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The proactive role employers can take:

OPIOIDS IN THE WORKPLACE

SAVING JOBS, SAVING LIVES AND REDUCING HUMAN COSTS

making our world safer®

About the Council

Founded in 1913 and chartered by Congress, the National Safety Council (nsc.org) is a nonprofit organization whose mission is to save lives by preventing injuries and deaths at work, in homes and communities, and on the road through leadership, research, education and advocacy. NSC advances this mission by partnering with businesses, government agencies, elected officials and the public in areas where we can make the most impact – distracted driving, teen driving, workplace safety, prescription drug overdoses and Safe Communities.

Overview

Companies and organizations of all sizes have an important role promoting the health and safety of employees and managing risks in the workplace. Employers who have strong workplace policies, education, health benefit programs and well-trained managers create safe and healthy environments in which both employees and business thrive.

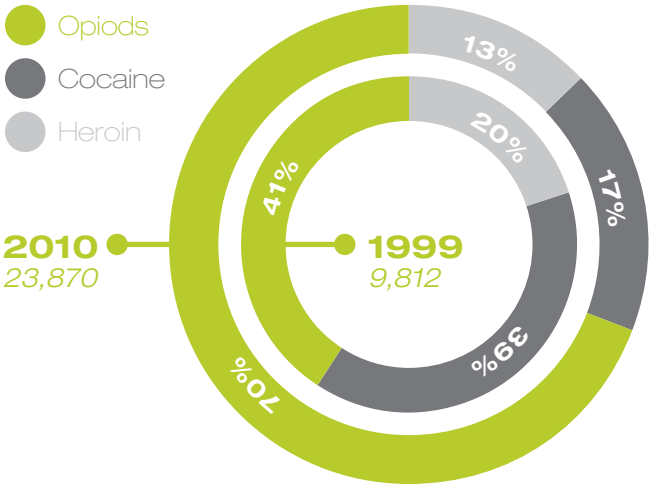
The coverage of prescription medication in healthcare benefit packages, continues to be an essential part of employee healthcare. When used wisely and correctly, prescription medications can contribute to favorable treatment outcomes and quality of life. However, a disturbing trend has been emerging in the workplace, and it is driven by the use and abuse of opioid painkillers – now the most widely prescribed pain relievers and most highly abused prescription drug.

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 more than 600 percent[1] and the incidences of opioid use disorders and abuse have proliferated. Per capita, the United States has one of the highest rates of opioid use in the world.[2]

The Opioid Epidemic

In 2010, more than 38,000 people died of drug overdoses, of which16,651 were tied to prescription opioids alone or in combination with other prescription medications or alcohol. Overdose deaths from prescription opioids now exceed deaths from both heroin and cocaine combined. Drug overdoses, predominately from opioids, now exceed car crashes as the leading cause of unintentional death.[3] More than twice as many Americans have died from this prescription opioid overdose epidemic than during the Vietnam War.[4]

Opioid abuse reaches beyond stereotypes of "addicts and drug seekers". A recent study in JAMA Internal Medicine showed that more than half of chronic abusers - those who took pills for at least 200 days during the past year - received those pills from prescriptions written for them (27.3 percent) or friends and family (26 percent). This underscores the need for prescribing guidelines and safe, locked storage for these prescriptions in homes. In addition, 23.2 percent of high-risk users bought prescription drugs from friends and relatives and 15.2 percent purchased them from dealers.[5]



In 2010, more people **died from overdose of opioid painkillers** than died from heroin and cocaine combined.

Opioid prescription medications are both a health and a safety issue in your workplace. These medications are powerful, highly addictive drugs that have the potential to cause impairment, increase the risk of workplace incidents, errors and injury even when taken as prescribed. Prescription painkillers also profoundly increase workers' compensation costs, increase the length of worker disability and increase work time lost.[6, 7] Opioid prescription abuse also significantly increases the use of emergency room services, hospitalizations and other medical costs.[8]

Sales of prescription painkillers and the number of fatal poisonings quadrupled from 1999 to 2010.[9] Drug treatment admissions for prescription opioids showed a seven-fold increase between 1998 and 2010, from 19,870 to 157, 171.[10]

This prescription painkiller epidemic poses a unique challenge for employers. These are legal drugs prescribed by licensed providers for pain that sometimes is caused by workplace-related injuries. Drug-Free Workplace Programs, including the scope of drug testing, the handling of positive results and policies about prescription drug use in the workplace, need to be revisited.

Employers have legitimate legal concerns about privacy, protection of personal medical information and possible violation of the confidential provider-patient relationship. An employee who tests positive for these legal drugs may present a legitimate prescription, and he or she may or may not have a dependency or an addiction problem. However, this employee may still be impaired and putting him or herself and the workplace at risk for injuries, incidents, errors, and more.

Broad legal assurance exists for employers to provide a drug-free workplace, including drug testing in order to establish that job tasks are performed in a safe and effective manner. Challenges emerge when what constitutes "impairment" needs to be determined, particularly in safety-sensitive positions and when the employee is taking a legitimately prescribed drug.

Your employees could be struggling with an emerging dependence, or addiction, to these medications—**a problem they never intended to have.**

THIS WORKPLACE-FOCUSED REPORT WILL:

✓ **Inform** you about the current evidence surrounding opioid medications and their potential impact on your workplace

✓ **Create** a "call to action" that, regardless of the size of your organization, will enable you to:

- Partner effectively with your benefit providers
- Assess current workplace policies and scope of drug testing
- Prioritize essential education efforts
- Improve access to confidential help for your employees

PROFILE:
Don Teater, MD
Medical Advisor, National Safety Council

Dr. Donald Teater has worked intensively with opioid and mental health treatment and recovery for more than 10 years. Through this experience with substance abuse treatment, Dr. Teater finds that addiction is a tragic disease, but it is treatable and preventable. Through his work, Dr. Teater is focused on education and policy that address the overprescribing and misuse of prescription opioids.

In addition to serving as Medical Advisor for the National Safety Council, Dr. Teater remains active in the recovery community through his practice in western North Carolina.

Dr. Teater recommends that employers work closely with their benefit and health plan providers to understand utilization data and develop interventions for prescribing behavior and opioid claims. It is also important that employees are aware of the serious risks associated with these medications and can access support and treatment if necessary.

Opioids are not more effective for most pain

Pain management is responsible for millions of office visits every year. The painkiller market is enormous and exceeded $9 billion in 2012. Despite the significant increase in the use of opioid medications during the last decade, a recent Institute of Medicine report showed that little progress has been made in the treatment of pain.

Research also shows that for types of pain related to common workplace-related injuries, including soft-tissue injuries and musculoskeletal problems, opioids are not any more effective than non-opioid alternatives such as Tylenol, Advil or generic ibuprofen.[11] Although opioids are widely prescribed for back injuries and chronic back pain, they should not be the first line of treatment. In fact, long-term use of opioids actually may increase an individual's sensitivity to pain – a phenomenon called hyperalgesia.[12] Non-steroidal anti-inflammatory drugs (NSAIDS) offer a more affordable and safer alternative to opioids. NSAIDs include ibuprofen (generic for Advil or Motrin), naproxen (generic for Aleve or Naprosyn), prescription Celebrex, and similar medicines.

Medical providers treating workplace injuries have a choice and should be focused on the use of non-opioid pain medications whenever possible. Non-opioids have been shown to be as effective as opioid medications for most pain. Employers should understand and insist upon conservative prescribing guidelines for pain treatment for all participating providers in their medical, workers' comp and occupational health programs.

Opioids in the workplace: A call to action

Partner with Insurance, Medical/PBM, and EAP Providers

Re-Evaluate Policy and Testing for Prescription Drugs

Invest in Management and Employee Education

Increase and Ensure Confidential Access to Help and Treatment

I. Re-Evaluating Drug-Free Workplace Policy and drug testing

Drug-Free workplace programs are cost-effective programs that will help employers save money and keep their employees safe. Effective programs should consist of these five components:[13]

1. A clear, written policy
2. Employee education
3. Supervisor training
4. An employee assistance program
5. