Protecting Workers from Prescription Opioid Abuse.

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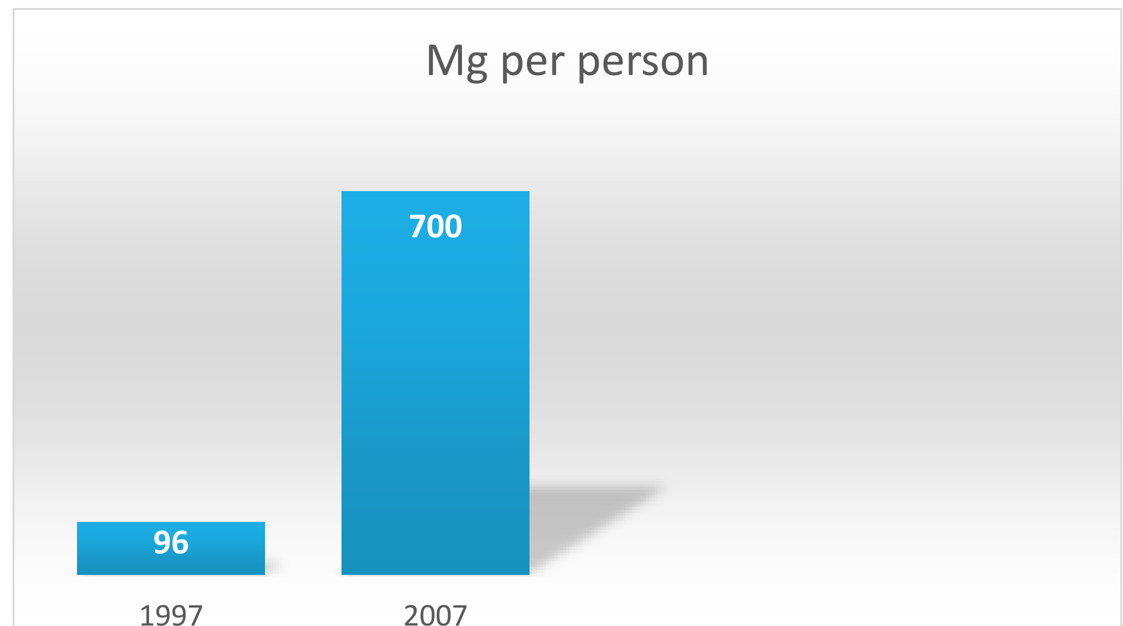
Disclosure:

- I have nothing to disclose.
- All states have different laws regarding drug free workplace procedures and drug testing. You should always consult an attorney with expertise in DFWP when developing a workplace policy.

Opioid increase

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 >600%.[2]

