

WorkSafeBC's multimodal approach to chronic noncancer pain management: New hotline for physicians

British Columbia continues to have record numbers of illicit drug overdose deaths. Currently, ongoing and multisectorial efforts are contributing to a better understanding of the factors characterizing or contributing to the overdose epidemic. Recent BC Coroners data¹ indicate there were 1489 suspected illicit drug overdose deaths in 2018 (approximately four deaths per day), similar to the previous year. The data also indicate that illicit fentanyl was detected in more than 80% of those deaths, more than 70% of those who died were aged 30 to 59, and more than 80% were males.¹ An earlier descriptive analysis of overdose deaths in BC in 2016–17 indicates that 44% of those who died were employed at the time of death.^{2,3}

The National Institute for Occupational Safety and Health (NIOSH) recently launched a framework addressing workplace factors in the opioid epidemic. Elements of the framework emphasize the need for improved understanding of risk factors associated with the workplace, such as history of workplace injuries and prescription opioids. An improved understanding and determination of occupations and workers at risk for opioid overdose can also help inform the response to the opioid epidemic.⁴

Opioid pain medication is associated with risks including overdose and opioid use disorder. WorkSafeBC has been developing best practices and alternatives in managing long-term chronic noncancer pain through a multifaceted Opioids Harm Reduction Program. The program includes ongoing education on topics such as

appropriate opioid prescriptions, opiate agonist treatment, and evidence-based treatment of chronic pain.

WorkSafeBC's practical experience provides clear evidence that long-term use of opioids typically yields few long-term improvements in pain and function.⁵ Recognizing the lack of benefits and the risk of

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harms from prolonged opioid use in managing chronic noncancer pain, WorkSafeBC issued practice directive #C10-1, "Claims with opioids, sedative/hypnotics or other prescribed potentially addictive drugs," which is available on www.worksafebc.com. The practice directive provides prescription timelines, recommended dosages, and a schedule of opioid follow-up reviews.

During the past 2 years WorkSafeBC content experts have been delivering an outreach program to health care providers. The sessions, "Not just a prescription pad: A multimodal approach to chronic pain management," are free for attendees, fully accredited, and aligned with the College of Physicians and Surgeons of BC's practice standards for the safe prescribing of opioids. The workshops address best practices in safe prescribing of opioids; tapering, substitution, and exit strategies; various pharmacological and non-

pharmacological strategies for the treatment of chronic noncancer pain; and community resources, including WorkSafeBC programs available to injured workers with an accepted WorkSafeBC claim (list of rehabilitation programs and services is available on www.worksafebc.com). The intent is to bring together community health care providers such as physicians, nurse practitioners, pharmacists, and physiotherapists to help develop collaboration and capacity at the local level. In 2018, WorkSafeBC hosted 11 sessions in communities across the province reaching 230 attendees, of whom 73% were family physicians or residents and 11% were nurse practitioners.

In 2019, WorkSafeBC is offering the following evening workshops, with dinner included:

- 2 May in Kelowna
- 24 May in Nanaimo
- 31 May in Prince George
- 20 June in Dawson Creek/Fort St. John
- 18 October in Kelowna

Register online at <https://events.eply.com/chronicpain> or call 1 877 231-8765 for these and other workshops to be scheduled in Cranbrook, Salmon Arm, Vancouver, and Vernon. Seating is limited.

WorkSafeBC hotline for physicians

As part of the Opioids Harm Reduction Program, WorkSafeBC has launched a new hotline staffed by in-house medical experts who offer counseling and support to community prescribers in management of opioids, tapering, nonpharmaceutical strategies, harm reduction programs, community resources, and referrals

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that a hormonal IUD is on the Fair Pharmacare formulary, there remain potential barriers for teens whose families may qualify for Fair Pharmacare—the family may not be signed up, or they may not have met their annual deductible yet. For teens from families who do not qualify for Fair Pharmacare, the burden is on the teen to either buy the IUD or ask for financial assistance from their family. Because confidentiality is a foundational aspect of adolescent care,¹³ and sexual health care in particular, it is problematic to rely on adolescents to communicate with their parents about covering the cost of an IUD in order to receive the protection.

LARC is now the first-line recommended option for contraception among teens. It is time for the province to follow evidence-based practice by removing barriers to LARC and funding it for youth under age 25 across the province.

Competing interests

None declared.

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for WorkSafeBC injured workers. The toll-free hotline number is 1 855 476-3049, and is staffed between 8:30 a.m. and 4:30 p.m., Monday to Friday.

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