

**Workplace Safety and Prescribed Medications in Chronic Pain Patients**

The Assessment & Management of Complex Chronic Pain Patients  
Vancouver  
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Dr. Paul A. Farnan  
*farnan@mail.ubc.ca*

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**Disclosures**

HealthQuest Occupational Health Corporation  
Alliance Medical Monitoring  
I have no financial interests or affiliation with any pharmaceutical industry or manufacturer to disclose

These are my own thoughts!

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**Workplace Safety & Occupational Medicine**

- Safe Workplace
- Safe Workforce
- Proven benefits of Stay At Work / Return To Work Process (SAW/RTW)

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### Physician Responsibility in RTW?

The Physician's Role in Helping Patients Return To Work After An Illness Or Injury – Canadian Medical Association – updated 2013

- *'The treating physician's role is to diagnose and treat the illness or injury, to advise and support the patient, to provide and communicate appropriate information to the patient and the employer, and to work closely with other involved healthcare professionals to facilitate the patient's safe and timely return to the most productive employment possible'*

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### Substance Use Disorders

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### SAMSHA National Survey on Drug Use and Health 2005

Most people with a SUD diagnosis were employed

Of 17.2 million illicit users aged 18 or older in 2005, 12.9 million (74.8 %) were employed either full or part time

Among 52.6 million adult binge drinkers, 42.1 million (80%) were employed, and

Of 15.4 million reported heavy alcohol users, 12. 5 million (80.8%) were employed

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### Canadian Centre on Substance Abuse (CCSA)

'Workplace Substance Abuse'

- 'The use of potentially impairing substance to the point that it adversely affects performance or safety at work, either directly through intoxication or hangover, or indirectly through social or health problems'
- Workplace is also concerned not just about illicit drugs, but also about alcohol abuse, and misuse of prescription drugs or over-the-counter medications
- Especially Safety Sensitive Workers

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### What is Safety Sensitive Work?

"One in which incapacity due to drug or alcohol impairment could result in direct and significant risk of injury to the employee, others or the environment"

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WorkSafe BC  
4.20 Impairment by alcohol drug or other substance



'He says he has a prescription?'

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**WorkSafeBC Regulations - 4.20**  
**Impairment by alcohol, drug or other substance**

- (1) A person must not enter or remain at any workplace while the person's ability to work is affected by alcohol, a drug or other substance so as to endanger the person or anyone else.
- (2) The employer must not knowingly permit a person to remain at any workplace while the person's ability to work is affected by alcohol, a drug or other substance so as to endanger the person or anyone else.
- (3) A person must not remain at a workplace if the person's behaviour is affected by alcohol, a drug or other substance so as to create an undue risk to workers, except where such a workplace has as one of its purposes the treatment or confinement of such persons

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**Injured Worker with CNCP**  
**Returning to Work?**




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**Many aspects of the workplace require alertness, accurate reflexes**

- after-effects of substance use (hangover, withdrawal) affecting job performance – fatal accidents, injuries
- preoccupation with obtaining and using substances while at work, interfering with attention and concentration
- absenteeism, illness, and/or reduced productivity
- illegal activities at work including selling illicit drugs to other employees

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## Slide 12

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- 4 Title could be: "How workplace performance is affected" and this could introduce the bulleted points:  
"Many aspects of the workplace require alertness and accurate reflexes. Substance use interferes with workplace performance because of:  
Elaine, 10/19/2015

## Impairing medications as part of 'Treatment'?

- Prescription Medications
  - 'Pain Killers'
  - Sleeping Pills, Sedatives
  - 'Medical' Marijuana
  - Methadone and Buprenorphine(Suboxone)
  - Others

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## 'Pain Killers' - Opioids

Opiate – natural products of the opium poppy  
– Opium, morphine and codeine

Opioid – include psychoactive chemical that binds to the opioid receptor – some man-made

Side Effects – sedation, memory and motor impairment

- e.g.
- Codeine
  - Morphine
  - Oxycodone
  - Hydromorphone
  - Tramadol
  - Fentanyl
  - Methadone
  - Buprenorphine

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## Myth – 'Addiction to opioids is rare in COT'

Rates of aberrant drug-related behaviors ranged from 5.7 percent to 37.1 percent

Rates of opioid abuse were 0.6 percent to 8 percent

Rates of dependence were 3.1 percent to 26 percent in primary care settings, but studies varied in methods used to define and ascertain outcomes

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### If you prescribe opioids in large doses for long enough you get.....

