

# The Opioid Crisis in the American Workforce

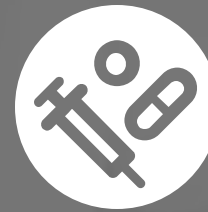
By Phil Walls, RPh



# Opioid dependency: magnitude of the problem

**70%** of  
abused Rx drugs  
are provided by  
friends & family

**15,000**  
people fatally  
overdosed on  
prescription pain  
killers in 2015



More overdoses caused by  
**PRESCRIPTION  
DRUGS**  
than illegal drugs



**Every day, +1,000 people**  
are treated in emergency departments  
for misusing prescription opioids.

**6/10**  
overdose deaths  
involve an opioid

**TWO  
MILLION**  
are addicted &  
abusing in U.S.

# Impact on the American Workforce

47% of men between 25 and 54 use at least one pain medication

NSC: 70% of workplaces feel the effect of opioid abuse

**1.5 million workers** missing from the American workforce

Alan Krueger at Princeton attributes a **20% reduction** in male workers to the opioid crisis

500,000 people may die from opioids over the next decade

Crisis may not visibly subside till 2020

For every one person who dies from opioids there are 851 people in various stages of use, misuse and abuse.



OPIOID MANAGEMENT NEEDED ACROSS CARE CONTINUUM



New and  
Acute Use



Short-term or  
Intermittent Use



Chronic Use



Overuse and  
Abuse

# Opioid abuse costs U.S. employers \$18 billion in sick days and medical expenses

According to recent AJMC study, employers...



Are paying for 1/3 of opioid prescriptions that end up being abused



Have 4.5% of employees who received an opioid prescription and were found to show signs of abuse

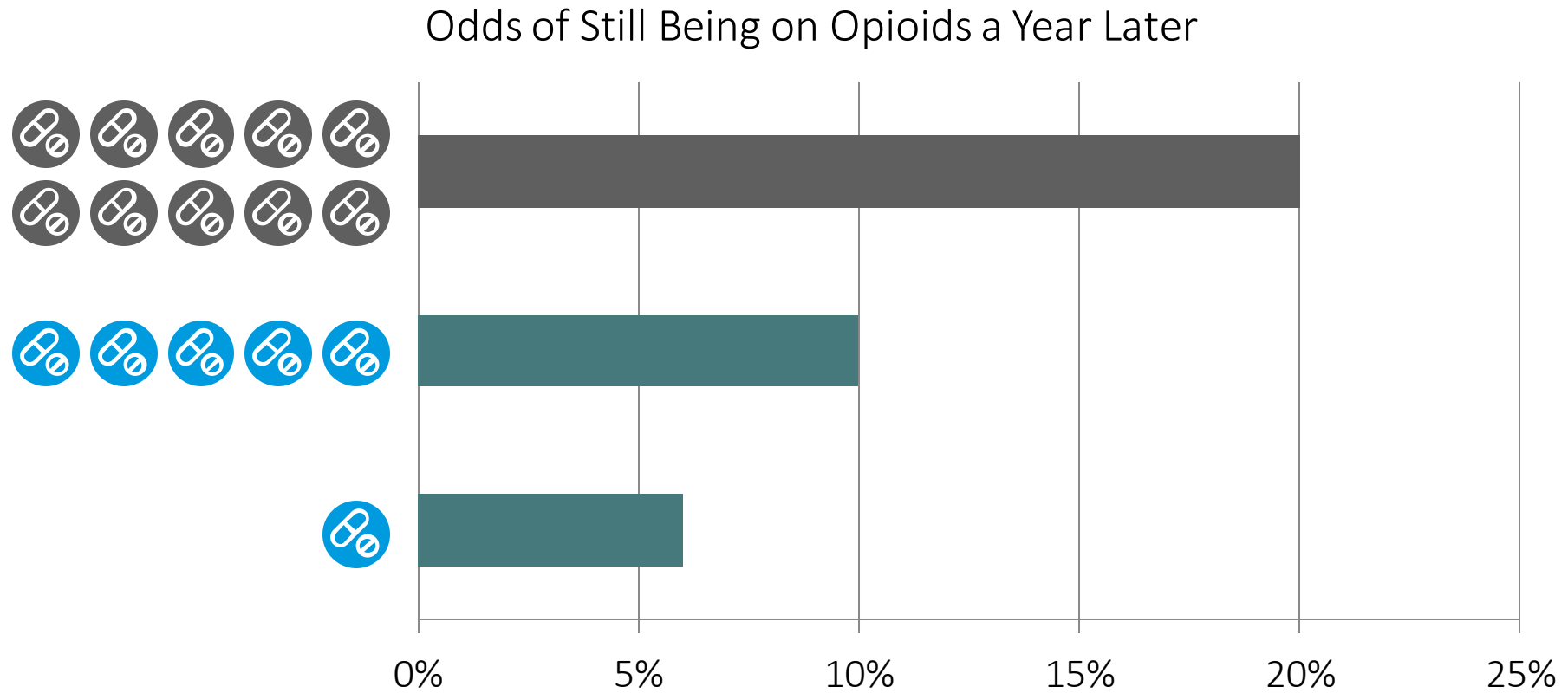


Paying +\$19K a year in overall healthcare expenses on average for issues related to opioid dependence compared with \$10K in costs for workers without such issues



Opioid abuse among employees is estimated to account for more than 64% of medically related absenteeism from work and 90% of disability expenses resulting in more than \$25 billion a year in lost work productivity

# With a 10-day supply of opioids, 1 in 5 become long-term users



Study from March 2017

# Addictive Behaviors

- Addictive behaviors include one or more of the following:
  - Impaired control over drug use
  - Compulsive use
  - Continued use despite harm (physical, mental, and/or social)
  - Craving

# Background

1806 – morphine isolated from opium poppy – named after Morpheus, the Greek god of dreams

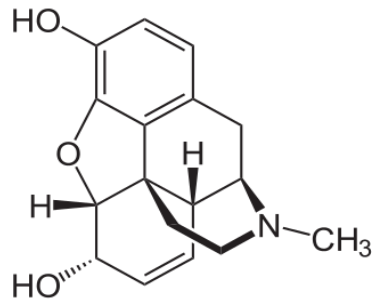
- Heinrick Emanuel Merck – converted pharmacy into a full-time producer of morphine – Engel-Apotheke or The Angel Pharmacy
- Today known as Merck and Company

1874 - Diacetylmorphine is first synthesized

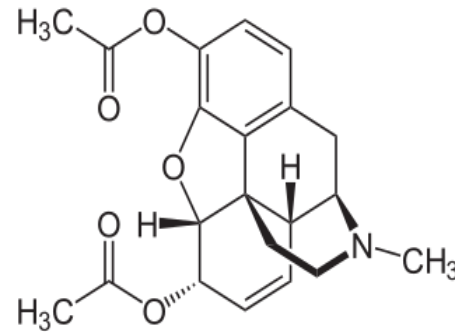


# Timeline to Discovery of Heroin

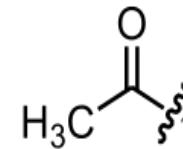
- Diacetylmorphine is “re-discovered” by chemists working for Friedrich Bayer in the mid-1880’s through a process known as acetylation
  - Morphine → diacetylmorphine
  - Acetylsalicylic acid → aspirin
- Bayer named this drug heroin after the German word *heros* meaning hero.



Morphine



Heroin



The two drugs differ by the addition of two acetyl groups

# The Solution for Coughs

**BAYER PHARMACEUTICAL PRODUCTS.** Send for samples and literature to

**FARBENFABRIKEN OF ELBERFELD CO. 40 STONE ST NEW YORK.**

Am. J. Ph.] 7 [December, 1901

**BAYER Pharmaceutical Products**  
**HEROIN-HYDROCHLORIDE**

is pre-eminently adapted for the manufacture of cough elixirs, cough balsams, cough drops, cough lozenges, and cough medicines of any kind. Price in 1 oz. packages, \$4.85 per ounce; less in larger quantities. The efficient dose being very small (1-48 to 1-24 gr.), it is

**The Cheapest Specific for the Relief of Coughs**  
 (In bronchitis, phthisis, whooping cough, etc., etc.)

WRITE FOR LITERATURE TO  
**FARBENFABRIKEN OF ELBERFELD COMPANY**  
 SELLING AGENTS  
 P. O. Box 2160 40 Stone Street, NEW YORK

**COUGH**

The Sum of Clinical Experience Designates Glyco-Heroin (Smith) as a Respiratory Sedative Superior in All Respects to the Preparations of Opium, Morphine, Codeine and Other Narcotics and without the toxic or depressing effects which characterize the latter when given in doses sufficient to reduce the reflex irritability of the bronchial, tracheal and laryngeal mucous membranes.

**THE PROBLEM**  
 of administering Heroin in proper doses in such form as will give the therapeutic virtues of this drug full effect, and will not cause the danger of the most exciting and, in fact, most depressing kind of cough.

**GLYCO-HEROIN (Smith)**

The results attained with Glyco-Heroin (Smith) in the alleviation and cure of coughs are attested by numerous clinical studies that have appeared in the medical journals within the past few years.

Scientifically Compounded. Scientifically Conceived. GLYCO-HEROIN (SMITH) simply stands upon its merits before the profession, ready to prove its efficacy to all who are interested in the advances in the art of medication.

**NOTICE.**  
 Glyco-Heroin (Smith) is supplied in sixteen ounce dispensing bottles only. The quantity ordinarily prescribed by the physician is two, three or four ounces.

The adult dose of GLYCO-HEROIN (SMITH) is one teaspoonful, repeated every two hours or at longer intervals, as the case may require. Children of three to six years, from a quarter to a half teaspoonful. Children of three years or more, one or two drops.

SOLE SELLING AGENTS: THOMAS CHESTNUT & CO., 111 BROADWAY, NEW YORK, N. Y. MARTIN H. SMITH & CO., Chemists, 100 WEST 11TH STREET, NEW YORK, N. Y.

Samples and Literature Supplied on Request.

