



STANDARD
CAPSULE
Side 1
40MG

Take This Med
At Least 1 Hour
Before A Meal

Swallow Whole
Not Chew Or

Do Not Eat Fat
Least 1 Hour
Taking This
Medicine

May Cause
Dizziness

RX# 4590

TAKE ONE
AS NEEDED

NO REFILL

CAUTION: FEDERAL CONTROL

The proactive role employers can take: **OPIOIDS IN THE WORKPLACE**

SAVING JOBS, SAVING LIVES AND REDUCING HUMAN COSTS

making our world safer®



About the Council

Founded in 1913 and chartered by Congress, the National Safety Council (nsc.org) is a nonprofit organization whose mission is to save lives by preventing injuries and deaths at work, in homes and communities, and on the road through leadership, research, education and advocacy. NSC advances this mission by partnering with businesses, government agencies, elected officials and the public in areas where we can make the most impact – distracted driving, teen driving, workplace safety, prescription drug overdoses and Safe Communities.



Overview

Companies and organizations of all sizes have an important role promoting the health and safety of employees and managing risks in the workplace. Employers who have strong workplace policies, education, health benefit programs and well-trained managers create safe and healthy environments in which both employees and business thrive.

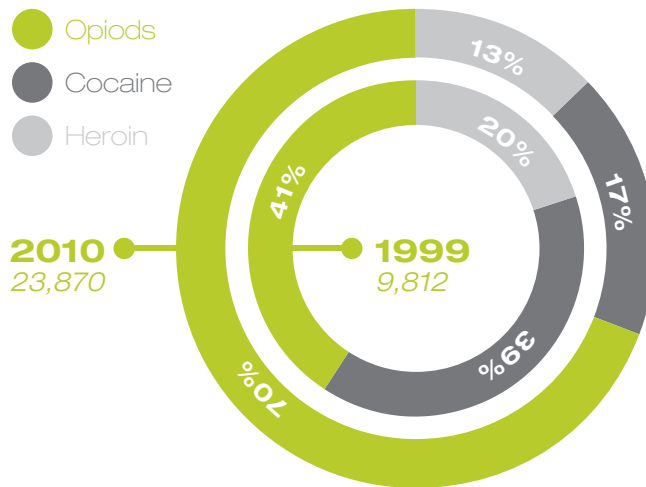
The coverage of prescription medication in healthcare benefit packages, continues to be an essential part of employee healthcare. When used wisely and correctly, prescription medications can contribute to favorable treatment outcomes and quality of life. However, a disturbing trend has been emerging in the workplace, and it is driven by the use and abuse of opioid painkillers – now the most widely prescribed pain relievers and most highly abused prescription drug.

Drug distribution through the pharmaceutical supply chain was the equivalent of 96 mg of morphine per person in 1997 and approximately 700 mg per person in 2007, an increase of more than 600 percent¹ and the incidences of opioid use disorders and abuse have proliferated. Per capita, the United States has one of the highest rates of opioid use in the world.²

The Opioid Epidemic

In 2010, more than 38,000 people died of drug overdoses, of which 16,651 were tied to prescription opioids alone or in combination with other prescription medications or alcohol. Overdose deaths from prescription opioids now exceed deaths from both heroin and cocaine combined. Drug overdoses, predominately from opioids, now exceed car crashes as the leading cause of unintentional death.³ More than twice as many Americans have died from this prescription opioid overdose epidemic than during the Vietnam War.⁴

Opioid abuse reaches beyond stereotypes of “addicts and drug seekers”. A recent study in JAMA Internal Medicine showed that more than half of chronic abusers - those who took pills for at least 200 days during the past year - received those pills from prescriptions written for them (27.3 percent) or friends and family (26 percent). This underscores the need for prescribing guidelines and safe, locked storage for these prescriptions in homes. In addition, 23.2 percent of high-risk users bought prescription drugs from friends and relatives and 15.2 percent purchased them from dealers.⁵



In 2010, more people **died from overdose of opioid painkillers** than died from heroin and cocaine combined.


Opioid prescription medications are both a health and a safety issue in your workplace. These medications are powerful, highly addictive drugs that have the potential to cause impairment, increase the risk of workplace incidents, errors and injury even when taken as prescribed. Prescription painkillers also profoundly increase workers' compensation costs, increase the length of worker disability and increase work time lost.^{6,7} Opioid prescription abuse also significantly increases the use of emergency room services, hospitalizations and other medical costs.⁸

Sales of prescription painkillers and the number of fatal poisonings quadrupled from 1999 to 2010.⁹ Drug treatment admissions for prescription opioids showed a seven-fold increase between 1998 and 2010, from 19,870 to 157, 171.¹⁰

This prescription painkiller epidemic poses a unique challenge for employers. These are legal drugs prescribed by licensed providers for pain that sometimes is caused by workplace-related injuries. Drug-Free Workplace Programs, including the scope of drug testing, the handling of positive results and policies about prescription drug use in the workplace, need to be revisited.

