OPIOIDS AT WORK
EMPLOYER TOOLKIT

Opioids and the Workplace

For the first time in U.S. history, a person is more likely to die from an accidental opioid overdose than from a motor vehicle crash. The numbers don't lie – in 2017, more than 72,000 people died of drug overdoses. Over 47,000 of those deaths involved opioids. Over 2 million Americans suffer from an opioid use disorder.

The opioid overdose crisis is driven by three categories of opioids – prescription painkillers (for example Vicodin, Percocet, and OxyContin), heroin and fentanyl. Any opioid can cause impairment, dependence and addiction, even if taken as prescribed.

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From 2011 to 2018, the primary driver of opioid overdose deaths shifted from prescription painkillers to heroin, and then to fentanyl and other synthetic opioids. Many of these overdose deaths also involved other drugs or alcohol.

UNDERSTANDING THE OPIOID CRISIS

Background

The number of opioid prescriptions has dropped substantially, peaking at 259 million in 2012 and dropping to less than 192 million in 2017, as restrictions on opioid prescriptions have taken effect.[1] Both the number of prescriptions and the number of pills per prescription have decreased due to a combination of prescriber education, state prescription drug monitoring programs, limits on opioid prescriptions by insurance companies and pharmacies, and public awareness. However, heroin and fentanyl use continues to rise, driving the increase in opioid related overdose deaths, and creating new challenges for prevention and workplace policies.

Definitions

Misuse: Using a medication for a non-prescribed purpose or in a non-prescribed way; using another person's prescription or using medication without a prescription; using illicit substances.

Dependence: Physical need for medication or a substance, leading to tolerance — taking more to get the same response — or leading to physical withdrawal when the substance is not supplied. Dependence is a natural process that does not mean a person has a substance use disorder.

Substance use disorder (SUD): A diagnosis meeting criteria for illicit drug or alcohol misuse as defined in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V).

Opioid use disorder (OUD): A substance-specific subset of substance use disorder.

Addiction: A long-term, relapsing brain disease, characterized by compulsive drug seeking and use despite harmful consequences.

The terms "substance use disorder" and "addiction" are often used interchangeably to describe the same health condition.

Prescription opioids

Opioids are most often used to treat acute or chronic pain. Understanding prescription opioids and their relationship to pain management is essential to preventing opioid misuse and opioid use disorder, as employees who are prescribed prescription opioids may be at risk for opioid impairment in the workplace or developing an opioid use disorder.

Acute pain

Acute pain – usually caused by surgery or an injury – is often treated with a short term opioid prescription. If using opioids to treat acute pain, CDC recommends that opioids are prescribed for only 3 to 5 days, that only the minimum amount needed to treat pain is prescribed, and only in the case of severe pain.[2] Creating a workplace policy that gives employees enough time to fully heal after an injury or surgery reduces the risk that employees will ask for more opioids to return to work before they're fully healthy. This also reduces the chance they will be impaired at work.

Chronic pain

Chronic pain is a common medical issue in the U.S., and it can have many causes. Over 20 percent of adults report having chronic pain, meaning they experience pain on most days or every day and that the pain has lasted three or more months.[3] People living with chronic pain often manage it in more than one way, with a combination of exercise, physical therapy, acupuncture and/or over-the-counter or prescription pain relievers.

The decision to prescribe opioids for chronic pain should always be made between a doctor and a patient. Opioids are generally not recommended until other therapies have been tried. Both doctors and patients should be educated and aware of the risks.

Employees may need long-term prescriptions for opioids – this is not the same as employees misusing opioids. It is important for employers to provide coverage for all chronic pain treatment options. Workplace policies and health care coverage should prioritize minimizing risk for opioid misuse, while not inadvertently creating barriers for chronic pain patients for whom opioids are the appropriate mechanism of care.

Employers can help employees understand that even if opioids are recommended or prescribed, they can decline the prescription or choose not to fill it. Learn more about talking with your medical provider and asking questions about opioids.

Heroin and fentanyl

Many people switching from prescription opioids to heroin do so because it is cheaper and easier to obtain when prescription opioids aren't accessible – a scenario that could impact employees who are prescribed opioids due to a workplace injury and develops an opioid use disorder.

- Heroin is significantly more potent than prescription opioids, and is particularly dangerous because there is no way to tell how strong it is before taking it.
- Fentanyl is much stronger than heroin[4], and is frequently used to "cut" heroin for sale on the streets. While some fentanyl is manufactured legitimately and in this form is primarily used for end-stage cancer pain. While a small percentage of prescription fentanyl is diverted to illegal sales, the vast majority of fentanyl and chemically similar drugs driving the overdose crisis are being manufactured overseas and trafficked into the U.S.
- From 2013 to 2018, the U.S. saw a sharp increase in heroin laced with fentanyl – a potent and lethal combination.[5] This led to an increase in overdose deaths despite the decrease in opioid prescriptions.

Naloxone Can Prevent Opioid Overdose Deaths

In part because heroin and fentanyl are so potent, it is more important than ever to increase access to naloxone, the opioid overdose reversal medication. Naloxone is a drug that can temporarily stop many of the life-threatening effects of overdoses from opioids, and can help restore breathing and reverse the sedation and unconsciousness that are common during an opioid overdose.[6] Naloxone only affects people who are experiencing an opioid overdose, and is available over the counter in 41 states.

For first responders, opioids users, and the people around them, the ability to recognize and respond to an opioid overdose with naloxone will save lives. Employers can teach their employees how to recognize the signs and symptoms of an overdose, and consider having naloxone in the workplace.