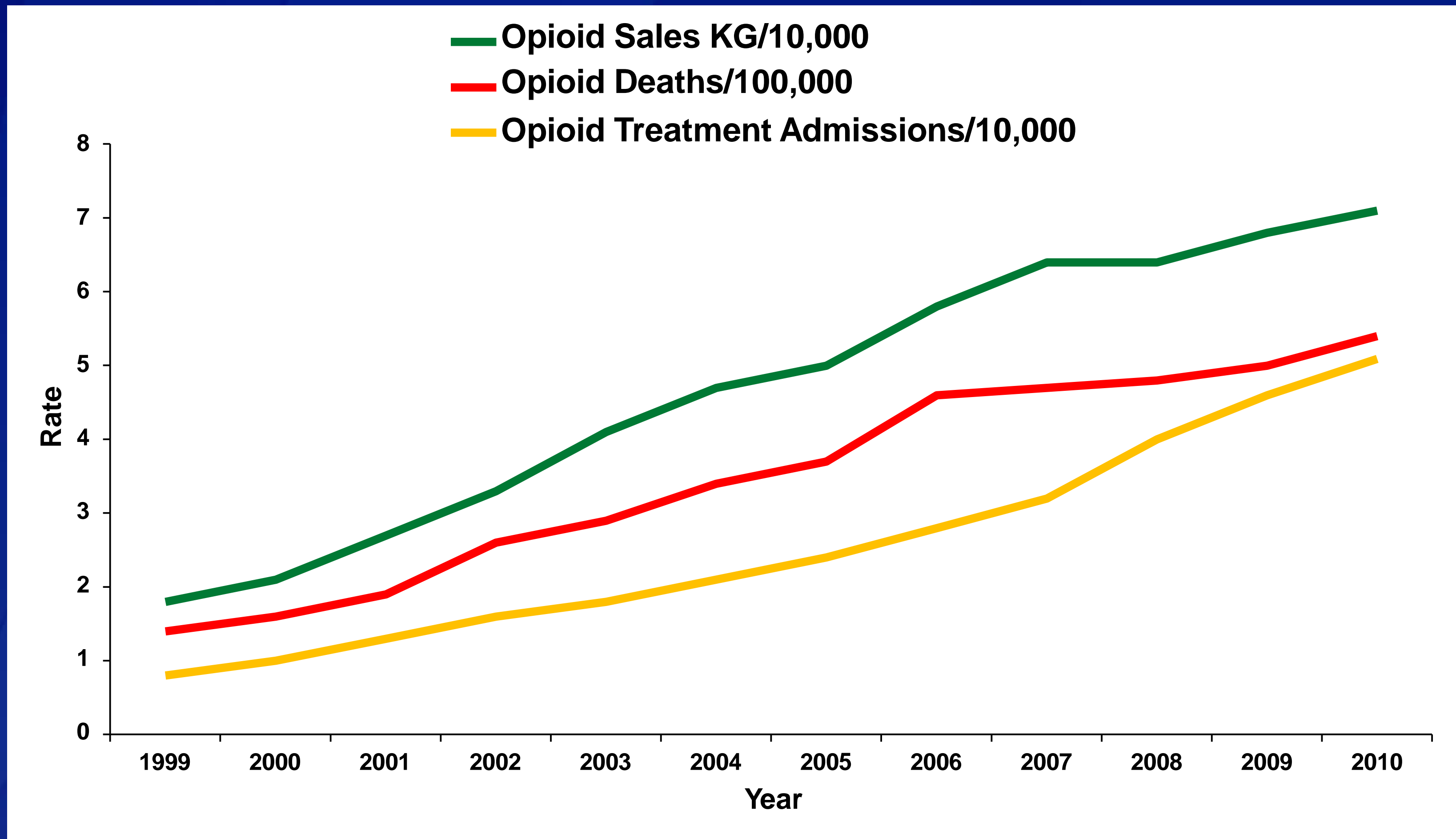


Opioid facts

The United States has 4.6% of the world's population.

- We use 80% of the worlds opioids![1]
- 83% of the world's population has no access to any opioids.[2]

Rates of opioid overdose deaths, sales and treatment admissions, US, 1999-2010.[7]



National Vital Statistics System, DEA's Automation of Reports and Consolidated Orders System, SAMHSA's TEDS

