**Bright Lights Injured Workers Group**

16 March 2010

David Marshall,
President, Workers Compensation Board (WSIB),
200 Front Street West
Toronto, Ontario
M5V 3J1

Dear Mr. Marshall,

Congratulations on your new position with the WSIB/WCB. We are a group of injured workers from the greater Toronto area and we met many times with your predecessor Jill Hutcheon. We look forward to a constructive relationship.

Today at our meeting we discussed the new WSIB/WCB "narcotics strategy" and we are very concerned. The Board "strategy" is to refuse to pay for medication prescribed by our doctors. That does not help us at all. The Board is not proposing any alternative therapy instead of the prescription. The Board is not going to send us a letter asking us to discuss alternatives with out doctor. The Board is simply going to leave the injured workers stranded at the pharmacy counter when the pharmacist will not fill the prescription because the WSIB/WCB will not pay.

We trust our doctor to make the right prescription; they have a professional obligation to look after our best interests. We have seen the presentation made by the WSIB/WCB and Deputy Minister Cynthia Morton to the Standing committee last month where Ms. Morton said:

> ***First, if we may review the issue of legislated benefit levels as a lever affecting the unfunded liability:… The length of time injured workers stay on benefits, coupled with very high health and drug costs, is increasing the financial pressure on the system beyond anticipated levels.***

It looks to us like the WSIB is refusing to pay for our medication to look after its own financial interest, not the injured workers.

By law, the injured worker has the right to choose their treating doctor and has the right to necessary health care. What good are those rights if the WSIB/WCB refuses to respect the treatment the doctor prescribes?

Without pain management we would have no life. We could not get out for a walk, or get a few hours sleep at night, or spend time with our family without pain medication. Refusing to pay for this will cause harm. The injured workers will either have to suffer in

pain or resort to overdosing on non-prescription pain killers. Many will turn to alcohol. If you want to reduce the use of narcotics, work with us and our doctors, but don't take over. Don't let the injured worker face life with no alternative.

What alternative therapies and pain management systems will you promote and make available to us. If indeed the use of narcotics has gone up in the past 10 years, have you also done research on how that co-relates to the decreased coverage of physiotherapy under OHIP?

What medications will you decide are too expensive next? Will it be the tablets that help us sleep? The medication that relieves our depression? Our Tylenol #3?

We are worried to hear what the WSIB/WCB told the standing Committee last month:

> "**we're satisfied that this is probably the most aggressive narcotic-control program that now exists with any workers' compensation system in Canada"**

Not paying for the medicine prescribed by our doctor is indeed aggressive. We are NOT satisfied. We are highly concerned.

It looks like these medication cuts have not been considered from the perspective of the injured workers. <u>We would like to meet with you as soon as possible to explain our concerns.</u>

Mr. Marshall, when we meet we would like you to share what research the Board's new narcotic strategy policy is based on. It is our understanding that research supports the value of narcotic-based pain management and this may be another reason for increased prescriptions. We will share our research understandings with you at the meeting, but please find the abstract of one such report attached: *Pain Management: A Fundamental Human Right* by Frank Brennan et al. (2007)

Sincerely,
**BRIGHT LIGHTS INJURED WORKERS' GROUP**

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