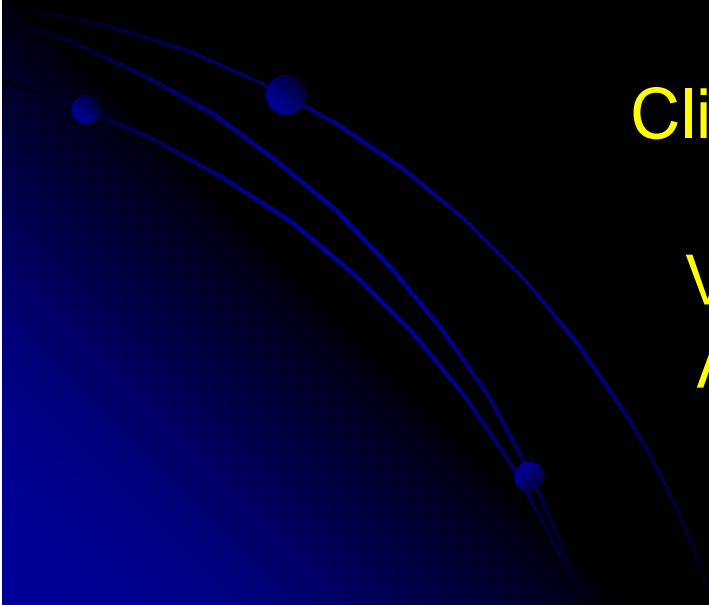


# Opioids (Narcotics) in the Work (and school) place

Scott Hardin MD

Medical Director  
of Rehabilitation Services  
Aurora St. Luke's and St Luke's  
Southshore

Clinical Safety Officer  
and  
Vice Chief of Staff  
Aurora St. Luke's



# Opioids in the Workplace

## Objectives

- Get comfortable with the word “opioid” and “opiate” instead of “narcotic”
- Dispel myths of patients appropriately treated on narcotics
- Reinforce truisms of properly medicated patients
- Realize that the following information pertains to the “work place” but it is reasonable to generalize to the learning environment
- Engage and answer questions

# Opioids in the Workplace

## Short acting opioids

Morphine

Oxycodone (Percocet® Roxicet® Roxicodone®)

Fentanyl (Actiq® Fentora®)

Oxymorphone (Opana®)

Hydromorphone (Dilaudid)

Hydrocodone (Vicodin® Norco® Vicoprofen®)

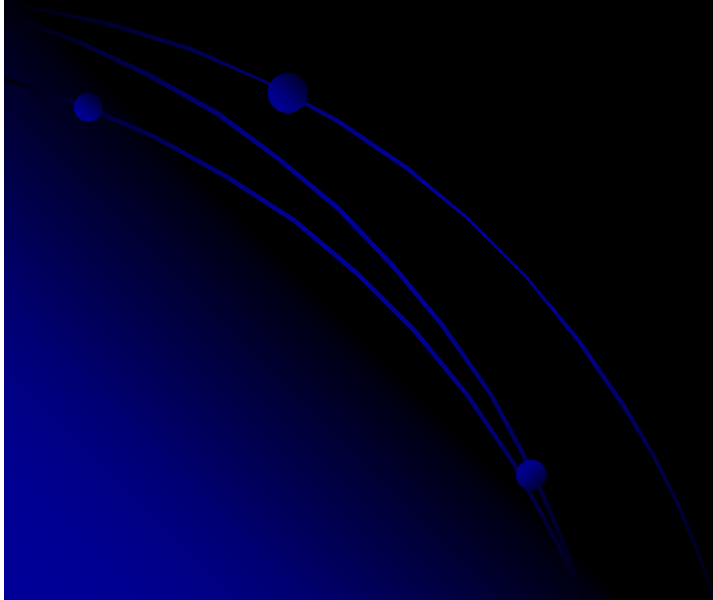
Propoxyphene (Darvocet® Darvon®) now off the market

Codeine

# Opioids in the Workplace

## Poll Question Number 1

\*Note for this one that the key word is  
“Prescribed”



# Opioids in the Workplace

## Long acting opioids

Morphine (Kadian® MSContin® Avinza®  
Embeda ®)

Oxycodone (OxyContin®)

Fentanyl (Duragesic® others)

Oxymorphone (Opana®)

Hydromorphone (Palladone®)

