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Union firms have lower lost-time claim rates, IWH study in ICI construction confirms

Study update by Institute for Work & Health backs up 2015 findings of 'union safety effect' in Ontario's industrial, commercial and institutional (ICI) construction sector

A new study by the Institute for Work & Health (IWH) replicates an earlier finding of a "union safety effect"—in which unionized companies have lower lost-time injury rates than non-unionized firms—in Ontario's industrial, commercial and institutional (ICI) construction sector.

Using workers' compensation claims data from 2012 to 2018, the study found unionized ICI construction companies had a 25-per-cent lower rate of lost-time injuries than non-unionized ones.

Sponsored by the Ontario Construction Secretariat (OCS), the study also found a 23-per-cent lower rate of musculoskeletal injuries and a 16-per-cent lower rate of critical or severe injuries in unionized companies, compared to non-unionized counterparts.

These findings are similar to those in the original study, also funded by OCS and published by IWH in 2015. OCS is a joint

management-labour not-for-profit organization, created under Ontario's *Labour Relations Act* to represent the interests of the unionized ICI sector.

The earlier study, using claims data from 2006 to 2012, found lost-time claim rates were 14 per cent lower in unionized companies. However, unlike the 2015 finding that unionized companies had higher rates of no-lost-time claims, the latest study found no statistically significant difference between unionized and non-unionized firms in such claims.

Results were shared in a recent IWH Speaker Series webinar by IWH Scientist Dr. Lynda Robson, who co-led the study with IWH Senior Scientist and President Dr. Cam Mustard. A full report on the findings can be found at: www.iwh.on.ca/scientific-reports/updating-study-on-union-effect-on-safety-in-ici-construction-sector.

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IWH updates

IWH scientist wins career award

Institute for Work & Health (IWH) Scientist **Dr. Arif Jetha** has received the Arthritis Society's Stars Early Career Development Award. The three-year award supports Jetha in his research exploring health, social and career challenges for young adults with rheumatic disease. For more about Jetha's research interests, go to: www.iwh.on.ca/people/arif-jetha

IWH scientist recognized by national pain body

IWH Scientist **Dr. Andrea Furlan**, honoured last fall with an award from the Pain Society of Alberta, has also been named winner of the 2021 Outstanding Pain Mentorship Award by the Canadian Pain Society. Furlan, who also works at the Toronto Rehabilitation Institute as senior scientist, was recognized for her "outstanding mentorship in the training of future pain researchers and/or clinicians." For more on Furlan's bio, go to: www.iwh.on.ca/people/andrea-furlan

Institute welcomes new board member

The Institute welcomes **Kate Lamb** to its Board of Directors. Lamb is executive director of client and people services at the Law Society of Ontario. Her previous posts include chief corporate services officer at Ontario's Workplace Safety and Insurance Board and director of employment and labour policy and program development at the Ontario Ministry of Labour. For more about her, visit: www.iwh.on.ca/people/kate-lamb

New resource now available to help prevent MSIs

A new resource is now available to help workplaces identify and implement musculoskeletal injury (MSI) prevention programs. Developed by IWH Scientist **Dr. Dwayne Van Eerd** and Director of Research Operations **Emma Irvin** with partners in Newfoundland and Labrador, the resource integrates the best available research evidence with practitioner expertise and stakeholder experiences. To download *Implementing MSI prevention programs: Advice from workplaces for workplaces*, go to: www.iwh.on.ca/tools-and-guides/implementing-msi-prevention-programs-advice-from-workplaces-for-workplaces

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What Research Can Do

Workplace COVID outbreaks reported by Ontario public health account for one in 20 cases in working-age adults

In the second wave of the pandemic in Ontario, outbreaks in essential service workplaces (excluding health-care, congregate living and educational settings) have contributed just over five per cent of all cases among working-age adults in Ontario.

Conversely, since October, close contact has been the source of acquisition in 40 per cent of all cases among the working-age population. As well, for a substantial number of COVID-19 cases in this population, we do not have enough information to know how the case was acquired.

This is according to a new Institute for Work & Health (IWH) Issue Briefing that's based on publicly available data from the Ontario Data Catalogue, up to January 10, 2021.

That less than six per cent of new COVID-19 infections among working-age adults in the second wave of the pandemic can be attributed to workplace outbreaks (not including outbreaks in health-care, congregate living and educational settings) suggests the importance of the often-substantial adjustments to work practices implemented by employers.