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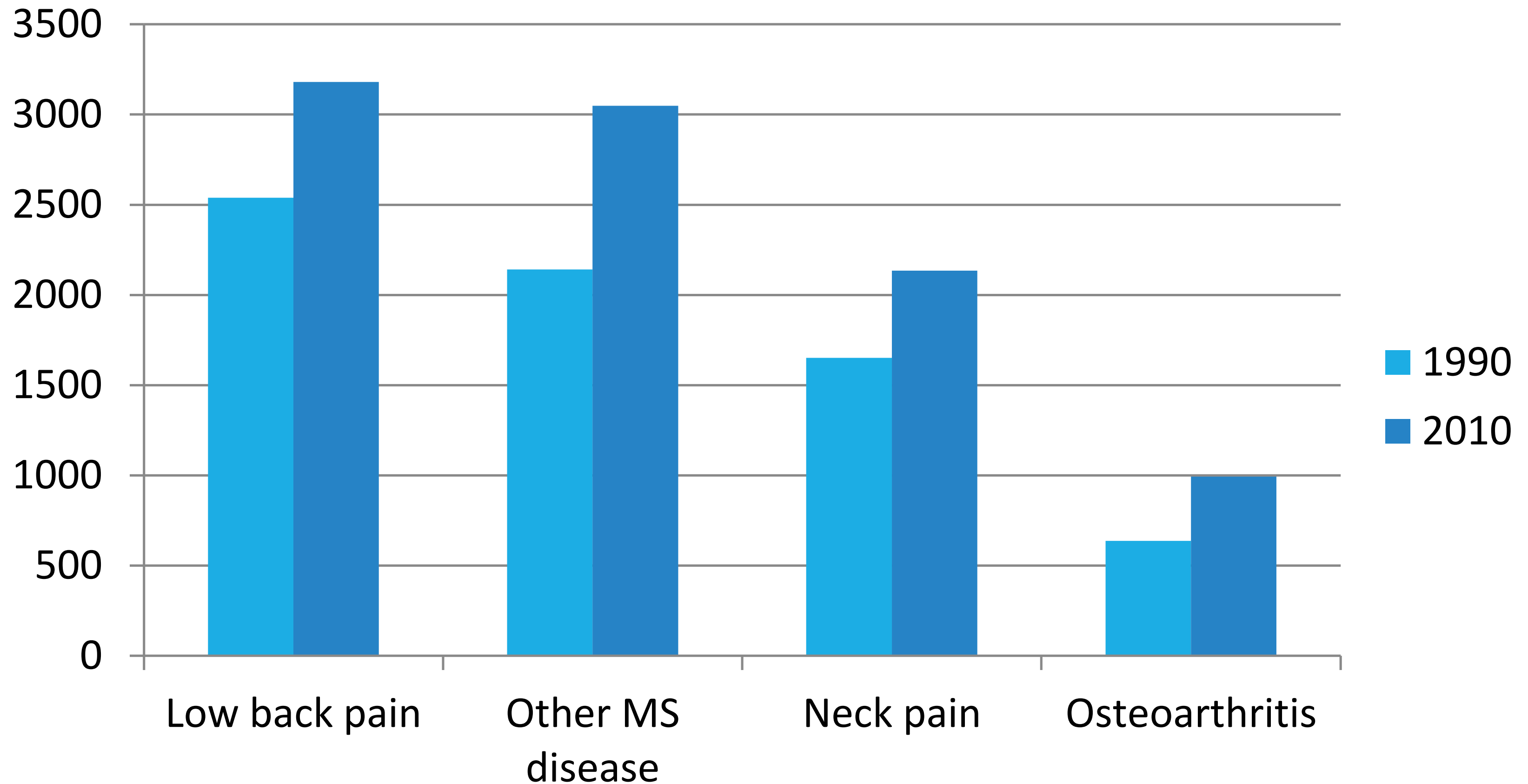
The State of US Health[5]

Years lived with disability (in thousands)



Prevalence

- About 1% of the U.S. adult population is addicted to these medications.
- About 2% of working age adults.

Poppy plant

Pain

An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

International Association for the Treatment of Pain

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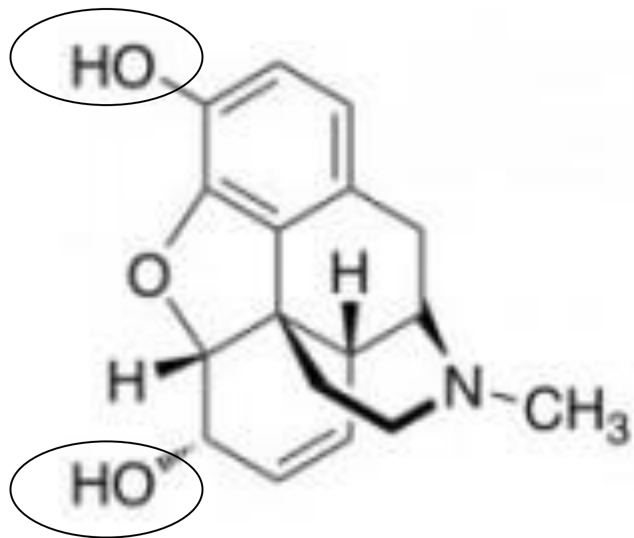
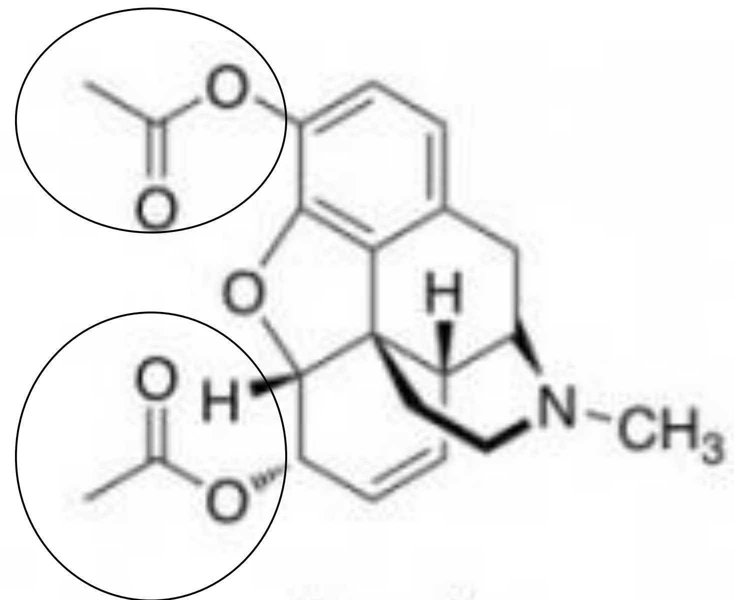
Morphine and heroin





Common Opioids

- Morphine
- Oxycodone
  - OxyContin
  - Percocet
- Hydrocodone
  - Vicodin
  - Zohydro
- Dilaudid (hydromorphone)
- Opana (oxymorphone)
- Fentanyl
- Methadone

Societal costs (annual)

$55.7 billion (2007):

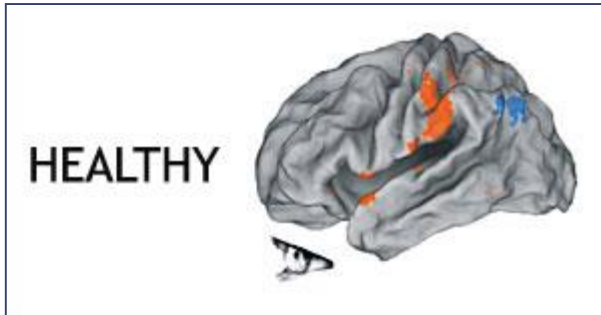
- $25.6 billion (46%) was attributable to workplace costs.
  - May be up to $11,000 per year for each drug using employee
- 24 cents per MME.
  - $54 for a bottle of 30 Percocet (5 mg)

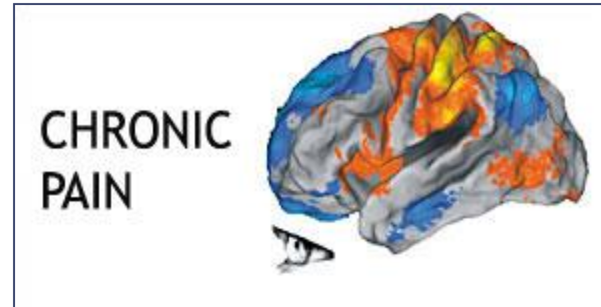
Pain

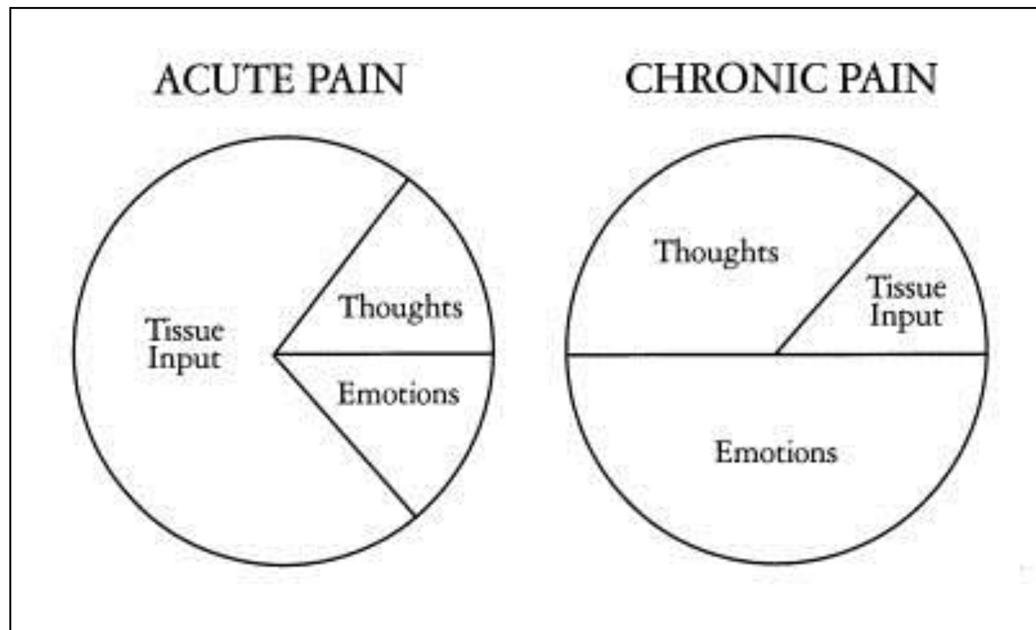
Acute pain: Pain < 3 months

Chronic pain: Pain > 3 months

Chronic pain "feels" different







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Acute prescriptions

- Approximately 30% of ALL ER visits end with a prescription for a opioid.[1]
- Approximately 60% of patients going to the ER with back pain will get an opioid prescription.[2]
  - Primary care doctors give opioids to about 35% of their patients presenting with back pain.
- Pain is the most common reason for people to go to the ER or to their primary care doctor.

