



2025 Spring DATAAC Newsletter

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Company Spotlight



Pioneering Occupational Health and Safety Services in Fort McMurray

Founded in 2017 by Robyn Villebrun, Medika North has carved out a significant place in the occupational health and safety industry, serving Fort McMurray and beyond. With a vision rooted in providing safe work environments and prioritizing employee well-being, this Indigenous, female-led business has become a leading provider in its field.



MEDIKA NORTH
HEALTHY EMPLOYEES SAFE ENVIRONMENTS

Robyn, a seasoned nurse with over 20 years of experience and certified in occupational health from McKean University, spearheads the company. Her journey began as a contractor for petrochemical companies, designing successful health programs. Recognizing the potential for independent success, she established Medika North with occupational health as its cornerstone.



Initially focused on occupational health testing, the company now operates across three core business units: drug and alcohol testing, mobile health services, and specialized healthcare projects. Services include audiograms, mask fits, pulmonary functions, and comprehensive health surveillance activities. When Robyn was ready to add drug and alcohol testing to Medika North's list of services she relied on DATAC's expertise in the industry to gain the required training as well as to keep up with trends in the drug testing world.

Robyn's experience as both a contractor and a vendor shaped Medika North's approach. "I understood what clients were looking for—professionalism, quality, standardization, and consistency," she says. This insight enabled her to build a robust service model that caters to client needs while adhering to Canadian and international safety standards using DATAC as their main point of contact with the drug and alcohol testing industry.

A COMMITMENT TO EXCELLENCE

Medika North's state-of-the-art facility, recently expanded to 4,500 square feet, boasts dedicated spaces for drug and alcohol testing, complete with tamper-proof setups and informative signage. The company's rigorous safety and quality control manuals, exceeding 300 pages, ensure operational consistency and minimize errors.

Beyond its headquarters, the company offers mobile services and undertakes specialized healthcare projects. Notable achievements include setting up off-site clinics, such as one for the Arctic Winter Games, which served over 2,500 athletes in a temporary clinic repurposed from a former Tim Hortons.

Operating in Fort McMurray comes with its own set of challenges, including high costs of living and intense competition. However, Robyn credits perseverance, hard work, and a commitment to best practices for Medika North's success. "Aligning our programs to meet diverse client needs while maintaining the highest standards has been key," she explains.

Working within the drug and alcohol testing industry Robyn noted the importance of guiding clients to meet the latest safety standards within the industry, while also following internal protocols set out by the employer's policy and procedures. Her team find that the employers in the area are using a lot of point-of-care-testing followed by laboratory confirmations as required.

RECOGNITION AND COMMUNITY IMPACT

Medika North's dedication has not gone unnoticed. In 2018, Robyn received the Entrepreneur of the Year awarded by Regional Aboriginal Recognition Award (RARA). Robyn was also selected as top 50 under 50 in 2021 by the Regional Municipality of Wood Buffalo and is an active member of the Northeastern Aboriginal Business Association. The company is also deeply committed to community engagement, sponsoring various youth sports teams over the years and, donating substantial amounts to local hospitals such as the Northern Lights Regional Health Center and the Northern Lights Health Foundation.

INDUSTRY INSIGHTS AND FUTURE OUTLOOK

As the drug and alcohol testing landscape evolves, Medika North remains at the forefront. The company closely monitors changes in regulations, particularly surrounding cannabis legalization and technological advancements like cannabis breathalyzers. Robyn emphasizes the importance of innovation and adaptability in navigating these challenges.

For those considering entering the industry, Robyn advises gaining practical experience and technical expertise. "A strong foundation in health and safety or a nursing background can provide the oversight needed for success," she says.

