

## MEDICATIONS

### FITNESS CRITERIA FOR MEDICATION USE

No mariner should be suffering from any medical condition that is likely to be aggravated by maritime service or to render the mariner unfit for such service or to endanger the health of any other persons on board. It is recommended that any medication that could result in these effects be considered in the same way as a medical condition.

Mariners should not be taking any medication that has side effects that will impair judgement, balance, or any other requirements for effective and safe performance of routine and emergency duties on board.

#### 1) *Background*

Medications can play an important part in enabling mariners to continue to work in the maritime environment. Some have side effects that can affect safe and effective performance of duties and some have other complications that will increase the likelihood of illness underway.

The use of oral medication underway may be prevented by nausea and vomiting and so illness may arise if an oral medication is used to suppress the harmful effects of a condition (e.g. epilepsy) or if it is used to replace essential body chemicals (e.g. replacement hormones).

The examining medical practitioner will need to assess the known adverse effects of each medication used and the individual's reaction to it.

Where medication is clinically essential for the effective control of a condition it is dangerous to stop it in an attempt to be fit for maritime work, e.g. insulin, anticoagulants, medication for mental health conditions.

Chronic use of certain medications and the condition that requires their use may both be deemed disqualifying. Chronic use is defined as medications filled on a regular, or near-regular, basis as shown by pharmacy dispensing records. Pharmacy dispensing records for the twelve (12) months prior to submission should be submitted for medications with known cognitive and psychomotor impairment side effects. Examples of medications requiring pharmacy record submission include, but are not limited to, narcotics, opioid-like medications, muscle relaxers, benzodiazepines, sedative-hypnotic sleep aid medications, and other centrally-acting medications.

#### 2) *Guidance on Medication Use*

- a. Mariners may be medically disqualified if they have conditions requiring the use of medications that are incompatible with reliable performance of routine and emergency duties safely or effectively. This disqualification may occur, but is not limited to, the following circumstances:
  - i. On the recommendation of the examining medical practitioner based on reliable information about the presence of impairing side effects.
  - ii. Medication requirements where there are significant consequences if doses are missed.

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- iii. Need for chronic use of medications known to cause cognitive and psychomotor impairment, e.g. benzodiazepines, narcotics, sedative-hypnotics, muscle relaxers, sedating antihistamines.
  - iv. There is established evidence of adverse effects likely to be dangerous if long-term, remote voyage, .e.g. anticoagulants
- b. The underlying cause or need for use of these medications as well as any potential side effects may result in denial of a credential application or require a waiver with possible periodic requirements.
- c. Applicants are encouraged to discuss their medical condition with their health care providers if they are taking the medications listed below, which may be subject to further review:
- Antidepressants
  - Anti-motion sickness agents
  - Antipsychotics
  - Anti-seizure medications
  - Sedating Antihistamines
  - Barbiturates, mood ameliorating tranquilizing or ataraxic drugs
  - Benzodiazepines
  - Cough preparations with Dextromethoraphan, Codeine, or other Codeine-related analogs
  - Diet aids (e.g. Dexatrim, Metabolife, etc.) and stimulants (e.g. Modafinil, amphetamines, etc.)
  - Hypnotics and sedatives (e.g. sleeping aids)
  - Legally prescribed controlled substances
  - Medical use of hallucinogens (e.g. medical marijuana, peyote or ecstasy)
  - Muscle relaxants: Centrally acting (e.g. carisoprodol, meprobamate, cyclobenzaprine, methocarbamol, orphenadrine citrate, benzodiazepines, antimuscarinics and antihistamines, phenyltoloxamine, etc.)
  - Narcotic medications (oxycodone, hydrocodone, propoxyphene, morphine, etc.)