



“If you don’t pick up, you’re cut off”: Pain and medication use during return to work

Ellen MacEachen

Lori Chambers, Agnieszka Kosny, Sue Ferrier

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Outline

Findings from a larger study of complex problems with RTW

Prominent issue: Mental health and medication use problems

Systemic determinants of *medication use* in the context of RTW system





**In-depth interviews:
48 injured workers**

**In-depth interviews:
21 service providers**

Main question: Why do injured workers fail to return to work as expected?

Today's focus on sub analysis: *mental health & medication use*

**Selected workers with
prolonged/problematic claims,
and providers familiar with these
problems
Across Ontario**

**Verbatim transcripts
Coding & thematic analysis
Analytic focus on relationship
between experience and context**



Medication use among the injured workers*

Medication Type	Total
Agonist	1
Analgesic	2
Anti-depress	3
Cannabis	1
N/A	21
NSAID	6
Opioids	20
Total	54



Findings

1. Workers can take significant medications to manage their RTW conditions
2. No-win RTW situation for some injured workers
3. Why do injured workers take these extra medications?
 - 'over-compliance'
4. Discussion
 - medication use in systemic context
 - Biopsychosocial model & its boundaries



1. Medication to manage RTW conditions

Hurt vs Harm approach

Returning to work while on significant pain meds --principles of “hurt versus harm”

Medication so worker can “keep moving”

I was on different medications before and I can't name all of them but NOW I'm on codeine. ...The doctor won't take me off it and I've tried to cut back. He won't let me cut back too much because then it impedes my physical.....*You have to keep moving. You still have to keep doing stuff... And that's what it comes down to.*

**Gideon, injured worker*

* All names are pseudonyms



Situation: Unclear pain

Pain not an excuse for problems with RTW-- especially when pain source is not clear;

“Tough love” approach

Strategic medication use to avoid job loss

He [doctor] sent me back to work...I could hardly walk He said, **“If you don’t go back to work, they’ll fire you”....** So I went to work. **With all of these Percocets ...**I went in to see the head nurse in the plant, and she says, “Well, now that you’re here, we’ve got a job for you.” And it was just checking pistons in the this bin... **[BUT] I couldn’t bend. ... I couldn’t get anybody to listen to me.** They would not listen to me.

Christopher, injured worker



Situation: workplace non-accommodation

Misinformation provided to WSIB

RTW and LMR programs not set up for employer surveillance

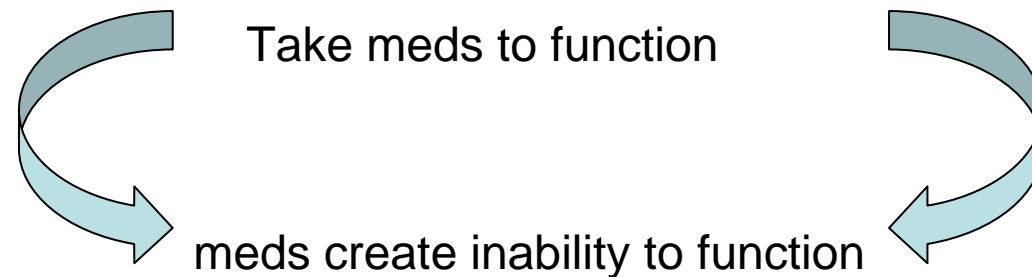
See, my LMR program started...and it was going real smooth. But then [few months later] I ended up multi-tasking on the job instead of doing what I was supposed to be doing... **If I didn't multi-task I was out of a job.** So...we went up to another big pain killer...[I was on] 100mg twice a day, and then] **I went to 200mg.**

Hal, injured worker



2. A no-win RTW situation

Circular situation



So now you're in school and you're **...poppin pills for the pain**. You can't remember...what happened yesterday, and what the teacher said today....You're not sure which way to turn, and you start missing some time...Then you get a letter saying you missed so much time at...school, **if you don't pick up, you're cut off...you get zero benefits.**

Samuel, injured worker peer helper



Implications of medication overuse

Medication consumption -- a workplace occupational health & safety hazard

Over-riding system focus on RTW vs safety

It was very uncomfortable, and believe it or not, **the type of meds that I was taking, I should not have been allowed on the mine site...** And especially on the [specific equipment]...**Nobody thought about it...** Here I'm operating a hoist and I'm carrying, you know, twenty men at a time and carrying explosives, fuel..

Daniel, injured worker



Why do workers go along with these situations?

Afraid to lose job, lose benefits

Medication to manage compliance

The worker typically doesn't tell them [WSIB when modified work is inappropriate]. ...They're very fearful of their benefits...[and] income. So **because they're fearful of their income, they will put themselves in situations that they shouldn't put themselves in.**

Edith, injured worker peer helper



Discussion: RTW, medication use, & boundaries of the biopsychosocial model

Strong medication use among injured workers when

- Pain is a problem
- Modified work conditions not properly available

Beyond individual factors, *SYSTEMS* are implicated in problems of return to work and medication use

- No systemic oversight of workplace RTW
- Official appeals systems inadequate. Need safe system for worker complaints
- Experience-rating & system costs: employers & insurers have financial incentives to keep workers at work.... at all costs?



Moving beyond Boundaries of the biopsychosocial model

The current/dominant model: health is best understood in terms of a combination of biological, psychological, and social factors rather than purely in biological terms.

- Clinician's view.... Treatment oriented, use model to understand range of determinants
- System view.... Prevention-oriented, beyond model to environmental conditions, looking upstream to understand the *pathway* to problems



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Thank You!

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