Grey Areas

- How do we determine intoxication and impairment?
- Medicinal Use



Intoxication and impairment

Based on best practice set up by the
Canadian *Cannabis Act of 2018*:



Inhalation: effects felt within minutes and usually peaks within 30 minutes. The effects last between *2 and 24 hours* (depending on factors such as amount used and potency)



Oral ingested: effects felt within *30 minutes to 3 or 4 hours* (depending on factors such as strength / potency, food in stomach) and lasts for up to 24 hours



Studies related to driving and cognition indicate that it takes between *3 and 6 hours* for the Cannabis smoker to return to a state of non-impairment



But – this also depends on how frequently it is used: very heavy users and those with Cannabis dependence only returned to a state of non-impairment after *28 days* of their last use





Testing



Most common method for testing in South Africa is urine tests (for THC)



Results will either be positive (non-negative) or negative (non-positive)



Positive result = 50 nanograms or more per milliliter of urine (ng/ml)



Blood tests will determine the level of THC present



Only blood tests are permissible in court

Type of user	Timeframe for positive test results:
Occasional and 1 st time users	Up to 4 days after use
Frequent users	10 days after last use
Very heavy users / dependents	2 months after last use



A close-up photograph of a person's face, tilted upwards, using a nasal spray. The person's eyes are closed, and a fine mist of spray is visible exiting their nostrils. The background is dark and has a greenish tint. The overall mood is clinical or scientific.

Indicators of use



1) Physical:

- Deterioration in appearance and/or personal hygiene
- Unexplained bruises
- Sweating
- Complaints of headaches
- Tremors
- Diarrhea and vomiting
- Abdominal/muscle cramps
- Restlessness
- Frequent use of breath mints/gum or mouthwash
- Slurred speech
- Unsteady gait (can appear drunk)
- Blood shot eyes
- Frequent cold and flu-like symptoms (immune system weakened)



2) Workplace performance and professional image:

- Calling in sick frequently
- Monday, Friday and payday absence patterns
- Moving to a position where there is less visibility or supervision
- Arriving late for work, leaving early
- Extended breaks; sometimes without telling colleagues they are leaving
- Forgetfulness
- Errors in judgement
- Deterioration in performance
- Excessive number of incidents/ mistakes
- Non-compliance with policies
- Doing enough work to just 'get by'
- Sloppy, illegible or incorrect work (e. g., writing, reports, etc.)



3) Psychosocial Impacts:

- Family disharmony (e.g., how the colleagues speak of family members)
- Mood fluctuations (e.g., swinging from being extremely fatigued to 'perkiness' in a short period of time)
- Inappropriate verbal or emotional response
- Irritability
- Confusion or memory lapses
- Inappropriate responses/behaviours
- Isolation from colleagues
- Lack of focus/concentration and forgetfulness
- Lying and/or providing implausible excuses for behaviour



Medicinal use in South Africa



- The Department of Health announced in May 2019 that Cannabidiol (CBD), found in dagga, has been removed from South Africa’s list of highly-controlled drugs (schedule 7 to schedule 4)
- This means that any “preparations” containing CBD are outside of highly-controlled drugs and may be legally sold.
- **BUT** you still need a prescription!

CBD is exempt under two conditions:

- The maximum daily dose of CBD must be 20 milligrams or less
- The product cannot claim to cure or treat any specific condition. It may only advertise to have “general health enhancement” properties, or for “health maintenance” or also promise “relief of minor symptoms”, as long as those symptoms are not linked to a disease or disorder



Products containing CBD have become very popular over the years because of their health benefits and are considered:

- Non-psychoactive, which means they do not get you high
- Non-addictive (not habit forming)
- They do not have dangerous side-effects (apparently)
- Have known health benefits for a long list of ailments such as anxiety, nausea, vomiting, chronic pain and insomnia
- There are only 56 people in South Africa legally using cannabis for medicinal use! (MRC, May 2019)



- Employers may consider accommodating for the use of medical cannabis in a similar manner as accommodating for the use of prescription medication
- Most importantly: legal validation must be provided by the employee: proof of prescription from doctor including diagnosis AND there must be policy provision to deal with medicinal use in the workplace
- Again, the OHS Act is your “Bible”





Workplace interventions: Where to from here?

1. Update the workplace substance abuse policy

2. Education and awareness is vital:

- Do not assume that employees understand : the law, the OHS Act, how THC can impact their performance and put them at risk
- Do employees know and understand the workplace substance abuse policy?
- Educate and train managers in the same way: do they know the law, the OHS Act, the risks, how to intervene, how to determine fit-for-work, referral into the EWP and disciplinary processes for those who are under the influence of Cannabis?
- How equipped is HR to deal with the issue with increased risk of discipline issues?



- What is being done about health promotion and evidence-based prevention strategies e.g. resilience building, stress management, healthy lifestyles as drivers of substance abuse issues?

3. Consider the workplace culture:

- What is being done to promote a culture of care? Is the EWP marketed, driven and endorsed - or is it a tickbox?
- Is stigma preventing employees from seeking help?
- Consider incentives & rewards initiatives and policies, and workplace practices around year-end-functions, team buildings, etc. What message are you sending out as a business?





Summary

- 1. Without a sound policy you are on rocky road to nowhere**
- 2. The policy can be formulated along the same principles and guidelines of the existing alcohol or substance abuse policy**
- 3. A “Zero-tolerance stance” is allowed and in fact recommended especially in safety sensitive work environments (supported by the OHS Act)**
- 4. Medicinal use must be approached in the same way as other prescription medications: disclosure and accommodation**

5. **Managers and supervisors need to be upskilled to deal with the issue or they will continue to deny and adopt the *ostrich in the sand* approach**
6. **The EWP services are key in supporting managers as well as employees who find themselves needing psychosocial assistance**
7. ***Knowledge is power* – employees need to know the law, their responsibilities and be able to make informed decisions around use**
8. **Do not let the changes in legislation trick you into thinking it is a harmless drug - there are serious health risks for chronic / long term use**



Thank You