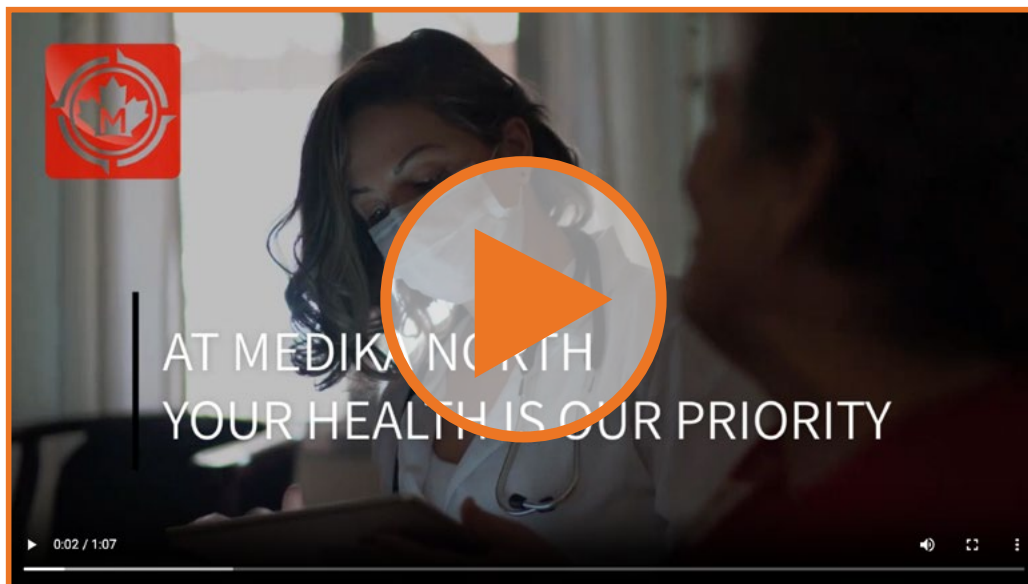
Looking ahead, Medika North is exploring opportunities to expand beyond Canadian borders while maintaining its commitment to quality and inclusivity. As an Indigenous-led company, Robyn envisions greater collaboration and recognition for Indigenous entrepreneurs across Canada.

Through hard work, innovation, and an unwavering focus on community and client needs, Medika North continues to set a high standard in occupational health and safety services.

There is a saying:

“
**Walk like you have
3000 ancestors
walking behind you”**

So if I have any words of advice for any future women or men seeking growth outside of your comfort zone - it would be, come from a place of honesty within yourself, not from ego, if you have to conform to act a certain way - you're not on the right path, realign, and get back to your true self because that's where the "yes's" start to happen and success will naturally follow.



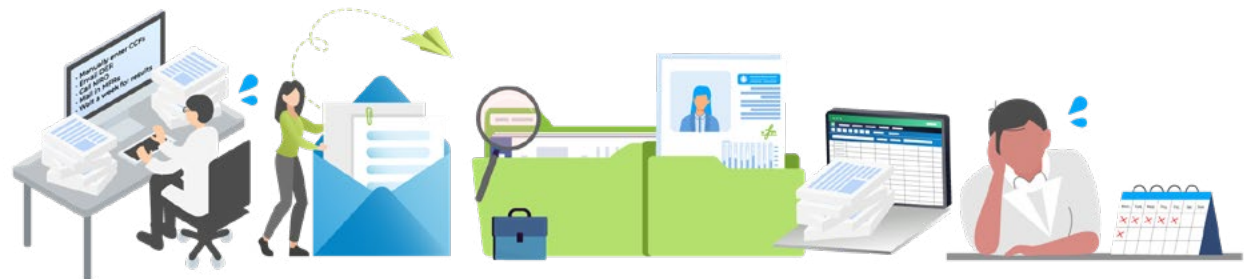
VISIT [MEDIKANORTH.COM](https://www.medikanorth.com) TO LEARN MORE

Service Spotlight

Veriport: The Most Advanced Drug and Alcohol Test Management System



Veriport is a secure, cloud-based reporting platform for drug and alcohol testing. Our intuitive and automated workflows have been proven to decrease turnaround times, errors and administrative workloads.



Over 200 Canadian drug testing businesses use Veriport to run their day-to-day operations.

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Industry News Article

A look at methamphetamine use in Canada and U.S.



In recent years, there has been increasing concern regarding the use, production, and trafficking of methamphetamine in Canada and the U.S. Moreover, methamphetamine use has been increasing in Canada, with stimulants playing a growing role in the ongoing drug toxicity crisis.