Since the beginning of the pandemic, more than 7,900 cases have been attributed to workplace outbreaks among workers in essential services, who make up about 40 per cent of the Ontario labour force. Each month, three million Ontario workers in these sectors have worked more than 400 million hours in proximity to co-workers and, in some cases, providing services to clients, customers and other members of the public.

To analyze the role of workplaces in COVID-19 transmission, we drew on the number of COVID-19 cases due to outbreaks. Workplace outbreaks are defined as situations in which two or more COVID-19 cases occur within a 14-day period in the same workplace, with one or more cases having been reasonably acquired in the workplace (e.g. no obvious source of infection outside the workplace and a known exposure source in the workplace).

The outbreak datafile includes six categories of outbreak-related cases: health-care settings (which include hospitals, long-term care homes and retirement homes), congregate living settings (which include correctional facilities, shelters and group homes), education settings, other workplace settings, recreation settings and unknown settings.

Given the way workplace outbreak data is currently collected, the number of cases attributed to workplace outbreaks are likely underestimated. This would be the case where work colleagues live together, commute to the workplace together and/or socialize outside of the workplace together.

Workers infected in health-care, congregate living and education settings are not included in the workplace outbreak numbers examined in our analysis. That's because outbreak-related case numbers for these settings are not routinely broken down by cases among employees versus patients, clients or students.

According to other data sources that separate out employee cases, 28 per cent of cases due to outbreaks in long-term care facilities have been among staff members. In educational settings, 15 per cent of all cases—not just those related to outbreaks—were reported among staff.

In the months ahead, diligence in workplace infection control practices will be crucially important to protect the health of essential service workers.

The full Issue Briefing, which includes more information on the source and limitations of the data, is available at:

www.iwh.on.ca/summaries/issue-briefing/incidence-of-covid-19-transmission-in-ontario-workplaces

— Dr. Peter Smith, Scientific Co-Director and Senior Scientist, and Dr. Cameron Mustard, President and Senior Scientist, Institute for Work & Health

People's reasons for disclosing episodic disabilities linked to support they receive

IWH study examines the link between reasons for disclosing health conditions and disclosure outcomes

Deciding whether to disclose a health condition to others at work is a complex and often fraught process for workers with episodic disabilities.

Many chronic mental and physical health conditions considered episodic are characterized by symptoms that come and go. Periods of good health are punctuated by episodes of unpredictable and disabling symptoms. These symptoms are often invisible, leaving people with these conditions with the choice of whether or not to disclose their health issues to others at work.

Many workers decide not to say anything at all. They try instead to get through episodes of ill health without asking for additional accommodations beyond what may be available to everyone, such as sick days or flex time.

At the Institute for Work & Health (IWH), research is underway to develop a tool to help people living with episodic conditions grapple with disclosure decisions. To provide the evidence base for the tool, IWH Senior Scientist and Scientific Co-Director Dr. Monique Gignac recently completed a study examining whether people's reasons for disclosing or not mattered to the support they received at work. She recently shared her findings in an IWH Speaker Series webinar (see: www.iwh.on.ca/events/speaker-series/2020-nov-24).

The study, published in February 2021 in the *Journal of Occupational Rehabilitation* (doi:10.1007/s10926-020-09956-1), reaffirmed that people's health needs and their perceptions of their workplace as supportive were among the most important factors for disclosing.

The study found other reasons for disclosing (or not) mattered as well. When people made decisions in pursuit of a positive outcome, they were significantly more likely to report more positive than negative



outcomes at work—whether their decision was to disclose or not. The opposite was also true. When people made decisions primarily trying to avoid a negative outcome, they were more likely to report negative outcomes at work.

“It wasn’t disclosing or not disclosing that mattered as much as the reasons why people were making their decision,” says Gignac, lead investigator of a five-year partnership project called Accommodating and Communicating about Episodic Disabilities (ACED). “Workers are regularly trying to assess their situation, and it’s this dynamic environment that makes decision-making complex and so important to workers living with episodic disabilities.”

Approaching or avoiding

To conduct the study, the research team recruited 900 working people across Canada to complete an online survey. All had an episodic disability; half had shared that fact with their supervisor or manager while the other half hadn’t.

