



Opioid-Based Pain Medicine

Chronic pain is a significant health problem in the workplace and is frustrating to everyone affected by it, especially those whose pain is the result of injuries suffered at work.

Workers who are injured on the job are often prescribed opioid medications such as OxyContin, Codeine, Demerol, Percocet, Vicodin, and many others to treat pain. When these pain relief medications are taken in low doses, for a short period of time, they can be safe and effective. But these painkillers also have the potential to lead to more serious harm like addiction, accidents, overdose, and death.

The abuse of opioid-based prescription pain relievers has become a serious problem that affects the health and economic welfare of companies. It is estimated that between 26.4 million and 36 million people abuse opioids worldwide, with an estimated 2.1 million people in the United States suffering from substance use disorders related to prescription opioid pain relievers.

The consequences of this abuse have been devastating and are on the rise. For example, the number of unintentional overdose deaths from prescription pain relievers has soared in the United States, more than quadrupling since 1999.

All employees must be aware of the dangers associated with the use and abuse of prescription pain medicines.

Opioids Mixed With Other Drugs

Opioids are so named because they are synthetic versions of opium, a powerful narcotic. Be aware that it is very dangerous to combine opioids with other medicines or drugs that can cause sleepiness.

Opioids should not be mixed with alcohol, marijuana, other illegal drugs, certain anti-anxiety and seizure medications, muscle relaxants, and/or sleep aids. Employees should provide their doctor with a list of all drugs and medications being taken before beginning a prescription painkiller regimen.

Increased Accidents

Opioid-based medicines can make an employee feel very tired and sleepy. This raises the risk of falls and accidents that can cause severe injury. These

risks are even greater for individuals with sleep apnea, respiratory problems, or COPD.

A condition known as central sleep apnea can also develop with opioid use. This means that there are short periods of time that the patient stops breathing during sleep. The risk of central sleep apnea goes up with higher doses of opioids.

Suffering from central sleep apnea means an employee will not get enough quality sleep, which leaves the person feeling tired at work during the day. When sleep patterns change as a result of opioid use, the risk of injury on the job increases.

Employees should avoid driving, using heavy machinery, and making important decisions until they know how opioids affect them.

Heart and Respiratory Problems

Opioid use causes sedation and lessens the brain's ability to control breathing, which can slow down breathing rate. Over time, this can damage the heart and lungs because the body is not getting enough air.

This risk goes up with higher doses of opioids. The risk also goes up when opioids are used with alcohol, illegal drugs, sleep aids, and other medicines that cause sleepiness.

If too much opioid medication is taken, the patient can stop breathing. If this happens, 911 should be called immediately.

Some medications have delayed side effects. This means that the side effect does not appear until hours or days after taking the medication. One example is methadone, which can cause trouble breathing and irregular heart rhythms that can be fatal. Employees should notify their doctor right away if any symptoms develop that affect breathing and heart rate.

Risk of Dependence

Taking opioids every day for an extended period of time could result in dependence on the drug. Dependence means that the body has begun to rely on the medication. If the medicine is suddenly stopped, the body will go through withdrawal. This is not dangerous, but it is very uncomfortable. It makes one feel as if one has the flu.

Dependence is not something that a patient can control. It does not mean that a patient is addicted to opioids. It is simply the body's natural response to opioids. Therefore, it is very important to take the exact dose prescribed by a doctor.

Increased Tolerance

Many patients taking opioids for chronic pain find that they have to continually increase their dose to get the same pain relief. Over time, opioid receptors in the body become less sensitive to the drug. This is called tolerance.

Taking higher doses of opioids leads to a greater risk of side effects. In addition, at some point even higher doses will not relieve pain. If this happens, a doctor should be consulted about other ways to manage pain. One option might be transdermal fentanyl. In the treatment of chronic low back pain, for example, transdermal fentanyl has significantly decreased pain and improved functional disability.

Addiction

Addiction to opioid-based painkillers is different than dependence and tolerance, but dependence and tolerance can lead to addiction.

Most people who take their pain medicine as directed by their doctor do not become addicted, even if they take the medicine for a long time. However, some people may be at a higher risk of becoming addicted than others.

People who have been addicted to substances in the past, or those with a family member who is or has been addicted to drugs or alcohol may be at increased risk of becoming addicted to narcotics.

The key to avoiding addiction is to take the medicine exactly as the doctor prescribes. Patients are most at risk of addiction when taking opioid pain relievers via methods that increase their euphoric effects (the "high"), such as crushing pills and then snorting or injecting the powder, or combining the pills with alcohol or other drugs.

Employees should share with their doctor any personal and/or family history of substance abuse or

addiction. The doctor needs this information to prescribe the medicines that will work best. Fears about addiction should not prevent anyone from using narcotics to effectively relieve one's pain.

Remember, it is common for people to develop a tolerance to their pain medication and to need higher doses to achieve the same level of pain relief. Such a situation is normal and is not a sign of addiction. However, always consult the prescribing physician if this effect becomes troubling.

Patient Monitoring

Doctors should always first obtain a thorough patient history including mental health and substance use assessments before prescribing opioid medications, and then they should carefully monitor the patient throughout the use of the drug.

If necessary, doctors can refer patients to a psychiatrist, who offers skills with pharmacological and psychological treatments now recognized as effective in the management of chronic pain. The psychiatrist can provide expertise in the examination of mental life and behavior, an understanding of the individual person and the systems in which he or she interacts, and can facilitate the integration of the delivery of medical care with other health care professionals and medical specialists.

Final Tips

Prescription opioids, like other prescribed medications, do present health risks, but they can be safe when stored and taken exactly as prescribed.

Prescription pain medicine, as with all other drugs, should be securely stored to prevent accidental exposure to family members, and to keep them away from others looking to get high. And of course, employees should never share their medicine with others.

Just because it may be safe for the patient does not mean it is safe for someone else. There have been cases of people overdosing and dying after taking an opioid medication prescribed for a coworker, friend, or family member.