



The Invisible Drug:

Combating Opiate Dependency in the Workplace

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In March 2016, the Senate passed a bill 94 to 1—a rare scene of bipartisan agreement between two increasingly divided political parties. In May, the House of Representatives passed another round of 18 bills with every intention of seeing them reach the President's desk. What issue could carry so much weight as to traverse party lines in such an impressionable way? The answer: America's growing addiction to prescription painkillers.

The Senate's bill, called the Comprehensive Addiction and Recovery Act (CARA), seeks to provide federal grants to states, local governments and nonprofits in an effort to facilitate treatment of, and education about, prescription drug abuse and addiction. Combined with the House's recent measures and an ongoing search for extra funding during the 2017 fiscal year—President Obama's administration has requested \$1.1 billion as the amount needed for maximum effectiveness—the bills will be instrumental in the fight against growing addiction and overdose challenges present throughout all 50 states.¹

It isn't just the federal government, either; individual states have taken notice of the epidemic in their own backyards. Utah received a large infusion of funds from the U.S. Department of Health and Human Services to combat opiate addiction in two of its counties. Florida passed laws to strengthen its Prescription Drug Monitoring Program and saw an over 50 percent decrease in oxycodone overdose deaths during 2012.² In Wisconsin, Attorney General Brad Schimel approached state businesses to assist in his efforts to curtail painkiller abuse, citing it as "the biggest public safety crisis we've ever seen," and is working to establish a task force with human resource representatives to address the problem.³

With focus shifting toward opiate misuse nationwide, it is no wonder businesses are beginning to seek ways with which to effectively confront the growing malady affecting their employees.

With focus shifting toward opiate misuse nationwide, it is no wonder businesses are beginning to seek ways with which to effectively confront the growing malady affecting their employees. Addressing opiate dependency in the workplace can be extremely complex, but with a thorough understanding of the issue, the right guidance and a willingness to re-examine company policies and procedures, a reliable strategy for responding to the issue can—and will—improve both employee well-being and organizational success.

¹ 2016. Senate passes bipartisan bill to combat painkiller abuse, heroin addiction. *USA Today*. Retrieved from <http://www.usatoday.com/story/news/2016/03/10/senate-passes-bipartisan-bill-combat-painkiller-abuse-heroin-addiction/81577556/>

² 2016. Injury Prevention & Control: Opioid Overdose. Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/drugoverdose/policy/successes.html>

³ 2016. Schimel looks for business help in fighting painkiller abuse. *Milwaukee Business Journal*. Retrieved from <http://www.bizjournals.com/milwaukee/print-edition/2016/03/04/schimel-looks-for-business-help-in-fighting.html>

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The Past and Present of Prescription Painkillers

Understanding opiate dependency first requires a look back at its history in the workplace. Reinforced by medical studies vouching for the relative safety of such drugs during the 1980s, prescription painkillers were marketed in the 1990s as cost-effective treatments for pain resulting from injury. For businesses, this meant prescribed painkillers would not only return employees to work more quickly—thus diminishing time off and reducing turnover—but cause overall health care costs to drop by avoiding expensive medical exams and physical therapies. This approach to thinking about pain management and cost containment became popular enough to sustain a reputation that predominately remains today. As of 2012, prescription painkillers make up an almost \$10 billion industry.

The reality, however, reveals a rise in addiction that has gone unchecked until very recently. Data for drug overdose deaths illustrates the problem with prescription medicines, and opiates in particular, very clearly. There were over 41,000 deaths from drug overdose in the U.S. in 2011, and almost 55 percent involved pharmaceutical drugs. Painkillers like oxycodone (OxyContin), hydrocodone (Vicodin) and methadone (Dolophine) were responsible for almost 17,000 deaths.⁴

Painkiller addiction has been called an “equal opportunity destroyer,” affecting people from all walks of life.⁵ In fact, most individuals who are addicted to painkillers did not have a drug problem until they began using prescription opiates. People often begin taking painkillers for medical reasons—recuperating from surgery, managing chronic pain, work-related accidents, etc.—but the addictive nature of the drug facilitates taking more and more, creating long-term addiction. As tolerance builds and individuals take bigger doses, the risk of overdose skyrockets.