Participants were asked about their work: how long they had been with their employer, how much stress they experienced at work, how supportive they found their workplace, how much accommodation they needed to do the job, and so on. They were also asked to check off all the reasons for

disclosing or not disclosing that applied to them (see sidebar on page 6).

Tapping into research on communication decisions in the field of psychology, the team grouped these reasons into two categories. “Approach goals” are those where an individual is trying to pursue a positive outcome—for example, getting more support, building trust in a relationship or being able to maintain high performance in a job. “Avoidance goals” are those where an individual is trying to avoid negative consequences—for example, losing a promotion opportunity or being the subject of gossip.

Study participants were also asked about the positive or negative consequences they experienced at work related to disclosing or not disclosing their health conditions (examples are also listed in the sidebar).

“We wanted to take a look at the range of reasons people give for sharing or not sharing and make the link to workplace support outcomes,” says Gignac. “In other words, when people tell us why they said or didn’t say something about their health condition at work, can we gain insight into whether they reported it was a good or bad decision for them? Was it related to a positive or negative outcome with respect to support at work?”

When the team looked at the two groups of reasons—approach and avoidance—it found a statistically significant pattern. Regardless of whether or not workers disclosed, having more avoidance goals was significantly associated with reporting negative support outcomes at work. For example, some participants might have disclosed because co-workers noticed something wrong and they had to explain, or some might have kept the condition to themselves because they didn’t want people gossiping. Both types of reasons were related to more negative outcomes.

On the other hand, when people said they were pursuing approach goals, like improving a relationship with others or continuing as they are because they are already managing

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Impact of COVID and signs of progress in the spotlight at disabilities and work conference

Pandemic hardship for people with disabilities among themes heard at 2020 Disability and Work in Canada

Since it was first held in 2017, the annual Disability and Work in Canada conference has focused on advancing a pan-Canadian strategy to improve paid employment opportunities for persons with disabilities.

These efforts have taken a new turn with the COVID-19 global pandemic. At the 2020 online event, held in late November and early December, a dominant theme was the outsized impact of the pandemic on work outcomes for persons with disabilities.

But hopeful notes were also sounded at the conference, a gathering of persons with disabilities, policy-makers, service providers, employers, advocates and researchers. Some participants were cautiously buoyed by recent policy developments, chief among them the federal government's announcement of a Disability Inclusion Action Plan. Others saw in the pandemic an opportunity to make gains in workplace awareness of disability issues.

"Since last year's conference, the world has been upended. Persons with disabilities worldwide have been disproportionately impacted by the COVID-19 pandemic. Major gaps in our core systems, including health care, have been revealed," said Carla Qualtrough, federal Minister of Employment, Workforce Development and Disability Inclusion, in her remarks.

"The systemic discrimination that persons with disabilities have fought tirelessly to confront has borne out in heartbreaking ways," added Qualtrough, who also spoke at the 2019 conference. "These new realities threaten their independence. It also risks undermining decades of work that's been done to advance the rights of persons with disabilities. And that makes the work that our government is doing in partnership with the disability community all the more critical."

Disability and Work in Canada (DWC) is organized by a steering committee representing four organizations: Centre

for Research on Work Disability Policy (CRWDP), a research partnership housed at the Institute for Work & Health (IWH); Canadian Council on Rehabilitation and Work (CCRW); and the Ontario Network of Injured Workers Groups (ONIWG). InclusionNL was also part of the committee for the first three conferences. Current members are



Members of the Disabilities and Work in Canada Steering Committee and organizing staff at the 2019 conference in Ottawa, from left to right: Dr. Ron Saunders, Alec Farquhar, Maureen Haan, Kathy Hawkins, Sabrina Imam, Dr. Emile Tompa, Monica Winkler, Steve Mantis and Kathy Padkapayeva.

Alec Farquhar (formerly from the Ontario Office of the Worker Advisor), Maureen Haan (CCRW), Steve Mantis (ONIWG), Dr. Ron Saunders from IWH and Dr. Emile Tompa from IWH and CRWDP.

Past years' conferences focused on drafting the pan-Canadian employment strategy and conducting broad-based community consultations to refine it. Conference materials and presentation videos are available free of charge at the conference website. Video recordings of past years' sessions are available on the CRWDP website, at www.crwdp.ca.

