



## Opioid Abuse: What Employers Can Do

NOTE: This issue of the PAS-It-On is unusually in-depth. The topic is urgent in light of the devastation that has occurred because of the opioid crisis in the U.S. and Canada. Please take a few extra minutes to read this edition in its entirety and consider how your organization can enhance its efforts to curb opioid abuse.

It's all over the news: the Opioid Epidemic in America. Most people know that this refers to the increased abuse of prescriptions painkillers, subsequent substitution with cheaper heroin, and increased mortality due to opioid abuse. Many federally funded and not-for-profit organizations, as well as state, local and federal legislative bodies, have taken steps to address the problem. But there is so much more to be done, witnessed by the continuing trends. While fatal overdoses associated with prescription opioids (e.g. morphine, oxycodone, methadone) fell between 2010 and 2015, fatal overdoses from heroin tripled, from 8% in 2010 to 25% in 2015.

### Impact of the Opioid Epidemic

Opioid abuse affects everyone: those addicted or dependent, friends, families, communities, and employers. Sobering statistics illustrate the magnitude of the epidemic and its consequences:

- 32% of all opioid prescriptions are being abused.
- Patients who are abusing opioids cost nearly 2 time more in healthcare spend per year than non-abusing patients.
- Opioid abuse is costing employers \$42 million per year in lost productivity.
- Deaths resulting from opioid abuse have quadrupled nationwide since 1999.
- Between 2014 and 2015, heroin overdose deaths increased 21%, but deaths from prescription pain medications (including Fentanyl) increased 72%.
- Drug overdoses now cause more deaths per year than car crashes
- By 2010, more people were dying annually from prescription opioid abuse than from heroin and cocaine combined.
- Prescription painkillers contribute to more deaths now than any other abused substance.
- Prescription painkillers account for 19% of workers' compensation medical costs.
- In 2012, workers compensation claimants that were prescribed even one opioid cost more than 3 times that of claimants with no opioid prescriptions.
- Opioid medications are readily available. More than half of chronic abusers (using more than 200 days

during the past year) received medications from prescriptions (27.3%) or were given medications by friends and family (26%). Another 23.2% purchased opioid medications from friends/family while only 15.2% purchased from dealers.

- Receiving more than a 7 day supply of opioid medication soon after an injury doubles the risk of disability one year later.
- Less than 7% of health professionals conduct baseline and periodic drug screens for their patients taking opioids on a longer-term basis.

Opioids are chemically-related drugs that include prescription pain medications (such as oxycodone, hydromorphone and fentanyl), heroin, methadone and buprenorphine (both used to treat and manage opioid addiction). They act on the nerve cells in the body and brain to block pain. They also produce euphoria or a general sense of well-being and therefore are susceptible to misuse and abuse. They are also highly addictive – the body develops a tolerance for the opioid, requiring increasing dosages to achieve the same effects (pain reduction and euphoria). While opioid pain medications are generally safe for short-term use as prescribed by a doctor, regular use, even as prescribed by a doctor, easily leads to dependence.

Opioid addiction and dependence cuts across socioeconomic, geographic, occupational and educational strata. No one is immune. SAMHSA reports that approximately 2 million people were dependent or abusing prescription opioids in 2014, and chances are, you

know someone who is abusing opioids.

The detrimental impact of opioid abuse on the workplace is pervasive: employees expose themselves and others to risk when driving to and from work, operating machinery or other equipment, making critical errors, and compromising productivity and quality of work.

Most people who become addicted to prescription pain medications did not set out to abuse the medication or become dependent. The phenomenon is poignantly described as “falling down the rabbit hole”. Heroin and prescription pain medications are bedfellows: they act similarly on the brain, and taking one increases the susceptibility to becoming addicted to the other. Add to that the trend in Fentanyl abuse – another prescription opioid that is 50 times stronger than heroin – and the situation has become a full-blown, savage and unrelenting epidemic.



## Solving the Puzzle: What Can Employers Do?

Employers are in a strategic position to reverse these trends. Because opioid addiction and dependence have become synonymous with availability of prescription opioids and medical pain management through employer health plans and workers compensation, employers must change the landscape of opioid availability, pain management strategies, and workplace safety. Consider this four-pronged approach, adapted from the National Safety Council:

### Re-evaluate Drug-Free Workplace Policies

- Review drug-free workplace policies with HR and legal counsel.
- Ensure that drug-testing procedures respect the dignity and privacy of employees. Drug-test results must remain confidential.
- Ensure drug test panels include opioid painkillers. Drugs such as oxycodone and methadone will not show up in standard opiate test panels since they are synthetics.
- Reconsider zero-tolerance drug-testing policies if your organization can accommodate off-work employees who are engaging in treatment. The possibility of retaining employment is a motivator to engage in treatment.