**Respiratory Depression/Death**

**Euphoria**

**Analgesia**

**Constipation**

**Cough Suppression**

**Heroin**

**Oxycodone**

**Morphine**

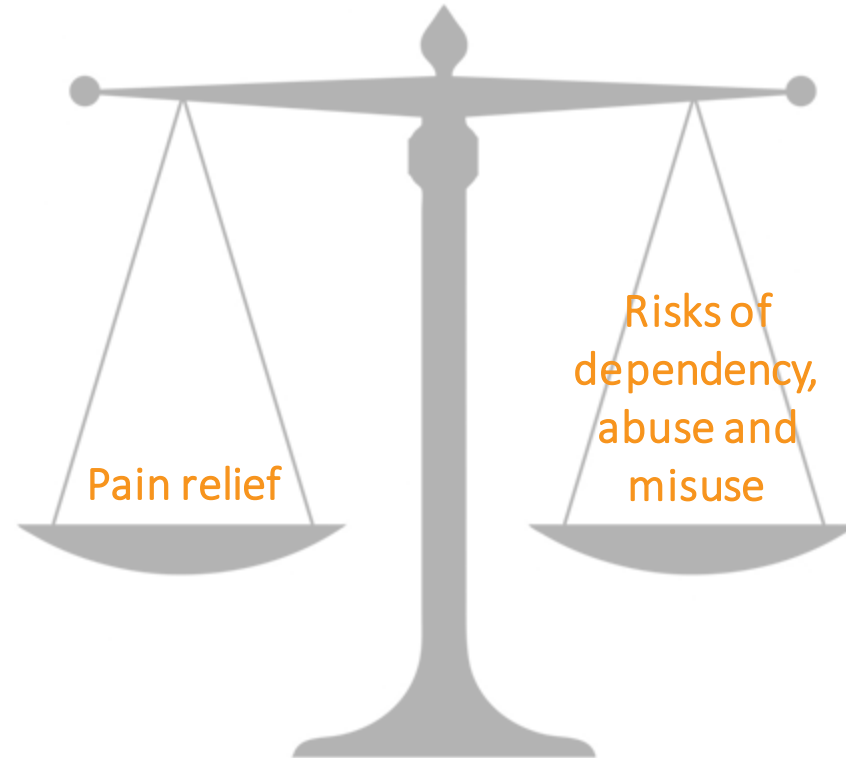
**Codeine**

**Paregoric**

**Dextromethorphan**

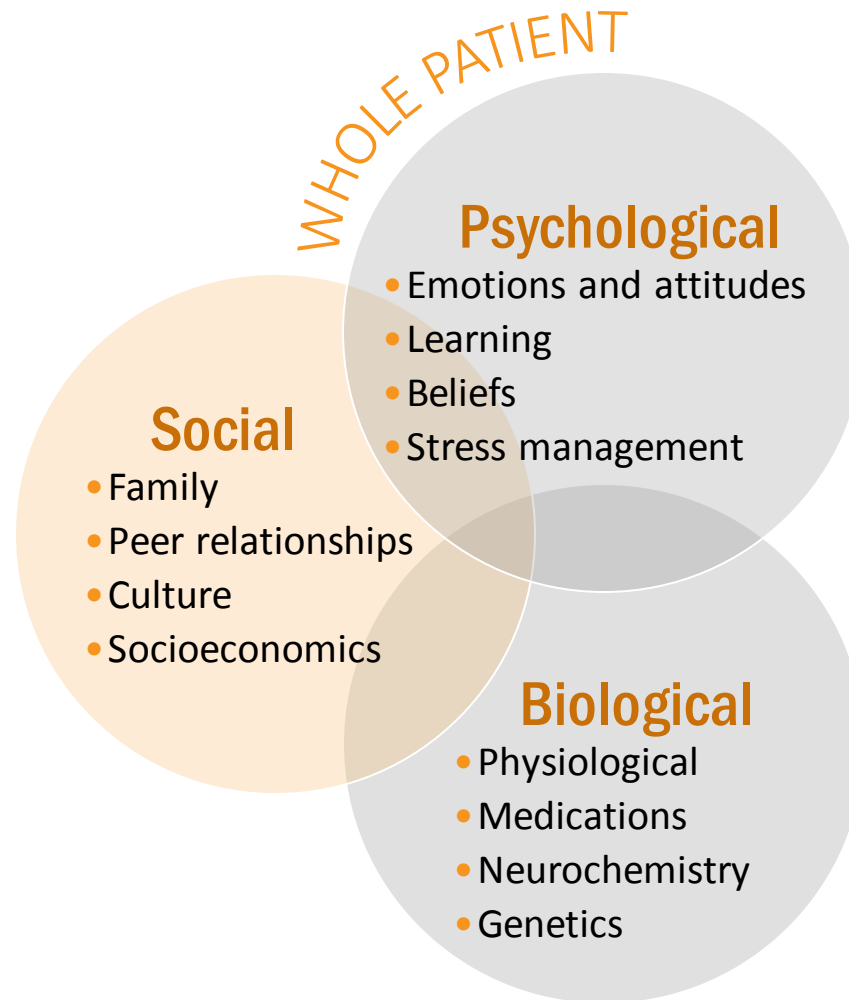
# Effective use of opioids involves balancing pain relief with the risks of dependency, abuse, and misuse

- Clear goals for opioid therapy
  - Patient centered functional goals
  - Not just pain relief
  - Lowest dose, shortest time
- Risk screening prior to prescribing
- Opioid treatment agreements
  - Drug testing, pill counts, screening
  - Patient/provider agreement on goals
- Exit strategy for opioids
  - Multi-modal therapy

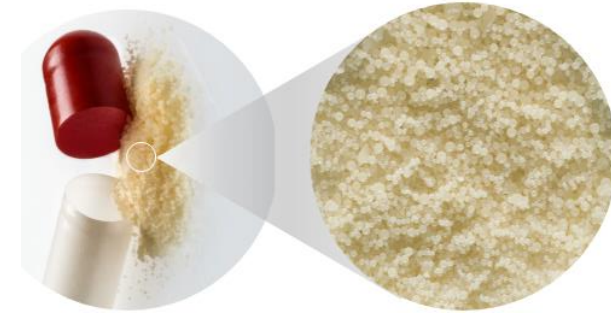


# Multi-dimensional approach to pain

- Treatment should be multi-modal, not merely pharmacological
- Addiction should be screened and treated
- Non-opioid measures also have a place in a pain management treatment plan
  - Exercise
  - Physical therapy/ yoga/ stretching
  - Sleep hygiene
  - Psychosocial issues
  - Weight management
  - Smoking cessation
  - Alternative therapies may benefit
  - Adjunctive non-opioid medications
    - NSAIDS, anticonvulsants, some topical



# Abuse deterrent narcotic formulations



- Abuse deterrent, not abuse-proof
  - May address crushing, but not injection
  - Outbreak of HIV, Hepatitis C in Indiana with Opana
- Websites for users to discuss how to circumvent the ADF
  - Erowid, Opiophile (no longer functional), Bluelight...even YouTube
- Cost of abuse deterrent formulations
  - Brand-only
  - Not typically added to workers' comp formularies (unless client requests)

# Red flags

Multiple doctors  
or pharmacies

Early refills, taking  
more than  
prescribed

Combining  
medications  
for euphoria or  
sedation

Using medications  
for “feeling good”  
rather than  
treating pain

Skipping  
appointments for  
pill counts or urine  
drug screens

Aggressive  
behavior

Lost/stolen  
prescriptions,  
forgery

Escalating use of  
medications,  
alcohol  
or other drugs

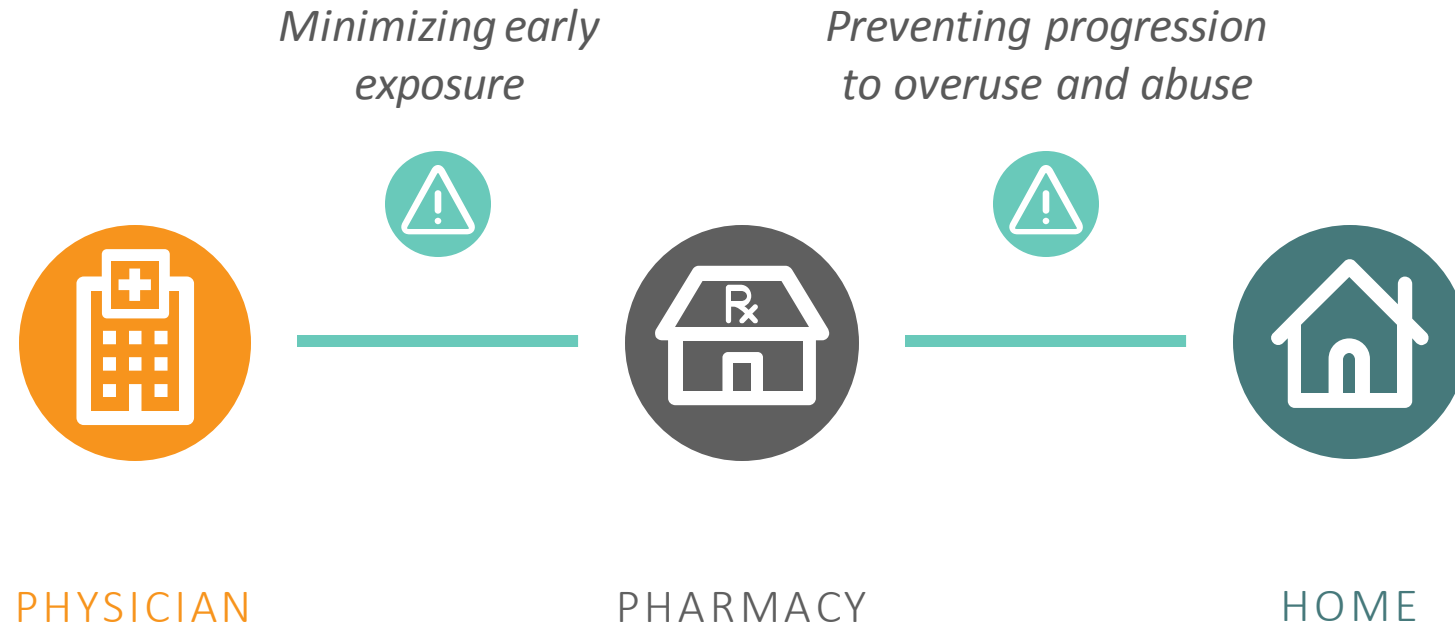
Depression,  
anxiety, and  
smoking are  
risk factors

Use of other  
illegal drugs

Obtaining from  
nonmedical source

Injecting oral  
formulations or  
altering dosage  
form

# Putting the brakes on opioids



Coordination of care is critical — we're in the unique position to influence behavior at every touchpoint.



THE SITUATION

# Pharmacy influence



Influence and  
safety interventions  
at the point of sale

**25%** long-term opioid users  
struggle with addiction

**1 in 32** with dosages  
>200 MED die

# Influence at home



Education, proactive care and safe disposal of opioids needed at home



Patients are NOT aware of opioid risks

70%

of abused Rx medicine is provided by or stolen from friends/family

THE SITUATION

# Physician influence



Influence needed  
at point of care

**3%** of opioids are prescribed  
by pain specialists

# Turning Point in 21<sup>st</sup> Century

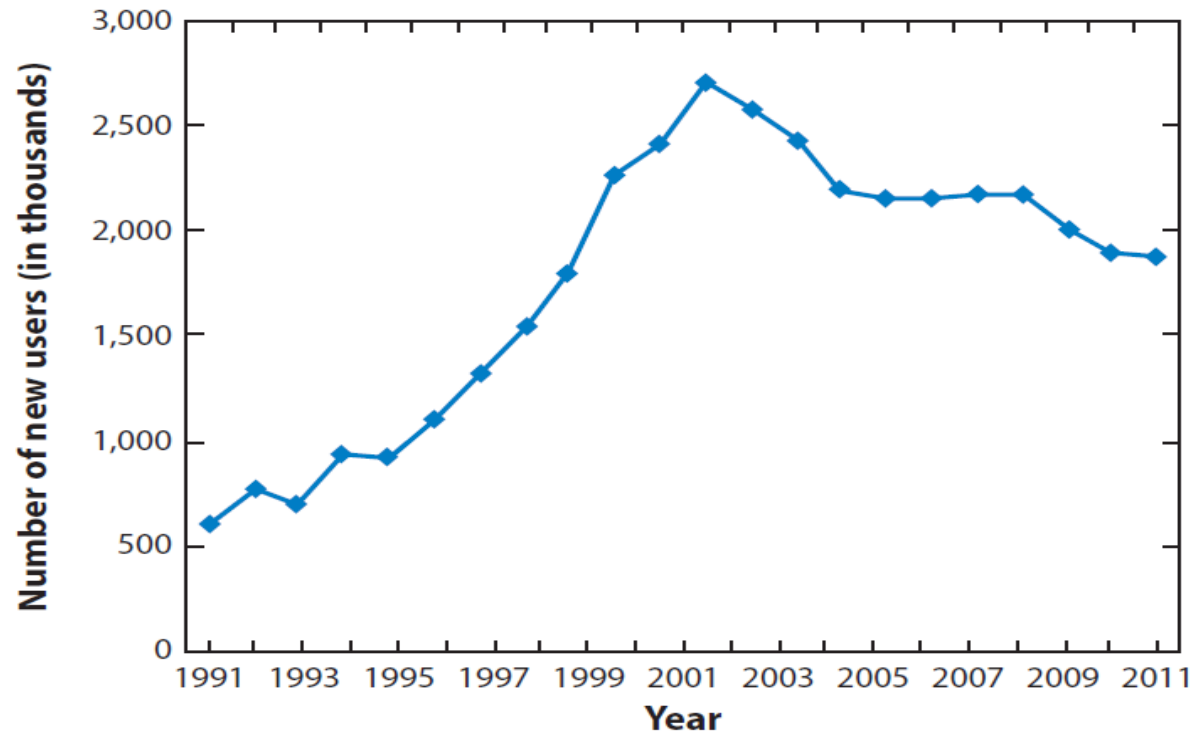
- Confession of Dr. Russell Portenoy – December 2012 WSJ
- Development of FDA REMS program
  - Ultra-short acting opioids
  - Long-acting opioids
- Creation of state Prescription Drug Monitoring Programs (PDMPs)

# Unintended Consequence?

- Abuse-deterrent formulations of long-acting opioids, i.e., OxyContin and Opana ER, have successfully decreased abuse of prescription opioids— but may not be actually decreasing opioid abuse
  - Heroin use has nearly doubled— easier to use, less expensive and readily available
- \*Cicero, TJ, et al. Effect of Abuse-Deterrent Formulation of OxyContin, N Engl J Med 2012, 367: 187-189, July 12, 2012

However, Cicero's letter did not acknowledge that heroin use was already trending up 1 to 2 years prior to re-formulation of opioids

# 2011: ↓ Use of Rx Opioids



**Figure 3**

First-time nonmedical use of pain relievers. Source: 64, 70.