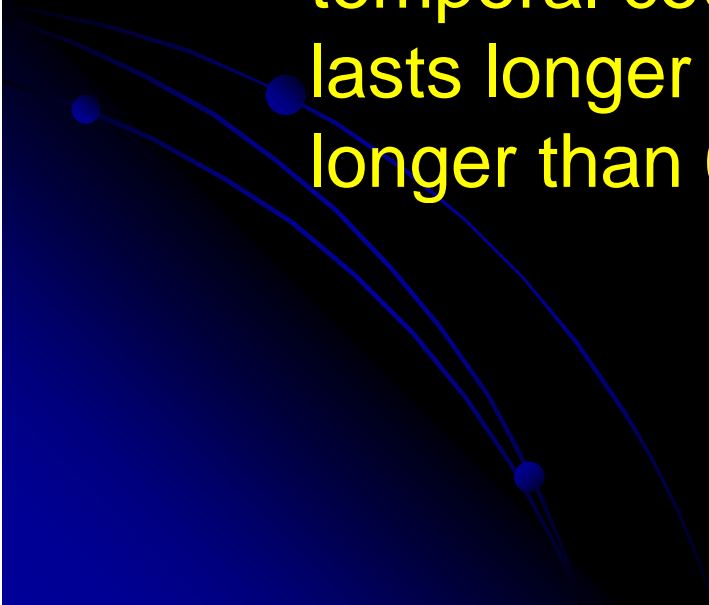
Methadone

# Opioids in the Workplace

## Definitions

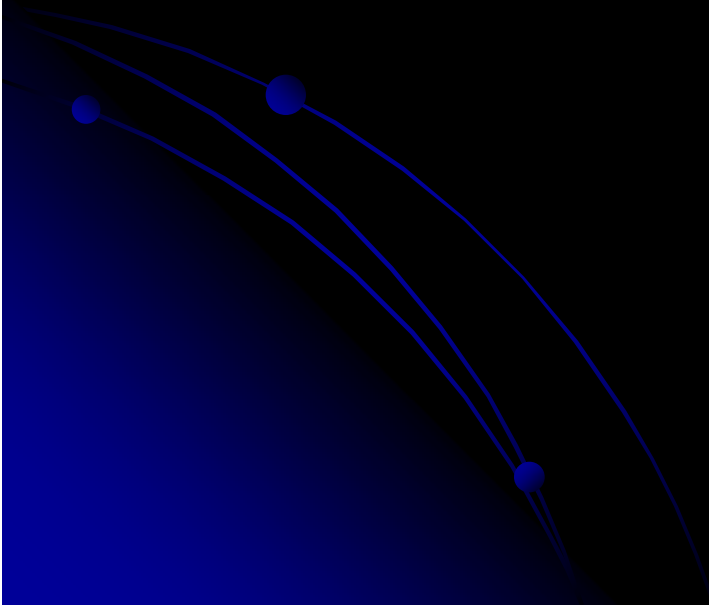
Acute Pain – sudden onset, identifiable cause, goes away (days to weeks)

Chronic Pain – pain lasts for longer than the temporal course of natural healing; pain that lasts longer than 3 months; pain that lasts longer than 6 months; etc



# Opioids in the Workplace

## Poll Question Number 2




# Opioids in the Workplace

## Definitions

According to the *International Association for the Study of Pain*, chronic pain is:

“Pain that persists beyond normal tissue healing time, which is assumed to be three months.”



# Opioids in the Workplace

## Definitions

Also, they have coined “*chronic noncancer pain (CNCP)*” as the preferred term to replace:

- chronic nonmalignant pain
- chronic musculoskeletal pain
- chronic pain
- persistent pain
- chronic widespread pain
- total body pain

# Opioids in the Workplace

## CNCP Definitions

### Includes

chronic neck/back pain

failed back syndrome

postlaminectomy syndrome

arthritis

fibromyalgia

headache

chronic pain of unknown origin

# Opioids in the Workplace

## CNCP Scope

50 – 75 million with chronic pain

Harris survey in late 2007 found that roughly 70 million Americans reported acute pain symptoms (30% of respondents indicated they sought treatment for the pain)

# Opioids in the Workplace

## CNCP Scope (cont)

4.3 million taking opioids in any one week (Parsells, et al 2008)

Controlled substance prescriptions increased 154% while the population increased 7% 1992 – 2002 (Colliver, et al 2006)

Pain is the #1 cause of lost work time

\$85 billion per year in the US (Gitlin, 1999) & \$50 billion Europe alone (European White paper on Chronic Pain 2004) to chronic pain

\$85-\$100 billion on back pain in 2004-05 (Martin, et al, JAMA, 2008)

# Opioids in the Workplace

## CNCP Scope (cont)

If a person is off of work for:

6 months with low back pain, they have a  
50% chance of returning (ever)

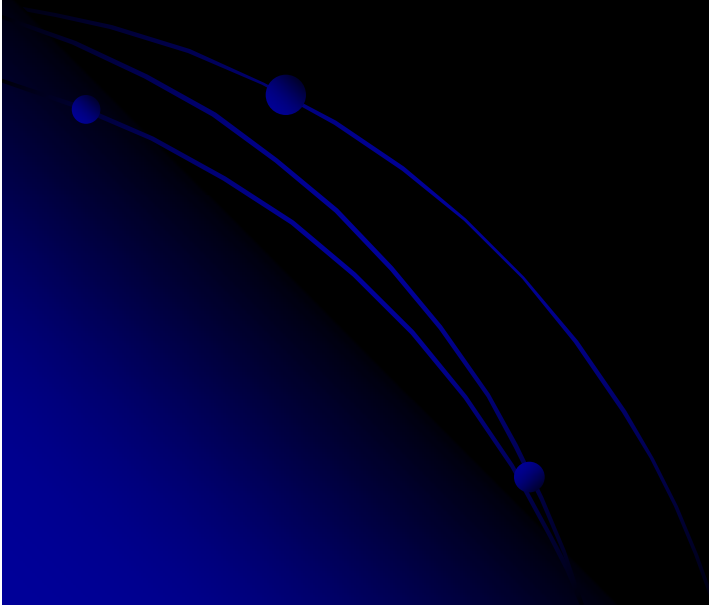
1 year, there is a 25% chance of returning to  
work

