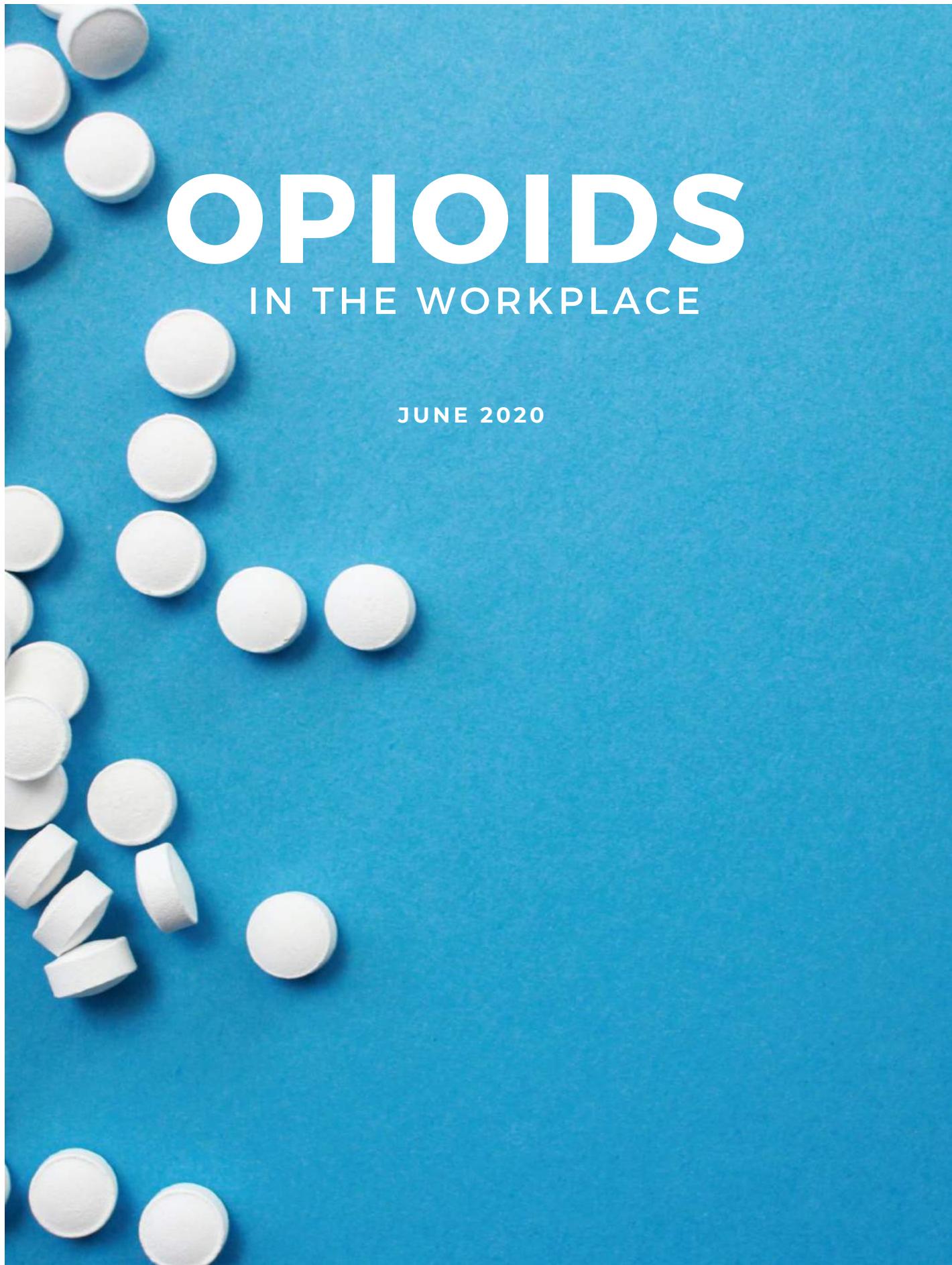


OPIOIDS

IN THE WORKPLACE

JUNE 2020



THE PROBLEM

75% of U.S. employers have been affected in some way by employee use of opioids, fewer than 50% of employers have appropriate HR policies in place, and less than 30% have insurance and benefits appropriately structured to deal with the opioid misuse.

The opioid crisis continues to impact our communities, workplaces and lives. Despite skyrocketing costs, media attention, and new prescribing guidelines opioid abuse continues to negatively affect workplaces.