# Heroin Related Hospital Admissions

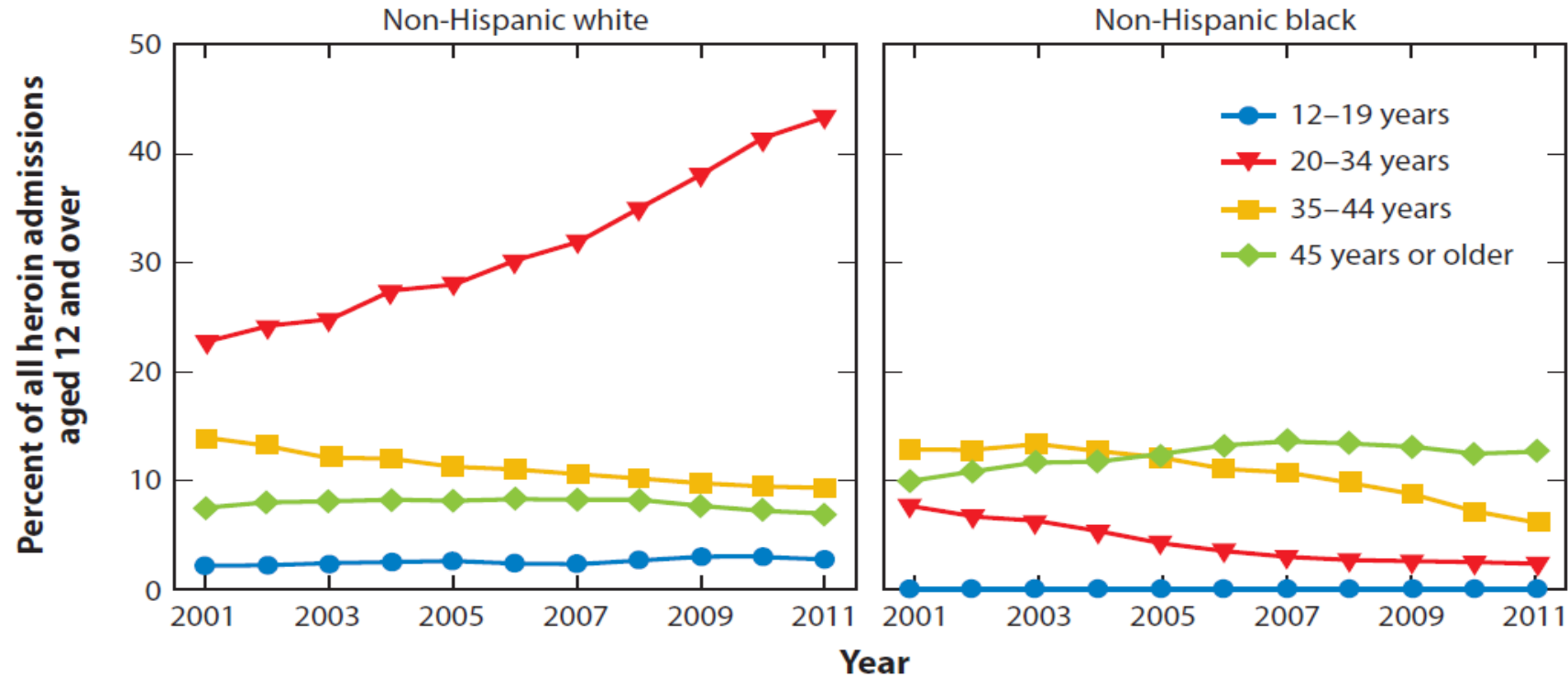


Figure 2

Heroin admissions, by age group and race/ethnicity: 2001–2011. Source: 68.

# Resurgence of Heroin Use

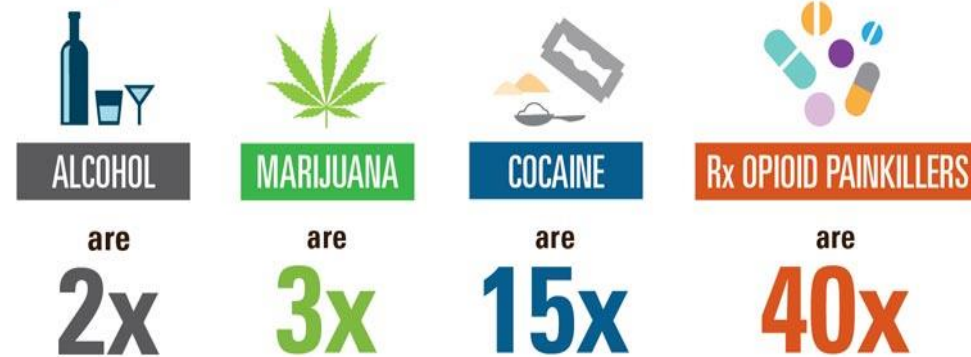
Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

**Heroin** is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...



...more likely to be addicted to heroin.

Although prescriptions for opioids have tripled over the past 25 years, the number of “past-year heroin users” doubled in just 7 years from approximately 380,000 in 2007 to 670,000 in 2012. Furthermore, heroin related deaths more than doubled in just 2 years from 2011 to 2013, with 8200 deaths in 2013 alone.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.



# How to Respond

## Responding to the Heroin Epidemic



### **PREVENT** People From Starting Heroin

#### **Reduce prescription opioid painkiller abuse.**

Improve opioid painkiller prescribing practices and identify high-risk individuals early.



### **REDUCE** Heroin Addiction

#### **Ensure access to Medication-Assisted Treatment (MAT).**

Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.



### **REVERSE** Heroin Overdose

#### **Expand the use of naloxone.**

Use naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

SOURCE: CDC Vital signs, July 2015

# Prevention

Reduce the overprescribing of opioids. Monitor data for high risk behavior:

- Excessive morphine equivalent (MED) doses
- Use of more than one long-acting opioid or more than a single long-acting and a single short-acting opioid
- Using opioids for excessive periods of time
- Combining opioids with drugs such as Soma<sup>®</sup> (carisoprodol) and benzodiazepines such as Xanax<sup>®</sup> (alprazolam)
- Early refills
- Seeing more than one physician for controlled substances
- Receiving controlled substances from more than one pharmacy
- Use of controlled substances with a past diagnosis of substance abuse

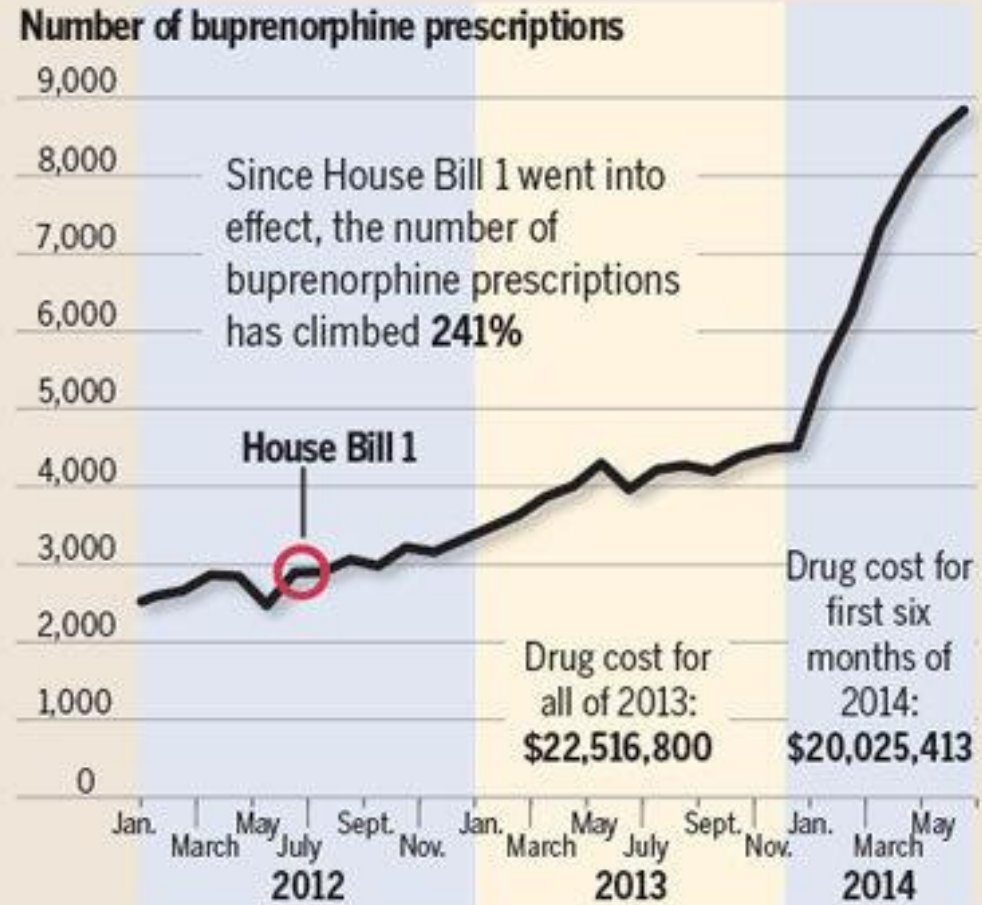
# Reduce Addiction

- The CDC recommends that individuals addicted to heroin or prescription opioids have access to medication assisted treatment, which combines therapy with drugs like methadone, buprenorphine or naltrexone with counseling and behavioral therapy.
- One of the first efforts was the passage of House Bill 1 in 2012 by the Kentucky legislature. This legislation, designed to control pill mills and overprescribing of opioids, achieved one goal: prescriptions for these drugs declined. However, the legislation did not put similar restrictions on prescriptions for buprenorphine prescriptions. Buprenorphine is the active ingredient in drugs like Suboxone<sup>®</sup> and Subutex<sup>®</sup>. When used properly these drugs can help an addict quit using heroin without going through horrible withdrawal. However, one addict was quoted as saying: “it was just a great substitute for heroin. It was like doing the same thing, really.”  
<http://kbml.ky.gov/hb1/Pages/default.aspx>

# High Cost of a Proposed Cure

## High cost of a proposed cure

As more people got insurance under the Affordable Care Act the number of prescriptions for Suboxone and other drugs with buprenorphine skyrocketed as did the cost to taxpayers footing the bill. The increase is also tied to the passage of House Bill 1 which aimed to stem abuse of heroin and prescription opiates.