From the start, DWC conferences have been animated by a grim statistic: just over half

of persons with disabilities are in the workforce. With the pandemic, participants were concerned about the work participation rates of persons with disabilities taking a plunge. In vignettes shared by persons with lived experience, the conference heard how the pandemic has heightened fear and anxiety in some, but also made work easier for others.

Participants also learned about surveys conducted among employers, job candidates and service organizations that found greater barriers for persons with disabilities during

the pandemic. Two of the surveys focused on participants in job-matching programs, and they painted a similar picture: persons with disabilities were the first to lose work during lockdowns and among the last to be hired back when businesses re-opened.

"Businesses were concerned about lengthy training needs, particularly regarding new or modified safety and health protocols that were implemented in response to COVID-19," said Krista Carr, executive vice-president (CEO) at Inclusion Canada, which conducted one of the studies. (Inclusion Canada,

formerly known as the Canadian Association of Community Living, is a national federation of associations working with persons with intellectual disabilities.) Some businesses were adjusting their operations, such as closing down locations or limiting hours. As a result, they "tended to give hours to those people who can do a variety of job tasks and not those who do more specialized tasks or specific tasks," she added.

A second survey, conducted on behalf of BC Workforce Innovation or BC Win, also found employers are more hesitant to hire persons with disabilities in the current climate. But it also found that "job seekers

Precarity more likely for older, new workers with disabilities

with disabilities are disengaging from employment,” said Shawn De Raaf, research director at Social Research and Demonstration Corporation, which conducted the survey. It found persons with disabilities were less motivated to work due to stress, anxiety, family responsibilities, personal health concerns and concerns about infecting family members.

On a more positive note, a survey of persons with episodic conditions found some were optimistic that the pandemic will shift employer attitudes about some of the most needed accommodations, such as flexible schedules and remote work. “The COVID 19 crisis has revealed that the kinds of modifications that facilitate the inclusion of people with episodic disabilities are the same changes that have enabled us to adjust to the unexpected challenge of the pandemic,” said Lacey Croft, a researcher on the Invisibility to Inclusion project based at the University of Guelph. “Yet, until the COVID crisis happened, these kinds of accommodations have often been resisted by employers.”

Despite the challenges, participants were also encouraged by recent policy developments. Sherri Torjman, a senior policy analyst at the Maytree Foundation, shared a primer on design questions that need to be asked about the planned Canadian Disability Benefit, one of the components of the Disability Inclusion Action Plan. The government’s signal that it would be modelled after the Guaranteed Income Supplement for seniors gives her hope.

“I’m feeling somewhat optimistic. I think this is a really important start. If we can look at the Guaranteed Income Supplement as our model, I’m hoping that we’ll really be able to reduce poverty among Canadians with disabilities over the longer term,” said Torjman. Others found positives in the creation of the COVID-19 Disability Advisory Committee to help guide the federal government’s response to the pandemic, and in the dialogue between some provincial

continued on the next page

Higher likelihood of precarity in older workers with disabilities somewhat of a surprise, says study lead

As precarious work has become a common feature in today’s labour market, a new study by the Institute for Work & Health (IWH) set out to examine whether job precarity is more likely among workers with disabilities.

The study, led by IWH Scientist Dr. Arif Jetha, found that the risk of precarious work is no higher for employed people with disabilities than employed people without. However, it also found that disability can increase the likelihood of precarious work for some.

Specifically, the study found older adult workers with disabilities were 88 per cent more likely to have precarious jobs than younger adult workers with disabilities. It also found people with disabilities who were new on the job (i.e. who had shorter job tenure) were more likely to experience precarity than those who had been on the job longer.

In contrast, among workers without disabilities, no link was found between work precarity and either age or tenure. The study was published in December 2020, in the journal *BMC Public Health* (doi: 10.1186/s12889-020-09938-1).

The finding that older age was linked to a higher risk of job precarity among people with disabilities was somewhat of a surprise, says Jetha. “We expected that the older you are, the stronger your foothold in the labour market, compared to younger adults. But that’s not what we saw among people with disabilities,” he explains.

The study was based on a survey of 1,800 workers across all age groups, with and without disabilities, recruited from an existing panel. To identify workers with disabilities, survey participants were asked about the difficulties they faced at work that lasted (or were expected to last) six months or more, and that were related to a physical, cognitive, mental/emotional, sensory, or other disability. This measure of disability,

developed by Statistics Canada, has been tested for reliability and validity.

