Responding to the Opioid Epidemic

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Current Issues: U.S. Opioid Epidemic

On an average day in the U.S.:

- More than **650,000 opioid prescriptions** dispensed¹ **3,900 people** initiate nonmedical use of prescription opioids²
- ▶ **580 people** initiate heroin use²
- ▶ 78 people die from an opioid-related overdose*³
- *Opioid-related overdoses include those involving prescription opioids and illicit opioids such as heroin

Source: IMS Health National Prescription Audit1 / SAMHSA National Survey on Drug Use and Health2 / CDC National Vital Statistics System3

Economic Impact of the Opioid Epidemic:

- **55 billion** in health and social costs related to prescription opioid abuse each year¹
- 20 billion in emergency department and inpatient care for opioid poisonings²

Background

- According to the Institute of Medicine of the National Academies, more Americans (100 million) suffer from chronic pain than from cancer, heart disease and diabetes combined¹
- Opioids and other painkillers are often prescribed (~ 90 percent of the time) to treat chronic pain ²
- The number of employees who suffer from chronic pain as a result of a serious workplace injury has increased from less than 10 percent a decade ago to more than half today³

^{1.} Institute of Medicine Report from the Committee on Advancing Pain Research, Care, and Education: Relieving Pain in America, A Blueprint for Transforming Prevention, Care, Education and Research. The National Academies Press, 2011. http://books.nap.edu/openbook.php?record_id=13172&page=1.

^{2. 5} Surprising facts on prescription painkillers: Why you should be concerned about opioids—the most prescribed drugs in America: Published: January 2014

^{3.} Travelers Major Case Claim Mix Analysis

Response to Recovery

















Recovery

Intervention Types

- Voluntary Education
- Regulation
- ► Law Enforcement
- ► Public Health
- Business Interventions

Health Impact Hierarchy

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Counseling and Education
Clinical Interventions
Long Lasting Interventions
Environment drives Healthy Default
Social and Economic Factors

Source: American Journal of Public Health, April 2010, Vol 100, No. 4

Effort

Business Opportunities

- Policies
- **EAP**
- Role of Supervisor
- Insurance Carrier: Group Health, WC, Disability
- Government Affairs

Business Policies

- ► The policy should include:
- ▶ 1. Drug Free Workplace the company's position
- ▶ 2. Fitness for Duty
- ▶ 3. Procedures for dealing with employees determined to be under the influence of substances
- ▶ 4. Return to work
- ▶ 5. Hiring evaluations

What is the Target?



NRC Regulations (10 CFR) > PART 26—FITNESS FOR DUTY PROGRAMS

- Fitness-for-duty (FFD) programs must—
- (a) Provide reasonable assurance that individuals are trustworthy and reliable as demonstrated by the avoidance of substance abuse;
- (b) Provide reasonable assurance that individuals are not under the influence of any substance, legal or illegal, or mentally or physically impaired from any cause, which in any way adversely affects their ability to safely and competently perform their duties;
- (c) Provide reasonable measures for the early detection of individuals who are not **fit to** perform the duties that require them to be subject to the FFD program;
- (d) Provide reasonable assurance that the workplaces subject to this part are free from the presence and effects of illegal drugs and alcohol; and
- (e) Provide reasonable assurance that the effects of fatigue and degraded alertness on individuals' abilities to safely and competently perform their duties are managed commensurate with maintaining public health and safety.

Support Tiers

Tier 3

Individual Referral Network

Tier 2

Trained local peer supporters and/or clinicians who support as part of their role

Tier 1

"Local" (Service/Program) Support

Pre-Incident Support

Establish Referral Network with EAP, Spiritual, Social Work, Clinical Psychologist ,Psychiatry, Physician Support Program

Ensure availability and access to prompt professional support and/or guidance

Trained Local Peer support and Clinical Expertise such as patient safety officers or stress debriefing representatives who can provide one-on-one crisis intervention, support, mentoring, team debriefs.

Service/program support with manager, supervisor, fellow team member who can provide one-on-one reassurances and/or professional critique of situation

Preparation/education through review of information materials such as processes procedures, checklists, articles, etc.

Questions