2 years, almost a 0% of returning to work



# Opioids in the Workplace

## Poll Question Number 3



# Opioids in the Workplace

## CNCP Overall Concept

No matter the cause, opioids *may be* a reasonable addition to the treatment regimen

BUT virtually all patients with CNCP generally experience improved outcomes (employment, quality of life, etc.) using a comprehensive approach



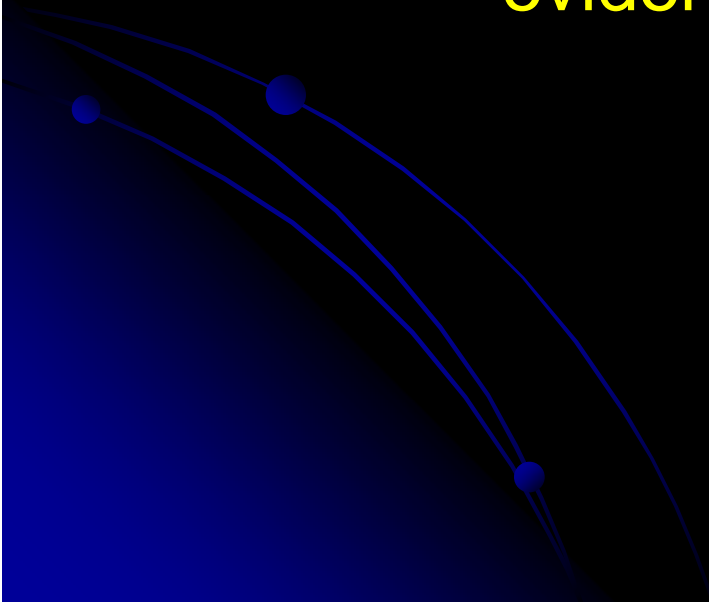
# Opioids in the Workplace

## CNCP Overall Concept

Chou, et al, 2009, *The Journal of Pain*

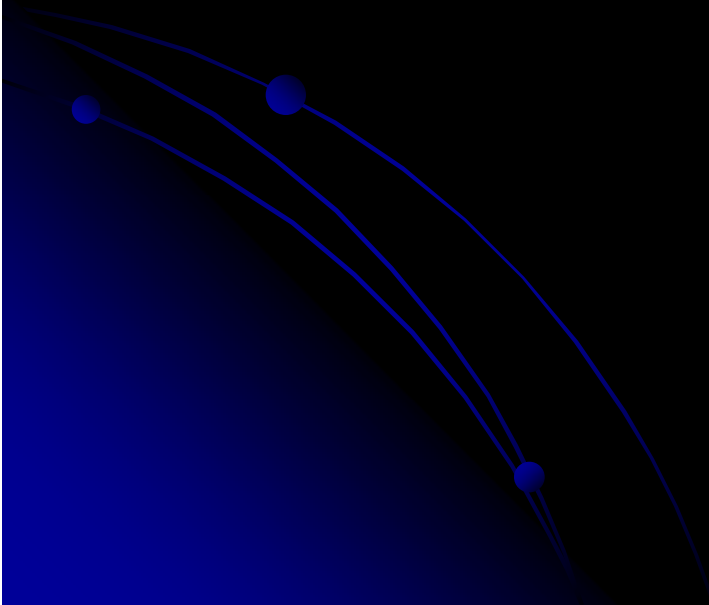
Systematic review

Recommendations based upon weight of  
evidence



# Opioids in the Workplace

## Poll Question Number 4



# Opioids in the Workplace

## CNCP – Pain Treatment Protocol - general

Identify cause

thorough H&P

appropriate testing

assess risk of substance abuse, misuse or  
addiction

Aggressively maintain activity (work, therapy,  
etc.)

Medications

# Opioids in the Workplace

## CNCP – Acute Pain

WHO treatment paradigm

Relative rest

Ice/modalities

Acetaminophen/NSAIDs

• Tramadol

• Opioids

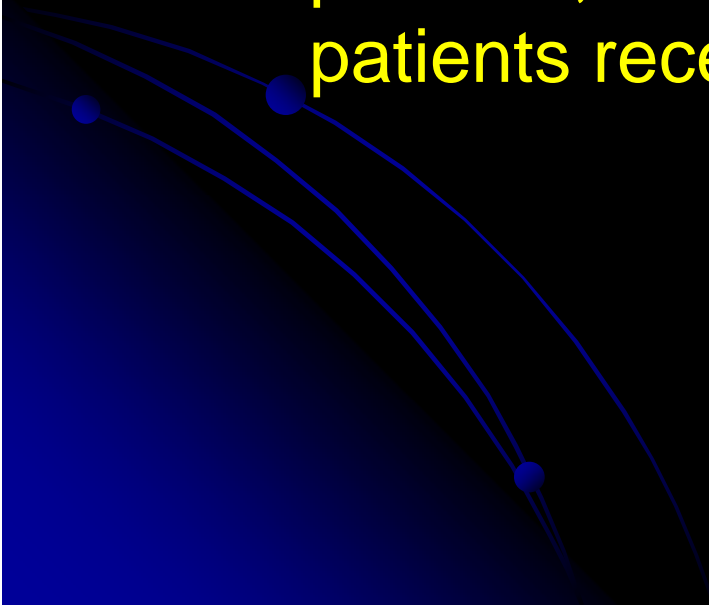
I don't have a problem with work-mandated restrictions of employees on short term opiates

# Opioids in the Workplace

## CNCP – Acute Pain

Statistics indicate that the majority of patients return to work within 3 months

75% of compensation goes to low back pain patients, who constitute only 3% of all patients receiving compensation



# Opioids in the Workplace

## CNCP and Opioids

Small percentage of injured workers

Not well understood

Anatomic injury?