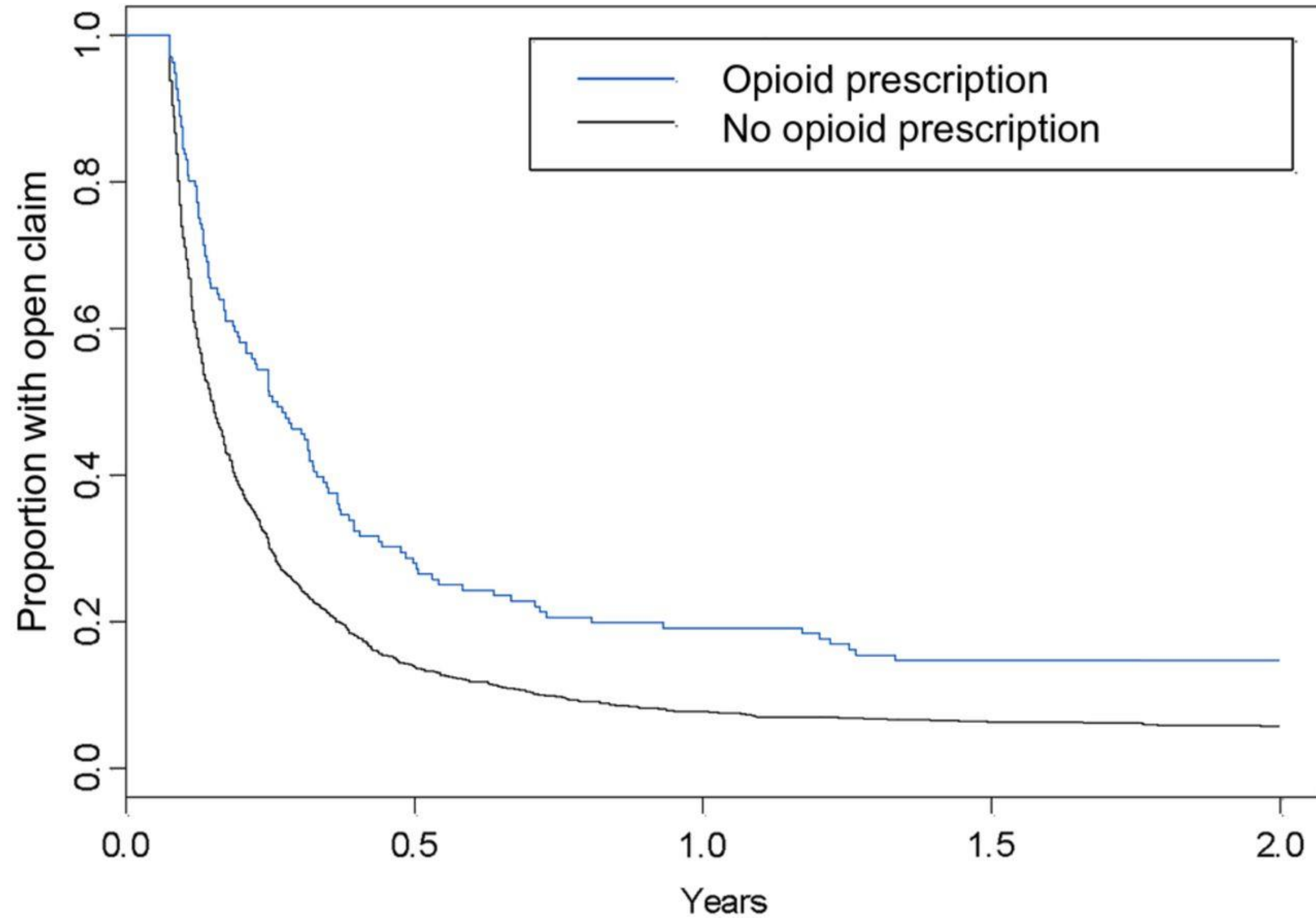
The problem with opioids for acute pain

- Mentally impairing
- Delay recovery
- Increase medical costs
- Increase the risk of future surgery
- Opioid hyperalgesia
- Double the chance of disability
- Increase falls
- They treat depression and anxiety
- Addiction
- Neurobiologic changes
- Increase all-cause mortality

One opioid prescription after an injury:

- Increases medical costs by 30%[15]
- Increases the risk of surgery by 33%[15]
- Doubles the risk of being disabled at one year[42]

Kaplan-Meier curve for early reimbursement for opioid prescription.



Jason W Busse et al. BMJ Open 2015;5:e007836

BMJ Open

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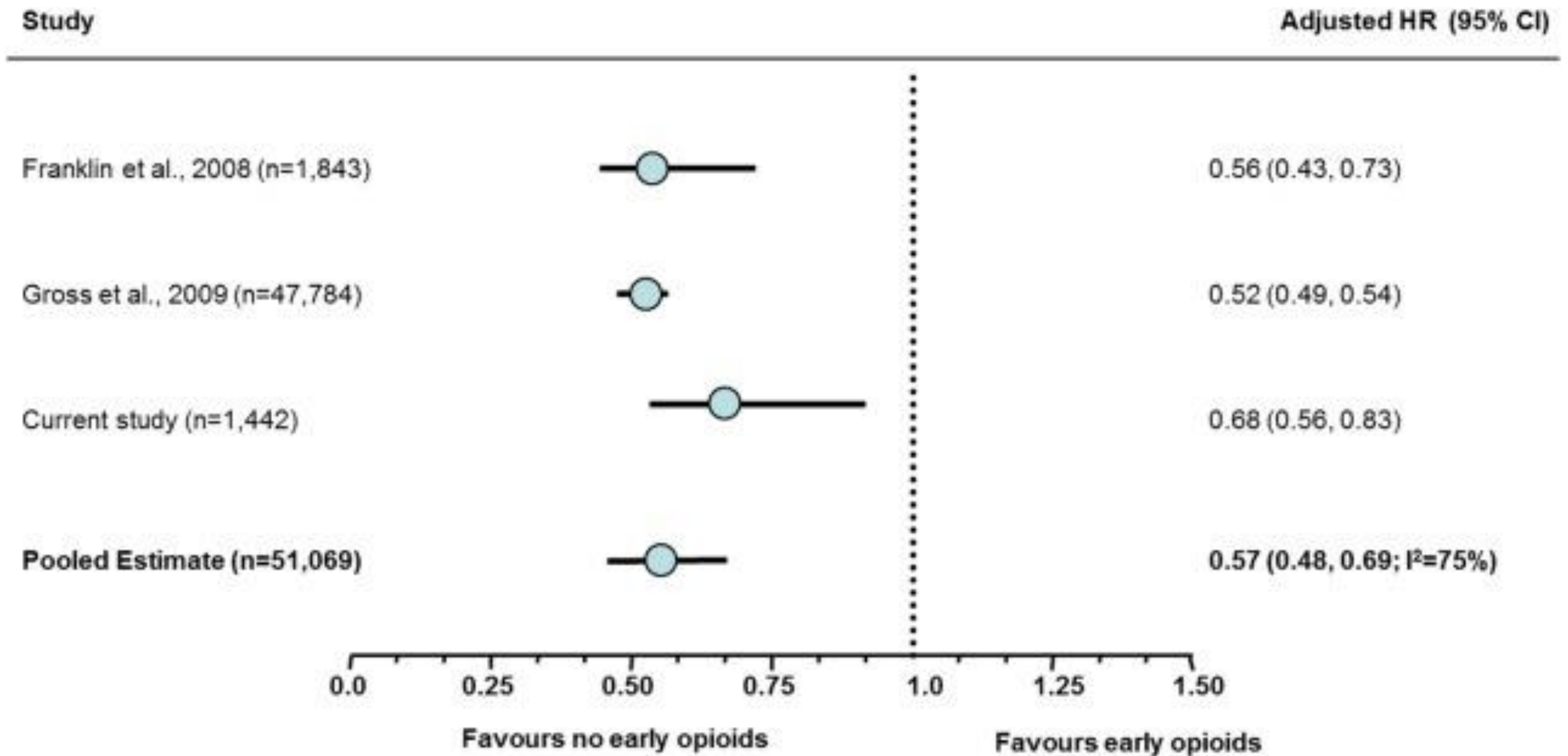
The association between early opioid use/prescription and claim duration.