Source: Kentucky Cabinet for Health and Family Services

CHRIS WARE | cware@herald-leader.com

# Conclusions

Unfortunately there is not magic bullet to solve either the prescription drug abuse epidemic or the heroin crisis. Instead each patient must be treated individually. Therefore the value of early recognition and prevention cannot be emphasized enough.

- We cannot regulate our way out of this crisis
- Be aware of the signs of potential drug abuse
- Take advantage of tools to identify at risk individuals
- Refer patients for a drug regimen review
- Engage a clinical pharmacist to consult with the treating physician

# Thank You!

**Thank You!**  
**Questions?**



# OPIOIDS IN THE WORKPLACE:

## Updating Drug Testing Policies

Rachel L. Ginsburg

October 4, 2017



**PULLMAN  
& COMLEY** LLC  
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# *Rules Regarding Drug Testing*





- There is no federal statute that generally regulates employer drug testing.
- *Department of Transportation* regulations subject transportation employees who perform designated safety-sensitive functions to testing for drugs and alcohol.

Tests may be performed:

- +Before employment
- +Based on reasonable suspicion
- +On a random basis
- +When an employee returns after a positive test
- +On a follow-up basis after the return to duty,
- + Post-accident.

# Federal Law cont.

- Federal laws and regulations also require drug testing in certain other industries and agencies, such as the nuclear industry, the defense industry, and NASA.
- The *Drug Free Workplace Act* applies to federal grant recipients and federal contractors (whose contracts are more than \$25,000.00).
  - Must have a written anti-drug policy, report drug convictions in the workplace and make a good faith effort to maintain a drug-free workplace. Testing is neither prohibited nor required.

# The ADA's Protection of Recovering Drug Users

- The *Americans With Disabilities Act* prohibits employers from discriminating against “qualified individuals with disabilities,” as well as against individuals erroneously *regarded as* disabled.
- Applies to any employer of at least 15 persons.
- Recovering alcoholics and drug users are protected from discrimination under the ADA, provided that they are not drinking, intoxicated, or under the influence of drugs on the job.
- Addicted (recovering) employees may be held to the same performance standards as other employees, even if the unsatisfactory performance is related to their addiction.

# Connecticut Law (Private Employers)

- Connecticut has a drug testing statute, Conn. Gen. Stat. §31-51t *et seq.*
- Applies to any individual, corporation, partnership or association except for the state or a subdivision thereof.



# Pre-Employment Drug Testing

Permits employers to require pre-employment urinalysis alcohol and drug tests so long as:

- (1) Applicant consents in writing to the drug test at the time of the application;
- (2) The drug test is conducted using a reliable methodology and if positive, confirmed by a second test which is separate and utilizing a gas chromatography and mass spectrometry methodology
- (3) The prospective employee is given a copy of any positive drug test result.

**\*\*\*Employer should keep results confidential\*\*\***

# Drug Testing of Current Employees

## Generally Not Permitted Unless:

(1) Employer Has Reasonable Suspicion that the Employee is under the influence of drugs or alcohol which adversely affects or could adversely affect such employees job performance.

*OR*

(2) If a Random Test is Authorized Under the Statute

# Random Testing

## Random Testing Permitted Only If:

(1) Employee Employed in DOL Approved Safety Sensitive Position See:

<http://www.ctdol.state.ct.us/wgwkstnd/highrisk.htm>

(2) the test is authorized by federal law (DOT Regulations, CDL);



(3) Conducted as Part of an Employee Assistance Program in which the employee voluntarily participates.

# Drug Testing (Public Employers)

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- Depends on Position
- Federal, State or Local Laws May Apply
- Collective Bargaining Agreements



# How Can We Help?

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- Make Sure Your Drug Testing Policy is Up to Date
- Make Sure You Are Testing as Permitted By Applicable Law
- Train Your Management and Supervisors
- Guide You Through the Discipline Process



# Contact Information



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# THE OPIOID CRISIS:

## Treating the Working Individual

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**Melissa Monroe, LPC**  
Clinical Director, Rushford





# RECOGNIZE + RESPOND

Learn how to recognize and respond to the opioid epidemic in the workplace.

# OPIOID USE DISORDER

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*Defined as:* A problematic pattern of opioid use leading to clinically significant impairment or distress.

# SIGNS AND SYMPTOMS

- Absenteeism
- Increased sick days
- Tardiness
- Not taking responsibility
- Long trips to the bathroom
- Change in work performance
- Difficulty concentrating
- Drowsiness
- Personality change
- Change in personal hygiene and appearance
- Confusion
- Poor judgment
- Irritability
- Decrease in rapport with other staff
- Isolation
- Slurred speech



# TREATMENT

Become aware of available treatment options to better support and retain substance-addicted employees.



# TREATMENT OPTIONS

## INPATIENT AND AMBULATORY DETOX

- Inpatient Detox – 3-5 days
- Ambulatory Detox – 3-7 days

## RESIDENTIAL TREATMENT

- Average length of stay  
28 days

## MEDICATION MANAGEMENT

- Medication for mental health  
and addiction

## INTENSIVE OUTPATIENT TREATMENT

- 3 hours a day,  
3-5 days a week

## OUTPATIENT TREATMENT

- 1 hour, 1-3 days a week
- Includes group and  
individual therapy

## INTEGRATIVE THERAPIES



**THE MANY FACES OF OPIOID USE**



RECOVERY IS A FULL-TIME JOB

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**MY RECOVERY MUST COME  
FIRST SO THAT EVERYTHING  
I LOVE IN LIFE DOES NOT  
HAVE TO COME LAST.**



# EMPLOYER-IDENTIFIED FEARS

SAFETY ISSUES

---

FINANCIAL CONCERNS

---

ABSENTEEISM

---

MEDICAL DISABILITY / FMLA

---

PROBLEMS WITH COMPANY CULTURE

---

EFFECTS ON PRODUCTIVITY

# EMPLOYER-IDENTIFIED FEARS

SAFETY ISSUES

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MEDICAL DISABILITY / FMLA

---

PROBLEMS WITH COMPANY CULTURE

---

EFFECTS ON PRODUCTIVITY



# EDUCATE

Identify best practices to address the opioid epidemic in the workplace.

# YOU CAN MAKE A DIFFERENCE

- Treat substance abuse as a disease
- Train supervisors and managers to spot the first signs of drug misuse
- Work closely with EAP
- Capitalize on benefits
- Hold forums for staff
- Do routine checks
- Enact strong company drug policies
- Manage and treat with empathy

# ALWAYS REMEMBER

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Addiction is a chronic and relapsing disease, but individuals can achieve long-term sobriety, allowing them to live a healthy, meaningful, and productive life.





QUESTIONS?

Thank you for your time.

# The Opioid Crisis and Connecticut's Workforce



**Tom Matthews, Director  
Solutions EAP  
October 4, 2017**

# Quiz – True or False

- Heroin is the most widely abused drug in the workplace today
- Marijuana can be detected by a drug test for up to a month or more
- About a third of all heavy drinkers also use illegal drugs
- Most alcoholics drink every day
- Almost half of industrial injuries can be linked to alcohol use
- Heroin withdrawal is more physically dangerous than alcohol withdrawal
- People can test positive on a drug screen even if they weren't using but were just exposed to marijuana smoke at a party
- Caffeine and a cold shower can help sober up a person who has been drinking

# Substance Abuse in the Workplace

The results of some recent studies:

- Approximately 1 in 7 workers abuse alcohol/drugs
- Of all employed people:
  - 8.2% reported use of illicit drugs in last month (19% – 18–25 y/o)
  - 8.8% reported heavy alcohol use in last month (16.3 – 18–25 y/o)
  - 2.6% met criteria for illicit drug abuse or dependence in last year
  - **10.6** met criteria for alcohol use disorder in last year
- Nearly 70% of current users of illicit drugs are employed
- U.S. companies average 1 or more drug dealers for each 100 employees
- Alcohol problems cost employers \$27 billion a year in lost productivity

# Why Should I Help My Employee ?

The business case for offering help –

- ▶ What happens when you terminate an employee?
  - How much does it **cost** to recruit a new employee?
  - How much does it **cost** to train a new employee?
  - How can you be sure the new employee will be a good choice?
- ▶ What happens when you offer help?
  - Sometimes the employee's substance abuse behavior has been **enabled** by well-meaning others (family, friends).
  - Usually by the time it shows up in the workplace it is also a problem in other areas of the employee's life.
  - Often a **positive, compassionate, no nonsense** confrontation in the workplace is the **catalyst** that is needed for the employee to seek help.
  - **"We value you as an employee and we want to see this work for both of us."**

# Why Should I Help My Employee ?

- ▶ What happens when you help an employee reach recovery?
  - When employees get their life back you get a **loyal**, **engaged** and **motivated** employee – for life
  - The rest of the workforce notices, and they may become **loyal**, **engaged** and **motivated** employees as well
- ▶ What happens to an employer who is known to care about its employees?
  - How does that influence the employer's **reputation** in the community?
  - How does it influence **recruiting**?

# How Should an Employer Respond?

- Federal Omnibus Transportation Employee Testing Act
- DOT Safety–Sensitive Transportation Employees *(AKA – SAP Cases)*
  - Employer’s options are very limited – actions governed by federal requirements
  - Two hours of training required for all persons who supervise drivers
  - Mandatory testing
  - [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov)
  - *(Be certain the SAP is a SAP)*

# How Should an Employer Respond?

*(Non-SAP)*

- **Have a policy**
  - Word the policy carefully
  - Communicate the policy
  - Consider reasonable suspicion testing
- **Train key personnel to recognize reasonable suspicion**
- **Explain that management is not expected to:**
  - Diagnose;
  - Prescribe treatment;
  - Provide counseling services
- **Who can help?**
  - Consider an EAP
  - Direct relationship and liaison with treatment providers
  - Peer support programs
  - Public safety chaplaincy



## Four Characteristics of Reasonable Suspicion (At least one of these must be present)

1. Appearance (unkempt appearance, dilated, red eyes, unsteady gait, drowsiness or sleeping on the job, etc.)
2. Behavior (hyperactive, aggressive, etc.)
3. Speech (slurred, incoherent)
4. Body Odor (odor of alcohol or marijuana)

# Observations must be:

*(Checklist)*

- **Specific**
- **Contemporaneous:** the behavior, conduct, appearance, or body odor exists at the time the supervisor is making the observation
- **Articulate :** The observations can be documented; grounded in objective criteria

# Observation and Documentation

- Immediately document observations
- Corroborate observations by another trained supervisor, if possible
- Use objective terms; do not diagnose or label (i.e. avoid using terms like 'drunk' or 'intoxicated')
- *Adhere to company policies*

# Reasonable Suspicion Drug Testing

- Marijuana
  - Cocaine
  - Opiates – opium and codeine derivatives
  - Amphetamines and methamphetamines
  - Phencyclidine – PCP
- 
- Alcohol – by breathalyzer

# Testing

*These are very general guidelines*

- Amphetamines 1–2 days
- Cocaine 2–3 days
- Marijuana 7–30 days
- Opiates 2 days
- PCP 2 days
- Alcohol 1 day
- Detox from Alcohol 1–5 days

# Top Five Reasons Supervisors Don't Act

- “I’m afraid I’ll be wrong and the person will test negative”
- “I don’t want to get sued”
- “I’m not really sure what the procedure is”
- “He is a good worker most of the time”
- “She is a friend of mine. I don’t want to see her get in trouble.”

# Why Should I Help My Employee ?

(Revisited)

- ▶ People in recovery tend to become . . .
  - People who seek out opportunities to grow and improve
  - People who accept personal accountability
  - People who are more open to feedback and suggestions
  - A friend for life . . .

