

The *INNOVATOR*

Alcohol and Medications

Cordant Study Finds Patients Continue to Use Alcohol and Prescription Drugs Concurrently, Despite Label Warnings

Cordant Health Solutions™ (Cordant), provides medication monitoring services for the Commonwealth of Virginia through its uniquely integrated drug testing programs. MCI was interested to read a study performed by them using an internal data set on the concomitant use of prescription medications and alcohol. The 2018 study revealed that nearly two-thirds of its samples were positive for both alcohol and other drugs, including prescription medications for which alcohol is contraindicated.

Cordant's internal study evaluated 511,645 samples to determine correlations between prescription medication and alcohol use from a variety of industry segments, including chronic pain, medication-assisted and abstinence-based treatment, workers' compensation, and mental health clinics. From the overall data set, 29.2% of samples confirmed positive for alcohol were also positive for a prescribed medication.

However, breaking the data into healthcare segments reveals differing levels of risk. For example, workers' compensation patients show a significantly higher likelihood of combining alcohol and prescription drug consumption, with 79.3% of samples testing positive for alcohol also testing positive for prescribed medications.

"Cordant's analysis also broke down alcohol use in combination with specific types of medication. One of the most dangerous combinations with alcohol is benzodiazepines, which were prescribed for about 5% of the U.S. population in 2013, predominantly to treat anxiety-related disorders," said Richard Stripp, PhD, chief scientific and technical officer. "Because they employ similar mechanisms in the brain, consuming alcohol and benzodiazepines can have additive consequences, in which the negative effects of one substance are enhanced by the other. This can result in a synergistic depression of the central nervous system that often leads to addiction and a greater risk of overdose and other health-related concerns."

Cordant's results showed that more than 1 in 10 samples collected from patients with mental health disorders who confirmed positive for alcohol also tested positive for a benzodiazepine(s), and that figure doubled for samples from chronic pain patients.

"Furthermore, combining opioids and alcohol creates similar elevated overdose risks," explained Stripp. "Both substances depress the central nervous system and may result in potentially fatal respiratory depression."

A study published in 2017 by the American Society of Anesthesiologists found that normal prescription doses of oxycodone, when taken concomitantly with one to three drinks, can dangerously suppress breathing.

Cordant's internal study found that of the 93,000 samples from chronic pain patients, 62.8% of samples confirmed positive for alcohol were also positive for an opioid (morphine, codeine, hydrocodone, hydromorphone, oxycodone, oxymorphone, and/or heroin). Results for workers' compensation patients were almost identical, with 62.7% of samples that confirmed positive for alcohol also testing positive for opioids.

An MC Innovations
Publication

Special points of interest:

- > Study found 29% positive for alcohol and prescription drugs; 11% for COV.
- > Coming attraction –Safety Officer Network Meetings.
- > 85% of non-fire carbon monoxide deaths linked to portable generators.

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**29.2% of
Cordant’s
samples
confirmed
positive for
alcohol were
also positive for
a prescribed
medication.**

**Commonwealth of
Virginia, 11.3%
samples confirmed
positive for alcohol
and a prescribed
medication.**

“Understanding the dangers of alcohol while taking prescription medicines can be a mindset challenge,” said Stripp. “Despite contraindication labels on medications, the perceived risk associated with prescription or over-the-counter drugs is that they carry a lower potential for toxicity and are ‘safer’ than illicit drugs. This is certainly not the case, as many prescription drugs have a high risk of fatal overdose, particularly when taken with alcohol. Also, many individuals believe that spacing medications with alcohol consumption negates the risk. However, medications for chronic conditions are metabolized at different rates and consuming alcohol hours later can still cause deleterious effects.”

In fact, alcohol is known to interact negatively with as many as 150 medications and can inhibit the effectiveness of some medicines, such as antipsychotics. Stimulants can even conceal the effects of alcohol, leaving people incapable of judging their level of intoxication and increasing their risk for alcohol poisoning and risk-taking behavior.

The problem of medications being taken concomitantly with alcohol is unlikely to fade soon. The number of medical prescriptions dispensed in the U.S. increased from 3.99 billion in 2010 to 4.45 billion in 2016.[1] And a 2017 study published in JAMA Psychiatry found that alcohol use in the U.S. rose an average of 11% over a 12-month period, and the increase was greater for some higher-risk groups, such as minorities, women, seniors, and people with lower levels of education and income. [2] Age is a particularly important factor in evaluating alcohol use with medicine because aging slows metabolism in general.