- Someone dies from an opioid-related overdose every 13 minutes ¹
- U.S. employers lost \$96 billion alone in productivity costs ²
- Opioid abusers cost employers nearly twice as much in healthcare expenses on average as non-abusers ³
- People who use opioids face separate challenges to their respiratory health, leaving them more vulnerable to disease and viruses like the current COVID-19 pandemic ⁴

Employers are also burdened with increased workers' compensation and pharmacy costs as well as increased workforce turnover. Opioids make up one-quarter of all workers' compensation prescription drug costs,⁵ and workers who take opioids for longer than three months don't usually return to work.⁶

The cost of the opioid crisis is formidable and often complex for employers to manage, so we've identified practical actions employers can take to fill the gaps. But first, the most important decision any employer needs to make is whether they believe prescription drug misuse is a disease requiring treatment, or whether it's a terminable offense.

Understanding your organization's position on that will help shape workplace policies and determine the best course of action.

FOUR ACTIONS EMPLOYERS CAN TAKE TO COMBAT OPIOIDS IN THE WORKPLACE:



#1 PREVENTION & EDUCATION



#2 DETECTION



#3 TREATMENT & RECOVERY



#4 REBOARDING



OPIODS ARE NOT ANY MORE EFFECTIVE THAN NON-OPIOD ALTERNATIVES FOR MANY WORKPLACE-RELATED INJURIES.



#1 PREVENTION & EDUCATION

Even with 30% reductions in the number of opioid prescriptions dispensed in 2018 (down from 227 million in 2015), the number of opioid prescriptions being dispensed still outpaces the number of full-time workers.⁷

Patients have a choice of using non-opioid options to support relief in their recovery.

Research shows that for the types of pain related to common workplace-related injuries, including soft-tissue injuries and musculoskeletal problems, opioids are not any more effective than non-opioid alternatives such as Tylenol, Advil, or generic ibuprofen.

Although opioids are widely prescribed for back injuries and chronic back pain, they shouldn't be the first line of treatment. In fact, long-term use of opioids may increase an individual's sensitivity to pain—a phenomenon called hyperalgesia.⁸

Employers should understand and insist on conservative prescribing guidelines for pain treatment for all participating providers in their medical, workers' compensation, and occupational health programs.⁹





ONLY 13% OF THE ROUGHLY 6.5 MILLION WORKPLACE DRUG TESTS SCREEN FOR PRESCRIPTION PAINKILLERS.¹⁰

#2 DETECTION

REVIEW AND UPDATE YOUR DRUG SCREENING AND TESTING POLICY AND PROCESS.

Consider the typical five-panel urine test which screens for:

- Amphetamines (meth, ecstasy)
- Marijuana
- Cocaine
- Phencyclidine (PCP, angel dust)
- Opioids (heroin, opium, codeine, morphine)

Noticeably missing from the opioid list are the most frequently abused prescription opioids: oxycodone and hydrocodone. These are the active ingredients in products like OxyContin, Percocet, Roxicodone, Vicodin, Lortab, Norco, and Zohydro. It's recommended that employers review the 8, 10, and 12 panel drug screens to find the right coverage for these prescribed opioid medications.¹¹

Prescription opioid medications present health, safety, and productivity issues in the workplace. Unfortunately, those with an opioid problem, or those who are adversely affected by their legitimately prescribed medication, are not likely to broadcast it to their employer. Managers and supervisors need to be trained to recognize the signs of behavioral and performance-related impairment related to opioids.¹²



REACH OUT TO YOUR HEALTH PLAN PARTNERS TO GET THEIR ADVICE AND SUPPORT ON THEIR CONNECTIONS TO MANY OF THE LABORATORY FACILITIES.

SIGNS OF ABUSE

Any combination of the following signs may be indicative of an opioid substance abuse problem:^{13,14}

- Noticeable elation/euphoria
- Marked sedation drowsiness
- Confusion
- Constricted pupils
- Slowed breathing
- Intermittent nodding off drowsiness
- Loss of consciousness
- Lack of hygiene
- Frequent flu-like symptoms
- Changes in exercise habit and/or energy level
- Nausea
- Poor coordination
- Consistently sick or ill
- Shifting or dramatically changing moods
- Presence of multiple pill bottles
- Social withdrawal or isolation
- Depression
- Consistently late to work
- Excessive absences
- Missed deadlines or meetings
- Increased work errors
- Significantly decreased productivity
- Poor judgment
- Anxiety
- Hostility



CREATE A SERIES OF ACTIONS TO TAKE FOR PRESCRIBED ABUSERS OF OPIOIDS OR THOSE WHOSE WORK IS IMPACTED.