Employers have legitimate legal concerns about privacy, protection of personal medical information and possible violation of the confidential provider-patient relationship. An employee who tests positive for these legal drugs may present a legitimate prescription, and he or she may or may not have a dependency or an addiction problem. However, this employee may still be impaired and putting him or herself and the workplace at risk for injuries, incidents, errors, and more.

Broad legal assurance exists for employers to provide a drug-free workplace, including drug testing in order to establish that job tasks are performed in a safe and effective manner. Challenges emerge when what constitutes "impairment" needs to be determined, particularly in safety-sensitive positions and when the employee is taking a legitimately prescribed drug.

 Your employees could be struggling with an emerging dependence, or addiction, to these medications—a problem they never intended to have.

THIS WORKPLACE-FOCUSED REPORT WILL:

- ✓ **Inform** you about the current evidence surrounding opioid medications and their potential impact on your workplace
- ✓ **Create** a "call to action" that, regardless of the size of your organization, will enable you to:
 - Partner effectively with your benefit providers
 - Assess current workplace policies and scope of drug testing
 - Prioritize essential education efforts
 - Improve access to confidential help for your employees

What can be done to address safety and health risks related to employee opioid use?

How does this epidemic translate to our workplace?

It's not our business what medications an employee is taking—or is it?

What are the human and financial costs to our organization?

No one is overdosing here at work. Do we really have a problem?

Are employees aware of the risks associated with these medications?



PROFILE:
Don Teater, MD
 Medical Advisor,
 National Safety
 Council

Dr. Donald Teater has worked intensively with opioid and mental health treatment and recovery for more than 10 years. Through this experience with substance abuse treatment, Dr. Teater finds that addiction is a tragic disease, but it is treatable and preventable. Through his work, Dr. Teater is focused on education and policy that address the overprescribing and misuse of prescription opioids.

In addition to serving as Medical Advisor for the National Safety Council, Dr. Teater remains active in the recovery community through his practice in western North Carolina.

Dr. Teater recommends that employers work closely with their benefit and health plan providers to understand utilization data and develop interventions for prescribing behavior and opioid claims. It is also important that employees are aware of the serious risks associated with these medications and can access support and treatment if necessary.

Opioids are not more effective for most pain

Pain management is responsible for millions of office visits every year. The painkiller market is enormous and exceeded \$9 billion in 2012. Despite the significant increase in the use of opioid medications during the last decade, a recent Institute of Medicine report showed that little progress has been made in the treatment of pain.

Research also shows that for 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.¹¹ Although opioids are widely prescribed for back injuries and chronic back pain, they should not be the first line of treatment. In fact, long-term use of opioids actually may increase an individual's sensitivity to pain – a phenomenon called hyperalgesia.¹² Non-steroidal anti-inflammatory drugs (NSAIDs) offer a more affordable and safer alternative to opioids. NSAIDs include ibuprofen (generic for Advil or Motrin), naproxen (generic for Aleve or Naprosyn), prescription Celebrex, and similar medicines.

Medical providers treating workplace injuries have a choice and should be focused on the use of non-opioid pain medications whenever possible. Non-opioids have been shown to be as effective as opioid medications for most pain. Employers should understand and insist upon conservative prescribing guidelines for pain treatment for all participating providers in their medical, workers' comp and occupational health programs.

Opioids in the workplace: A call to action

Partner with Insurance, Medical/PBM, and EAP Providers

Re-Evaluate Policy and Testing for Prescription Drugs

Invest in Management and Employee Education

Increase and Ensure Confidential Access to Help and Treatment

I. Re-Evaluating Drug-Free Workplace Policy and drug testing

Drug-Free workplace programs are cost-effective programs that will help employers save money and keep their employees safe. Effective programs should consist of these five components:¹³

- 1 A clear, written policy
- 2 Employee education
- 3 Supervisor training
- 4 An employee assistance program
- 5 Drug testing

1 A clear, written policy Good policy has never been more important. Unlike blood alcohol levels, proving an objective measure of unsafe impairment is difficult. The involvement of legal counsel in tandem with human resources and employee relations is critical to ensure the policy includes protections for risk management, injury prevention and liability.

Prescription Drug Workplace Policy Consult with your company's legal team to ensure that all federal and state-specific guidelines are reflected in your policy.

SAMPLE POLICY

Prohibited Behavior

It is a violation of our Drug-Free Workplace Policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs, or intoxicants. Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with the safe performance of his/her job. If the use of a medication could compromise the safety of the employee, fellow employees, or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g., call in sick, use leave, request change of duty, notify supervisor, notify company doctor) to avoid unsafe workplace practices. The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of our drug-free workplace policy to intentionally misuse and/or abuse prescription medications. Appropriate disciplinary action will be taken if job performance deteriorates and/or incidents occur.¹⁴

2 Employee education Employers should address several areas when sharing information with employees about opioid medications.

Be informed at the point of prescribing The prescriber-patient relationship is a confidential one. However, employees should know to discuss their concerns about taking an opioid painkiller as soon as a prescriber recommends it. Employees then should work with their prescriber to determine if a non-opioid prescription can be used.