# Resources – SAMHSA

Substance Abuse and Mental Health Services Administration

- ▶ <https://www.samhsa.gov/workplace/toolkit/plan-implement-program#assess>
- Plan and Implement a Program
  1. Assess your workplace and its needs related to substance use.
  2. Identify available resources.
  3. Develop a written policy for your drug-free workplace.
  4. Determine whether to have an Employee Assistance Program (EAP).
  5. Determine whether to do drug testing.
  6. Plan to provide education and training for your employees and additional training for supervisors and other appropriate staff.



# Resources – CT Clearinghouse

- ▶ <https://www.ctclearinghouse.org/>
  - Connecticut Clearinghouse is a statewide library and resource center for information on substance use and mental health disorders, prevention and health promotion, treatment and recovery, wellness and other related topics. Materials from our specialized library and resource center are available to Connecticut families, teachers, students, professionals, communities and children.

# Resources – US Dept of Transportation

- ▶ <https://www.fmcsa.dot.gov/regulations/drug-alcohol-testing/overview-drug-and-alcohol-rules-employers>
  - The DOT adopted regulations requiring commercial motor vehicle operators required to maintain a commercial driver's license (CDL) to be tested for alcohol and drugs. You cannot delegate your responsibility to comply with all applicable requirements and procedures. You are responsible for all actions of your employees, representatives, and agents in carrying out the requirements of the DOT regulations.

# Closing Remarks

Questions?

# An Innovative Solution to an Ever-Growing Problem

Presented by:

**Jody Decarolis-** Sr. Safety Manager, Dimeo Construction

**Jerry Marcil-** Owner CT Counseling and Wellness, Partner at CCW- EAP

**Andrea Becker-Abbott-** Partner at CCW-EAP

**Ashley Dwyer-** Members Assistance Program Coordinator, IUOE Local 478

# Jody Decarolis

- Jody DeCarolis is a Sr. Site Safety Manager for Dimeo Construction Co. since 2006. This position requires on-site presence to enforce the accepted project safety program with the goal of minimizing all risk of workplace accidents and reducing the possibility of OSHA issued citations. Prior to joining Dimeo, Jody served as the Assistant Fire Chief/Fire Marshal and Construction Safety for Pfizer Global Research and Development in Groton, CT from 1979-2006. He has served many years as Vice President of the New London County Fire Marshal's Association, as Safety Officer for the Quaker Hill Fire Department, and as a member of the Waterford Ambulance Association. He has been certified by the State of Connecticut Fire & Safety Bureau; Certified Connecticut EMT; and has completed OSHA 500, 501, and 30-Hour Train-the-Trainer courses. He frequently act as a liaison between City and Town Building Officials and Fire Marshals and holds accreditations in both OSHA standards and NFPA codes.



shutterstock - 184787189

# *The Hard Cold Facts*

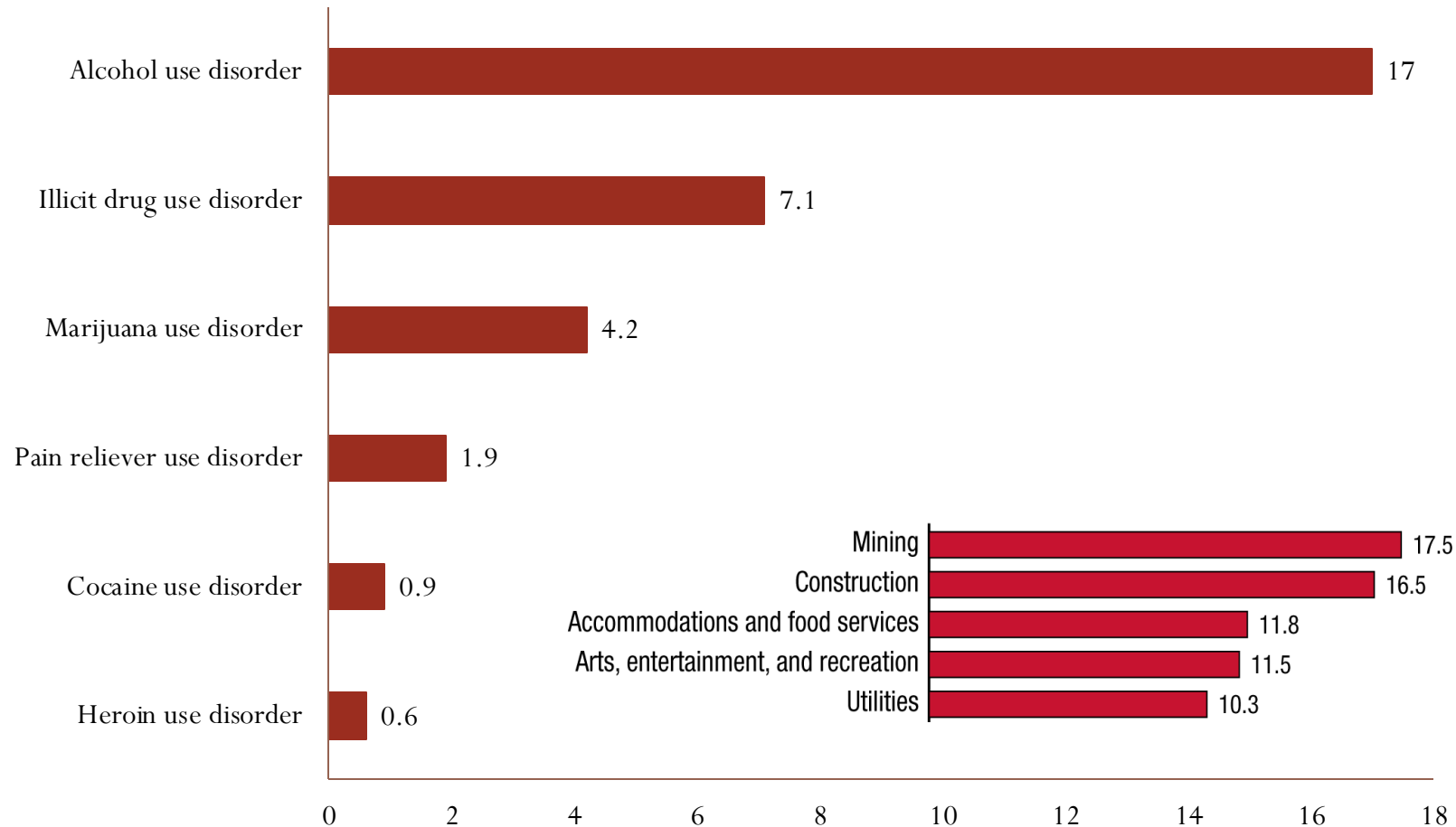


shutterstock - 184787189

- Every 4 minutes, someone in the U.S. dies from drug or alcohol addiction – the equivalent of a jet crashing every day.
- 20 million Americans are suffering
- 23 million more are in recovery
- 1 in 3 households are personally impacted
- Addiction costs the U.S. \$442 billion every year. 70% of which comes directly from lost productivity in the private sector.

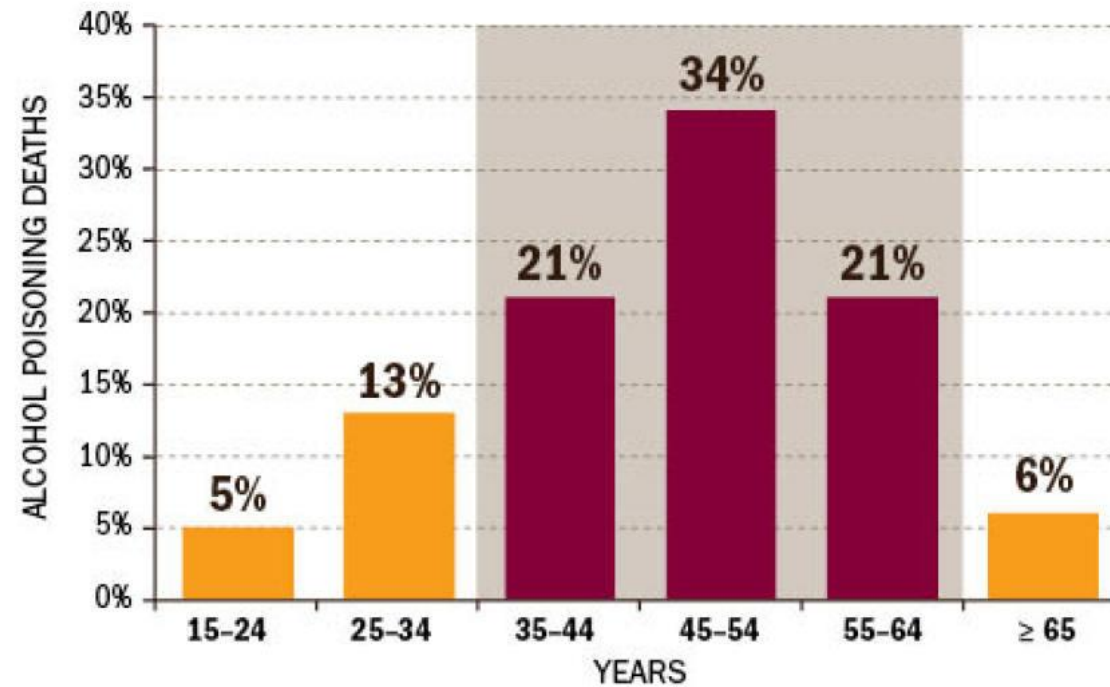
Credit: Facing Addiction

# *Alcohol Dependence or Abuse is the Most Commonly Reported Substance Abuse Disorder*





## Alcohol poisoning deaths are most common among middle aged adults



SOURCES: CDC Vital Signs, January, 2015. [www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns).  
National Center for Health Statistics Mortality Multiple Cause Files, 2010-2012.

# *From Prescription Drugs to Heroin*

- Typical heroin addict starts using at 23
- Users were likely unwittingly led to heroin through painkillers prescribed by his or her doctor
- Heroin is usually cheaper than prescription drugs.
- Opiate pain medications cost the uninsured about \$1 per milligram; so a 60-milligram pill will cost \$60.
- You can obtain the equivalent amount of heroin for about one-tenth the price