Prior to drug-testing for reasonable suspicion, supervisors and managers should have documented changes in employee performance and/or behavior.



While the policy is being reviewed with legal counsel to ensure that testing processes and employer actions follow local, state, and federal laws, employers should decide what the consequences are for a positive opioid drug test. For those positives without a legitimate prescription, or for illegal substances, these consequences should be written in a clear and concise manner.¹⁵ Employees should be made aware of the consequences if they are in violation. Three typical scenarios include:

- Continued employment for the violator
- Termination of the violator with the possibility of being rehired
- Termination of the violator without the possibility of being rehired



For those who will continue to be employed or have the opportunity to be rehired, a set of evaluative and rehabilitative steps should be crafted that the employee must meet before returning to work. These steps could happen independently or through an Employee Assistance Program (EAP) where appropriate.

REQUIRE YOUR PBM TO BE TRANSPARENT ABOUT FORMULARY DESIGN.

The purpose of a drug formulary should be to combine cost-effective medications to compliment high-quality care. However, a PBM can also provide strategic services to avoid medication errors and drug misuse. Plan sponsors should consider making themselves better aware of the following:

- Was the formulary design established by an independent council of clinical pharmacists and physicians?
- Does it include evidence-based treatments?
- What prescription drug monitoring programs are in place, including monitoring of pharmacies, automated claims review, cross-checking with state-required inventories, prescribers, and beneficiaries?
- How are they adhering to federal prescribing guidelines?
- Do their utilization management protocols include enforced limits?

ENSURE HEALTH PLANS ARE MONITORING THEIR NETWORK PROVIDERS

In addition to monitoring nonprescription terms of opioid abuse, The Prescription Drug Monitoring Program (PDMP) was designed to mitigate misuse and monitor and analyze prescription and dispensing data for controlled substances.¹⁶



The system consists of independent statewide databases that track prescriptions of controlled substances. Health authorities can access this data to obtain information about not only prescriber practices but also patient behavior.

Plan sponsors should be asking how and if their medical and dental plans are accessing this data and what steps they are taking to refine and authenticate it.



[LEARN MORE AT \[HTTPS://WWW.CDC.GOV/DRUGOVERDOSE/PDMP/STATES.HTML\]\(https://www.cdc.gov/drugoverdose/pdmp/states.html\)](https://www.cdc.gov/drugoverdose/pdmp/states.html)



#3 TREATMENT & RECOVERY

Recovery is difficult and usually involves a combination of medication and counseling. Most common treatment approaches include:¹⁷

- Detoxification in an inpatient or highly supervised outpatient setting is the least effective means of treatment and most patients resume opioid use within six months of detoxification.
- Detoxification followed by intensive counseling and a long-acting injectable, Naltrexone. Naltrexone is an opioid blocker that will negate the effects of opioids for four weeks; however, an individual may still have cravings due to biochemical changes in the brain.
- Medication replacement therapies are the most effective treatment for opioid dependence and can be offered on an outpatient basis.

Treatment should include any or all of the following:

- Substance abuse education
- On-going professional recovery services following return-to-work
- On-going participation in 12-step program or alternative recovery support system
- Random and unannounced return to work drug testing to ensure abstinence

Research indicates that employer supported and monitored treatment yields better-sustained recovery rates than treatment initiated at the request of friends and family members.¹⁸



ACTIONS TO TAKE

- Publicize and promote resources for employees to seek help for dependency and addiction**, including information available through their healthcare benefits and EAPs.

- Identify and ensure that your employees have access to the best treatment and recovery options.**

- Consider partnering with a Centers of Excellence in Healthcare.**
These providers play a vital role in the management of opioid misuse and abuse. In conjunction with their medical vendor, employers should have the tools they need to not only identify and manage opioid-related risk within their population but also those needed to direct plan members toward high-quality providers renowned for high-quality outcomes.



