



A Hidden Workplace Epidemic: Prescription Painkiller's Impact
Webinar Question & Answer Session
Thursday, June 05, 2014

1. Are instances of overdose more prevalent with specific races or genders? or specific career/job fields?
 - a. **Overdoses are most common in white males age 45-64. There is not, however, a strong predilection for any particular demographic or occupation.**
2. Could you restate the specifics of the "23% of all workers" statistic?
 - a. **In 2010, 23% of the U.S. workforce had used prescription drugs to get high or to self-treat a medication condition without guidance from a physician or medical professional. The statistic is from a weighted analysis of data in the SAMHSA's National Survey on Drug Use and Health of respondents who reported that they were employed and answered this question in the survey.**
3. Urine testing cannot be used to judge compliance to a regimen (refs: medical literature and federal court cases). Why are you suggesting an intervention that is not evidence-based?
 - a. **These tests are not recommended in order to monitor compliance but as a tool for clinical decision-making by the medical provider. Blood and urine tests are used to monitor many medications including those for cholesterol, chemotherapy, diabetes and blood thinners.**
 - b. **The absence or presence of certain medications in a drug screening, such as a benzodiazepine, methadone or other opioid may prompt the medical provider to alter their treatment recommendations by prescribing a different medication or at a lower dose.**
 - c. **Listed below are the medical organizations that recommend urine drug screening in their evidence-based opioid prescribing guidelines.**
 - i. **American Academy of Occupational and Environmental Medicine [Guidelines](#)**
 - ii. **American College of Emergency Physicians [Clinical Policy: Critical Issues in the Prescribing of Opioids for Adult Patients in the Emergency Department](#)**
 - iii. **Washington Interagency [Guidelines for Opioid Dosing for Chronic Non-cancer Pain](#)**
 - iv. **Federation of State Medical Boards Research and Education Foundation "Responsible Opioid Prescribing: 2nd edition"**
4. Can the employer require the employee to provide employer with a physician's statement listing their prescriptions?
 - a. **It is recommended that employers have clear written policy regarding use of prescription medications and fitness for duty. It is also advisable to consult with an attorney regarding federal and state laws that may apply.**
5. Would hair follicle testing provide better indications as to habitual use of opiates than urine testing?
 - a. **Hair testing is effective at determining drug use over the previous 3 months. It can be beneficial for pre-employment screening. It has several benefits and several drawbacks:**
 - i. **Benefits:**
 1. **Detection over a 3 month period.**
 2. **It is hard to falsify a hair test.**

- ii. **Drawbacks:**
 - 1. **Because it does not test for acute use, it cannot be used for post-incident testing.**
 - 2. **Cannot test for benzodiazepines at this time.**
 - 3. **Cannot test for methadone. (This means that someone who is abusing opioids can switch to methadone for 3 months prior to applying for a job that does pre-employment drug testing and get a negative result.)**
- 6. **can/will you address the findings of THC on a drug test now that marijuana use is legal in WA & CO? Given that finding of the drug does not indicate impairment.**
 - a. **Both the Washington and Colorado laws do not bar an employer from having a drug-free workplace. In fact, employers required to maintain a drug-free workplace under federal regulations must continue to conduct DOT or federally regulated testing which includes THC. I have listed below links on the Washington and Colorado websites regarding employers.**
 - i. **Colorado – Amendment 64 Section 6: Employers, Driving, Minors and Control of Property addresses employers and drug-free workplace**
<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application/pdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251834064719&ssbinary=true>
 - ii. **Washington – I-502 Link to Frequently Asked Questions are below. An earlier medical marijuana law (link below) addressed employer issues that would continue to be in effect for the new law. Medical Use of Marijuana Act, Crimes Limitations of Chapter, sections 4 and 6 regarding workplaces. Section 8 addresses driving safety. Further Washington State human rights commission ruled that workplace accommodations are not required to allow medical marijuana use by employees. The Washington Supreme Court ruled on the issue in Roe v Teletech Customer Care.**
 - 1. **Initiative 502:** http://lcb.wa.gov/marijuana/faqs_i-502
 - 2. **Medical Marijuana Law:**
<http://apps.leg.wa.gov/RCW/default.aspx?cite=69.51A&full=true>
 - b. **Drug testing will confirm use of a detected substance but not impairment as an individual may metabolize each substance differently. The purpose of drug testing is never to determine impairment.**
- 7. **Is Flexeril a benzodiazepine and does it show up on drug screen if being taken at prescribed rate? (one 10 mg tablet twice per day.)**
 - a. **Flexeril is not a benzodiazepine. It will not show up on a drug test if taken as prescribed. Flexeril does cause significant drowsiness.**
- 8. **Is it easy to determine if a person is consuming more than their prescribed amount of Norco by a random test.?**
 - a. **No, it is not.**
- 9. **Can we test DOT employees for more than the 5 panel such as Norco?**
 - a. **Your organization can test for more substances than required under DOT regulations under your company authority with a well-written policy. However, the DOT test must be conducted separately and include only those drugs on 5-panel test. Testing for other drugs must be conducted separately from DOT and other federally-regulated testing.**