Methamphetamine, commonly known as “meth,” “ice,” and “crystal meth,” is a highly addictive and potent stimulant drug which affects the central nervous system. In Canada, methamphetamine is controlled under Schedule I of the Controlled Drugs and Substances Act (CDSA). Accordingly, its sale, possession, and production are illegal. Moreover, pharmaceutical methamphetamine is not authorized in Canada. What’s more, recent increases in drug offences and seizures involving methamphetamine, such as a 590% [increase](#) in possession incidents between 2010 and 2017 shows that the availability of methamphetamine has been increasing in recent years.

When consumed, methamphetamine can produce the sensations of pleasure, euphoria, alertness, confidence, increased energy, and decreased hunger and need for sleep. The results of a national [survey](#) of individuals showed that 43% of individuals [reported](#) injecting methamphetamine between 2017 and 2019, which corresponds to a significant increase from just 6.8% which was reported in 2003 and 2005. It was also found that smoking is the most common mode of methamphetamine consumption in some Canadian regions, and methamphetamine use has increased in Canada, as well as the trend towards using multiple substances (called polysubstance use).

Recently, the use and availability of methamphetamine have [increased](#) significantly in Western and Central Canada. Furthermore, according to some reports, its use has also increased in other [areas](#), such as places where cocaine had been preferred. Stimulants have also been shown to play a role in the drug poisoning crisis, increasing both hospitalizations and deaths.

According to a [report](#) released by the Special Advisory Committee on the Epidemic of Opioid Overdoses, there

were over 30,000 hospitalizations for poisoning related to opioids and 13,500 hospitalizations for poisoning related to stimulants in Canada between January 2016 and December 2021. According to the 2024 [data](#) released by the federal government, the most common substance and substance class combinations identified in apparent opioid and stimulant toxicity deaths were fentanyl with methamphetamine, cocaine, or other psychoactive substances.

Similarly, U.S. based reports show that stimulants, and predominantly methamphetamine, are increasingly being detected in fentanyl overdoses. In 2021, stimulants were [recorded](#) in approximately 1 in 3 fentanyl overdose deaths, compared with 1 in 100 reported in 2010. Moreover, one U.S. [report](#) showed that methamphetamine was detected in more than 70% of fentanyl-positive urine samples in the Pacific and Mountain West states.

An [analysis](#) released by Canada’s Source for HIV and Hepatitis C Information (CATIE) concluded that there are multiple reasons why individuals may combine using methamphetamine and opioids, such as prolonging the euphoric effects of opioids and/or avoiding opioid withdrawal, as well as to counteract one drug’s negative effects with the other.

“Given the increasing use of stimulants in Canada and the harms associated with stimulant use, particularly methamphetamine, service providers should examine how their services are meeting the needs of people who use stimulants, alone or with other substances. There are many ways that service providers can consider the needs of people who use stimulants as they plan and deliver programs and interact with service users,” recommends the CATIE analysis. “Owing to a range of structural and social factors, people who use stimulants may experience times of distress or crisis that can be challenging for them to manage and for service providers to respond to. There is no single clear-cut approach to working with individuals who are experiencing a crisis, regardless of whether stimulants are involved.”

Industry News Article

Federal Court of Appeal upholds random drug testing as “reasonable” for safety-critical nuclear workers

In November of 2024 the Federal Court of Appeal **upheld** its decision that pre-placement and random alcohol and drug testing are ‘constitutional’ and ‘reasonable’ for safety-critical workers in the Canadian nuclear industry.

The case, *Power Workers’ Union v Canada (Attorney General)*, 2024 FCA 182, concerned the validity of pre-placement and random alcohol and drug testing required by the Canadian Nuclear Safety Commission as a licensing requirement for entities or ‘licensees’ operating high-security nuclear facilities, which was initially imposed by the Canadian Nuclear Safety Commission in 2021. Subsequently, in June 2023, the Federal Court **endorsed** this move, as mandated by CNSC **regulatory document** REGDOC-2.2.4, *Fitness for Duty, Volume II: Managing Alcohol and Drug Use*.

Moreover, the testing concerns employees in ‘safety-critical’ positions, which account for approximately 10% of the positions in the industry. The requirements for licensees to randomly test 25% of their safety-critical workforce each year and to implement pre-placement alcohol and drug testing were subsequently challenged by unions representing affected workers.

As part of the appeal, six affected workers and their unions challenged the mandatory testing, and initiated a judicial review of the adoption of the licensing requirement, claiming that such testing breached individual worker rights under the Canadian Charter of Rights and Freedoms.

The appellants claimed the mandatory testing breaches sections 7 (the right to life, liberty and security of person), 8 (the right to be secure against unreasonable search and seizure) and 15 (the right to equality before and under the law and equal protection and benefit of law) of the Charter. In addition, they claimed that the testing requirements were unreasonable on administrative grounds.

The Court of Appeal dismissed the appellant’s appeal on all grounds, highlighting the need for a contextual

analysis in determining an individual’s privacy expectations. It also determined that the Nuclear Safety Commission, being the sole regulator, has broad power and authority to subject licensees to any terms or conditions that it considers necessary for the purposes of carrying out the Nuclear Safety and Control Act.

The Court of Appeal examined prior precedents, concluding that the Charter was not violated, and that “safety-critical workers have a diminished expectation of privacy, given the nature of their work and the unique environment in which that work is being performed.” Moreover, it concluded that collecting breath, urine, and saliva samples are some of the less intrusive methods when it comes to bodily searches.

The Court of Appeal concluded that the workers’ interest in having privacy does “not outweigh the government’s interest in intruding on privacy to advance the goals of reducing the risk to national security, the health and safety of individuals, and the environment associated with the development, production and use of nuclear energy.”

The Court of Appeal also noted that in arbitral jurisprudence, arbitrators generally need to have “reasonable cause,” such as evidence of a “general problem of substance abuse” in order to justify random testing of employees in safety-sensitive workplaces. It stated that establishing “reasonable cause” may not be necessary in situations where testing is applied only to a small subset of safety-critical workers, as opposed to the general workplace population.

According to some **legal experts**, while the Court of Appeal cited safety concerns of the nuclear industry, this decision may be cited by employers in any safety-sensitive workplace to support pre-placement or random testing for small subsets of workers in safety-critical roles. As part of the Court of Appeal’s decision and takeaway, employees have “diminished expectations of privacy” that can be outweighed by the “safety objectives” of alcohol and drug testing.

DOT Split Specimen

Infographic Series



Part 1: Urine Collections Procedural Guide

VIEW ON NEXT PAGE



DOT SPLIT SPECIMEN

Urine Collections Procedural Guide

Part 1

PREPARATION



1 SECURE COLLECTION SITE



A Secure any **water sources**.

Tape handles, turn off water supply etc.

B Ensure **no soap**, disinfectants or other possible **adulterants** available.



C Add a **bluing tablet** (tamper tab) to the toilet bowl.

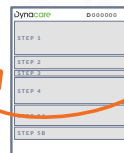


D If closing off a shared washroom, affix sign to indicate the room is currently **unavailable**.

2 CHECK ID + REVIEW EXPECTATIONS



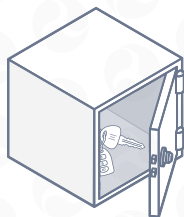
Check the donor's ID, and if the donor asks, provide your **collector ID** as well.



Review the **expectations** of the donor.

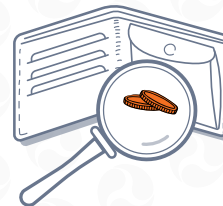
Include showing instructions on the back of the CCF.

3 CHECK DONOR'S BELONGINGS



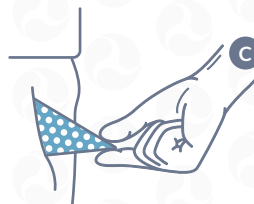
A You must direct employee to **leave items** with you or in a mutually agreeable, locked and secure location.

If requested, you must provide them a receipt of the items left with you.



B Direct donor to **empty their pockets** and display items in them.

This ensures that no items are present which could be used to adulterate the specimen.



C After checking its contents, the donor is **allowed to keep** their wallet if they wish.

Complete filling out **Step 1** on the CCF.

SEE PART 2
FOR COLLECTION PROCEDURE

Dynacare D000000	
STEP 1	
STEP 2	
STEP 3	
STEP 4	
STEP 5A	
STEP 5B	

Webinar Review

Collector Problem and Solutions



This year started off with a webinar from DATAC's Director of Training, Astra Hemming, who went over some of the complicated and somewhat less common problems that can arise during the collection process. This webinar was a great opportunity to bring your questions and get the answers, here is a quick review of a couple of the topics covered.

