



PARKER | SMITH | FEEK

COMMERCIAL INSURANCE

EMPLOYEE BENEFITS

PERSONAL INSURANCE

RISK MANAGEMENT

SURETY



JANUARY 2017

WHAT CAN YOU DO TO MANAGE OPIOID DEPENDENCE IN YOUR WORKFORCE?

James Gregson | Account Executive, Parker, Smith & Feek

Prescription painkillers are everywhere, literally. According to IMS Health, in the United States alone, 249 million opioid prescriptions were written in 2015. For reasons that are unclear, it appears to be a societal issue; Americans consume 80% of the world's opiate-based prescriptions. According to the American Society of Addiction Medicine, overdose deaths from prescription pain relievers rose 400 percent in women and 237 percent in men from 1999-2010, with 18,893 people dying in 2014 alone. An estimated 2.1 million Americans (National Survey on Drug Use and Health) are addicted to opioids. Considering opioid addiction is non-existent in the 0-10 and 70+ age groups with few exceptions, a company with 200 employees would likely have 2 people, employees or their dependents, addicted to pain medication and another 2 who are misusing an otherwise legal prescription.

When used to alleviate pain on a short-term basis, opioids are an important tool available to physicians. However, they are highly addictive and can lead your employees down a very difficult road of dependence. While you cannot totally control your population's healthcare, you can certainly take some simple steps to educate your employees about the dangers of opioid misuse, as well as support them and protect your business if the situation warrants.

EDUCATION

We are accustomed to doing what our doctors tell us to do. When it comes to lifestyle changes, such as eating better and exercising more, it's a little harder. But, when it is a simple solution, like "take one of these a day and your pain will go away," it's pretty easy. Percocet, Oxycodone, and OxyContin are all household names. Most people recognize these names as some of the most powerful pain medications available, but did you know that they all affect specific parts of the brain in the same way? Would you know that, if your doctor prescribed you Norco, you would be taking Vicodin? As most people don't readily know the difference, an obvious question to ask your doctor would be, "is this medication addictive?" It is a simple question, and one that most people would want to know the answer to. If the medication is addictive, the follow up question is, "Is there an equally effective medication that is not?" The answer may be no, but asking this basic question gives the individual the ability to make a better-informed decision.

Do most people know that when these medications enter the body they change the brain's chemistry? When taken regularly, opioids condition the brain to physiologically crave these medications. This dependence will subside after a couple of weeks without exposure to opioids, but that requires someone to elect



to stop taking them. This can be very difficult if the pain has not subsided or an addiction has been fostered. There is also the potential for a compounding problem in people with a history of addiction or with genetic predisposition; these individuals are far more likely to become addicted to opioids. In fact, tendency to addiction is one of the most heritable genetic conditions identified, according to Jerry Blackburn, a counselor with 20 years of experience in the field, who now works with Friends of Youth, a non-profit dedicated to supporting youth homelessness by providing a broad range of services to youth and their families. Jerry likens the question of addiction to that of allergies: "the way you find out you are allergic to something is by trying it." Sadly, many people who try opioids find out that they have a chemical reaction that becomes uncontrollable.



Creating an awareness and education campaign begins with understanding and asking the right questions:

- Is this medication potentially habit-forming?
- Is there a non-addictive alternative?
- If I or a family member has a history of addiction, should I be taking this medication at all?
- What are the implications and warning signs of dependency?
 - Missing work
 - Erratic behavior
 - Drowsiness on the job
 - Weight loss

It is also important to understand that prescription opioids are becoming harder to get, prompting a possible transition to an illegal opioid, such as heroin. Quest Diagnostics reports a 146% increase in heroin positivity in drug testing performed for employers from 2011-2015.

HAVE A DRUG POLICY

Passing a drug test as a condition of employment is a logical first step to address drug dependency, and incident-based drug testing is also important. But having a corporate policy in place before an incident occurs is best. Jennifer Savage, an HR consultant with Savage HR Solutions, counsels her clients to create a meaningful but realistic drug policy. According to Jennifer, "A drug policy that is too specific, rigid, or mechanical can be difficult to administer consistently. Such a policy might work for some organizations, but if you cannot execute such a policy consistently, you run the risk of a discrimination suit." Instead, Jennifer recommends a policy and philosophy of, "If you come to us for assistance before there is a performance problem, we will do everything we can within reason to support you. If your performance suffers, that is what we will address."