10. Can an employer have a policy that requires its employees to disclose legal use of painkillers prescribed by a doctor?
 - a. **It is recommended that employers have clear written policy regarding use of prescription medications and fitness for duty. It is also advisable to consult with an attorney regarding federal and state laws that may apply.**
11. Isn't it correct that you're not allowed to require disclosure of your prescription drugs within your DFWP policy but rather in your Company policy?
 - a. **I will need to check with a technical expert on this question. For some companies, this issue is handled within a fitness for duty policy which is separate from their drug-free workplace policy. It is also advisable to consult with an attorney regarding federal and state laws that may apply and how to best address this for your organization's specific circumstances.**
12. How do we get doctors to not prescribe Norco when an employee goes to ER for injury.....
 - a. **You can check with the State Injury Director in your state public health department on whether your state has implemented or are currently working on implementing opioid prescribing guidelines. They may have a taskforce or work group addressing this issue in your state.**
 - b. **The best way may be to inform hospitals within your community about your concerns regarding opioid misuse and abuse.**
 - c. **You can share with them the evidence-based opioid prescribing guidelines developed by American College of Emergency Physicians [Clinical Policy: Critical Issues in the Prescribing of Opioids for Adult Patients in the Emergency Department](#) [link]**
13. How do methadone and/or suboxone affect workers? Are they mind/mood altering substances just as are heroin and/or other opiates?
 - a. **Great question. The answer is that we do not know for sure. Most people that use methadone and buprenorphine (Suboxone) will tell you that they do not affect cognition or performance at stable doses. Some studies recently have questioned that with methadone. Buprenorphine is much safer and has less of the mood altering effects of methadone but it still may have some effects that could affect safety. Methadone use (licit or illicit) is not allowed by DOT for those with a commercial motor vehicle license. My suggestion would be to train those workers on methadone or buprenorphine to work in non-safety-sensitive positions. If that is not possible then make sure you have a letter from their doctor that it is safe for them to work in their specific job.**
14. The webinar mentioned some legal cases where companies were held responsible for overdoses related to workers comp cases. Could you provide some specific case examples?
 - a. **Listed below are three of the court cases that awarded compensation and two court cases in which compensation was denied. I included the links if available to the court decisions.**
 - i. **Tennessee Supreme Court ordered death benefits in Judy Kilburn vs Granite State Insurance https://www.tncourts.gov/sites/default/files/kilburn_v_granite_opn.pdf**
 - ii. **Washington Court of Appeals ordered compensation benefits in Department of Labor and Industries vs Brian I. Shirley. <https://www.courts.wa.gov/content/Briefs/A01/669940%20Respondent%20Brian%20Shirley's.pdf>**