Centers of Excellence in a healthcare are, specialized programs within healthcare institutions that supply exceptionally high concentrations of expertise and related resources centered on particular medical areas and delivered in a comprehensive, interdisciplinary fashion.¹⁹

POLICY CHANGES & IMPACT

Viruses like COVID-19 can be a serious threat to those who smoke tobacco, marijuana, or who vape. People with opioid and methamphetamine use disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health.²⁰

Be educated on recent changes put in place for individuals with substance abuse disorders as a result of COVID-19.

MARCH 2020 CHANGES TO ADDICTION MEDICINE

The Centers for Medicare and Medicaid Services (CMS) made far-reaching changes to addiction medicine since March 2020, and most notably, added great flexibility in how the treatment is accessed.²¹

- Telemedicine can prescribe 28 days of take-home methadone and first-time buprenorphine prescriptions
- CMS will reimburse health providers for video telehealth visits and audio-only visits
- The Department of Health and Human Services stopped enforcing many privacy laws so long as doctors made a good faith effort to treat patients safely
- The use of commercial video chat applications were expanded for patients and providers to communicate



#4 REBOARDING

Retaining an employee following a successful treatment is good for morale and the company's bottom line.

Although most of us think about reboarding related to entering a ship, train, airplane or bus, reboarding can refer to the process of people returning from medical leave, transitioning roles within a workplace, or just simply the process of ‘refreshing’ people with new content or information that they need.

In workers' compensation case management and return to work from medical leave, an organization is charged with determining whether an employee has the capacity to perform his or her job while taking a medication known to cause impairment. “Fitness for duty” and “return to work” criteria vary, and employers are advised to work closely with legal counsel and human resources to develop workplace policies around these issues.²²

Good planning will ensure successful reboarding of employees who have completed treatment back into the workplace.

REDUCE STIGMA IN THE WORKPLACE

A big part of reducing the stigma surrounding opioid abuse is accomplished through dialog. By reviewing your drug-free workplace policy and sharing it with your staff, you will provide your organization with the forum it needs to discuss opioids freely.

Employees should not fear the loss of their job or any other kind of retaliation for expressing their concerns, confessing their problem, or admitting they need help to get better.

Managers and supervisors should inform workers about the confidential help available.

Simply by opening the dialog between management and staff, employees who are currently affected by opioid use may feel a bit more secure in reporting their issues under confidential circumstances. At the same time, employees must realize that if these drugs are impairing their ability to perform their work properly and/or safely, there may be consequences in the form of job reassignment, rehabilitation, counseling, etc.

70% of all U.S. companies and 90% of Fortune 500 companies purchase EAPs because these employers understand that they improve the company's bottom line. Findings from 21 studies showed that EAPs reported favorable returns ranging from \$1.49 to \$13. Mental health programs showed one of the highest ROIs.²³

TAKE AWAYS

Opioids can create problems in the workplace, but there are several actions employers can take to help mitigate the impact on their company's workforce and bottom line.

- 1) Keep up with new processes and policies.** Make sure your policies are up to date, screening for the right medications.
- 2) Employers can work with healthcare providers and plans to educate employees on all their pain management options.**
- 3) Having clear, drug-free workplace policies,** will help employees know who to talk to, how they can communicate with the resource, and where. Building leadership capacity to respond and effectively manage these situations will reduce risk, injuries, and improve the chances for recovery, treatment, and return to work.
- 4) Review and update the scope of drug screening and testing policies.** Engage with health plan partners who have established relationships and track records with many of the laboratory facilities.
- 5) Everyone has a role** in better understanding the problem, as well as how to detect signs of Opioid misuse and/or impairment.
- 6) Engage the experts.** Work with your health plan and PBMs to help avoid medication errors and drug misuse. Many of these stakeholders have a shared interest in ending this epidemic.
- 7) No Single Antidote.** Recovery is difficult and usually involves a combination of medication and counseling, but the employer has an important role in this process. Gain expertise and connect to the best treatment and recovery resources for your employees and their families. Not only will this reduce costs and risks, but it will also demonstrate that you're committed to a healthy workforce.

Retaining an employee following a successful treatment is good for morale and the company's bottom line. Good planning and reducing stigma in the workplace will ensure employees who have completed treatment are successfully reboarded back into the workplace.

While this paper has focused primarily on the financial costs to employers associated with opioid abuse, make no mistake, the financial costs extend far beyond the workplace, and so do the very real human costs. As such, payers, providers, and patients will all need to pitch in to truly end this crisis.



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LET'S KEEP THE CONVERSATION GOING

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