Research has confirmed that opioids **are not more effective** than non-opioid painkillers for most pain.





Who is at a greater risk for developing a problem with prescription opioids?

Through many years of professional experience working with opioid addiction and recovery, Dr. Teater feels everyone is at risk for addiction to these powerful drugs and there are certain factors that may increase this risk.

- **Personal or family history of addiction or substance abuse**
- **Having participated in several treatment programs for addiction**
- **Suffers from depression or anxiety**
- **Long-term use of prescription opioids**

What about driving? Opioid prescription information provides a warning of the potential impact on driving or using heavy equipment while taking these medicines. These drugs can alter a person's judgment, create tremors, reduce muscle strength, impair coordination and even create confusion. These effects are enhanced when used in conjunction with alcohol and/or certain other psychotherapeutic medications. State laws vary widely in their handling of "driving while impaired from prescription drugs." In the majority of states, an individual can receive a driving under the influence (DUI) citation, even if he or she is driving under the influence of a legitimately prescribed medication.

How will an opioid medication affect my work? The effects of opioid medications can create serious risks at work. Employees need to be clear about the policy on potential impairment from prescription medications. Making job descriptions available to employees to share with medical providers is helpful. While illegal drugs used to be the focus, it is now important to offer frequent reminders of the prescription drug policy for your workplace.

Practice safety at home Employee home safety education includes four key messages:

- ✓ **Safe Storage** Opioid medications need to be stored securely, preferably locked up just the way you would if you keep a firearm in your home. A desk drawer at work is not a safe choice.
- ✓ **Safe Disposal** Once an individual is finished taking an opioid painkiller, he or she should seek a safe disposal opportunity in his or her community and not keep these medications for later.
- ✓ **Don't Mix** Opioid medications should not be mixed with alcohol, sedatives, or other psychotherapeutic medications. Individuals should talk to their prescriber and/or pharmacist to ensure they are not at risk for any other drug interactions.
- ✓ **Don't Share** Opioid medications should not be given to or borrowed by friends or relatives. The majority of people who abuse these drugs obtain them from friends or relatives.

Encourage employees to seek help for dependency and addiction Employees who are taking opioids may become dependent more quickly than they realize. They may experience certain negative effects when they stop taking the drugs, which is a strong motivation to continue the medication. This is the point at which employees need to work with their physician about their dosage and continued use. There needs to be education around the difference between dependency and addiction and to the importance of intervening before employees develop a serious addiction. The employee's medical provider or company Employee Assistance Program (EAP) are critical resources in getting help.

③ **Supervisor training** With the changes in drug use over the past several years, it is important for managers to be current on their workplace policy for prescription drug use, understanding potential signs of impairment and the updated process and scope of drug testing. Managers should communicate this information regularly with employees during individual and team meetings.

Review of Drug-Free Workplace Policy for prescription drugs Many organizations are updating the language in Drug-Free Workplace Policies to reflect employees' responsibility related to potential impairment from a prescription drug. The non-medical use of prescription drugs, is not acceptable and may be treated the same as illegal drug abuse would be. Understanding these nuances is critical for managers.

Understand the law for prescription drug use at work Managers need to know that the Americans with Disabilities Act (ADA) may protect an employee's use of over-the-counter or prescription drugs to treat a disability. Such use should not be prohibited by a drug testing policy. If an employee notifies a manager that his or her medication may impair job performance, managers should be coached on how to engage and offer reasonable accommodations, up to or including modifying job responsibilities.

However, prescription drug abuse is considered illegal drug use. Employers may test employees for such abuse based on a reasonable suspicion.

Signs of impairment and your organization's definition of reasonable cause for drug testing

Manager training should include examples of typical behavioral- and performance-related signs of impairment. The organization should also determine the threshold for reasonable cause to test employees for drug use, and those parameters must be consistent with legal and policy requirements. Again, safety is key. Employee communication needs to focus on the shared goal - ensuring that work can be done safely and effectively at all times.

Review of updated scope of drug testing Both management and employees need to be informed of any screening that's done as part of the organization's Drug-Free Workplace Policy. These policies include prescription drugs that may cause impairment.

4 An Employee Assistance Program It is in an employer's best interest to identify opioid abuse and to support confidential access to treatment. Employer-sponsored treatment is a cost effective solution. Replacing an employee costs an employer between 25 percent to 200 percent of its annual compensation. These costs do not include the loss of company knowledge, continuity and productivity.¹⁵

Seventy percent of all U.S. companies and 90 percent of Fortune 500 companies purchase Employee Assistance Programs (EAP) because these employers understand that EAPs improve the company's bottom line. Findings from 21 studies assessing the efficacy of corporate health and productivity programs found that EAPs have positive returns on investment. All programs reported favorable returns ranging from \$1.49 to \$13.00 per dollar spent on the program. It is noteworthy that the mental health program showed one of the highest ROIs.¹⁶