ADMINISTRATIVE ISSUES

In this section there was a lot of discussion about appropriate types of identification. The best options will always be a drivers license or passport, but sometimes a donor will arrive with neither of these available. It is then a question of whether or not it is acceptable to only use signatures to confirm identity, which the DOT does allow in only one situation (contractor working for a third party). However, in a non-DOT environment it would not be acceptable due to the lack of legal defensibility. There are various scenarios wherein someone else could try to identify the donor. For example, a supervisor or HR representative of the donor's could be asked to identify



a donor, however this cannot be done over the phone as it is far too easy to have matching features i.e. tall man, brown hair and glasses. If there is a supervisor doing the identification of the donor for the test, then that supervisor would need to show a proof of identification to confirm their own identity (an employee card with picture could be sufficient).

There was also in-depth discussion about minors being tested and what is required of the parents/guardians who are bringing in the child. For children there is often no picture identification available, so it must be an acceptable non-photo identification of the

minor. In this situation the parent or guardian would absolutely need to be showing their own government issued photo ID and, if it was a guardianship situation, they would also need to show the appropriate court documentation confirming this guardianship. A school report card may also suffice as schools require proof of identification before they will register a new student. The report card must state their name and it should also indicate their address which you can cross-reference with the parent/guardian's address on their identification.

REFUSALS TO TEST

There are many varied types of collection scenario refusals possible, some common ones are: donor does not show for their scheduled appointment, donor leaves before process is completed, donor is being rude or abusive.

The most important thing to remember when dealing with any difficult or awkward situation with a donor is to remember that the collector's opinion has no effect on the outcome of the test.. That is to say, their circumstance is not for the collector to comment on or make a decision about.. The collector is there to do a job and complete the collection as per required guidelines or the employer's policy. It is important to remember this so that the collector remains neutral at all times, doesn't take anything personally or feel that it is their responsibility to make sure that the donor's needs are met; it is not.

The second important thing to remember is that it is the collector's responsibility to make sure the donor is informed of the consequences of their decisions so that they may make an informed decision. It is completely up to the donor what they choose to do, and obviously they will be the ones who feel the consequences of that

decision. This means that if a donor is indicating that they are leaving prior to the end of collection, or if they are starting to be rude, they are now at a decision point for that collection, and the collector needs to inform them of that. For example, to a rude donor you may say something like, "Your current behaviour is unacceptable and will not be tolerated here, if you would like to continue the collection process any rude words and behaviour will need to stop, if it does not stop then I will end the collection and it will be considered a Refusal to Test, and that will be reported to your DER. Would you like to continue with the collection?"

This puts the decision making solely on the donor themselves, if they choose to respond rudely/ inappropriately after you make that statement, they have made their decision and your next statement could be "Okay, you may leave now, this collection would be considered complete and recorded as a Refusal to Test.

This type of awkward situation can also occur when Adulteration or Substitution is suspected, where the collector needs to advise the donor that a second, observed collection will take place. This is not a discussion or a question, it's a statement from the collector, for example "This sample's temperature is out of range so we will require a second, observed



collection to take place. We are going to finish up this one first and we will then head right into preparing the paperwork for the observed collection". The collector is not asking permission for the second collection, they are simply informing the donor as to what will happen next. This may lead to a refusal

or inappropriate donor behaviour at which point the collector would simply go back to informing the donor of the consequences of their actions so they can make an informed decision. Collectors should be treated respectfully by the donor and if they are not then it is time to let the donor know that due to their actions the collection is now over and will be reported to the DER as a refusal.

Basically the take away for difficult situations dealing with the donor is do not engage, do not take things personally, give the donor the choices and the consequences, and allow them to make their own decision.

New things are coming soon!

DATAAC has some new exciting things in the works coming this year so make sure to stay tuned to our news feed, we can't wait to continue to grow this community and add even more support to the Canadian drug and alcohol testing industry.



If you are interested in being a presenter for DATAAC please let us know!

I WANT TO BE A PRESENTER!

Thanks for reading!

If you would like more content like this, head over to [DATAC.ca](https://www.datac.ca) where we post frequent articles on the latest drug & alcohol testing news.

[DATAC.CA](https://www.datac.ca)

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