There are some industries, whether out of altruism or necessity, that pull from talent pools with a higher incidence of general drug use. Audrey Rosenfeld, President of Fully Effective Employees, an employee assistance program, recommends drug testing for two core reasons: the protection it offers the company and the employees from a safety standpoint, and avoiding a reputation as "the employer of choice for people who take drugs." With drug testing, she advises reviewing the criteria for what it is that is tested and should include opiate-based medications giving employers a much clearer picture of their workforce than the more basic panels.



MANAGE THE MEDICATION

Both employers and employees can put appropriate safeguards in place around taking necessary medications.

For Employers:

Ensure your medical plan has proper safeguards for preventing abuse. Pharmacy Benefit Managers (PBMs) have varying levels of sophistication around managing Rx fill patterns. Some important questions to ask your vendor are:

- What level of detail can be provided on pharmacy utilization reports?
- How does the PBM oversee the filling of opioid based pain medications?
- What does the PBM do when someone fills the same medication at multiple pharmacies?

Having Quantity Limits on certain highly addictive medications is a common and easy first step. This will prevent people from filling more than 2-4 weeks of opioid prescriptions without internal review. Someone being treated for cancer can quickly and easily be approved for longer cycles, but someone having their wisdom teeth extracted should not receive a 60 day supply of pain medication until a physician has reviewed and approved the prescription using a best practices guideline.

For Employees:

Now that they know they are taking powerful medication, employees need to take certain steps to safeguard their medication. Parents need to be very cautious about bringing these drugs into their homes; the demand for these pills can run up to \$200 per pill on the black market, and young adults can be very curious about the effects. A simple locking pillbox could easily prevent a child from sneaking one or two pills out of a medicine cabinet, and \$11 seems a reasonable price to pay considering the alternative.

Many people take medication and don't recognize the symptoms of early addiction. Pay attention to certain signs, including:

- Increased tolerance
- Taking pills just to relax
- Seeking multiple fills from different doctors
- Lying to the doctors
- Missing personal activities
- Nausea
- Shaking

If any of these signs start to occur, it is important to connect with the treating physician to break the habit before experiencing the excruciating pain of withdrawal.

ABUSE

In the event there is suspicion of abuse, employers can and should play a role in seeking help. Employee Assistance Plans are good for both voluntary and mandatory referrals. Their analysis is considered objective and professional, and considering they perform these services as their primary business, they create a solid defense against charges of discrimination or retaliation.

Audrey Rosenfeld is adamant: if you have an employee who shows a reasonable suspicion of drug use, connect them to the EAP through a referral. If there is uncertainty around what constitutes reasonable suspicion, contact your EAP or counsel for guidance. However, it is also prudent to train your supervisors that, while there is a concern of drug use, the real concern is the employee's

COMMERCIAL INSURANCE

EMPLOYEE BENEFITS

PERSONAL INSURANCE

RISK MANAGEMENT

SURETY



PARKER | SMITH | FEEK

job performance and safety, as well as the safety of the people around them. Supervisors should not be attempting to diagnose drug use; rather they should be aware of the signs of drug use, and pay close attention to the employee's performance. Signs of drug use generally coincide with behavioral issues and include:

- Absenteeism
- Presenteeism (present, but not productive)
- Inability to handle tasks that they were previously able to
- Mood swings
- Rapid weight loss
- Poor hygiene

There are protections in place to understand and work with. For people who elect to enter treatment, the Mental Health Parity Act has greatly enhanced the coverage mandated for rehabilitation. Finding a preferred provider for both the detoxification and the rehabilitation is a routine process and one that either an EAP or a representative of the person seeking

treatment can navigate. These benefits are subject to the same deductible and out of pocket treatment as traditional medical care. Additionally, addiction treatment is subject to other protections, including the Family Medical Leave Act. The Americans with Disabilities Act is more nuanced and does not protect illegal drug use under any circumstance, but someone in recovery will likely be protected against retaliation for past drug abuse. An employee cannot be fired for going to a rehabilitation center or for not following through on a mandatory referral to an EAP, but they can be terminated for poor performance.

Ultimately, with 70 percent of illegal drug users being employed, there are drug users and abusers in nearly every workforce. This issue cuts across all boundaries - age, gender, race, industry, and income. Having a reasonable and proactive policy, a commitment to identify and support those who need it, and the resources to do that efficiently and effectively, is sound Human Resource management.