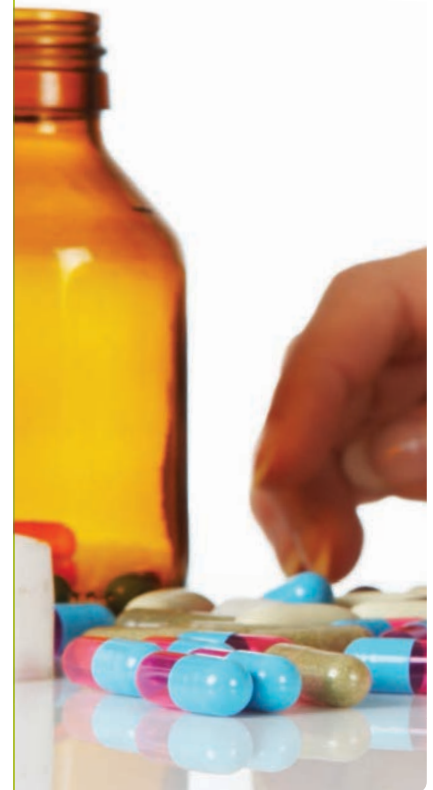
While many companies have EAPs, few employees use them. Many employees don't understand the value or may fear negative ramifications if they seek help. Companies of any size can purchase EAP services, which are an effective "triage" for an employee in need and often effective in connecting an employee to the most appropriate intervention and treatment.


Employee education on the company's EAP services needs to clearly state who an employee may talk to, how they can communicate with that resource and where. Employees also need to have details about their benefit plan coverage and aftercare.

Managers and supervisors are key to the promotion of EAP services both initially and ongoing. Promoting Drug-Free Workplace initiatives increases employee use of these resources. Through ongoing training efforts, managers should be comfortable advocating for EAPs.

Saving jobs, saving lives

When an employee has an opportunity to seek help and, in turn, keep his or her job, both the employee and employer are grateful and loyal. Employees understand the need for workplace safety and full productivity. The employer's message needs to combine firm enforcement of prescription drug use policies with "there are programs available here to help you."





Treatment options Opioid use results in profound biochemical changes in the brain, making this addiction challenging to overcome. Recovery often requires long-term treatment with medications. Medication-assisted treatment and ongoing aftercare can help people enter into and maintain recovery. However, employer support often helps.

Research indicates that employer supported and monitored treatment yields better sustained recovery rates than treatment initiated at the request of friends and family members.¹⁷

There are generally three approaches, and some are more effective than others:

- **Detoxification from opioid addiction** is accomplished in an inpatient setting or in a highly supervised outpatient setting. Detoxification alone is the least effective means of treatment. Most patients resume opioid use within six months of the detoxification process. A single detoxification episode should not be promoted as effective treatment.¹⁸
- **Detoxification followed by intensive counseling** and a long-acting injectable, naltrexone, is somewhat more effective than detoxification alone. Naltrexone is an opioid blocker that will negate the effects of opioids for four weeks; however, an individual may still have cravings for the opioids due to biochemical changes in the brain.
- **Medication replacement therapies** with either methadone or buprenorphine are very effective treatments for those who are motivated. Buprenorphine may cause less drowsiness or job impairment than methadone. Medication replacement therapy is the most effective treatment for opioid dependence and can be offered on an outpatient basis. Because of serious biochemical changes that have occurred as a result of the abuse of opioids, many will often have to remain on medication for several months or a year and some for the remainder of their life.

⑤ **Drug testing** Employer drug testing programs must address nonmedical drug use and prescription drug abuse in the workplace. Written policies need to reflect the specific actions both employees and employers must take.

A number of workplace studies measuring the incident rates of companies before and after implementing drug testing indicate that drug testing is an important safety factor. One of the most prominent of these studies involved the Southern Pacific Railroad. Following the implementation of drug testing, incidents resulting in injuries dropped from 2,234 incidents in the year before drug testing was introduced to just 322 after drug-testing. This represents a 71.2 percent decrease in incidents.¹⁹

Many employees legitimately and properly use prescribed or over-the-counter drugs, such as sleeping aids, cold medicine or painkillers. Most employers sensibly believe employee medication use is none of their business, as long as the drugs don't impair the employee's job performance. A Drug-Free Workplace Policy was more easily enforced when illegal drugs were the only drugs banned under the policy. Now, the increased use of prescription medicines, especially opioid painkillers has created an important need to revisit these policies.

If an employee's performance is affected by the proper use of prescription or over-the-counter drugs, state and federal disability laws or labor/union contracts may impact an employer's options. An organization may have many different testing policies in order to meet union guidelines, safety-sensitive position requirements, laws for operations in multiple states and office staff. Depending on how the drug affects the employee's job performance, and whether the employee suffers from a disability within the meaning of these laws, a company may wish to accommodate the employee by making changes to his or her responsibilities.