Let's just assume a patient with chronic pain that

- actually wants to get back to work and is on opioids for pain control

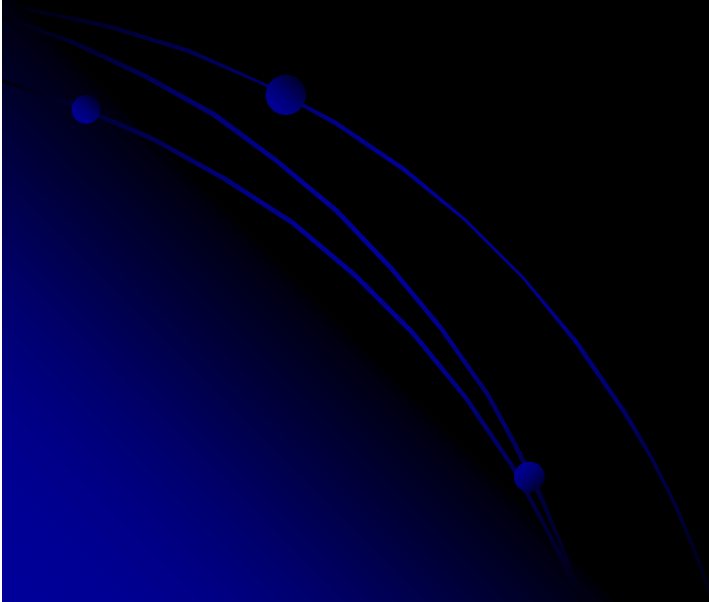
# Opioids in the Workplace

## CNCP and Opioids

Moderate to severe CNCP

Trial of opiates an option

Assess various risks



# Opioids in the Workplace

## CNCP and Opioids

Comprehensive assessment of possible  
aberrant behavior

0 – 50% show aberrancy

Opioid Risk Assessment Tool (ORT)

DIRE score



# Opioids in the Workplace

## CNCP and Opioids

### Opioid Risk Assessment Tool (ORT)

Family and personal history of substance abuse

Age

● History of sexual abuse

● Psychological disease

# Opioids in the Workplace

CNCP and Opioids

DIRE Tool

Diagnosis

Intractability

Risk

Efficacy

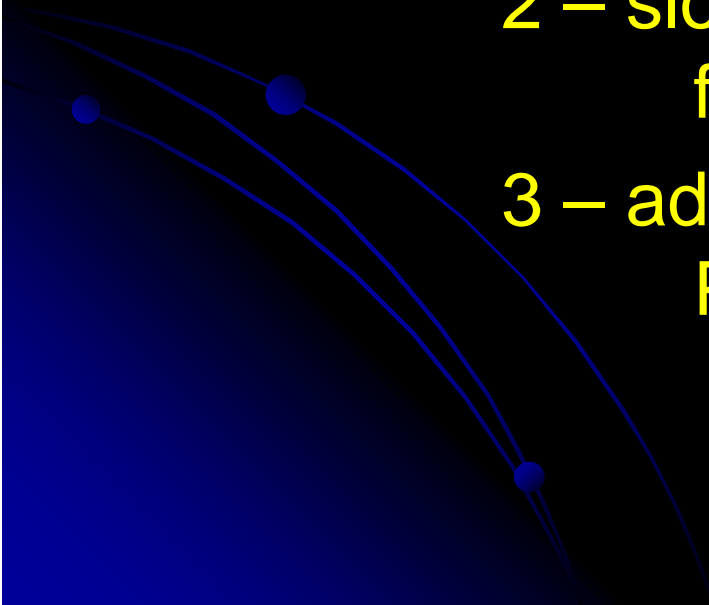
A decorative graphic in the bottom-left corner of the slide. It features three blue dots of varying sizes, each connected to the next by a thin, curved blue line. The lines curve downwards and to the right, creating a sense of movement or a path. The background of this area is a gradient from black to a deep blue.

# Opioids in the Workplace

## CNCP and Opioids

### DIRE Tool

#### Diagnosis

- 1 – benign condition like FMS
  - 2 – slowly progressive condition like failed back syndrome
  - 3 – advanced condition like severe PPN or spinal stenosis
- 

# Opioids in the Workplace

## CNCP and Opioids

### DIRE Tool

#### Intractability

1 – few treatments tried and patient is passive

2 – most usual treatments tried but the patient is still not engaged in treatment process

3 – all treatments tried and patient fully engaged

# Opioids in the Workplace

CNCP and Opioids

DIRE Tool

Risk

Psychological

Chemical Health

Reliability

Social Support

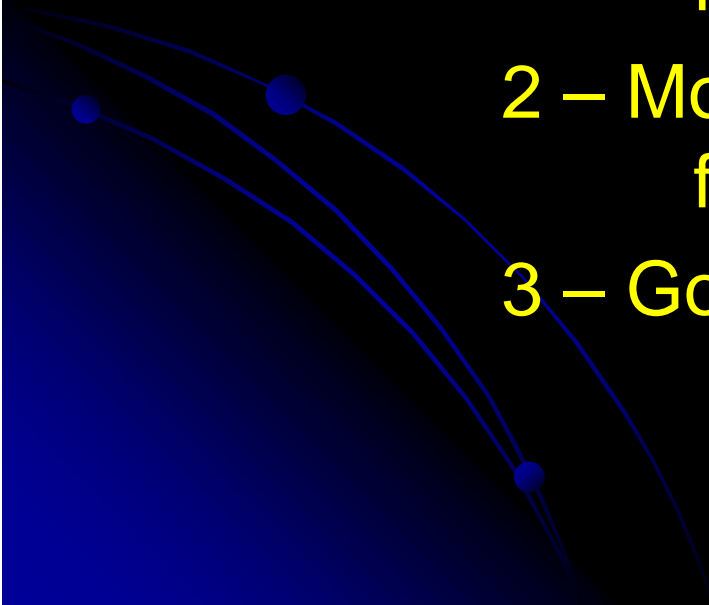


# Opioids in the Workplace

## CNCP and Opioids

### DIRE Tool

#### Efficacy

- 1 – Poor function with minimal pain relief despite Rx
  - 2 – Moderate improvement with function
  - 3 – Good response to treatment
- 

# Opioids in the Workplace

## CNCP and Opioids

Patient has been fully assessed

Deemed reasonable candidate for chronic opioid therapy (COT)

Now what?



# Opioids in the Workplace

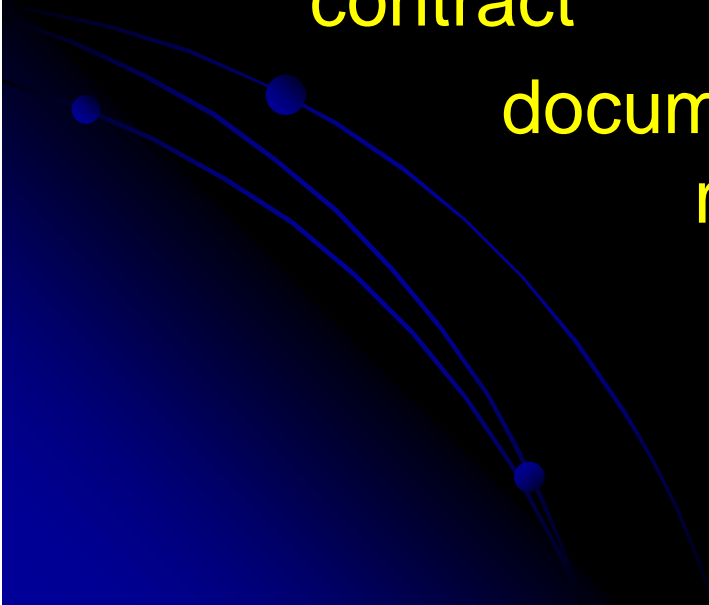
## CNCP and Opioids

Informed consent discussion

goals, expectations, risks, alternatives

Written COT management plan – “narcotic contract”

document clinician and patient responsibilities



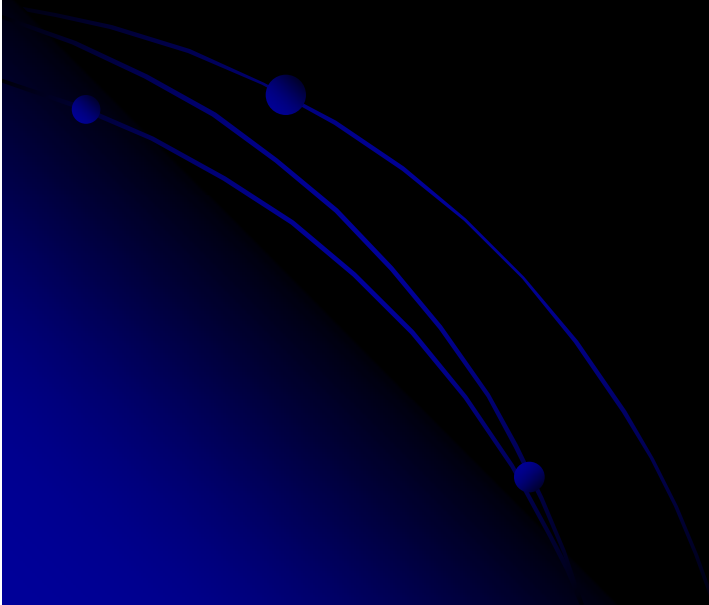
# Opioids in the Workplace

## CNCP and Opioids

Initiation and titration of medications

Initially, a “trial”

Highly individualized



# Opioids in the Workplace

## CNCP and Opioids

### Monitoring

Pill counts

Urine drug screens (random)

Functional and pain assessments

• Depression assessments

• Family/friend interviews

# Opioids in the Workplace

## CNCP and Opioids

### Work Safety

Opioids can cause

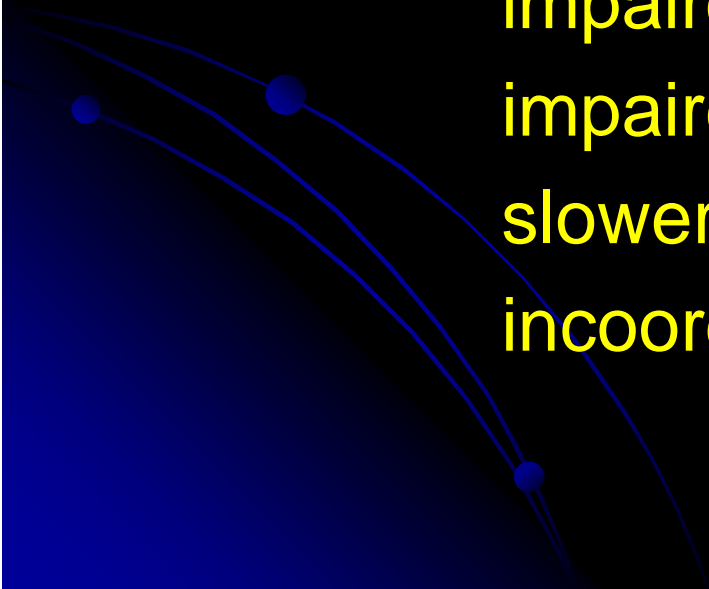
drowsiness

impaired memory

impaired concentration

slower reflexes

incoordination



# Opioids in the Workplace

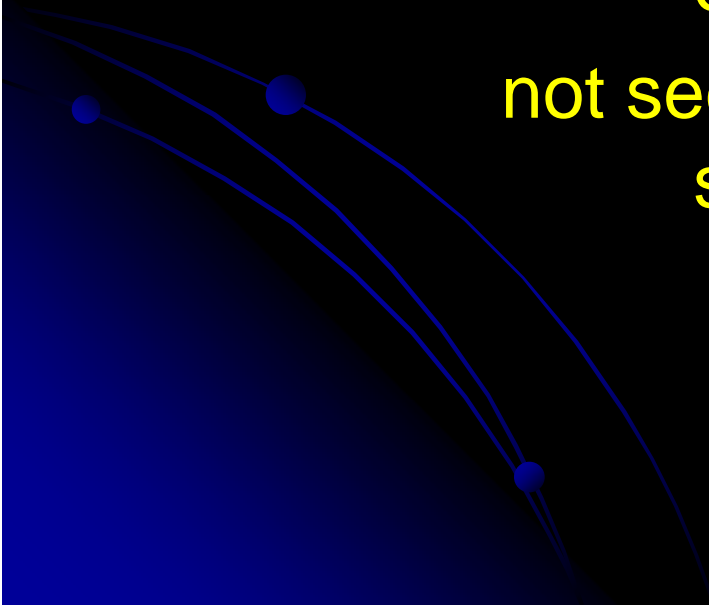
## CNCP and Opioids

### Work Safety

HOWEVER, the sedation (if any) is

short term – from newly started therapy  
or recent dose increase

not seen with stable patients taking  
stable doses



# Opioids in the Workplace

## CNCP and Opioids

### Work Safety

#### Studies show

no disproportionate difference in motor vehicle incidents

patients recently started on COT score the same as those not on COT

No government regulatory body forbids working if on COT (including the DOT)

# Opioids in the Workplace

## CNCP and Opioids

### Work Safety

Some studies actually show improvement

No work place (of which I am aware) that forbids their employees to work if they are compliant with their COT