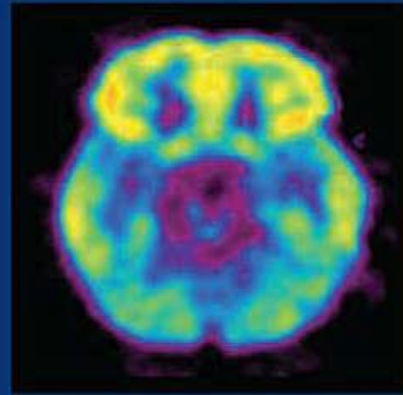
**4 out of 5  
heroin users**



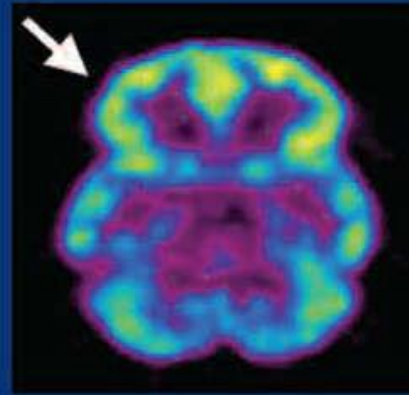
**had previously used *painkillers*.**

Source: White House Office of National Drug Control Policy

**DECREASED BRAIN METABOLISM IN *PERSON WHO ABUSES DRUGS***



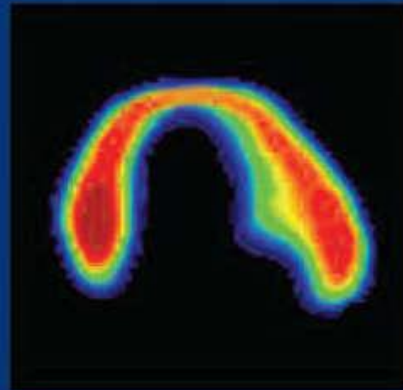
Healthy Brain



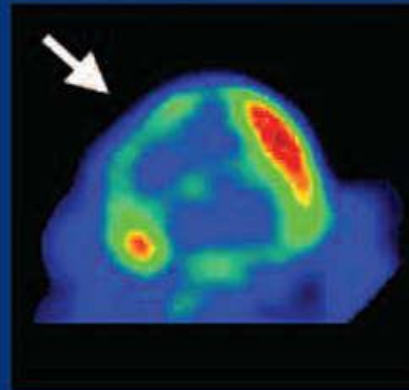
Diseased Brain/Cocaine Abuser



**DECREASED HEART METABOLISM IN *HEART DISEASE PATIENT***



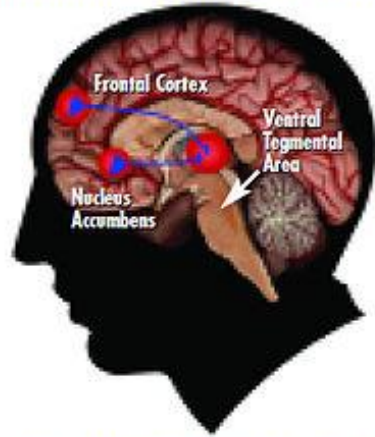
Healthy Heart



Diseased Heart

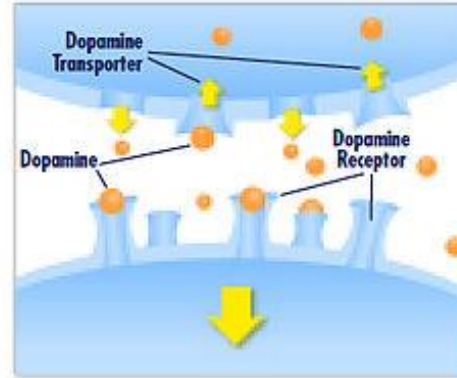
## DRUGS OF ABUSE TARGET THE BRAIN'S PLEASURE CENTER

### Brain reward (dopamine) pathways

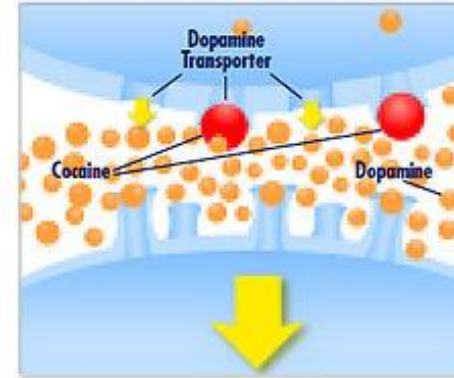


These brain circuits are important for natural rewards such as food, music, and sex.

### Drugs of abuse increase dopamine



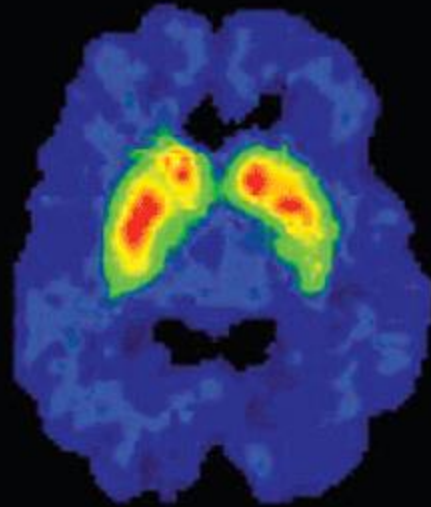
**FOOD**



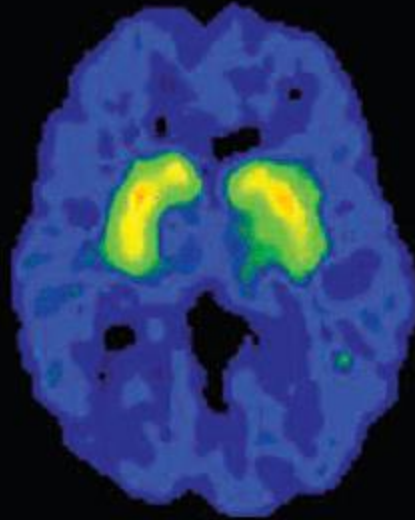
**COCAINE**

Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated, and communication is altered.

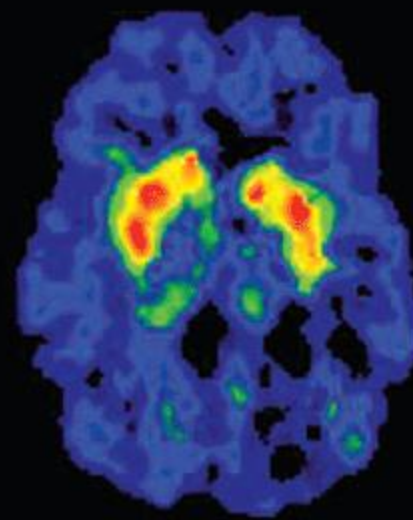
BRAIN RECOVERY WITH PROLONGED ABSTINENCE



Healthy Person

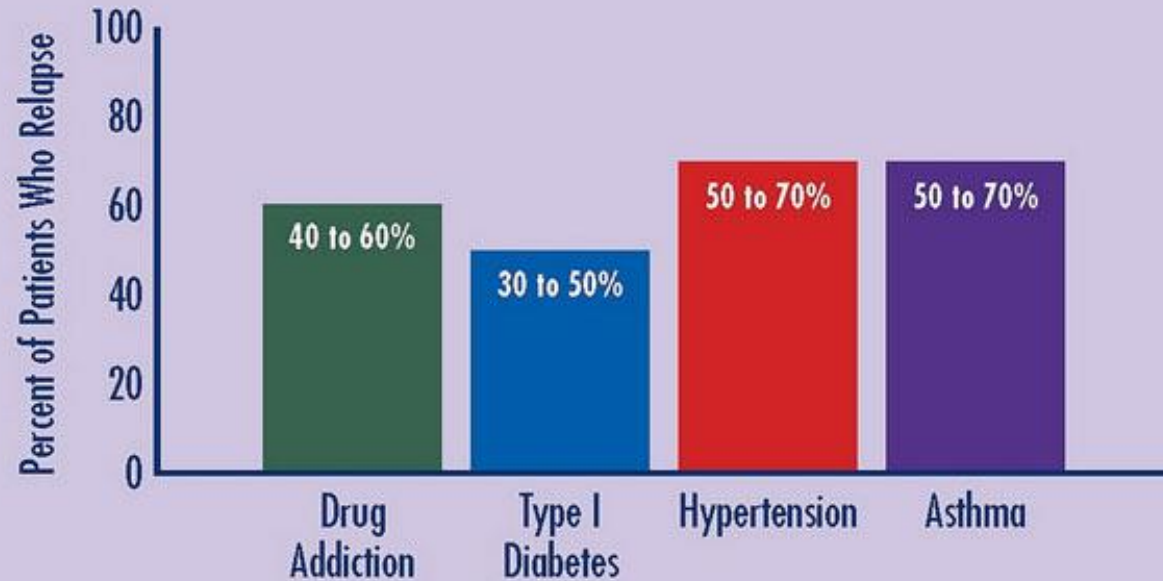


METH Abuser  
1 month abstinence



METH Abuser  
14 months abstinence

## COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES



Relapse rates for drug-addicted patients are compared with those suffering from diabetes, hypertension, and asthma. Relapse is common and similar across these illnesses (as is adherence to medication). Thus, drug addiction should be treated like any other chronic illness, with relapse serving as a trigger for renewed intervention.

*Source: McLellan et al., JAMA, 2000.*

# What do HR Professionals Think?

- 67% believe SA (Substance Abuse) is one the most serious issues their companies face
- Only 22% of HR (Human Resource) professionals say their companies openly and proactively deal with employee SA issues
- 92% of HR professionals believe effective SA treatment increases employee productivity

# What is an Employee Assistance Program (EAP) ?

- An EAP, or employee assistance program, is a confidential, short term, counselling service for employees with personal problems
- EAPs grew out of industrial alcoholism programs of the 1940's.
- EAPs should be part of a larger company plan to promote wellness that involves written policies, supervisor and employee training, and, where appropriate, an approved drug testing program.

Credit:CCOHS



# What Should an EAP Consist of?

- Agree to cooperate
- Encourage employees to seek help
  - Privacy and confidentiality
    - Indemnified
    - Professionalism
- Paid training, etc. Provide an EAP
  - Confidential
  - Therapeutic Approach
  - Rehabilitative in design

# EAP Versus MAP



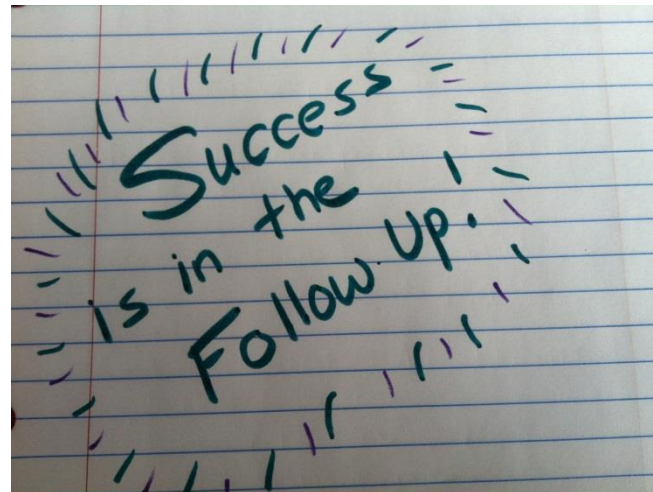
- External Programs are contracted on a per capita basis to provide assessment and referral
- Academic Professionals as staff



- Internal Programs are usually peer based and function within the union or corporation
- Staff are usually employees of the company and/or union

# The Effectiveness of Follow-Up

- No Follow-up 33%
- Outpatient only 35%
- 12-step only 50%
- Outpatient and 12-step 58%



## Relapse

*Falling back into old patterns, actions and behaviours. Each relapse is met with new insights and knowledge leading to less frequency in setbacks.*

## Pre-Contemplation

*Not thinking about or has rejected change.*

*Living in Harms Way*

## Contemplation

*Thinking and talking about change. Seeks out support.*

*Tired of Living in Harms Way*

## Maintenance

*Achieving positive and concrete developments with continuing and potentially little support.*

*Living Out Of Harms Way*

## Action

*Taking positive steps by putting the plan into practice.*

*Gradually Moving Out of Harms Way*

## Planning

*Planning what it would take to make change happen.*

*Strategizing How to Move Out of Harms Way*



YOU CAN

# STAGES OF CHANGE

# What is a Members Assistance Program? (MAP)

- Peer based program that provides confidential help, and referral services to Union Members in need.
- Examples of Lifestyle Issues that are Addressed:
  - Substance Abuse Disorders
    - Stress
    - Domestic Issues
    - Gambling Addiction
    - Legal Referral Services
  - Workplace Conflict Resolution
    - Emotional Change
  - Critical Incident Response

# Components and Advantages

## Components of MAP

- A healthy relationship between employee and employer
- Commitment from all parties involved
- A strong support system
- Continuing education  
Trust and confidentiality

## Employer Advantages of MAP

- Increased productivity
- Increased longevity with the company (less training costs)
- Reduced complaints with management
- Reduced disciplinary problems
- Increased job stability
- Increased attitude of appreciation at work
- Lower healthcare costs

# A Substance Free Workplace: A Proved Success

- **Employers who have implemented drug-free workplace programs have important experiences to share:**
  - Improvements in morale and productivity, and decreases in absenteeism, accidents, downtime, turnover, and theft.
  - Better health status among employees and family members and decreased use of medical benefits by these same groups.
  - Some organizations with drug-free workplace programs qualify for incentives, such as decreased costs for workers' compensation and other kinds of insurance.

