

Workplaces and Substance Use: Non-Safety-Sensitive Positions

Summary

- About 1 in 10 (13%) employees and 2 in 10 managers (22%) in non-safety-sensitive positions reported consuming alcohol or other drugs within two hours before work, during work, or being hungover, intoxicated¹ or feeling high while at work.
- About 1 in 5 (17%) employees and managers in non-safety-sensitive positions² thought that it was generally acceptable by their work culture to consume alcohol before or during work, while nearly 1 in 10 (8%) thought that cannabis was acceptable as well.
- About 6 in 10 (56%) managers did not feel adequately trained to intervene with a worker who they thought might be working impaired.
- To reduce workplace substance use risks, it is essential for employers to provide regular education, reduce stigma, change work culture, update policies, and offer appropriate supports and training.
- The Canadian Centre on Substance Use and Addiction (CCSA) can provide employers and partners with resources, guidance, training and tailored services for managing workplace and substance use risks, as well as introduce protective factors to reduce use.

The Issue

Forming part of a workplace series, this brief provides key context, data and suggestions on substance use health for employers and other partners (e.g., unions, associations, health professionals) from industries with non-safety-sensitive positions.

Where we work, the type of work we do and the workplace culture surrounding us can have a significant impact on our well-being, including substance use. Workplace risk and protective factors that impact substance use health³ can affect people who work in any industry and in any job (Frone, 2006; European Monitoring Centre for Drugs and Drug Addiction, 2022).

¹ Note that the original survey language used “drunk” to be readily understood by a broad range of participants.

² Non-safety-sensitive positions pose low or no physical risk to self, co-workers, the public or the environment (e.g., performing office duties, conducting retail sales, designing software).

³ Like mental health, substance use health occurs along a spectrum and includes no use, beneficial use, lower risk use, up to substance use disorder (Community Addictions Peer Support Association, n.d.).



For people working in non-safety-sensitive positions, risks for using substances can be higher due to factors such as the mental impacts of stress and anxiety (Frone, 2006; Anker & Krill, 2021).

For employers, contractors, unions and other partners, lost productivity due to injuries, absences and disabilities related to substance use in Canada cost \$22.4 billion in 2020 (Canadian Substance Use Costs and Harms, 2024).

Understanding the context of substance use among workers, managers and non-safety-sensitive positions is key to improving protective factors and worker health and safety.

The Study



We conducted a national study (that involved a survey, focus groups and interviews) of workers and managers from various industries including natural resources industries, construction, education, health care, accommodations and food services, retail, recreation and entertainment, legal services, and government agencies.

Overall, we surveyed 1,120 people spanning five regions in Canada: The Atlantic provinces (7%), Quebec (30%), Ontario (34%), the Prairies (16%) and British Columbia (13%, including the Yukon and Northwest Territories, due to small numbers).

We additionally conducted focus groups with 130 people working in these industries and interviewed 16 people with lived and living experience of substance use issues.

In this brief, we present information on 354 employees and 184 managers from our survey who worked in non-safety-sensitive positions, as well as insights from individuals in these positions from the focus groups and interviews.

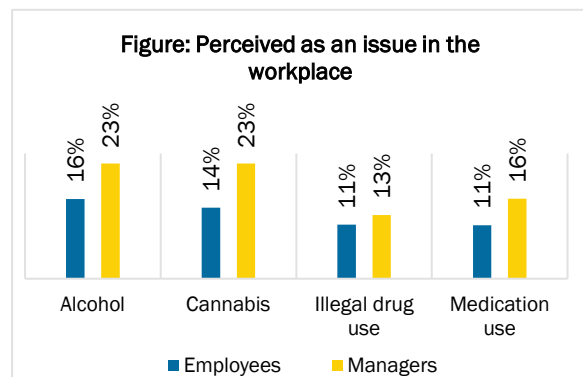
Key Findings

Extent of Substance Use

About 1 in 10 (13%) employees and 2 in 10 managers (22%) in non-safety-sensitive positions reported consuming alcohol or other drugs within two hours before work, during work, or being hungover, intoxicated or feeling high while at work.

Additionally, between 11% and 23% of employees and managers thought that substance use in general was an issue in their workplace (refer to the figure).

These results indicate that there is a need for better workplace prevention, education and supports for substance use.



Risk and Protective Factors

There are different risk and protective factors in the workplace that can influence substance use among workers and managers. Appropriately addressing these factors can benefit employees and workplaces.