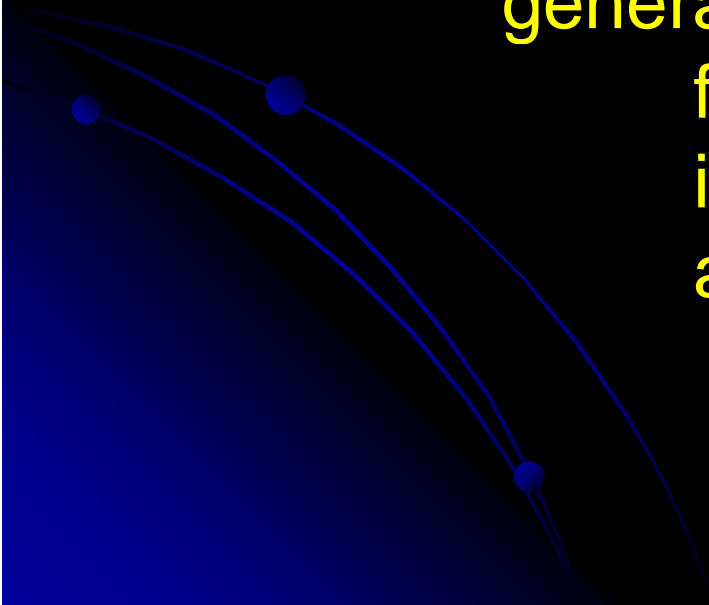
And, of course, we have the ADA

# Opioids in the Workplace

## CNCP and Opioids

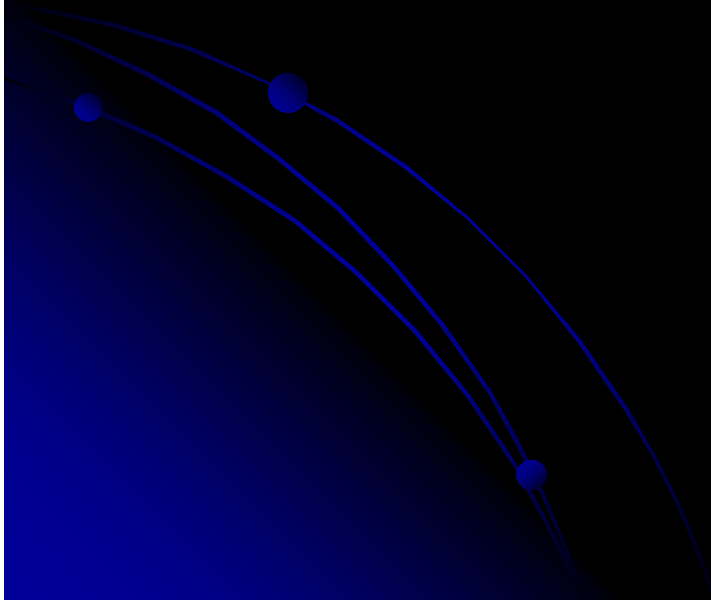
### Work Safety

Patient/work place should both be counseled not to work/allow work if impaired generally, after two to four days following initiation or dose increase, the sedating effects, if any, are worn off