- Create an environment conducive to self-disclosure.
- Understand the laws that address prescription drug use at work (reasonable accommodation, impairment, ability to perform essential job functions).
- Assess job requirements and what constitutes “impairment” for specific job functions. Legitimate use of narcotics, opioids, sleep aids, etc. must be accommodated only to the extent that they do not impair an employee’s ability to safely perform their job function.
- Policy should include requirement that employees not present to work impaired by substances.
- Incorporate an alternative to termination in your drug-free workplace policy. In collaboration with your EAP, develop a well-structured referral process to the EAP for assessment, treatment and recovery in lieu of immediate termination.

- Educate supervisors about the EAP, how to access, and the process for making performance-based referrals of employees to the EAP.
- Educate all employees about the dangers of opioid medications, safe storage, proper disposal, and appropriate use (e.g. “don’t mix, don’t share”).
- Make substance abuse a familiar topic.
  - ◊ Talk about it.
  - ◊ Work to reduce the stigma (remember, most people don’t try to get addicted).
  - ◊ Demonstrate care and respect for all employees.
  - ◊ Acknowledge the rising trends and the association between mental and physical health disorders and substance abuse.
  - ◊ Communicate the risks of substance abuse: accidents, impairment, loss of employment, financial hardship, negative impact on loved ones, loss of relationships, legal issues, and so on.
  - ◊ Communicate uniformly to all employee groups, locations and job functions. No one is immune from this epidemic and peers are one of the highest protective factors for co-workers who are struggling with dependence and addiction.

### Evaluate and Shore Up Your Workers Comp, Medical, and PBM Plan Benefits and Controls

- Monitor Workers Compensation claims for opioid prescriptions as first line therapy for pain. Painkillers are often considered cheaper therapy than other treatments (e.g. physical and occupational therapy, chiropractic, cold laser, ultrasound, biofeedback, radiofrequency ablation, trigger point and steroid injections, behavioral modification therapies, acupuncture, massage) but wind up costing employers far more in the long run.
- Offer coverage for alternative pain management therapies through your medical plan. This will encourage medical professionals to prescribe alternate pain management therapies rather than resort to cheaper opioid pain medications that mask rather than mend physical dysfunction or injury.
- Improve employee awareness and engagement with your benefit programs so they make better health care decisions, especially related to opioid use.

### Invest in Management and Employee Awareness and Education

- Implement a comprehensive drug-free workplace education program for both supervisors and employees.
- Train supervisors to recognize addiction and substance abuse problems (e.g. signs and symptoms, indicators of performance decline or problematic performance, behavioral changes). Supervisors should not attempt to diagnose a behavioral health issue or substance use disorder but rather identify signs of distress, impairment or substandard performance.



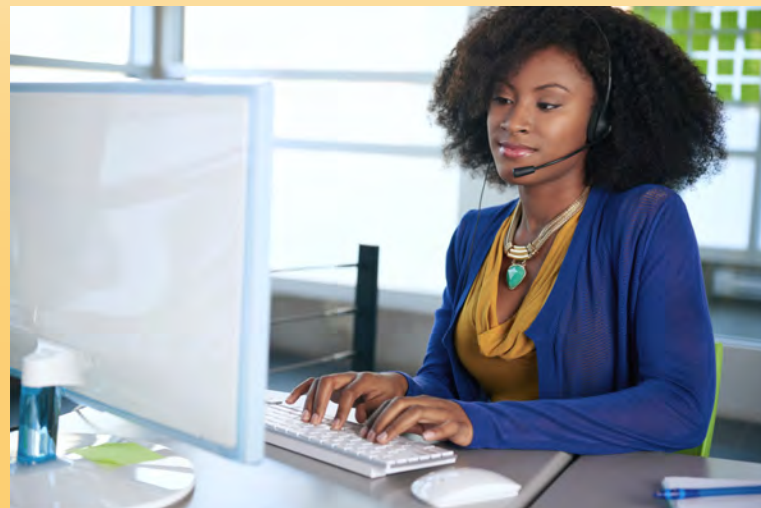


- Leverage benefit plan analytics to identify opportunities to address health care needs at a holistic level. Can your benefit plans share data and cross-walk patient/provider/diagnosis data?
- Request reporting from your Pharmacy Benefit Manager (PBM) on total drug spend and trends for opioid prescriptions. Will your PBM:
  - ◊ Flag for “too early” refills?
  - ◊ Flag for high dose levels (e.g. morphine > 120 mg/day)?
  - ◊ Flag for duration of therapy (e.g. >7 days)?
  - ◊ Implement a process for historical review and contact high prescribers?
  - ◊ Flag for patients receiving opioids from multiple prescribers?
  - ◊ Prevent pharmacies from overriding flag?
  - ◊ Restrict network pharmacies to those that reference the local/state Prescription Drug Monitoring Program (PDMP’s)?
  - ◊ Adjust flagging for legitimate and justified uses of opioids that exceed flag thresholds (e.g. cancer, terminal palliative care)?
  - ◊ Implement a prior authorization process for opioid prescriptions beyond short-term ( $\leq 7$  days) or implement utilization management and step therapy protocols that document regular pain evaluation and urine drug testing to monitor appropriate use of opioid prescriptions?
- Request that the PBM “lock in” high users of opioids to a single prescriber/pharmacy.