Drug tests can be perceived as being highly intrusive, but they can be invaluable tools for preventing drug-related incidents and reducing risk. A drug-testing program curbs drug abuse because it instills a fear of getting caught, the possibility of consequences and the severity of those consequences. The structure of the drug-testing program largely determines its effectiveness. For example, in some programs, drug tests are mandatory only after an incident, limiting their deterrence value.²⁰ Additionally, pre-employment testing will not detect drug use that starts during employment. Before performing any drug test or adopting a drug-testing policy, employers must obtain expert legal advice that is current with both state laws and federal guidelines.

To be safe, employers should consider:

- ✓ Using a lab that is certified by the U.S. Department of Health and Human Services or an equivalent state agency
- ✓ Consulting with a lawyer to develop testing policies and procedures
- ✓ Using a testing format that respects the privacy and dignity of each employee
- ✓ Having a well-written policy about drug use in the workplace. The policy should include discussing the disciplinary actions and the circumstances leading up to them and the testing procedures. Employees should understand how the test will be given, when it will be given and what drugs the test will detect.
- ✓ Requiring employees to read the policy and sign an acknowledgment that they have done so
- ✓ For every drug test administered, documenting why the test was necessary and how it was performed
- ✓ Ensuring test results are absolutely confidential medical information
- ✓ How to be consistent with response to workers who test positive





Oxycodone remains the most detected prescription opiate in the U.S. workforce.

Since 2006, drug testing for oxycodone has increased from 3 percent



to 14 percent. Positive tests for oxycodone are 96 percent higher than they were in 2005.

Testing with reasonable suspicion or cause A drug test does not prove impairment. It may show that an individual is using a particular prescription drug such as an opioid painkiller, but it does not necessarily confirm that they are actually abusing the drug, impaired by it or addicted to it. Determining the risks and level of impairment from a particular prescription drug for each individual is almost impossible. Currently there are no validated instruments, expert opinions, or guidelines determining context-specific impairment due to prescription medication.²¹

What an employer can do is define the employee's responsibility when taking legal substances, such as opioid painkillers, as:

- a) Talk with the provider about how a medication may affect an individual's ability to perform his or her job safely and effectively
- b) Make supervisors aware if accommodations are required while using this medication
- c) Provide proof of a valid prescription

Hiring or contracting with a Medical Review Officer (MRO) – a licensed physician responsible for receiving and viewing drug test results – strengthens drug-testing programs. Providing additional medical expertise helps because interpreting the results can be complicated.

Standard drug testing needs updating Quest Diagnostics, a leading provider of workplace drug testing, analyzed data for its Drug Testing Index (DTI). The positive test rates for prescription opioids, which include hydrocodone, hydromorphone, oxycodone and oxymorphone, have increased steadily over the last decade. Positive tests for hydrocodone and oxycodone have risen 172 percent and 71 percent, respectively, since 2005.²²

What drugs are essential to test for? Many companies still use a standard five-panel test that will miss oxycodone (a semi-synthetic opioid) and most other abused drugs. A typical test covers five drugs – opiates/heroin, cocaine, marijuana, PCP, and amphetamines. Many of the most commonly abused prescription drugs are not included in federally mandated tests or many other drug testing panels.

Employers in regulated industries can opt to test for more drugs than the regulations require. The panel should include at least the following seven compounds: benzodiazepines, opiates, oxycodone, methadone, cocaine, amphetamines and THC, the active ingredient in marijuana. Oxycodone and methadone will not show up on drug screens for opiates, because these drugs are synthetic opioids. If Dilaudid or fentanyl is commonly used in your area, additional tests need to be added.²³

It is important to know the drugs that are commonly abused in your area. Your drug testing organization or MRO may know this or it may be helpful to call a local substance abuse treatment center.

II. Valuable partners: healthcare benefit plan providers

Company healthcare benefits providers and workers' compensation carriers are critical to employee safety and prevention programs for prescription opioid use. Working closely with these important partners helps employers understand the extent of opioid use and the need for programs to prevent and manage opioid abuse.

Opioid use impact on workers' compensation Research on the impact of opioid medications in workers' compensation is nothing short of staggering. National Council on Compensation Insurance's study of prescription drugs in workers' compensation confirms that prescription painkillers' cost per claim continues to grow. The number of painkillers per claim is also increasing.²⁴

Part of the key findings from the Workers' Compensation Research Institute's 2012 study of longer-term use of opioids found that narcotic painkillers were frequently used by injured workers for pain relief. More than three of four injured workers who had more than seven days of lost time and no surgery took prescription pain medications for pain relief.²⁵

The Hopkins-Accident Research Fund Study in 2012 found that workers prescribed even one opioid had average total claim costs more than three times greater than claimants with similar claims who didn't get opioids.²⁶

Physician dispensing: high cost, higher volume of prescriptions Employers often don't have adequate data on pharmaceutical utilization. Forty to 50 percent of these claims are not processed through the prescription drug benefit manager (PBM). Therefore, they lack proper oversight. This is a significant issue. Drugs that are dispensed by a physician rather than a pharmacy can cost up to 300 percent more and can be prescribed more frequently.²⁷ The Workers' Compensation Research Institute's study noted a substantial increase in physician-dispensed medications between 2007 and 2011.²⁸

When the injured worker fills a prescription at a pharmacy, the pharmacist can use an electronic database to find the other medications and dosages that patient previously has taken. This database serves as a checks and balances system that's not available when a prescriber also is the dispenser.