Survey participants were also asked about their work and the impact of their health on work. As no commonly accepted measure of work precarity currently exists, Jetha’s study team categorized participants working in precarious jobs when they met all four of the following criteria: they worked part-time, in a non-permanent job, in a non-unionized setting and with low job control.

The findings showed similar proportions of survey participants with and without disabilities worked in permanent jobs and had full-time hours (about 90 per cent in both cases). In both groups, similar proportions (about 30 per cent) met all four criteria for working in precarious jobs. Among both participants with and without disabilities, those who said they had good health were 22 per cent less likely to work in precarious situations.

“From a policy perspective, the findings suggest that certain segments of the population need additional support to address the risk of job precarity,” says Jetha. He adds, however, that further research is needed to determine whether these findings can be generalized to people with disabilities at large.

He notes that in the general population, employment rates among people with disabilities are much lower than those among people without disabilities—ranging from 76 per cent for people with mild disabilities to 31 per cent for people with severe disabilities, according to 2017 data from Statistics Canada. “The similarities in work profiles of people with and without disabilities in our sample suggests that we might be looking at a self-selected group of people with better work outcomes than average,” Jetha says. “As a result, we need to be cautious in our interpretation of these findings.” ■

Study finds link between 'avoidance' reasons and negative work outcomes

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well at work without others knowing about their condition, they reported significantly more positive workplace outcomes.

The team also found a couple of other notable patterns. One was that women were less likely than men to say they had positive outcomes when they disclosed a health condition at work. Another was that people with mental health conditions were no less likely to report positive outcomes when they disclosed than people with physical health conditions. However, they were more likely to report negative outcomes when they did not share health information with their supervisor.

"Our team has conducted additional research into this finding, and we have learned that sometimes individuals with mental health conditions struggled with work attendance, workplace relationships or job demands," says Gignac. "Not disclosing any

information sometimes meant that mental health difficulties were misinterpreted as poor work habits and malingering."

Gignac notes that it makes intuitive sense that people's reasons for disclosure or non-disclosure would matter to the work outcomes they experience. "People's reasons for saying something or not may accurately reflect their reading of their work environment as being supportive or not," says Gignac.

"We need to better understand some of the consequences of people sharing or not sharing information. A better understanding would help people decide whether to ask for support—and who, when and how to get support even when people want their health to remain confidential."

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Disabilities and Work in Canada

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governments and disability communities during the pandemic.

Both Qualtrough and Bob Rae, Canada's Ambassador to the United Nations, who gave a keynote speech at the conference, commended the work by conference organizers and civil society to develop a pan-Canadian strategy to improve the employment of persons with disabilities. The pan-Canadian strategy for disability and work provides "an excellent foundation" for the employment strategy envisioned in the Disability Inclusion Action Plan, said Qualtrough.

Rae applauded conference participants for recognizing that a policy on the employment of persons with disabilities would be needed, as part of the commitments Canada made in ratifying the UN Convention on the Rights of Persons with Disabilities. "Your strategy, which you created in a broad community process, should influence the government's work on its own strategy," said Rae in his address.

He also endorsed the Disability and Work in Canada steering committee's decision to build a consensus-based strategy rather than one based on mandatory requirements. "I think you need both. I think mandatory requirements have their place, but you also need to get people on board. You need to make sure they're committed to it and understand why it's important."

As in previous years, the steering committee is encouraging communities to find opportunities to move forward on any of the initiatives that the pan-Canadian strategy comprises.

"I am pleased to see the breadth and diversity of initiatives that have taken place during this difficult year, and to continue the conversation about the importance of participation in paid employment for persons with disabilities," said Tompa, IWH senior scientist and director of CRWDP.

"The strategy is owned by civil society, so it's up to everyone to engage with their communities and workplaces across the country to make progress on the many issues outlined in it." 📧

REASONS AND OUTCOMES: EXAMPLES USED IN THE STUDY

In the study, participants were asked to check off all the reasons why they disclosed or did not disclose their health condition to a supervisor or manager. Each reason was one of two types of goals: approach (in pursuit of a rewarding outcome) or avoidance (seeking to prevent an undesired outcome).