# An Innovative Solution is a Peer Support Program

- Peers are provided extensive education in basic counseling skills, facilitation, crisis management and ethics, and how to construct and implement outreach and follow-through activities
- Peer training is unique, and peers are able to grow and develop their individual hands-on skills
- Peers can be of assistance quickly (usually 8 to 12 hours of training to start): minimal time



# Why the Change?

- The traditional approach was limiting our participants who were in need of immediate services
- Options were out of the control of the participant
- Support surrounding entrance and exit from care was minimal
- Workplace support system was ineffective
- We needed to ask ourselves, were we doing enough for our members suffering with impacting lifestyle issues?

# After Investing in a Members Assistance Program

- Timing of communications and access to services is accelerated, especially relative to in patient services.
- MAP services enhance the role of the Union Office and the Benefit Fund Office in the participants recovery.
- MAP has a network of contacts ranging from other MAP counselors, health facilities, key personnel at health facilities, other union contacts, other employee benefit contacts etc.
- Employers want their talented union members back in the job- its too costly to start from scratch and they have been supportive of the LAP effort.

# A Success

- <https://vimeo.com/163004936/c2bc728d8c>

# This is the Way it Should be

- Joint effort between labor and management
- Better relationships with members, families and contractors
- Removing the stigma, getting our members help and then getting them back to work with proper treatment follow up
- An ever growing model that union official can be proud of

# Questions?



# **Contacts**

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203-833-0194 / 203-745-6389

**Jerry Marcil**

203-596-7870

**Andrea Becker-Abbott**

203-596-7870

# Responding to the Opioid Epidemic

Adam Seidner MD MPH CIC

# Current Issues: U.S. Opioid Epidemic

On an average day in the U.S.:

- ▶ More than **650,000** opioid prescriptions dispensed<sup>1</sup> **3,900** people initiate nonmedical use of prescription opioids<sup>2</sup>
- ▶ **580** people initiate heroin use<sup>2</sup>
- ▶ **78** people die from an opioid-related overdose\*<sup>3</sup>
- ▶ \*Opioid-related overdoses include those involving prescription opioids and illicit opioids such as heroin

Source: IMS Health National Prescription Audit<sup>1</sup> / SAMHSA National Survey on Drug Use and Health<sup>2</sup> / CDC National Vital Statistics System<sup>3</sup>



# Economic Impact of the Opioid Epidemic:

- ▶ **55 billion** in health and social costs related to prescription opioid abuse each year<sup>1</sup>
- ▶ **20 billion** in emergency department and inpatient care for opioid poisonings<sup>2</sup>

# Background

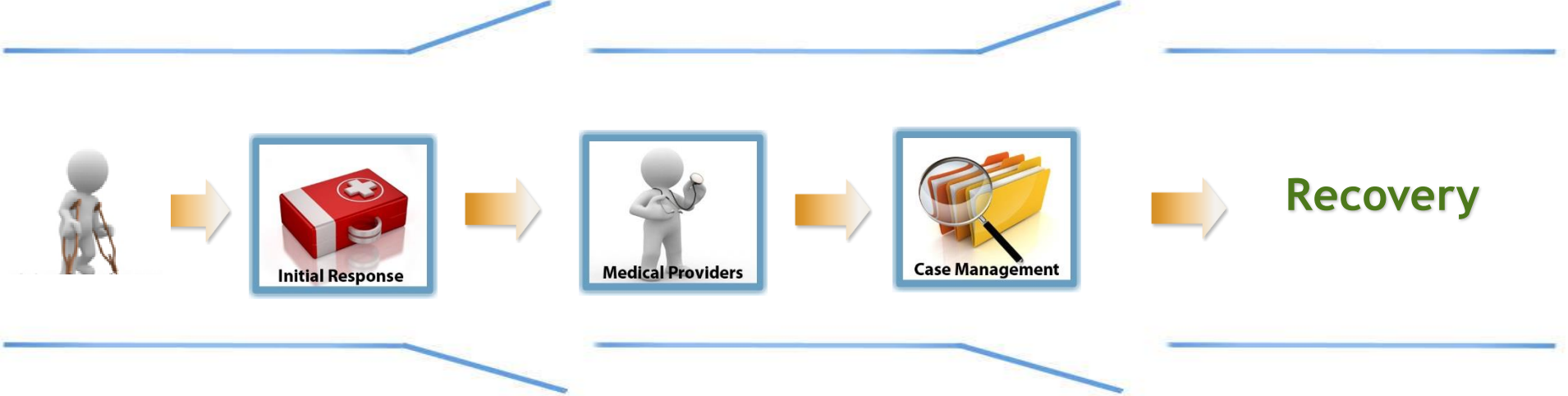
- According to the Institute of Medicine of the National Academies, more Americans (100 million) suffer from **chronic pain** than from cancer, heart disease and diabetes combined<sup>1</sup>
- Opioids and other painkillers are often prescribed (~ 90 percent of the time) to treat chronic pain <sup>2</sup>
- 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 today <sup>3</sup>

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](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



## Intervention Types

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

# Health Impact Hierarchy

Impact



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

Effort



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

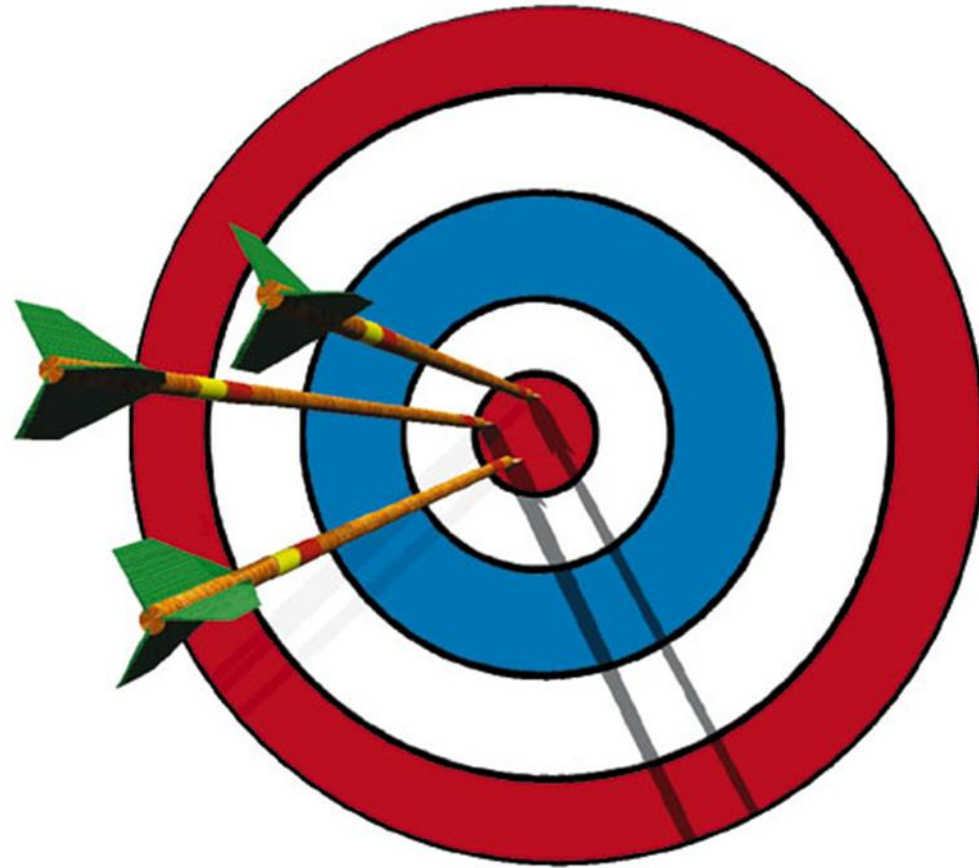
# Business Opportunities

- ▶ 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?



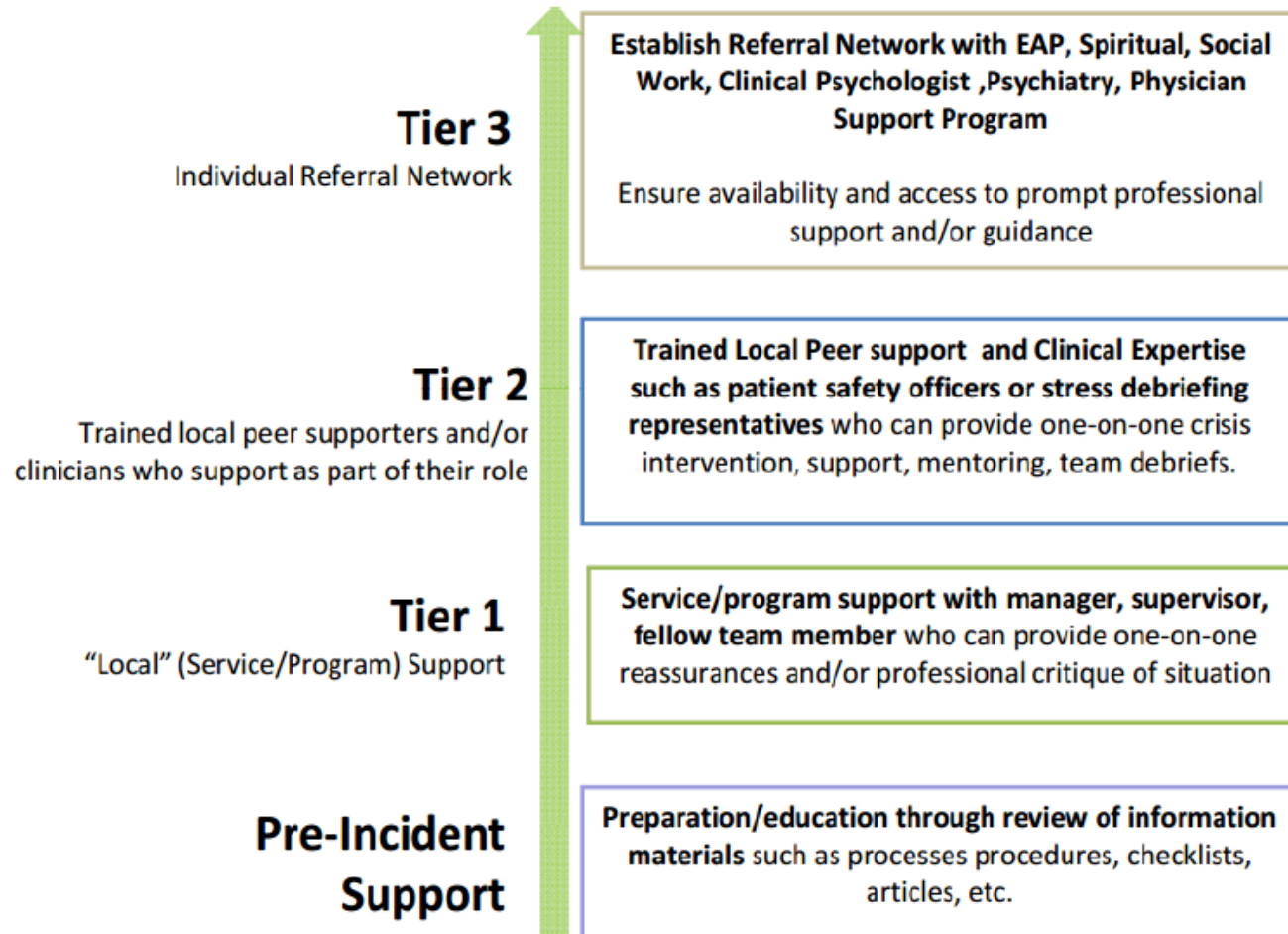


## NRC Regulations (10 CFR) > PART 26—FITNESS FOR DUTY PROGRAMS

- ▶ 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

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# Questions



# The Opioid Crisis and Connecticut's Workforce

## Next Steps: Developing Guidance for Connecticut Employers

Michael Erdil MD, FACOEM

Occupational and Environmental Health Network

University of Connecticut Health Center, Division of Occupational &  
Environmental Medicine