The myth of prescription painkillers as the saving grace of workers compensation is beginning to unravel. Use of opiate painkillers as an inexpensive class of therapy for pain management has been frequently challenged, with nonpharmacological techniques such as NSAIDs and physical therapy having lower mean and median annual costs.⁶ In fact, opiate painkillers account for almost a third of overall pharmacy costs.⁷



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⁴⁵⁷ 2014. Painkiller Addiction: An ‘Equal Opportunity Destroyer.’ *Workforce*. Retrieved from <http://www.workforce.com/articles/20791-painkiller-addiction-an-equal-opportunity-destroyer>

⁶ 2016. CDC Guidelines for Prescribing Opioids for Chronic Pain—United States 2016. Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

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Yet, a Workers Compensation Research Institute report found that almost 80 percent of injured U.S. workers across 21 states were prescribed painkillers with opiates between 2009 and 2011.⁸

Legislators are cracking down on opiates nationwide, and the medical sector—a regular target of criticism concerning over-prescription practices—released new guidelines for the prescribing of painkillers via the Centers for Disease Control and Prevention in 2016.⁹ Protocols encourage painkillers primarily be used if nonpharmacologic/nonopioid pharmacologic therapies are inefficient as well as promote a thorough understanding of risk for addiction when prescribing to patients for chronic pain outside of cancer treatment, palliative measures or end-of-life care.¹⁰

While taking steps to finally combat opiate dependency is welcome, the rising difficulty in obtaining prescription painkillers—combined with the high cost of prescriptions in general—has paved the way for a more problematic and insidious drug to invade the lives of workers and their families.

The Rise of Heroin in America

Heroin, an opioid painkiller illegal in the United States, has had a long and varied history since the end of the 19th century. Prescribed by doctors in the early 1900s before becoming a vilified street drug in later decades, heroin has experienced a resurgence since the Millennium and is now being sought out by Middle America as a cheaper alternative to prescription painkillers and free from the restraints of securing physician-prescribed medications.



Proliferation of heroin nationwide can be attributed to a number of factors. In the 1980s, a gram of heroin would cost a buyer between \$350 and \$400. In 2013, that cost had dropped to \$100 - \$150 per gram. Not only that, but ingestion of heroin expanded from a largely injection-based method to include snorting and/or smoking of the drug, opening the door to more opportunities for abuse. Finally, the purity of heroin—encouraging a higher level of usage and lower threshold for initial addiction—has increased exponentially, with some cities seeing purity levels of over 70 percent.¹¹ Between 2002 and 2013, heroin-related overdose deaths increased a whopping 286 percent, while heroin use among Americans 26 years of age and older increased by 58 percent.

⁸ 2012. Longer-Term Use of Opioids. Workers Compensation Research Institute. Retrieved from <https://www.oregon.gov/oha/pharmacy/DocumentsArticlesPublications/Longer-Term%20Use%20of%20Opioids%20E2%80%93%20WCRI.pdf>

⁹ 2016. Doctors told to avoid prescribing opiates for chronic pain. *USA Today*. Retrieved from <http://www.usatoday.com/story/news/2016/03/15/cdc-issues-new-guidelines-opiate-prescribing-reduce-abuse-overdoses/81809704/>

¹⁰ Guideline for Prescribing Opioids for Chronic Pain. Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf

¹¹ Schimel, B. (2016). *Dose of Reality: Prevent Prescription Painkiller Abuse in Wisconsin* [PowerPoint slides]. Retrieved from <http://doseofrealitywi.gov/>

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How are heroin and prescription painkillers related? A 2014 *U.S. News and World Report* article said “painkiller dependence among heroin users was more common than alcohol, marijuana or cocaine dependence.”¹² The Substance Abuse and Mental Health Services Administration (SAMHSA) also linked prescription painkillers to the uptick in heroin’s popularity, stating “[research] suggests that dependence on, or abuse of, opioid pain relievers is the strongest risk factor for heroin abuse or dependence.”¹³

Yet one can look no further than the local news to see a clear pattern emerging among prescription painkillers, heroin dependency and the impact on communities—including employers and their employees. The Midwest in particular has been a region hit hard by the opiate epidemic, which is why Wisconsin’s Schimel is ardent in his crusade to inform and bolster recognition of the problem.

Extracting data that reflects national norms, Schimel claims four in five employers have been directly affected by opiate addiction, costing organizations \$26 billion annually. Smaller businesses in Wisconsin often do not have Employee Assistance Programs (EAP) or similar resources available for employees, nor do they know how to deal with dependency issues in the workplace. More must be done to adequately address this issue, including a reassessment of employer policies and procedures surrounding the workplace and drug use.

Tackling Opiate Dependency Issues in the Workplace

Many organizations have witnessed a trend in heroin use among employees. The initial question an employer might ask is, “Why are my employees addicted to this drug and how do I prevent it from continuing?”, but a better question would be, “How did my employees encounter heroin in the first place?” The answer, at least in recent years, is likely because of prescription painkillers.

Prescription painkillers create a number of challenges for employers in terms of addressing instances of dependency. Prescriptions are legal, after all, and that legality can present troublesome scenarios for human resources professionals. One cannot bar a forklift driver from returning to work because they’re taking the prescribed amount of painkiller medication after shoulder surgery; then again, driving a forklift while on the medication might be against recommended usage.