Example reasons for disclosing included:

"It's part of who I am. Telling people about my condition is not a big deal." (approach)

"I had to explain why I was absent so often." (avoidance)

"My health was getting worse and I needed to say something." (avoidance)

"Others at my workplace had discussed their personal needs, and the response was positive." (approach)

Example reasons for not disclosing included:

"I can manage at work without others knowing." (approach)

"I was concerned about losing a chance to be promoted." (avoidance)

"I've had problems in the past when I disclosed, so I don't want to say anything." (avoidance)

Participants were also asked how much they agreed or disagreed with a list of support outcomes they may have experienced at their workplace. These could be positive or negative.

For disclosure, examples of outcome options included:

"There was greater understanding of my personal needs once I had disclosed." (positive)

"I didn't need to hide who I really am from others at work." (positive)

"I have to spend more effort to prove I'm as good as others." (negative)

"I have experienced rejection or stigma." (negative)

For not disclosing, examples of outcome options included:

"People see me more positively." (positive)

"People focus on my skills and abilities." (positive)

"I have to hide who I really am from others." (negative)

"I have experienced rejection or stigma from others." (negative)

At-work cannabis use linked to work factors, including some not expected: IWH study

Work characteristics linked to on-the-job consumption include lower job visibility, less chance of detection but also safety-sensitive or supervisory roles

In a study that found one in 12 workers used cannabis during or just before a work shift, researchers took a close look at the factors linked to workplace consumption. They found all were related to job characteristics and workplace environments—some in ways the researchers expected (e.g. the factors made cannabis use less likely to be detected) and others in ways they did not.

The study was conducted by the Institute for Work & Health (IWH) in the months before recreational cannabis was legalized in Canada. It examined the factors linked to cannabis use and, in particular, cannabis use at work (defined in the study as using cannabis within two hours before or during a work shift).

Whether they used cannabis at work or not, workers who used cannabis in the past year (compared to those who did not) tended to be younger and male. They also had lower incomes and less education, and were more likely to smoke cigarettes and drink alcohol more frequently.

Among these workers who used cannabis in the past year, what set apart those who used cannabis at work from those who did not were work-related factors. That is, the differences between the two groups were related to the types of work people did and the work environments they worked in.

Specifically, people who used cannabis during or just before a shift were more likely to work:

- in jobs that were away from other people;
- in environments with fewer on-site smoking restrictions;
- with supervisors perceived to be less skilled at identifying workers using drugs or alcohol at work;
- in firms that had a drug testing program;
- in safety-sensitive jobs; or
- in supervisory roles.

Many of these findings are consistent with prior theories on the workplace factors

that discourage workplace substance use. “Formal workplace social controls such as smoking restrictions, as well as informal controls such as greater job visibility and supervisor ability to detect use, have been found in earlier studies to be associated with a decreased use of alcohol and illicit drugs in the workplace,” says IWH Associate Scientist Dr. Nancy Carnide, who led the study. “Our findings suggest that workplace cannabis use is more likely in workplaces



Dr. Nancy Carnide

that lack the type of controls that increase the chances of detection.”

Carnide notes, however, that the results aren't entirely consistent. For example, the study also asked workers how often they were in contact with their supervisor during a workday, how willing their supervisors were to address workers' on-the-job alcohol and drug use once detected, and whether their employer had a formal cannabis use policy. No statistically significant associations were found between these factors (all potentially related to likelihood of detection) and cannabis use at work.

Most surprising were the findings that workers were more likely to use cannabis at or just before work when they were in supervisory roles, safety-sensitive jobs or workplaces with a drug testing program, says Carnide.

Carnide has a potential explanation for the finding about drug testing programs: their presence may simply reflect the very reason a workplace may want such a program. “It may be the case that companies with drug testing programs were those that already knew they had a substance use issue in their workplace and wanted to address it,” she says.

Less readily explained is the link between cannabis use at work and holding a supervisory role. “This is not a common finding in the literature,” Carnide says. “Could it be that people in supervisory roles feel their use will likely go undetected? Could it be a way of coping with the stress and work demands involved in their job?”

Similarly, the association between workplace use and safety-sensitive jobs is also hard to explain, although it, too, may reflect workers coping with stress and pain. “These jobs are often physically demanding,” she points out. “These are potential reasons, but they're all speculative at this point,” Carnide says.