- iii. **Texas Supreme Court upheld the awarding of compensation benefits in Commerce & Industry Insurance Co vs Kimberly Ferguson-Stewart.**
 - iv. **Connecticut Supreme Court upheld the appellate court decision denying compensation in Christine L. SAPKO, v. STATE of Connecticut et al.**
<http://caselaw.findlaw.com/ct-supreme-court/1602664.html>
 - v. **Ohio Court of Appeals denied death benefits in Gayleen Parker vs Honda of American, Inc** <http://www.sconet.state.oh.us/rod/docs/pdf/3/2009/2009-ohio-6866.pdf>
15. How does Suboxone address the chemical imbalance, is it only because it is an opiate? What are the side effects for taking it long term?
- a. **Buprenorphine (Suboxone) is an opioid drug. It is, however, one of the only partial agonist opioids which gives it several special properties:**
 - i. **It has a ceiling effect that occurs at about 3 pills per day. Any more than that does not have any additional effect.**
 - ii. **It causes almost no respiratory depression (unless combined with other medications) so it is much safer.**
 - iii. **The development of tolerance is minimal so most people will take the same dose that they start on.**
 - b. **Buprenorphine is very safe when used long term. Many people will take it for the rest of their lives.**
16. Is heroin included in the DOT basic 5 panel test?
- a. **Yes, heroin will be detected in a 5-panel urine drug test as part of the opiates screen.**
17. How common are dilute samples? Are there any medical conditions that can create a dilute sample?
- a. **Dilute samples should be very rare. If the creatinine is less than 20 then I would be suspicious. If it is less than 10 then it has been purposely tampered with.**
 - b. **Uncontrolled diabetes may give you a dilute sample. High-dose diuretic use (like Lasix) may also give you a dilute sample.**
18. Is it better to take Morphine Extended Release or Morphine Immediate release if you were going to try to reduce or eliminate one of the 2?
- a. **There is no clear answer to this. This should be determined by the employee and his/her physician depending on pain patterns and effectiveness.**
19. Do you have a sample written policy concerning prescription medication?
- a. **The Department of Labor E-Laws Drug-Free Workplace Advisor can assist in building a drug-free workplace policy.** <http://www.dol.gov/elaws/drugfree.htm>
 - b. **Below is a sample policy. It is always advisable to consult with an attorney familiar with federal regulations and the laws of your state before implementing or changing a policy.**

Prohibited Behavior

It is a violation of our Drug-Free Workplace Policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs, or intoxicants. Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with the safe performance of his/her job. If the use of a medication could compromise the safety of the employee, fellow employees, or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g., call in sick, use leave, request change of duty, notify supervisor, notify company doctor) to avoid unsafe

workplace practices. The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of our drug-free workplace policy to intentionally misuse and/or abuse prescription medications. Appropriate disciplinary action will be taken if job performance deteriorates and/or incidents occur.

20. What are your thoughts about a positive alcohol test through a urinalysis verses breath alcohol?
- A urine test will be positive if the individual has a drink or 2 at night but is always sober at work. A breath alcohol will determine impairment at that moment.**
21. Do you recommend saliva tests over urine tests for random programs?
- Each organization has to determine that themselves based on costs, specific drug tests available though each medium, and their ability to prevent adulteration of the urine.**
22. Do overdose problems more commonly occur with legally prescribed drugs, or through illegal sale (i.e. sold in streets, etc.)? Is there a statistic on this?
- Yes, more than 22, 000 overdose fatalities occur annually from prescribed medications, primarily painkillers and benzodiazepines - more than from illegal drugs sold on the street. The National Survey on Drug Use and Health reports that chronic abusers of prescription medications (used for nonmedical reasons for more than 200 days a year) report getting their drugs from a prescription written for them by a doctor- 27 percent, from friends and relatives who had a prescription written for them - 26 percent, bought prescription drugs from friends or relatives - 23 percent or purchased from a dealer - 15 percent.**
23. Q: Can you share idea on how to deal with a provider: We have a couple employees on Methadone. We have sent the provider job descriptions for review, for advice on safety of job duties. They will not reply and refuse to talk to our nursing staff.
- Methadone programs have very strict privacy standards under federal law. The quickest way to get this information is to request the employee sign a release allowing the methadone program to discuss safety concerns with your occupational health staff. You may have to specify a specific person within your organization that the methadone program can contact.**
24. Do doctors get a kick back with the prescription companies for the number of prescriptions they write?
- No. That is illegal.**
25. If the company does not implement random drug testing, do you find that taking someone off of an assignment due to impairment/possible drug use results in discrimination claims?
- Your question is an evolving area that depends on a number of factors including your workplace policy and your state laws. It may be best to consult with an attorney regarding your policy and state laws.**
26. does those statistics include Heroin?
- The majority of the statistics cited were for prescription drugs. Below are the drug overdose fatality statistics which did include heroin.**
 - Drug Overdose deaths**
 - Prescription Drugs 22,100 includes opioids below.**
 - Opioid Painkillers alone or with other drugs 16,651**
 - Heroin 3,036**
 - For more information www.nsc.org/rxpainkillers**