- Tolerance
- Withdrawal
- Side effects
- Opioid Induced Hyperalgesia
- Increased abuse & dependence
- Increased chance of overdose and death
- Decreased chance of return to work
- Increased safety risks at work

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2014

#### ACOEM GUIDELINES

##### ACOEM Practice Guidelines: Opioids and Safety-Sensitive Work

*Kurt T. Hegmann, MD, MPH, Michael S. Weiss, MD, MPH, Kirk Bowden, PhD, Fernando Branco, MD, Kimberly DuBrueler, PharmD, RPh, Chari Els, MBChB, FCPsych, MMed Psych, Steven Mandel, MD, David W. McKinney, MD, MPH, Rafael Miguel, MD, Kathryn L. Mueller, MD, MPH, Robert J. Nadig, MD, MPH, Michael I. Schaffer, PhD, MS, DABFT, NRCC-TC, Larry Studt, MD, James B. Talmage, MD, Russell L. Travis, MD, Thomas Winters, MD, Matthew S. Thiese, PhD, MSPH, and Jeffrey S. Harris, MD, MPH*

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### American College of Occupational Environmental Medicine (2014)

'Acute or chronic opioid use is not recommended for patients who perform safety-sensitive jobs.

These jobs include operating motor vehicles, other modes of transportation, forklift driving, overhead crane operation, heavy equipment operation, sharps work(knife, boxcutters, needles), work with injuries risk(e.g. heights), and tasks involving high levels of cognitive function and judgment.'

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**Principles of Safe Prescribing**

Does the patient have a history of SUD?

What does the patient work at?

Limit dose (no empirical basis for titrating up)

Limit dispense size and duration

Do not combine opioids with benzodiazepines and/or sedative hypnotics. Zero tolerance for alcohol.

Medication and dosing for worker

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**'Sedative/Hypnotics'**

Indications:

- Sedation, anxiety, seizure, movement and spasticity disorders??
- Maybe best indication is acute alcohol withdrawal

**Benzodiazepines** - the "pam" drugs

- Diazepam, Lorazepam, Oxazepam, Temazepam, Clonazepam

**The "Z" drugs**

- Zopiclone, Zaleplon, Zolpidem
- Marketed as less dependence forming
- Abuse potential - 'BZD in disguise'

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**Benzodiazepines**

- Limited:
  - Research - mostly from 1980s
  - Anterograde memory loss - may persist long term
  - Loss of coordination, impaired psychomotor functioning, falls

Limited:

- Prescribing data
  - 3 to 4% of population taking a BZD at any one time
  - Prescriptions increase with age

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### Benzodiazepines – Take Homes

- Widely available
- May be predictive of other substance use
  - Alcohol and opioids
  - High rate of abuse in Methadone population
- Look for decreased level of function
- Sedation, memory loss, loss of coordination etc
- BZDs (and alcohol) often involved in opiate related deaths

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### Marijuana - The Evidence

- Independent risk factor for psychosis
  - established
- Effect on mood disorders
  - Less well established
  - Appears to impair treatment response
- Effect on anxiety disorders
  - Unclear
- Independent risk factor for MVAs
  - Well Established\*

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### Marijuana

- What does it impair?
  - Balance, coordination, reaction time, reduces task-attention, problem solving time, manual dexterity and short term memory
  - Chronic use not well researched
  - Impairment may last up to 24 hours with single use

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**April 2015**

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ACOEM GUIDELINES

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**Marijuana in the Workplace: Guidance for Occupational Health Professionals and Employers**

*Joint Guidance Statement of the American Association of Occupational Health Nurses and the American College of Occupational and Environmental Medicine*

*Jennan A. Phillips, PhD, MSN, RN, Michael G. Holland, MD, Debra D. Baldwin, NP-C, PhD, Linda Gifford Meuleveld, RN, COHN-S, CCM, CPDM, Kathryn L. Mueller, MD, MPH, Brett Perikson, MD, MPH, Mark Ujfal, MD, MPH, and Marianne Dreger, MA*

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**AAOHN/ACOEM Guidelines**

The Joint Task Force recommends that marijuana use be closely monitored for all employees in safety-sensitive positions, whether or not covered by federal drug testing regulations.