- Set up a closed formulary for all opioids, requiring a PA and demonstration of periodic urine drug testing by a health care professional for longer-term opioid therapy.
- If they don’t do so already, petition your medical plan administrator to remove high prescribing health professionals, and those who fill opioid prescriptions in-house (rather than through a pharmacy) from the in-network panel.
- Coordinate with your benefits vendors to ensure cross-referral, continuity of care, communication of patient-specific flags.
- Evaluate your Return-To-Work process. Do your Fitness for Duty protocols require screening for opioid use/abuse when appropriate?

### Increase and Ensure Confidential Access to Help and Treatment

- Employer-sponsored treatment for opioid abuse is often more effective than treatment that is encouraged by family and friends. Take advantage of this unique position to promote early intervention and motivate employees to access help and treatment.
- Implement robust, multi-point access to a high quality EAP. Ideally, your employees should be well aware of the availability of quality EAP services to support well-being and recovery, and how to access services.
- Access to EAP services should be uncomplicated and barrier free. No employee should have to call the EAP to obtain an authorization and then call multiple counselors to identify one that has availability and/or is accepting new clients. The EAP should facilitate referrals to providers by first verifying that they have appointments available to meet



the employee's needs and then assist with scheduling the appointment either through warm-transfer or personally scheduling the appointment on behalf of the employee. The EAP should follow up with the employee after the first appointment to confirm fit and satisfaction.

- Communicate to your employees that the EAP is the “easy access” entry-point for mental health and substance abuse concerns. Employees with opioid abuse problems need help with acceptance, commitment to recovery, and facilitation to the appropriate levels of care. Employee Assistance Professionals are highly qualified to follow employees through various stages of treatment, motivate compliance with treatment protocols, support employees through step-down, advocate for the appropriate level of care, and teach strategies to address psychosocial challenges that may impede or sabotage treatment progress.
- Integrate the EAP with the mental health and substance abuse components of your medical plan. Communicate the plan design of your medical carrier to the EAP and vice versa.
- Request that customer service agents for your medical carrier refer employees to the EAP for first-line assistance for mental health and substance abuse concerns, except in medical emergencies. The EAP works with employees to utilize their benefits most cost-effectively and for the best outcome, thereby reducing plan costs, repeat admissions and treatment failures due to under-treatment.
- Confirm that your EAP answers calls live 24/7/365 by masters' level clinicians or higher. The window of opportunity for callers with substance use concerns is small, and the first contact with the EAP must be with an expert who can effectively engage callers who are ambivalent about seeking help.
- Include the phone number for the EAP on the back of your medical insurance cards.
- Consider offering drug awareness training to your employees through your EAP. The EAP's presence will increase your employees' confidence in and familiarity with the EAP and further reduce the threshold for seeking help through the EAP.

- Make substance use educational materials widely available to your employees. Consider:
  - ◇ educational material on your intranet portal,
  - ◇ email campaigns,
  - ◇ printed material sent to employees' homes,
  - ◇ posters and pamphlets placed in breakrooms, rest rooms and public bulletin boards,
  - ◇ digital signage,
  - ◇ easy-access information in open enrollment materials and enrollment portals.



Most importantly, communicate to your employees that you value them, that as their employer, you truly care about their well-being and success, and that you want to support them to be healthy and experience satisfying lives. While opioid abuse negatively impacts employers and business, the biggest tragedy is how it devastates lives and families.



***Be a part of the solution!***

For more information on how PAS can help you evaluate EAP integration opportunities with your vendors and implement a robust, comprehensive program to address opioid abuse (and substance use generally),

call PAS Account Services at **(314) 722-4113**

or email [account.services@paseap.com](mailto:account.services@paseap.com)

to speak with a PAS Certified Employee Assistance Professional (CEAP) to review your existing programs, explore your organizational goals, and suggest steps for further development of your drug-free workplace initiatives.

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**Fall down seven times,  
stand up eight.**  
~Japanese proverb

## Contact PAS

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call PAS Account Services at **(314) 722-4113**  
or email [account.services@paseap.com](mailto:account.services@paseap.com)

to speak with a PAS Certified Employee Assistance Professional (CEAP) to review your existing programs, explore your organizational goals, and suggest steps for further development of your drug-free workplace initiatives.