Evidence Considerations

CT DPH Injured Workers and Opioid Use Symposium

10/04/17





# Practice Gaps Continue

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- Society
- Prescriber
- Employer
- Insurers
- Healthcare Systems
- Patients



# Additional Challenges

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- Benzodiazepines, anxiolytics, hypnotics
- Medical and recreational marijuana
- Access to quality mental health and substance abuse / medication assisted treatment
- Access to quality pain management treatment

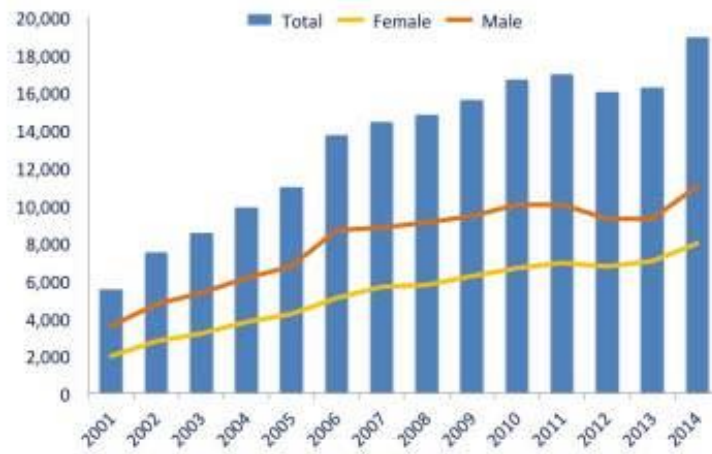
# Societal Gaps

NIH National Institute on Drug Abuse



## National Overdose Deaths

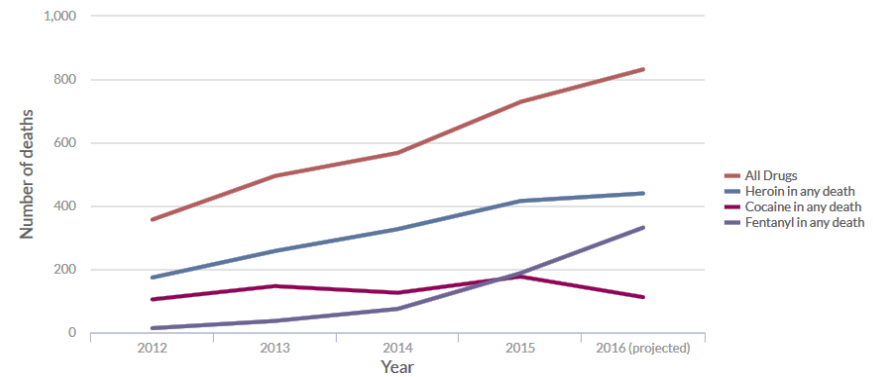
Number of Deaths from Prescription Opioid Pain Relievers



Source: National Center for Health Statistics, CDC Wondar

<http://www.drugabuse.gov>

## Connecticut Overdose Deaths by Drug, 2012-2016

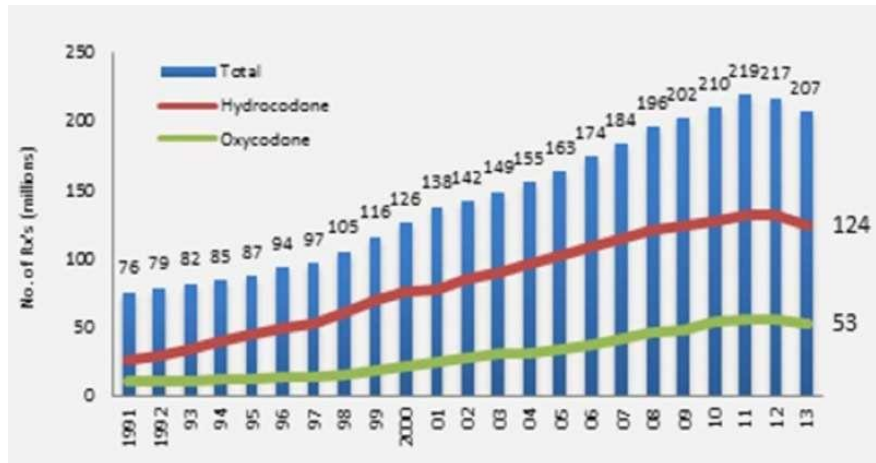


Source: Office of the Chief Medical Examiner

CHARLIE SMART / TRENDCT

Trendct.org

# Prescriber Gaps



MMWR 07/07/17

- Longer term use of opioids 2013-5 WCRI 2017
  - CT 6.2% non-surgical lost time cases
  - UDT 40%
  - Psych eval 3%, treatment 3%
  - Active physical med 86%





# Prescriber Gaps

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- Longer term use of opioids

MMWR 12/30/16

- 1 day rx 6%
- 8+ days rx 13.5%
- 31+ days 29.9%

- Post-op THR, TKR longer

term OPR 7% Kim OA and Cart 2017

- Preop dose, duration, benzos

- Unused post-op OPR Bicket JAMA

Surg 2017

- 60-90% of patients
- 42-71% of doses
- 73-77% not secured
- 91-96% not disposed per FDA recommendations



# Employer Gaps: National Safety Council 2017

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- “More than 70% of employers have been impacted by prescription drugs.
- 19% feel extremely prepared to deal with prescription drug misuse.
- 76% are not offering training on how to identify signs of misuse.
- 81% lack a comprehensive drug-free workplace policy.
- 41% of those who drug test all employees are not testing for synthetic opioids.
- Encouragingly, 70% would like to help employees return to work following appropriate treatment.”

National Safety Council. (2017). How the prescription drug crisis is impacting American employers [PowerPoint slides]. Retrieved from:  
<http://www.nsc.org/NewsDocuments/2017/Media-Briefing-National-Employer-Drug-Survey-Results.pdf>.



# Insurer / Healthcare System Gaps

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- Est 21.7 million adults needed substance abuse treatment in 2015 Nat Survey Drug Use and Health SAMSHA 2016



# Patient Gaps: Gallup Survey 2017

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- 22% prefer to take prescribed pain meds to treat physical pain
- 25% seen in past 12 mos for neck / back pain used opioids
- 12% perceive opioids very safe, 43% somewhat safe
- [http://www.gallup.com/reports/217676/americans-prefer-drug-free-pain-management-opioids.aspx?g\\_source=link\\_wwwv7&g\\_campaign=item\\_218762&g\\_medium=copy](http://www.gallup.com/reports/217676/americans-prefer-drug-free-pain-management-opioids.aspx?g_source=link_wwwv7&g_campaign=item_218762&g_medium=copy)



# Opportunities

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- Life after opioids
  - Low quality evidence of improved pain and function after voluntary OPR weaning Frank AnnIM 2017
- Potential impact of regulatory changes
  - Mandatory PDMP use and pain clinic regs associated with ↓ OPR prescribing, overdose deaths Dowell Health Aff 2016; MMWR 07/04/14
- Innovations
- Education

**Do you have ongoing pain  
that is not from cancer or  
a terminal illness?**

**If so, you probably don't need  
an opioid pain reliever.**



**Here's why opioids, such as  
OxyContin®, Percocet®, and Vicodin®  
usually are not the best choice:**

<http://consumerhealthchoices.org/catalog/opioids-pain-rack-card/>



Visit your doctor to talk about your health and the medicines you may need. This factsheet will give you information about a type of medicine. You will learn what questions you should ask your doctor about this medicine. Don't be afraid to ask questions. It is very important for your health.

## Medicines to Treat Pain

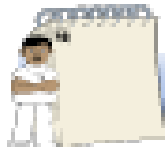
Have you been in a lot of pain for a long period of time? Is your pain so strong that it is affecting your life? If your answer is "yes" then take the time to learn about some options you have to treat your pain. This factsheet tells you about one kind of drug that is used to treat pain.



### What are opioids?

Opioids are the strongest medicines available to help relieve pain. They also help you rest and sleep better.

Opioids can work in different ways. Some can relieve your pain for a short period of time (between 3 to 4 hours) while others work for a longer period of time (between 12 to 24 hours). There are even other opioids that can help you feel better within minutes.



### When do doctors decide to give opioids to you?

Doctors use opioids to treat patients with acute and chronic pain.

<http://consumerhealthchoices.org/catalog/treating-pain-with-opioids/>

# Avoid Opioids for Most Long-Term Pain

## Advice from experts

Opioids have been in the news a lot lately. To help you make sense of them, we've gathered advice from the Centers for Disease Control and Prevention, doctors' groups, and Consumer Reports Best Buy Drugs. In this guide you can read what the experts say about using opioids.



ConsumerReports

**Choosing  
Wisely**  
An initiative of the ABIM Foundation

ConsumerReports  
**Best Buy Drugs**

<http://consumerhealthchoices.org/catalog/avoid-opioids-long-term-pain/>



# Prescription Painkillers:

## 5 surprising facts

Why you should be  
concerned about  
opioids—the most  
prescribed drugs  
in America



<http://consumerhealthchoices.org/catalog/prescription-painkillers-5-surprising-facts/>



## **How to Avoid Getting Hooked on Opioids**

A new report reveals the extent of this deadly problem. Stay safe with these five strategies.

By Teresa Carr  
July 31, 2017

<https://www.consumerreports.org/opioids/how-to-avoid-getting-hooked-on-opioids/>



# A Guide to Safe Use of Pain Medicine

If you've ever been treated for severe pain from surgery, an injury, or an illness, you know just how vital pain relief medications can be.



# How to Dispose of Unused Medicines

Is your medicine cabinet filled with expired drugs or medications you no longer use? How should you dispose of them?

Most drugs can be thrown in the household trash, but consumers should take certain precautions before tossing them out, according to the Food and Drug Administration (FDA). A few drugs should be flushed down the toilet. And a growing number of community-based "take-back" programs offer another safe disposal alternative.

#### Guidelines for Drug Disposal

FDA worked with the White House Office of National Drug Control Policy (ONDCP) to develop the first consumer guidance for proper disposal of prescription drugs. Issued by ONDCP in February 2007 and



<https://www.fda.gov/Drugs/ResourcesForYou/Consumers/>



# Take Aways

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- Feedback educational session
- Potential actions
  - Employers
  - Insurers
  - Regulatory
  - Prescribers and other clinicians
  - Patients
  - Research



# Next Steps

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- Preferences for CT DPH White Paper Guidance for CT Employers to Address the Opioid Epidemic
- Overview to understand the impact and educate stakeholders and push for change
- Creating an environment to encourage workers to report opioid use problems



# Policies

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- Written policies with supervisor training, employee education
- Drug Free Workplace, FFD, Evaluation of potential impairment, RTW, Hiring
- Reconsider zero tolerance?
- Drug testing
- Employees at work taking prescribed opioids and other impairing substances



# Partnerships

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- Insurer (group health, disability, WC)
  - Coverage for non-opioid pain treatments, SUD, EAP
  - Prescribers, providers and outcomes
- Pharmacy Benefit Managers
- Gov't Affairs / Regulatory
  - WC guides and needed changes
  - Opioid regulations



# Resources

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- Education / Information / Fact sheets
- Treatment (e.g. substance abuse, medication assisted treatment)
- Legal resources
- Web sites





# Education

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- Supervisors
- Employees
  - Opioid facts
  - Alternatives to opioids
  - Safe use, storage and disposal
  - Work and driving implications
  - Treatment options for employees with opioid use disorders