Best practice would support employers prohibiting marijuana use at work. Employers, in compliance with applicable state laws, may choose to simply prohibit their employees from working while using or impaired by marijuana

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**Cannabis and Prescribed Opioids**

- Reisfield et al. Pain Medicine Vol 10 (8) 2009: 1434-1441
- Systematic review of published studies on patients using opioids for CNCP that looked at aberrant drug related behavior and UDS results
- Cannabis use is prevalent: 6.2 - 39% in pain pop (5.8 in general population).
- Cannabis use - Significant association with present and future **aberrant opioid related behaviors** – diversion, cocaine in UDS, prescription forgery, no opioid in UDS
- 6x more likely to have the above behaviors than someone on opioids not using cannabis

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### Methadone and Buprenorphine

- Indications
  - Opioid Agonist Therapy (OAT)
    - \* Means opioid addiction
    - \* All patients are “polydrug dependent”
    - \* How stable is underlying addiction?
  - Chronic Cancer and Non-cancer Pain
    - \* Methadone only
    - \* Means failure of typical opioids
    - \* Fit for work?

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### Methadone and Suboxone

- Means opioid dependence or chronic pain or both!
- Prescribing MDs often with poor understanding of Occupational Safety issues
  - Traditionally patients not employed
  - Variable standard of care
  - Generally OK but...
  - When poor – can be very poor with safety risk
- Methadone & BZD, ETOH – Risk++

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### DRUID Study (Driving Under the Influence of Drugs, Alcohol, & Medicines)

‘Researchers who investigated accident risk for driving with opioid medicines found that even at low doses methadone and buprenorphine caused impairment when given as a **single dose** to healthy subjects and reported that no clear evidence exists if patients under maintenance treatment are able to drive safely’

*36 institutes, 20 EU countries 2006 - 2011*

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### Other meds commonly used for pain

- Quetiapine
- Olanzapine
- Mirtazapine
- Risperidone
- Gabapentin
- Pregabalin
- Drowsiness, Clumsiness
- Blurred vision
- Confusion
- Memory problems
- Balance difficulties
- Difficulty concentrating....

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### Medical Return to Work Reference Guidelines

- Canadian National Opioid Use Guideline Group
- Railways Workers Medical guides(RAC)
- Law Enforcement Officer Guides(ACOEM)
- Drivers Medical Fitness Guidelines(CMA)
- ACOEM Practice Guidelines: *Opioids and Safety-sensitive work*
- ACOEM Guidelines: *Marijuana in the Workplace: Guidance for Occupational Health Professionals & Employers*
- Aeronautics Act – *Pilots & Air Traffic Control*

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### Physicians plays important role in safety at work

- Do the best thing for the injured worker
- Prevention of prescription drug-related harms
- If prescribing - safe prescribing,
  - Advise risks
  - Monitoring with guidelines
  - Surveillance – prescription monitoring programs
  - SUD – encourage early Dx & Rx
  - Negotiate clear behavioural contract
- Use all medications in chronic pain as a TRIAL

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### Prescribed medication & safety?

- Early (safe) return to work is part of treatment but,
- May be impairment issues when SS worker uses some prescribed medications
- A valid prescription ≠ no impairment
- Does the medical condition (e.g. CNCP) ≠ occupying a SSP?
  - Chronic Pain with distraction
  - Chronic sleep difficulties
  - Impairing medications
- Sometimes the individual does not appreciate subtle impairment of 'meds'

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### Watch for ...

- The past history of addiction that has been forgotten about or never asked...
- Do I understand the essential demands of their work?
- The aberrant drug seeking behaviours that are part of the disease of addiction
- The lack of real improvement in pain rating even though medications are increasing
- Little or no improvement in functionality
- Does the patient really need this drug?
- Don't underestimate powerful healing role of physician (without drugs)

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