Treatment and recovery

SUDs are complex, with biological, psychological, and social causes and factors that can complicate treatment. The good news is that medication assisted treatment (MAT), the most effective treatment for OUD, is becoming more accessible. When people with an OUD are treated with MAT in conjunction with behavioral therapy and other social support, risks decrease for both non-fatal and fatal overdoses, relapses, and allows a person to live a healthy, productive life while in treatment.

Only about one in four people (28%) with OUD received treatment in 2017. Employers can dramatically increase accessibility by ensuring their health care plans cover all possible options – methadone, buprenorphine and naltrexone, as well as behavioral therapy. In fact, employer-initiated treatment is more effective than treatment initiated by friends and family.[7] Medical professionals should tailor treatment plans to individuals' needs – employees should not be required to use any one specific form of treatment, and specific treatment types should not be mandated in a workplace policy.

As with any long-term disease, relapse is a normal part of the recovery process. Treatment of long-term and chronic diseases often involves addressing deeply rooted behaviors which can take a long time to change. Relapse rates for substance use disorder are similar to rates for other chronic medical illnesses.[8] Relapse does not mean that the person or treatment has failed – rather, it means that the treatment regimen in place is not the correct treatment for that person. Though OUD is a long-term disease, it has an exceptionally good prognosis for recovery – more that 10% of Americans live in recovery today.[9]

IMPACT ON EMPLOYERS

The opioid crisis has clear, defined impacts on employers and employees. It continues to present new, complex situations for employers to navigate.

Business concerns

- About two-thirds of people who have an OUD are in the workforce, and over 11 million people aged 12 and up reported misusing an opioid at some point in 2016[10]
- When hiring, it can be difficult to find qualified, skilled workers who can pass drug screens
- People with OUD frequently have increased absenteeism and reduced productivity[11]
- The total economic burden of the opioid crisis was estimated to be $504 billion in 2015[12]
- Health care costs continue to rise as the opioid crisis worsens. In 2016, U.S. large employers covered $2.6 billion on treatment for opioid use disorder and overdose, up from $0.3 billion in 2004. Large employer plans spent $1.1 billion on opioid prescriptions in 2016, a cost which has remained relatively stable since 2004.[13]
- Some behaviors resulting from OUD are illegal – buying and using illegal drugs and other related illegal activity. As an employer, this is a major concern. If something like this happens on company property, while on the job, or is reported per company policy, special protocol would be needed to trigger a referral to treatment, as opposed to dismissal.

To learn more about costs to the workplace, use the NSC Substance Use Cost Calculator to get specific information about the cost of substance use.

Safety concerns

- Impaired employees pose a safety hazard to themselves, their co-workers and their work environment. This is important because safety-sensitive industries have been hit particularly hard by the opioid crisis – including construction, transportation and material moving occupations, and other industries that are prone to higher rates of workplace injury.
- Opioids can impair thinking and reaction time, affecting the performance of safety-sensitive tasks. This can lead to serious errors when performing job tasks that require focus, attention to detail or the need to react quickly.
- Even when taken as prescribed, opioid painkillers have the capacity to cause impairment – a significant safety risk that increases the chances of workplace incidents, errors and injury, and may affect employees' ability to commute to and from work
- People who are using opioids have a significantly increased risk of car crashes, unsafe driving activities and falls, putting themselves and others at risk in the workplace[14]

Employee Health and Wellbeing

Many employers have focused closely on the intersection of the opioid crisis and business and safety concerns. Leaders in the field are now moving beyond this framework and focusing on corporate responsibility to employee health and wellbeing.

- Addressing the impact that the opioid crisis has on the workplace goes beyond business and safety concerns. Having an integrated, proactive approach is essential in preventing opioid use and misuse, and to supporting employees who have an OUD in seeking treatment and recovery.
- "Well-being" includes physical, mental, emotional, social, and economic health, all of which play a role in employees' risk for misusing opioids or developing an OUD
- Blending health and safety programs to address organizational, personal, and occupational activities enhances overall worker well-being, and prevents work related injuries and illnesses. Employees can bring home their knowledge gained at work and increase the safety of their family and community.

EMPLOYERS HAVE A CRUCIAL ROLE IN SAVING LIVES

Organizations promote the health and safety of employees and manage risks in the workplace. Employers who have strong workplace policies, robust education for employees, strong health benefit programs, a healthy workplace culture and well-trained managers create a safe and healthy work environment in which both employees and businesses thrive. The workplace is a key environment for reaching employees, families, and communities to help prevent further opioid misuse, addiction, and overdose, and to help those already affected.

Key Steps for Employers

Employers can play a unique role in the opioid crisis by taking these actions:

- ✓ Obtaining senior leadership engagement and support
- ✓ Engaging and educating employees
- ✓ Training managers and supervisors on the role they can play
- ✓ Encouraging Human Resources to create compassionate, comprehensive policies
- ✓ Avoiding a "one size fits all" approach by learning about and addressing the unique needs of the workplace
- ✓ Updating employer health care plans and pharmacy benefit programs
- ✓ Creating a safe, hazard free work environment
- ✓ Developing a workplace culture of health and wellness that reduces stigma and supports recovery

Learn more about optimal approaches to developing workplace policies and continue to build your skillset as you read the rest of the NSC Opioids at Work Employer Toolkit.

Medical advice and information in this document was approved by NSC physicians who advise the Council on our substance use harm initiatives. These doctors also are members of the NSC Physician Speakers Bureau.

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