



Using cannabis to manage symptoms of work-related injuries: Experiences of injured workers in Ontario

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Institute for Work & Health Speaker Series
February 24, 2026

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Canadian Injured Workers Alliance

Workplace Safety and Prevention Services

Ontario Federation of Labour

Person with lived experience

Cannabis use among workers with work-related injuries

- Continues to be interest in using cannabis for medical purposes
 - Canada (Canadian Cannabis Survey, 2024): 10% of adults aged 25+
 - Ontario (CAMH Monitor, 2025): 11.5% of adults aged 18+
- Work injuries can lead to pain, poor mental health, sleep problems, stress

Ontario workplace safety tribunal looks into claim around medical marijuana

Canadian HR Reporter

How workers compensation is being dragged into the world of medical marijuana

CBC News

- Several workers' compensation organizations now have formalized policies on cannabis reimbursement
- Yet, cannabis use experiences among workers with work-related injuries remains poorly understood

Our study examining cannabis to treat symptoms of work-related conditions

Open access Original research

BMJ Open Cannabis use among workers with work-related injuries and illnesses: results from a cross-sectional study of workers' compensation claimants in Ontario, Canada

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To cite: Carnide N, Nadalin V, Mustard C, et al. Cannabis use among workers with work-related injuries and illnesses: results from a cross-sectional study of workers' compensation claimants in Ontario, Canada. *BMJ Open* 2023;13:e072994. doi:10.1136/bmjopen-2023-072994

Prepublication history for this paper is available online. To view these files, please visit the journal online <http://dx.doi.org/10.1136/bmjopen-2023-072994>.

Received 10 February 2023
Accepted 27 June 2023

Check for updates

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BMJ Carnide N, et al. *BMJ Open* 2023;13:e072994. doi:10.1136/bmjopen-2023-072994



Canadian Institutes of Health Research
Instituts de recherche en santé du Canada



Carnide et al; *BMJ Open* (2023);13:e072994

- Survey study of Ontario workers with accepted lost-time workers' compensation claims for work-related physical injuries and illnesses
- 18-36 months after their claim
- ~14% of workers reported using cannabis for their conditions
- They were more likely to report poorer health and to not be working
- Most were not receiving guidance from a healthcare provider

STRENGTHS AND LIMITATIONS OF THIS STUDY

→ The large sample of workers included in this study was drawn from a population sampling frame.

→ The cross-sectional study design should be considered when interpreting the findings from analyses comparing cannabis use groups on physical and mental health indices.

→ Data on cannabis use patterns in the early period after injury/illness onset are not available.

→ Due to the moderate response rates in this study, selection bias is possible if those who chose to participate differed from those who did not participate.

healthcare providers speak with injured workers about their cannabis use.

INTRODUCTION

Cannabis is one of the most widely used psychoactive substances in the world.¹ In Canada, where the use of cannabis is legal, approximately 20% of Canadians 18 years of age and older (almost 6.0 million people) reported using cannabis in the previous 3 months in 2020.² Similarly, 19.6% of adults in the USA (equivalent to nearly 50 million adults) used cannabis in 2021.³ Beyond recreational reasons for use, there is growing public interest in using cannabis for therapeutic purposes.^{4,5} In North America, data suggest approximately half of all adults using cannabis are doing so at least in part for therapeutic purposes.⁶ Frequently reported therapeutic reasons for use include pain, anxiety, depression and sleep problems,^{7,8} although the evidence to support its use beyond a small number of defined conditions is limited.⁹⁻¹⁴

An important population subgroup who may be more likely to use cannabis for therapeutic purposes are individuals with

Objectives

We conducted qualitative interviews with a sample of these workers with the goal of better understanding workers' experiences in using cannabis for their work-related injuries.

For today's presentation, the focus will be on:

- 1) How workers decide to use cannabis
- 2) Their perceptions of the impact of use
- 3) How they navigate use in relation to work

Methods

- Workers who reported using cannabis for their work-related injury in the previous quantitative study were contacted to participate
 - Approximately 4-5 years after their original injury
- 45 in-depth, semi-structured interviews lasting 60-90 minutes
- Interviews were conducted over telephone and Zoom
 - Recorded and transcribed
- Used a thematic analysis approach to identify patterns across the data

Sample characteristics (n=45)

Sex



23

22

Age at injury

Median 47 years

Range 25 to 68 years

Nature of injury

Number

Sprains, strains, tears

27

Herniated discs

3

Traumatic nerve injuries

3

Concussion, other intracranial injuries

3

Fractures

4

Amputation (fingertip)

1

Multiple types

4

Occupation at injury (n=45)

Occupational Groups	N
Trades, transport and equipment operators and related <ul style="list-style-type: none"> Welders, gas fitters, carpenters, construction trades labourers and supervisors, material handlers, transport truck drivers, automotive mechanics, school bus drivers, mail and message distributors 	22
Health <ul style="list-style-type: none"> Registered nurses, orderlies, PSWs 	5
Sales and service <ul style="list-style-type: none"> Cleaners, janitors/caretakers, train managers 	6
Manufacturing and utilities <ul style="list-style-type: none"> General labourers, assemblers/inspectors, machine operators 	5
Education, law and social, community and government services <ul style="list-style-type: none"> Correctional service officers, teachers, ECEs, community PSWs 	4
Art, culture, recreation and sport <ul style="list-style-type: none"> Set and stage designers 	1
Business, finance and administration <ul style="list-style-type: none"> Office support workers 	1
Natural and applied sciences and related <ul style="list-style-type: none"> Electronic service technicians 	1

Employment and cannabis use status at interview (n=45)



31% employed (same job)
29% employed (different job)
40% not working

73% using cannabis for injury
27% discontinued use for injury

Decisions to use cannabis

- Recovery context after work injury
- Cannabis as a pragmatic option
- A cautious choice for some

Theme: Recovery context after work injury

Recovery was ongoing and often complex. Many workers were still managing some degree of persistent or intermittent symptoms years after injury.

- Long-lasting symptoms: pain, mobility issues, muscle spasms, troubles with sleep, mental health impacts
- Complicated injury and recovery histories
 - Surgery was common
 - Workers were often dealing with the effects of multiple injuries
 - Some workers encountered system and workplace challenges that shaped recovery

“I was fighting constantly for the fact that there was more to the ankle...nobody was listening...I never got any type of pain meds until after my surgery....I was just using Tylenol and Advil like it was my job.”

Tina (early childhood educator)

Theo (construction labourer)

[They said] ‘we are going to give you light work’... [But] the light work never came....I didn’t want to lose my job, and whatever he was telling me, I was able to do it, but with consequences later [for my injury].

Theme: Cannabis as a pragmatic option

Cannabis typically became an option after other approaches fell short, were undesirable or were difficult to sustain.

- Timing of initiation varied, but cannabis was rarely a first-line strategy
- Other options often had downsides
 - Limits on effectiveness, side effects, “chemicals”, addiction potential, access/cost
- Past experience and social information pathways informed consideration
- RTW challenges intensified coping needs for some
- Cannabis emerged as a viable “why not?” option

"I spent time in trade school....I've seen where [opioids] can lead, and it was all because somebody had an accident, and took the prescription, and then they got hooked on it, and then they were buying it on the street, and then it just snowballed, and I don't want to put myself in that position."

Michael (welder)