Overall, the body of research on cannabis use at work is still new, and longitudinal research is needed. “Much of the literature in the past has looked at alcohol use and, more generally, illicit drug use,” says Carnide. “We need to unpack a lot of nuance with regards to why people use cannabis at work and what work factors promote and deter problematic workplace use.”

The study, published in January 2021 in the journal *Drug and Alcohol Dependence* (doi:10.1016/j.drugalcdep.2020.108386), was based on a study of about 2,000 Canadian workers, conducted in June 2018. Most of the participants were recruited from a pre-existing panel of 100,000 households held by EKOS Research Associates. A small sample was also recruited via random dialing.

Although the overall research project is set up to be a longitudinal or follow-up study, findings shared in this paper are based on a cross-sectional or “moment in time” analysis. In addition to this baseline survey, two follow-up surveys have been conducted. The first follow-up survey, which took place in the summer of 2019, found more people used cannabis after legalization, but the percentage of people who used at work did not increase. ■

AT WORK

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INSTITUTE FOR WORK & HEALTH

400 University Avenue, Suite 1800
Toronto, Ontario M5G 1S5
Phone: 416.927.2027 Fax: 416.927.4167
Email: atwork@iwh.on.ca

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'Union safety effect' found in firms of all sizes except those with fewer than five staff

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"This study was not designed to examine reasons for the observed union safety effect and, therefore, cannot be definitive about what those reasons are," says Robson. That said, she notes the results are consistent with the focus of many unions on controlling occupational health and safety (OHS) risks at worksites.

"We would expect this from what we know of the role of unions in workplaces. Their actions include putting OHS in collective agreements, delivering worker training, sharing OHS information, and participating in joint health and safety and worker trades committees," she says. "It may also be that the presence of a union empowers workers to report unsafe conditions and refuse unsafe work."

The follow-up study also indicates that the union effect on lost-time injury rates was greatest among the largest companies. Companies with 50 or more full-time equivalent employees (FTEs) had a 44-per-cent lower rate of lost-time claims, while companies with 20 to 49 FTEs and five to 19 FTEs had reductions of 24 per cent and 25 per cent, respectively. Notably, no union effect was found among the very small companies—i.e. those with fewer than five FTEs.

The absence of a union safety effect in companies with fewer than five workers needs exploring in future research, Robson says. It appears that, in this sub-group of companies, factors related to small company size override any union safety effect. These factors could be a lack of OHS expertise, younger company age or lower average job tenure. As well, she notes, Ontario's OHS regulatory requirements for these very small companies differ from those for larger companies.

The team also examined the union safety effect across seven different types of ICI construction work (the seven sub-sector categories with large enough samples to allow for analysis) and found that it varied. The largest union safety effects were found in industrial maintenance and repair contracting (where unionized firms had 72

per cent lower lost-time injury claim rates than non-union firms) and millwright and rigging work (where unionized firms had 67 per cent lower lost-time injury rates). The smaller union safety effects were found in electrical work (25 per cent lower) and excavating and grading (31 per cent lower).

The study sample drew on 24 lists of unionized contractors in 39 ICI construction sub-sectors. The lists, provided by unions and employer associations, represent a near-comprehensive picture of unionization in this sector, thus making comparison between unionized and non-unionized firms possible. For data on injury rates, the team used records obtained from the Workplace Safety and Insurance Board (WSIB).

Once the team completed the painstaking work of finding companies from the unionized lists in the WSIB dataset, it had a sample of 58,837 companies, operating 60,425 lines of business found in the ICI sector. Of the 60,425, 5,267 (8.7 per cent) were classified as unionized and 55,158 (91.3 per cent) as non-unionized. In terms of size of workforce, unionized companies in the sample employed 773,000 FTEs (44.6 per cent) and non-unionized companies employed 958,000 FTEs (55.4 per cent) during the period 2012-2018.

The research team's findings of an association between unionization and lower injury rates take into account a number of factors that could also affect rates outside of union status. That is, the team conducted statistical analysis to disentangle the independent effect of unionization from potentially confounding factors such as firm size, firm complexity (e.g. number of lines of business), construction sub-sector type and location of firm.

The study did not examine work-related fatality rates. The number of fatalities was too small to allow the type of statistical analysis used in this study (e.g. to control for firm size and sector) to examine the effects of unionization. ■