“The results of this study highlight the ongoing need for open and candid conversations about the risks of combining prescribed medications and alcohol,” said Stripp. “This data shows that patients with already vulnerable health situations are too frequently engaging in behavior that can have serious and lasting effects. By breaking down the results, we better understand which patients are potentially at higher risk. Our goal is to help clinicians, patients, and families understand and be able to talk openly and easily about the ways in which alcohol can create adverse health risks.”

After reading this sobering study we asked Cordant to analyze our 2019 injured worker drug-tested population and are pleased to report a much lower percentage were positive for both alcohol and other drugs. See below for our results:

- For the Commonwealth of Virginia, 11.3% samples confirmed positive for alcohol and a prescribed medication.
- The Commonwealth of Virginia’s Workers’ Compensation patients tested positive for alcohol and a benzodiazepine medication in 2.7% of samples tested.
- Cordant found that 9.5% of samples for the Commonwealth tested positive for alcohol and an opioid.

MCI’s benefit coordinators and nurses address drug testing results with treating physicians. It’s all about patient safety, education and awareness.

[1] <https://www.statista.com/statistics/238702/us-total-medical-prescriptions-issued/>

[2] <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2647079>



MC INNOVATIONS

Safety Officer Networking Meetings



Safety Officer Networking Meetings or **SONMs** began in 2017 and are an excellent opportunity for designated safety officers, safety committee members, and those with safety responsibilities or safety-related “other duties as assigned” to network, problem solve, and gather relevant information and the latest industry-related news.

Don't let the next round of meetings pass you by.

Go to: <https://covlc.virginia.gov/ContentDetails.aspx?id=3CFF14955FE5452A91E3AEDA28E1621D> to register for any of the four available locations.

March 5, 2020: (Christopher Newport University, Student Union Hall, Jefferson Room, 1 Avenue of the Arts, Newport News, VA)

March 17, 2020: (Virginia Department of Forestry, Conference Room, 210 Riverland Drive, Salem, VA)

March 31, 2020: (Virginia Department of Transportation, Bowd Center, 1st floor, training room, 6020 Elko Tract Road, Sandston, VA)

April 2, 2020: (Southern Virginia Higher Education Center, Hope/Smith Room, 820 Bruce Street, South Boston, VA)

Thank you to all who attend and continue to spread the word about these meetings!

Using Portable Generators Safely



Winter weather can bring power outages. Many people will rely on portable generators to provide temporary power to help them get through these outages, and at the very least, get and keep critical devices running.

Portable generator misuse has led to hundreds of deaths resulting from carbon monoxide (CO) poisoning, injuries from fires, and burns—all of which happen too often during power outages and storms. A large portion of the generator-related deaths occurs during the four coldest months of the year, November through February, because of increased generator use during power outages.

**SAVE THE DATES -
Safety Officer
Network Meetings**

**March 5 -
Christopher
Newport University
(Newport News)**

**March 17 - Virginia
Department of
Forestry (Salem)**

**March 31 - Virginia
Department of
Transportation
(Sandston)**

**April 2 - Southern
Virginia Higher
Education Center
(South Boston)**

(Portable Generator Safety—continued from page 3)

Carbon monoxide can kill you in just a few minutes.

According to a report from the United States Consumer Products Safety Commission, CO is a deadly invisible killer, and portable gas generators emit a lot of CO. Portable generators were involved in the majority of carbon monoxide deaths involving engine-driven tools. At a CO safety event in Chicago, U.S. Consumer Product Safety Commission Acting Chairman Robert Adler announced that a new agency report finds that portable generators were linked to more than 85 percent of non-fire carbon monoxide deaths associated with engine-driven tools from 1999 through 2012, or 800 out of 931 deaths, during those 14 years. Most of the deaths have occurred since 2005 when Hurricane Katrina and a series of winter ice storms hit the U.S.

Most of the generator fatalities, or 74 percent, occurred at fixed-structure homes.

Many of these incidents involved generators that were operated in the home's living space. A report from the Consumer Product Safety Commission showed, between 2004 and 2013, 657 people died of CO poisoning from using portable generators. Also during the same period, only 15 out of 526 carbon monoxide deaths caused by portable generators resulted from portable generators being used outside. In most fatality cases, the generators were being used in an indoor basement, garage, or "non-basement living space."