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¹² 2015. The Heroin Epidemic, in 9 Graphs. *U.S. News and World Report*. Retrieved from <http://www.usnews.com/news/blogs/data-mine/2015/08/19/the-heroin-epidemic-in-9-graphs>

¹³ 2015. Preventing Heroin Use: Facts, Factors, and Strategies Issue Brief. SAMHSA’s Center for the Application of Prevention Technologies. Retrieved from <http://www.samhsa.gov/capt/tools-learning-resources/issues-brief-preventing-heroin-use-facts-factors-strategies>

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Prescription opiates also are notoriously difficult to screen through conventional drug testing procedures, and only 13 percent of workplace drug tests look for it.¹⁴ Signs and symptoms can closely mirror those of other substance abuse issues and addictions, so employers or human resources professionals must rely on knowledge of an employee's past behaviors and the possible link to prescription medications.

A pattern of change in an employee's behavior—shifts in appetite or sleep patterns, a drop in attendance and/or performance, an increase in on-the-job injuries or accidents—is a telltale sign something is out of the ordinary. If this can be combined with the knowledge that an employee was recently on leave for medical reasons and likely prescribed painkillers, then a clearer picture of the problem might begin slowly taking shape.

It is important to remember human resources cannot intervene with an employee about dependency without reasonable cause. Given opiate dependency's often hidden and delicate nature within the workplace, how does one effectively handle these issues? There are a number of practical policies an organization can consider adopting if it hasn't done so already, including:

- **Drug-free Workplace Policy.** This policy should apply to all employees, and refusal should be addressed with some kind of disciplinary action. Criteria for testing can cover pre-employment testing, post-accident testing and reasonable suspicion.
- **Education and Awareness Programs.** Hosting in-house seminars or attending webinars on topics related to opiate dependency can educate employees and raise awareness surrounding the severity of the issue. These programs might be incorporated into professional development for staff, or integrated with already existing company resources such as rehabilitation services, fitness offerings or EAPs.
- **Employee Assistance Programs (EAP).** EAPs have a long and thorough history of working with substance abuse issues, and have evolved to address a number of work-related issues through such benefits as counseling services, management consultations and fitness-for-duty evaluations.



¹⁴ 2016. Opioid Abuse Takes A Toll On Workers And Their Employers. *NPR*. Retrieved from <http://www.npr.org/sections/health-shots/2016/01/20/462922517/opioid-abuse-takes-a-toll-on-workers-and-their-employers>

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The FEI Difference

Employee Assistance Programs have offered support for dependency challenges since the 1960s, when businesses began to take note of the impact of alcoholism and substance abuse on workplace culture. Now, with a spotlight on the adverse outcomes of prescription painkillers and the boom in heroin addiction across the country, the importance of cultivating a well-educated and prepared organization is as great as ever before.

FEI can help human resource professionals manage drug-related issues to assure workforce resiliency.

FEI Behavioral Health (FEI) has a 35-year history of providing EAP and other resilience resources to clients across multiple industries in both the private and public sector. Our robust network of experienced counselors makes FEI one of the country's leading providers of EAP. In addition, FEI offers full-service work-life, wellness, violence prevention/de-escalation training and crisis management programs.

FEI's experienced account managers assist organizations with the human side of life's daily challenges and the unexpected crisis, and can help human resource professionals manage drug-related issues to assure workforce resiliency by providing meaningful support to an organization's employees and those close to them.


Regular consultation from FEI's EAP experts augments an organization's ability to:

- **Develop best practice** for the prevention of, and response to, opiate dependency and other drug-related challenges affecting employees and their families.
- Modernize **drug-related procedures**, operational information and organizational culture with regard to addressing dependency concerns in rapidly changing environments.
- Provide contemporary **educational resources and tools** to employees through in-person presentations and/or online webinars.
- Immediately respond to employee and family inquiries with the use of FEI's **24/7 EAP** service center and network of affiliates.
- Benefit from FEI's unique relationship with the nonprofit industry by utilizing resources via FEI parent company the **Alliance for Strong Families and Communities**, which is tackling the issue of opiate dependency as it relates to family and child welfare.
- Compassionately **reach out to employees and families** and track needs and services relating to dependency issues throughout the workplace.
- Assist employees with accessing the proper help by **collecting and maintaining information** and progress through the use of FEI's exclusive web-based information system.


FEI can provide the training necessary for human resource professionals to adequately achieve the best possible outcomes when helping workers overcome—if not avoid—opiate dependency. We are committed to helping organizations create and maintain cultures capable of encouraging holistic resilience practices.



fe*i* workforce resilience



FEI partners with you to protect and enhance your workforce effectiveness and organizational resiliency. We offer flexible solutions for the full spectrum of your workforce resilience goals, from EAP and wellness to crisis preparedness and management. We leverage our proven resources, compassionate experts and robust network to improve your employees' focus, empower your managers and prepare you to handle the unthinkable crisis, so that you can maintain a healthy, resilient organization.



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