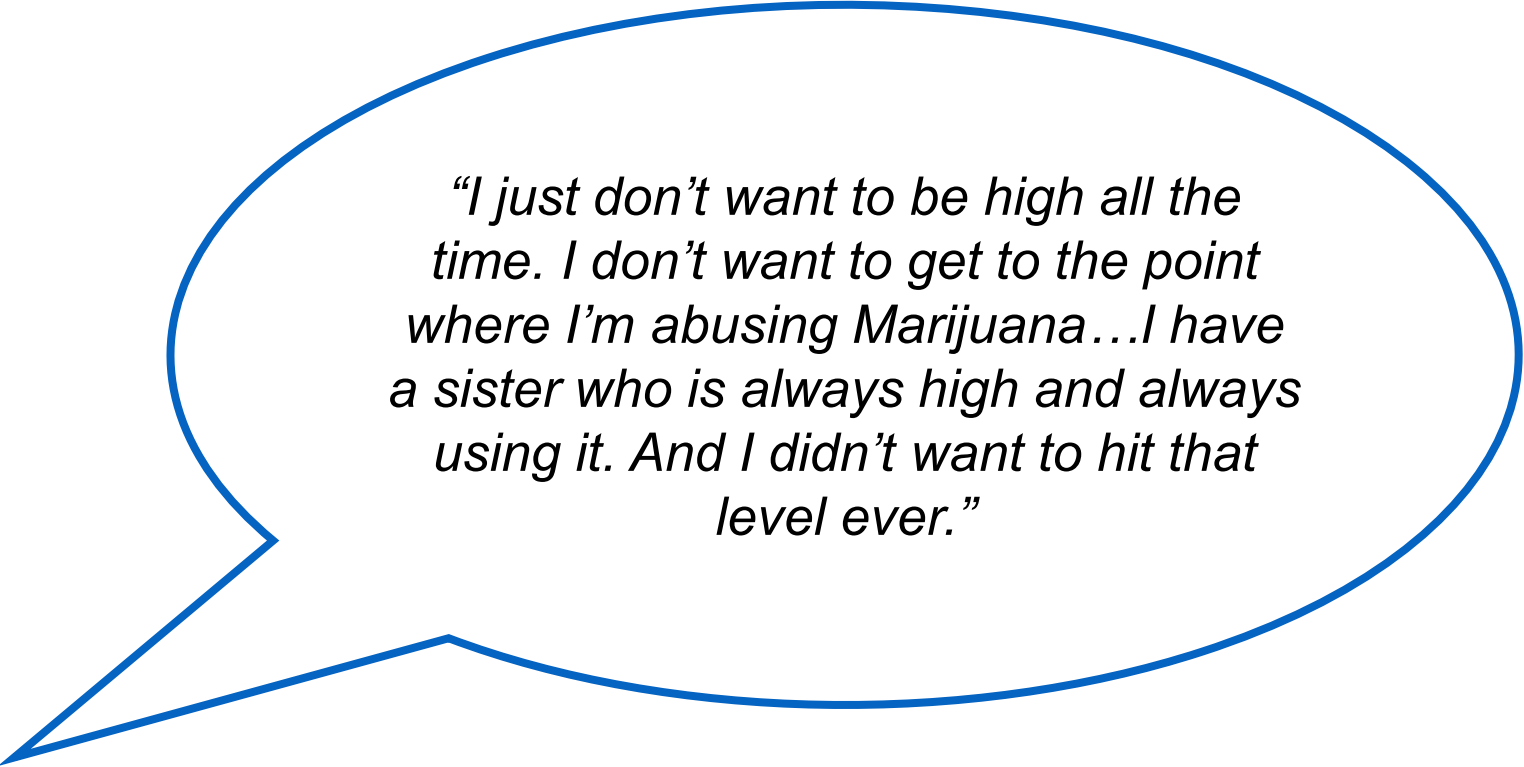
"[My employers] pushed me to come back a bit sooner...I was like, alright, I've got to find something."

Joshua (construction labourer)

Theme: A cautious choice for some

Some workers weighed their decision to use in light of concerns about effects, addiction potential, and stigma of use.

- Workers who had no concerns often had prior experience or felt well-informed
- For others, common concerns centered on:
 - Ongoing intoxication and impact on motivation
 - Potential for addiction
 - Stigma of use



“I just don’t want to be high all the time. I don’t want to get to the point where I’m abusing Marijuana...I have a sister who is always high and always using it. And I didn’t want to hit that level ever.”

Katherine (manufacturing assembler)

Impacts of cannabis use

- Perceived benefits for symptoms and functioning
- More of a “helping hand”
- Unwanted effects and limited benefit for some

Theme: Perceived benefits for symptoms and functioning

Most workers experienced some degree of benefit on their symptoms, which supported day-to-day functioning.

- Primary benefits: pain relief, improved sleep, reduced muscle tension and spasms, reduced anxiety and stress
- Perceived work impacts were mostly indirect through symptom improvement
- Some workers described impacts on other care, including
 - Reduced reliance on other medications or treatments
 - Enabling engagement in physical modalities
- Some noted additional non-injury benefits

“Yes, [cannabis helped me return to work]. Because the sleep issue was just crippling. I was waking up, like, every two hours.”