The following are some of the most common risk and protective factors raised by participants in non-safety-sensitive positions:

1. **Workplace culture:** About 1 in 5 (17%) participants think it was generally acceptable by their work culture to consume alcohol before or during work, while nearly 1 in 10 (8%) thought that cannabis was acceptable as well. Focus group participants described alcohol as being integrated in workplace budgets and business meetings.

“It's not uncommon for me to go have multiple drinks with clients or prospects.” (Participant)

“[W]e have a wine fridge in the kitchen. We have wine glasses in every office.” (Participant)

2. **Stigma:** About half (54%) of participants felt that they could safely and confidentially tell their managers if they were experiencing alcohol or drug use issues without fear of discrimination, stigmatization or discipline. Among participants who reported consuming alcohol or drugs before or during work, about 4 in 10 (37%) usually worked and tried to hide their use.
3. **Return to work acceptance:** About 9 in 10 (86%) participants felt comfortable if an employee returned to the same work duties as before and about 8 in 10 (82%) felt comfortable if an employee returned to work with modified duties after receiving treatment for a substance use disorder.
4. **Working from home:** About 3 in 5 (58%) managers said that policies existed on working from home or remotely. However, survey and focus group participants were concerned about how to implement these policies and how to know whether a colleague needs support.

“[I]t's even harder to know if [people working remotely are] doing okay... Before, you saw people every day, but now it's even harder to... know if someone's having that kind of problem [with substance use]... and harder to notice if someone's not doing well.”
(Participant)

Existing Policies and Training

- **Policies:** About 6 in 10 (63%) managers said that policies existed on alcohol and other substances (it was not possible to assess the policies' quality). However, some focus group participants described inconsistencies between policy and practice.

“...[W]e were rolling out drug and alcohol policies on one site and then at corporate office, it was everybody goes for drinks afterwards on the company credit card.” (Participant)



- **Training:** About 6 in 10 (56%) managers do not feel adequately trained to intervene with a worker who they thought might be working impaired. Among participants who reported being adequately trained, it was not possible to determine whether their training was appropriate for managing substance use–related situations.

Implications and Recommendations

Although employees and employers in non-safety-sensitive positions face various workplace risks that can contribute to substance use, **there are several opportunities to improve protective factors to reduce the risks.**

Risks such as stigma, workplace culture, isolation, and inconsistent policies and practices, reduce the effectiveness of workplace policies and affect worker well-being.

Recommendations include:



1. Assessing substance use health–related needs at your workplace,
2. Educating and training employees and managers with evidence-based information on substance use health,
3. Developing clear, comprehensive policies and best practices tailored to your organizational needs (e.g., working from home and hybrid work models),
4. Establishing trusted individuals for disclosure or peer support options,
5. Providing alternatives to celebrating or socializing,
6. Offering supports to manage health and well-being, and
7. Offering resources for accessible, confidential and diverse supports.
 - Consult substance use resources available at <https://www.canada.ca/en/health-canada/services/substance-use/get-help-with-substance-use.html>

“[...If] someone had a problem, I would be happy to help...and have a discussion with them, even if it’s not my job. It would make me happy...to know that I helped them.” (Participant)

CCSA Services to Support Implementation

To help your organization work on these recommendations, CCSA can provide training, resources, guidance, and tailored services on managing workplace and substance use health risk and protective factors. For more information about the study, training and how-to resources, email us at workplace@ccsa.ca.

References

Anker, J., & Krill, P. R. (2021). Stress, drink, leave: An examination of gender-specific risk factors for mental health problems and attrition among licensed attorneys. *PLoS One*, 16(5), e0250563. <https://doi.org/10.1371/journal.pone.0250563>



Canadian Substance Use Costs and Harms Scientific Working Group. (2024). *Canadian substance use costs and harms visualization tool (Online tool, v 3.0.2)*. Retrieved May 2024 from <https://csuch.ca/explore-the-data/>

Community Addictions Peer Support Association. (n.d.), *Understanding substance use health: A matter of equity*. Ottawa, Ont.: Author. <https://capsa.ca/2023/wp-content/uploads/2023/11/CAPSA-Substance-Use-Health-EN-1.pdf>

European Monitoring Centre for Drugs and Drug Addiction. (2022). *Workplaces and drugs: health and social responses*. https://www.emcdda.europa.eu/publications/mini-guides/workplaces-and-drugs-health-and-social-responses_en

Frone, M. R. (2006). Prevalence and distribution of alcohol use and impairment in the workplace: A U.S. national survey. *Journal of Studies on Alcohol*, 67(1), 147–156. <https://doi.org/10.15288/jsa.2006.67.147>

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About CCSA

CCSA was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.

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