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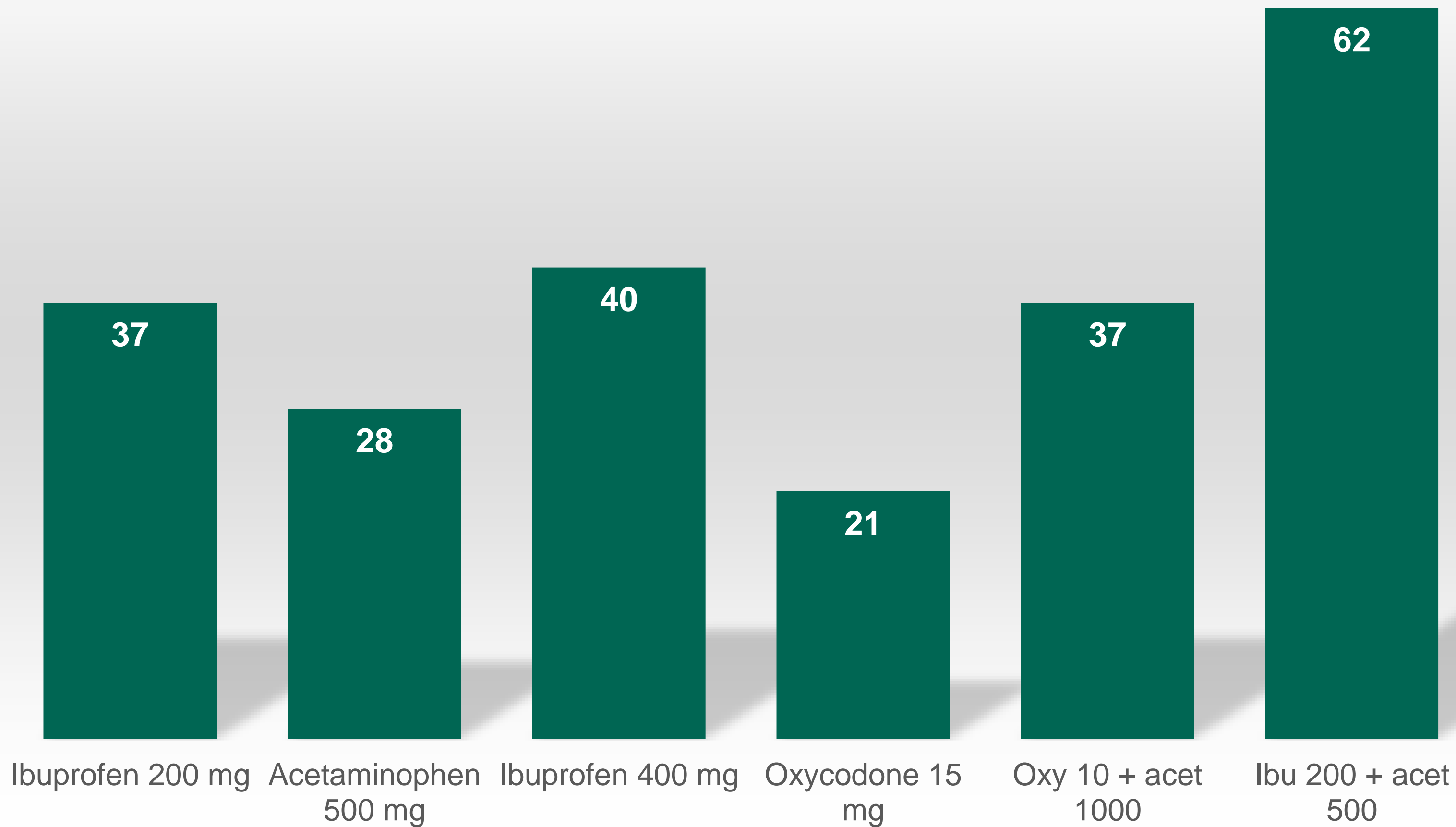
Efficacy of pain mediations
Acute pain[26,27]