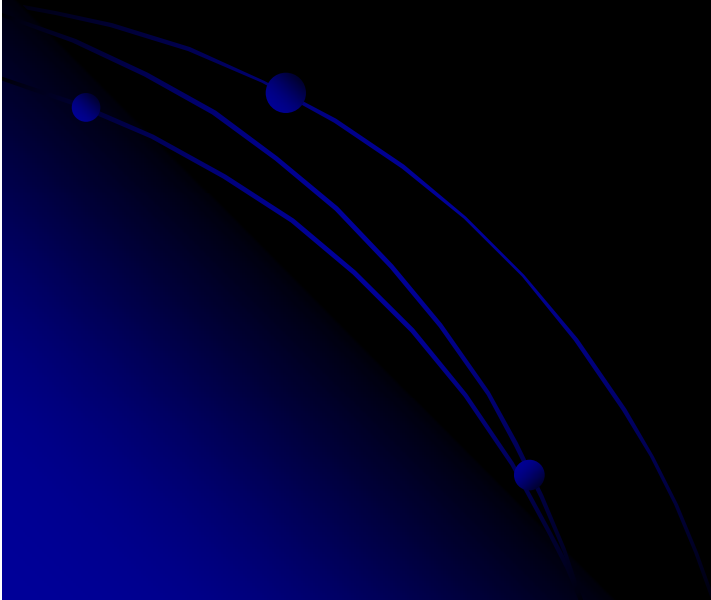
# Opioids in the Workplace

Now, a series of Poll Questions, all relating to the scenario is Poll Question 4



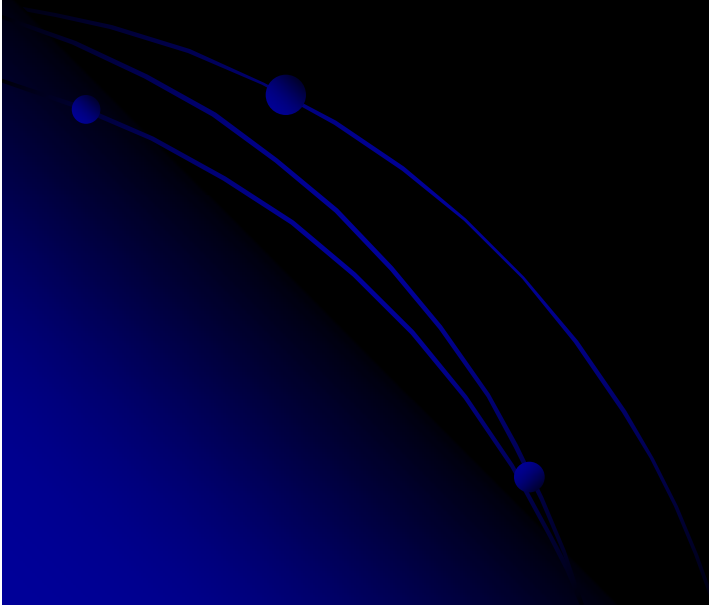
# Opioids in the Workplace

## Poll Question 4



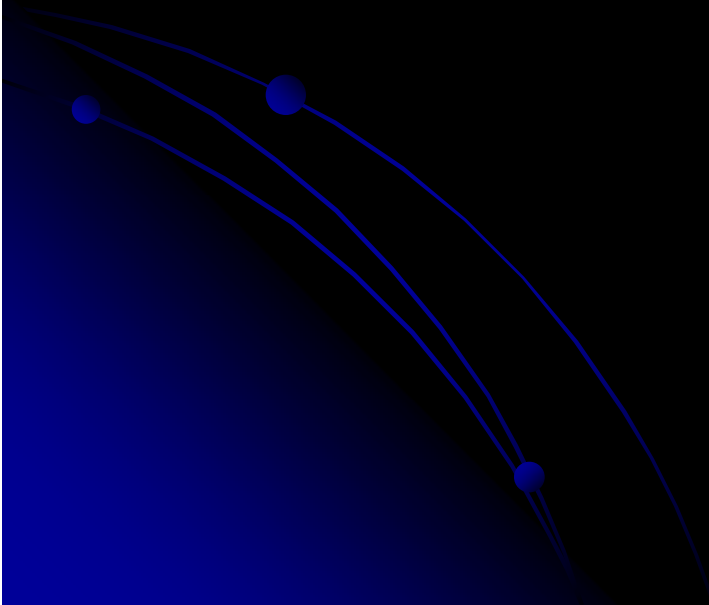
# Opioids in the Workplace

## Poll Question 5



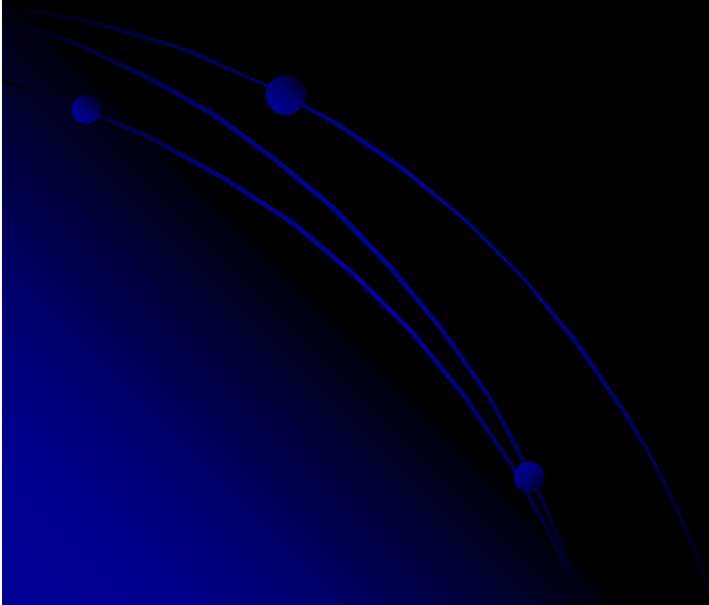
# Opioids in the Workplace

## Poll Question 6



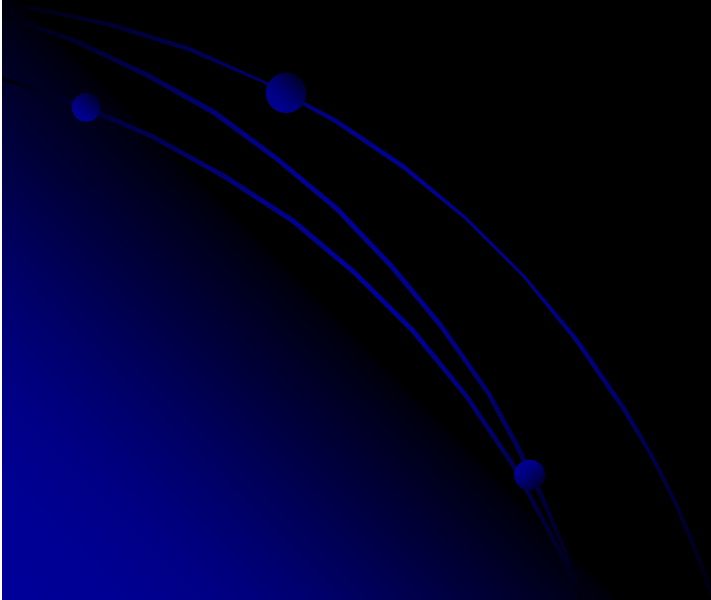
# Opioids in the Workplace

## Poll Question 7



# Opioids in the Workplace

## Poll Question 8



# Opioids in the Workplace

## CNCP and Opioids

### Treatment paradigm

After initiation, no work for 2 to 4 days

Re-evaluate the patient in 2 weeks

As long as the patient isn't impaired in the office, reports no signs or symptoms of impairment and there are no complaints from the workplace, they can continue to work no matter what their occupation

# Opioids in the Workplace

## CNCP and Opioids

Of course, treatment is reviewed if  
aberrant behavior

complaints from work

complaints from family

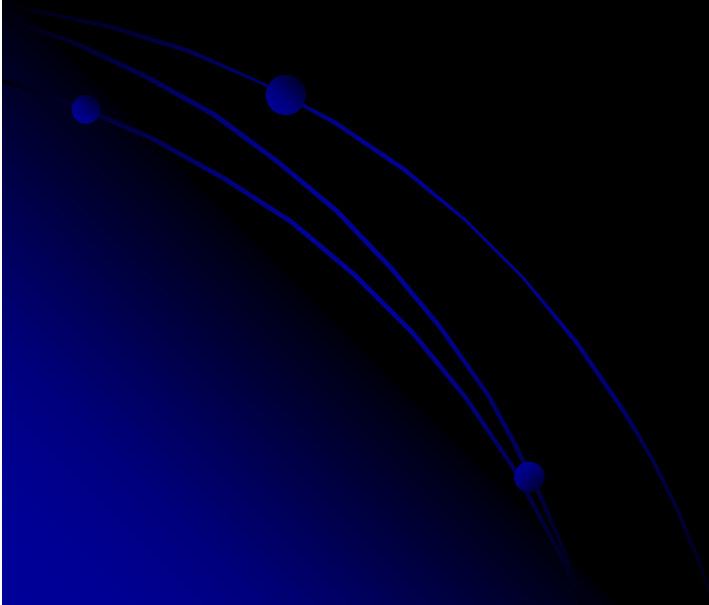
complaint from patient (pretty rare)

not reaching identified goals



# Opioids in the Workplace

## Poll Question 9



# Opioids in the Workplace

Questions