Florida banned physicians from dispensing stronger opioids. After the ban, it found that the average Florida physician-dispenser increased the use of less addictive pain medications such as ibuprofen and tramadol.²⁹

The dangers of using opioids for prolonged periods Individuals using opioids on a long-term basis can develop a number of debilitating side effects and medical conditions that increase total medical treatment costs and delay recovery.

The Washington State Department of Labor and Industries found that receiving more than a one-week supply of opioids soon after an injury doubles a worker's risk of disability one year later.³⁰

A Workers' Compensation Research Institute study found that when opioids are used in workers' compensation beyond the acute phase, **they can impair function, be a barrier to recovery and increase an individual's experience of pain.**





TEXAS

Success story:

Prior approval for opioids in workers' compensation

Texas's success in mandating a closed formulary - requiring preauthorization by insurers or self-insured employers for certain drugs - has sharply reduced the amount of opioids prescribed.

Preauthorization is required for about 150 prescription drugs, dubbed "N-drugs" in Texas. N-drugs are not recommended for injured workers in workers' compensation cases. This classification of drugs includes more than 25 brands of opioid pain relievers, several muscle relaxants, antidepressants and cannabinoids, according to the Texas Department of Insurance Division of Workers' Compensation.

In July 2013, the Texas Division of Workers' Compensation reported that N-drug prescribing was reduced by 74 percent among newer claims. The total spent on N-drugs for those claims dropped 82 percent to less than \$800,000 in 2011 from \$4.4 million in 2010.³³



The negative effects of prescription opioids can linger even after an employee has returned to work. Someone on painkillers for three months may already be dependent and developing a severe tolerance to the drugs, especially if the dose is escalating. Increased workers' compensation costs are not the only costs employers face. Appellate courts in four states have held that employers and insurers are financially accountable for overdose deaths tied to injured workers.³¹

Employers should insist on specialized programs coordinated through their occupational medical and health plan providers to manage the conservative use and risk of opioid medications for treatable pain. These programs should include cautious utilization and prescribing guidelines for injured workers and strategies for monitoring the use of opioids. This monitoring can be done through urine drug testing (UDT) and provider checking of the state Prescription Drug Monitoring Program. Clinical oversight of UDT can determine if opioid levels in the urine are consistent with prescribed amounts. This oversight also can determine whether the individual is compliant or possibly stockpiling medications for diversion or resale.

The Workers' Compensation Research Institute study of 17 states found that fewer than 7 percent of treating doctors were conducting baseline and periodic urine drug screens for individuals taking opioids on a longer-term basis.³²

Further, employers can consider closed formularies where opioid prescriptions require prior authorization and approval. This tact would increase oversight on who is receiving an opioid medication, the stated diagnosis, dose level, and duration of therapy.

What is your provider's program for opioid management? Optimal Care Plan: prevention of dependency and addiction to opioids and avoiding chronic use³⁴

- ✓ Primary goal is to ensure that the use of opioids results in a meaningful improvement of function and reduction of pain. Education is critical in order to avoid dependency and addiction.
- ✓ Employee and case manager need to stay in communication
- ✓ Clarify expectations of anticipated pain
- ✓ Case manager should interface with prescriber about medical standard for using opioids and revise according to a patient's history
- ✓ Encourage use of prescriber-patient agreements
- ✓ Program includes ongoing compliance monitoring, including routine UDT
- ✓ Avoid transition from acute to chronic use of opioid medications

Opportunity for intervention through Prescription Benefit Managers (PBMs) There is an opportunity within the Prescription Benefit Manager's technology to deploy a variety of "flags" when prescription medicine abuse or misuse is occurring. The following list can help employers evaluate where their PBM ranks in terms of potential versus actual management of opioid prescriptions and potential abuse:³⁵

- Does the PBM provide information about total opioid drug spending and trends? Employers should have current and retrospective utilization data to evaluate how much the prescribers are using opioids, dose levels, and duration of therapy.
- Does your vendor have a flag for repeated attempts for "too early refills" that would potentially show non-compliance to the prescriber's recommendation? How early can opioid prescriptions be refilled?
- Are dose levels flagged, including morphine equivalents exceeding 120 mg per day? A high daily dose is associated with a greater risk of a fatal overdose.
- If "duration of therapy" limit is flagged, what is the process when an opioid prescription has changed during the course of treatment? Does the duration of therapy limit start over again?
- Is there a system flag when opioids are combined with other drugs, especially in combination with benzodiazepines (sedatives)?
- What is your PBM's process following historical review of opioid prescribing? How are high prescribers/outliers targeted and contacted?
- What occurs if the system shows an individual is seeing multiple physicians who are prescribing the same drug?
- How much power do the retail pharmacists have in choosing to override these system flags at the point of dispensing? Are these instances documented, and how are they handled?
- Who is monitoring whether retail pharmacists can, and are, accessing Prescription Drug Monitoring Databases (PDMPs) and how often are they being accessed?
- How cancer patients or other individual cases are handled if they fall outside system flags, and how is legitimate clinical use justified