**Katherine
(manufacturing assembler)**

Eva (cleaner)

“It handles the day-to-day stuff better than anything else. Again, I’ve still got to get to work to run a business, take care of a kid and focus on that, and I don’t think I would be able to. Certainly, chiropractic isn’t going to get me the extra 3 hours at the end of the day that I need to finish functioning, whereas the cannabis will.”

Theme: More of a “helping hand”

Cannabis was mostly framed as a coping tool in a broader toolbox of therapeutic approaches, rather than a cure for the underlying injury.

- Workers spoke to the limits of cannabis in addressing the injury itself
 - “Band aid” / ”Helping hand” / “Better than nothing” language
- Often (though not always) required a multi-pronged therapeutic approach
- A few noted it could not address the workplace systemic challenges they faced

“It helped me to return to work because while I’m using the ointment I felt better, I wasn’t feeling the pain, so I was ready...But I didn’t keep in mind that I’d be going back to work and doing the same duties and having my hand in the same position basically for the whole shift.”

Bianca (messenger)

Eddie (mechanic)

“I think that cannabis helps a great deal for superficial pain, mental pain, things like that. But when you’ve got two vertebrae in your spine crushing a nerve, there’s no cannabis in the world that is going to dull that.”

Theme: Unwanted effects and limited benefit for some

For some, cannabis came with unwanted effects and finding the right fit was not always possible.

- Common unwanted effects included:
 - Low motivation, not being able to function
 - Cognitive effects: brain fog, impacts on concentration, forgetfulness
- A minority of workers worried use was becoming habitual
- Finding the right regimen often involved a trial-and-error approach or advice from others
 - Did not always work, sometimes led to unpleasant effects

“I tried and I realized that it made me stupid more so than anything...I tried the edibles and I tried smoking, but it just numbed me so that I just didn’t function. And that bothered me because I felt like I was now losing myself.”

Britney (bus driver)

Navigating cannabis use and work

- Boundary-setting strategies and their impacts
- Workplace accommodations for use

Theme: Boundary-setting strategies and their impacts

Workplace policies (when known), safety concerns, and personal morals shaped when, how, and if workers used cannabis when returning to work.

- Most workers employed different strategies including:
 - Scheduling use away from work
 - Some exceptions: minority used before/near work
 - Product substitution to reduce perceived impairment
 - Discontinuation of use upon RTW
- Strategies had uneven impacts on workers
 - Worked for many, difficult for some

“Because I couldn’t use it at work, work was excruciatingly hard in the beginning...But again, it was the fear of getting in trouble, losing my job...And then, on the other hand, my moral compass says we can’t do that when you’re taking care of children...I definitely had to juggle through what was more important to me, my moral compass or my pain.”

Tina (early childhood educator)

Theme: Workplace accommodations and disclosure

Formal workplace accommodations to use cannabis were essentially absent and non-disclosure common.

- Non-disclosure was common; disclosure often perceived to carry some degree of risk
 - Considered unnecessary, privacy paramount
 - Stigma
 - Fear of assumptions about impairment, especially if something were to go wrong
- Disclosures, when they occurred, were mostly informal and trust-based

“I never asked them about formal policies because I never did it before work. I never put myself into a situation where I would have to ask them if it was okay.”

Eddie (mechanic)

Nadia (teacher)

“I wouldn’t want to let them know just willy-nilly...because if anything did go wrong, that would be the first thing that they would publicly blame.”

Summary

Key takeaways and implications

- Cannabis often a pragmatic coping option when other treatments fell short and within broader context of workplace and system challenges
- Many workers perceived benefit, but experiences uneven
- Cannabis usually one tool among others, rather than standalone solution
 - ➔ Strengthen RTW processes and supports
 - ➔ Ensure robust access to wide range of therapeutic options
 - ➔ Build evidence for conditions common among injured workers (what works, for whom, under what circumstances)

Key takeaways and implications

- Navigating cannabis use around work was often private and self-directed
 - Boundaries often sounded cautious, but not always and impairment not assessed
 - Many were unsure of workplace policies and concealment was common
- ➔ Clear workplace substance use policies, including medically used products that may impair
- ➔ Safe channels for disclosure to support worker and workplace safety
- ➔ Worker-focused education to promote safer use

Thank you

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