Fortunately, some generator manufacturers are now making generators that have engines that emit lower levels of CO and are also installing carbon monoxide sensors that will shut off the generator if dangerous levels of CO buildup in an enclosed space.

Because you rarely rely on a portable generator, it's easy to forget the necessary safety precautions that should be standard procedure when operating a portable generator. It's also easy to get overwhelmed by the additional problems that may be happening during the outage event.

Here are a few generator safety tips that will help to get you through a temporary power outage and possibly save your or someone else's life.

1. Operate the generator at least 20 feet away from the building being serviced, making sure the engine exhaust is directed away from any windows or doors.
2. Don't ever run a generator in an enclosed area, confined space or indoors; this includes garages and basements with open doors and windows. The majority of generator-related injuries and deaths involving carbon monoxide poisoning are from generators being used indoors or in partially enclosed spaces. Basements and garages are spaces that can capture deadly levels of CO.
3. Never run a portable generator in the rain. You can buy or build covers for portable generators that keep them shielded but still well-ventilated.
4. Don't touch a running portable generator with wet hands.
5. Avoid electrical shock hazards. If you don't have a generator electrical transfer switch, use the outlets on the generator—providing you follow certain precautions: plug-in devices directly to the generator. Whenever using an extension cord, it should be an undamaged, 3-prong, heavy-duty cord recommended for outdoor use and rated (in watts or amps) equal to the sum of the connected appliance electrical loads.
6. If possible, have a working, battery-operated carbon monoxide detector operating inside the building or area that is using the portable generator while it is in operation.
7. Allow the engine to cool before refueling. Have adequate fuel on hand stored in an ANSI-approved container in a cool, well-ventilated location. If storing long term, add fuel stabilizer to the fuel in the can to help it last longer. Never store fuel near the generator or any potential sources of heat or fire, or inside the house.
8. Do not back-feed generator power to your house. Back-feeding means trying to power your home's wiring by plugging the generator into a wall outlet. This could cause an electrocution risk to utility workers and anybody served by the same utility transformer. It could also by-pass some of the built-in household circuit protection devices and can damage sensitive electronic devices such as computers, mobile phones, and televisions or cause an electrical fire.
9. If possible, install a transfer switch before the next storm. A transfer switch will connect the generator directly to your circuit panel and lets you power selected critical hard-wired devices while avoiding the safety risk of using extension cords. Some transfer switches display wattage

Portable Generator Safety—continued from page 4)

usage levels to help you avoid overloading the generator.

<https://www.npr.org/2019/12/04/784279242/carbon-monoxide-poisoning-from-portable-generators-proves-predictable-and-deadly>

<https://www.cpsc.gov/safety-education/safety-guides/carbon-monoxide/portable-generator-related-carbon-monoxide-deaths>

<https://www.cpsc.gov/Newsroom/News-Releases/2014/Winter-Warning-Portable-Generators-Hold-Top-Spot-in-CPSC-Report-on-Carbon-Monoxide-Deaths--Incidents>

Employee Spotlight— Samantha DeJesus



Meet long-term employee Samantha DeJesus, or Sam as we all like to call her! Sam has been in the business and with the MCI program for almost sixteen years. She attended St. Augustine College in Raleigh, North Carolina. We hit the jackpot when we originally hired her through a temporary staffing company to provide assistance on our clerical team. Luckily Sam liked the atmosphere, her co-workers and saw an future for herself with the MCI program. She has served in her current role for approximately five years. As an Associate Benefit Coordinator, Sam manages medical-only claims. She views her job as providing customer service and care for injured workers and agencies with the ultimate goal of getting injured workers back to normal life.

Quick Facts about Samantha:

Favorite Quote:

You really can't know where you are going until you know where you've been—*Maya Angelou*

If you were to write a self-help book, what would the topic be?

How to balance life as a single mother.

Top 3 life highlights:

1. My children being born.
2. Being a grandmother.
3. My daughter going to college.

What did you want to be when growing up?

A psychologist with a private practice.

When you are not at work how do you enjoy your time?

Spending time with my family; visiting family in Virginia Beach and Georgia.

What is the first thing you would buy if you won the lottery?

A house for each of my kids.



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Got ideas
for the
newsletter?

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