Health and benefits providers are well aware of the opioid epidemic of abuse, dependency, addiction, and overdose. New and more aggressive strategies to intervene on opioid prescribing, dispensing, and utilization management will undoubtedly progress quickly. Employers are beginning to understand the limited use for opioid medications as a part of their benefit plans for injured workers, and the need to manage opioid use and claims more aggressively.³⁶



What's ahead?

Fitness for duty and return to work 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 there currently are no validated instruments, regulations, or guidelines for determining context-specific impairment due to prescription medications.³⁷ Further research is indicated here. Employers are advised to work closely with legal counsel and human resources to develop workplace policies around these issues.

Conclusion The prescription opioid epidemic - overprescribing, misuse, abuse and overdose - is impacting the workplace. Evidence demonstrates serious risk to employees and substantial costs for employers.

Drug-testing policy and scope of testing are essential for employers to revisit. Drug abuse has changed. Employee prescription drug use needs to be addressed as part of Drug-Free Workplace Program. Education of employees, managers and supervisors will help build awareness around the nature of these powerful medications. Education also will help set expectations for employee responsibility should an employee be prescribed one of these drugs. Employers must clarify the terms and conditions for drug testing.

The medical research regarding the impact of these medications on injured workers is clear: long recovery times and more costly claims. Using benefit programs and prescriber intervention to track opioid use and prescribing patterns for workers' compensation claimants and other employees is critical. Drug utilization data continues to be an effective means for employers to evaluate employee health issues. Prescription drugs will continue to be a growing component of the healthcare benefit dollar.

In the unfortunate circumstance where an employee finds that he or she is dependent upon or addicted to opioid painkillers, help needs to be clear and accessible. Employee-sponsored treatment is more effective than treatment encouraged by family or friends. Retaining an employee following successful treatment is good for morale and the company's bottom line.

Employers committed to safe and healthy workplaces have a responsibility to address the opioid epidemic. These employers can do so with strong employee policies, alliances with health benefits and workers' compensation plan providers, education, expanded drug-free workplace testing and access to treatment programs.



References

- ¹ Paulozzi, Leonard J., Baldwin, Grant., et al. (2012). CDC Grand Rounds: Prescription Drug Overdoses — a U.S. Epidemic. *MMWR*, 61(1), 10–13.
- ² Opioid Consumption Data—International Narcotics Control Board, Accessed at: <http://www.painpolicy.wisc.edu/country/profile/united-states-america>
- ³ Prescription Drug Abuse: Strategies to Stop the Epidemic (2013) Trust for Americas Health, Accessed at <http://www.healthamericans.org/assets/files/TFAH2013RxDrugAbuseRpt16.pdf>, page 4
- ⁴ Frieden, T. (2014). State Policy Changes and CDC Impacting the Rx Drug Abuse Epidemic. National Rx Drug Summit (p. 3). Atlanta: National Rx Drug Summit
- ⁵ White JA, Tao X, Tairefa M, Tower J, Bernacki E, The Effect of Opioid Use on Workers' Compensation Claim Cost in the State of Michigan (August 2012) *Journal of Occupational Environmental Medicine* Vol. 54, Issue 8.
- ⁶ White JA, Tao X, Tairefa M, Tower J, Bernacki E, The Effect of Opioid Use on Workers' Compensation Claim Cost in the State of Michigan (August 2012) *Journal of Occupational Environmental Medicine* Vol. 54, Issue 8.
- ⁷ Wang D, Hashimoto D, Mueller K. (2012) Longer Term Use of Opioids. Cambridge: Workers Compensation Research Institute
- ⁸ Emergency Room Visits and Treatment Episodes Attributed to Non-Medical Prescription Drug Use (2013) <http://www.pdmpexcellence.org/content/emergency-room-visits-and-treatment-episodes-attributed-non-medical-prescription-drug-use>
- ⁹ Prescription Drug Abuse: Strategies to Stop the Epidemic (2013) Trust for Americas Health, Accessed at <http://www.healthamericans.org/assets/files/TFAH2013RxDrugAbuseRpt16.pdf>, page 4
- ¹⁰ Treatment Episode Data Set (TEDS) (March 2013). 2000-2010 National Admissions to Substance Abuse Treatment Services (SMA12-4701). Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Behavioral Health Statistics and Quality, Department of Health and Human Services (DHHS).
- ¹¹ Bandolier. (2007) Oxford League of analgesics for acute pain. Retrieved from <http://www.medicine.ox.ac.uk/bandolier/booth/painpag/acutrev/analgesics/leagtab.hhtml>
- ¹² Bottelmiller S, PharmD, GCP (2012) Opioid Induced Hyperalgesia; An Emerging Treatment Challenge. US Pharmacist.
- ¹³ SAMHSA. (1998). Components of a Drug-Free Workplace (pp. 1–69). Retrieved from <http://workplace.samhsa.gov/pdf/workplace-kit.pdf>
- ¹⁴ E-law Advisor: <http://www.dol.gov/elaws/drugfree.htm>
- ¹⁵ Branham F, "Six Truths about Employee Turnover," NY: American Management Association. <http://www.nichebenefits.com/Library/sixtruths.pdf> (Accessed 5-19-08).
- ¹⁶ Goetzel, R.Z., Juday, T.R., Ozminkowski, R.J., What's the ROI? *Worksite Health*. Summer 1999, 6(3), pp. 12-21.
- ¹⁷ Weisner C, Lu Y, Hinman A, Monahan J, Bonnie RJ, Moore CD., Chi, FW, Appelbaum B. (2009) Substance use, symptoms, and employment outcomes of persons with a workplace mandate for chemical dependency treatment. *Psychiatric Services*, 60(5), 646-654.
- ¹⁸ WHO, Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. Accessed at: <http://www.ncbi.nlm.nih.gov/books/NBK143185/pdf/TOC.pdf>
- ¹⁹ Taggart R, (1989) Results of the Drug Testing Program at Southern Pacific Railroad. In S. W. Gust and J. M. Walsh (Ed.) *Drugs in the Workplace: Research and Evaluation Data*. NIDA Research Monograph, Number 91 (pp. 97-108)
- ²⁰ Farrell C, National Bureau of Economic Research Employee Drug Testing is Effective ,Accessed at: <http://www.nber.org/digest/mar00/w7383.html>
- ²¹ Reisfield, Shults, Demery and DuPont (2013) A Protocol to Evaluate Drug-Related Workplace Impairment. *Journal of Pain and Palliative Care Pharmacotherapy* 2013;27:43-48.
- ²² Quest Diagnostics Drug Testing Index™ (Nov 2013) Retrieved from Quest Diagnostics: <https://www.questdiagnostics.com/home/physicians/health-trends/drug-testing>
- ²³ E-law Advisor <http://www.dol.gov/elaws/asp/drugfree/drugs/dt.asp#q6>
- ²⁴ NCCI Research Brief: Workers Compensation Prescription Drug Study: 2012 Retrieved from https://www.ncci.com/Documents/IR_2012.pdf.
- ²⁵ Wang D, Hashimoto D, Mueller K. (2012) Longer Term Use of Opioids. Cambridge: Workers Compensation Research Institute.
- ²⁶ White JA, Tao X, Tairefa M, Tower J, Bernacki E, The Effect of Opioid Use on Workers' Compensation Claim Cost in the State of Michigan (August 2012) *Journal of Occupational Environmental Medicine* Vol. 54, Issue 8.
- ²⁷ Lockton Companies White Paper (August 2012) Opioids Wreak Havoc on Workers Compensation Costs
- ²⁸ Wang D, Hashimoto D, Mueller K. (2012) Longer Term Use of Opioids. Cambridge: Workers Compensation Research Institute
- ²⁹ The Partnership at Drug-Free.org (April 2013) Florida Combats Prescription Drug Abuse With Laws and Enforcement.,
- ³⁰ Washington State Department of Labor and Industries (July 2013) Guideline for Prescribing Opioids to Treat Pain in Injured Workers
- ³¹ Cenicerros R, (May 2012) Opioid Death Liability Falling on Employers: Court Rulings Compel Benefits Payments (May 2012) *Business Insurance*, Accessed at: <http://www.businessinsurance.com/article/20120520/NEWS08/305209972?tags=%7C79%7C92%7C304%7C329>
- ³² Wang D, Hashimoto D, Mueller K. (2012) Longer Term Use of Opioids. Cambridge: Workers Compensation Research Institute
- ³³ Cenicerros R, (October 2013) Texas Cuts Prescribing of Drugs With Closed Formulary Mandate *Business Insurance*. Accessed at: <http://www.businessinsurance.com/article/20131006/NEWS08/310069949?tags=%7C79%7C304%7C92>
- ³⁴ DeGray B, RN-BC, CRRN Uhrig A, RN, CCM (June 2013) Prescription Opioids as Barrier to Recovery in Worker's Compensation, CMSA Conference Presentation, New Orleans.
- ³⁵ Thornton J, MS, RPh (Sept 2013) Improving the Safe Use of Pain Medication, Pharmacy Benefits Academy, Chicago IL
- ³⁶ Health Plans, PBMs Take Provider-Focused Approach to Address RX Painkiller Abuse (Sept 2012) *Drug Benefit News* Vol. 13, Issue 17
- ³⁷ Reisfield, Shults, Demery and DuPont (2013) A Protocol to Evaluate Drug-Related Workplace Impairment. *Journal of Pain and Palliative Care Pharmacotherapy* 2013;27:43-48.