Chronic pain

No evidence that opioids are effective for long-term treatment of chronic pain.[30]

Epidemiologic studies have shown that those on chronic opioid therapy have worse quality of life than those with chronic pain who are not.[31]

The AAN recommends against using opioids for back pain, headaches, or fibromyalgia.[36]

Treatment of Opioid Use Disorder

Detox and abstinence

Methadone

Buprenorphine (Suboxone®)

Naltrexone injection (Vivitrol®)

Treatment of Opioid Use Disorder

Detox and abstinence: Success rate ≈ 10%

Methadone: Success rate ≈ 60%

Buprenorphine (Suboxone®) : Success rate ≈ 60%

Naltrexone injection (Vivitrol®) : Success rate ≈ 10%

Six things you can do…

1. Review your Drug Free Workplace written policy.
2. Educate employees.
3. Supervisor training.
4. Enhance your drug testing protocols.
5. Educate your doctors and providers.
6. Utilize your EAP

1. Review your Drug Free Workplace written policy

- Statement regarding the purpose of a DFWP policy: Safety and health of employees.
- Many samples available on the internet. It is probably best to hire an expert or an organization who specializes in this.
- Make sure you identify safety-sensitive positions.
  - State that opioids and other impairing substances cannot be taken by employees in these positions!
- Identify policy for positive drug tests.

2. Educate employees

- Safety talks, posters, flyers, etc. to educate them on the dangers of opioid pain medications.
- Employees must also know the drug-free workplace policy.
- They should know the ramifications of a positive test.
  - This also gives you the opportunity to educate them on the dangers of prescription drugs.
- Help them to understand that drug testing is meant to help them:
  - It identifies those with the disease of addiction.
  - It prevents addiction by reducing recreational drug use.

3. Supervisor training

- They must know the drug-free workplace policy
- They must know what should trigger “reasonable suspicion” testing
- Requesting a drug test should not be punitive.

Reasonable suspicion

- Odd behavior
- Less punctual
- Increased absences
- Decrease work quality/effectiveness
- Reports from other employees
- Reports or witnessed behavior in the community

4. Drug testing

- Keys:
- Know the drugs that are used in your area
  - Make sure you are testing for them!
  - Do not just accept a 5-panel or 10-panel test.
- Work with your Medical Review Officer.
  - If a test is positive, it should be reported to you even if there is a legitimate prescription!
- Test at the right times.
  - Random, post-accident, return to work, while in treatment, reasonable suspicion.

SAMHSA 5

Testing conducted according to SAMHSA's guidelines checks for five illicit drugs plus, in some cases, alcohol (ethanol, ethyl alcohol, booze). These five illicit drugs are:

- **Amphetamines** (Adderall, meth, speed, crank, ecstasy)
- **THC** (cannabinoids, marijuana, hash)
- **Cocaine** (coke, crack)
- **Opiates** (heroin, codeine, morphine, maybe hydrocodone)
- **Phencyclidine** (PCP, angel dust)

Additional tests

- Oxycodone
- Methadone
- Benzodiazepines
- Fentanyl?

5. Educate your doctors/providers

1. Opioids are no more effective than ibuprofen-type drugs for treatment of acute and chronic pain.
2. Opioids have more side-effects.
3. Opioids lead to worse outcomes and higher costs.
4. Opioids should never be used for acute back pain.
5. Multidisciplinary approach may be needed.
6. Return to work ASAP.

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CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016

6. Employee Assistance Programs (EAPs)

- Make sure you have a decent EAP provider.
- If they don’t do assessment and or treatment of substance abuse, make sure they have access to someone who does.
- **Opioid abuse/dependence is a special creature and needs special treatment.
  - Make sure your EAP can provide (or refer to) medication assisted treatment!
- Addiction is a DISEASE!!! It is treatable.
- Workplace referrals for treatment save lives!

Review

1. Review your Drug Free Workplace written policy
2. Educate employees
3. Supervisor training
4. Drug testing
5. Educate your doctors/providers
6. Employee Assistance Programs (EAPs)

Resources

https://www.samhsa.gov/workplace

http://www.generationrxworkplace.com/index.html

http://safety.nsc.org/rxemployerkit

Questions?

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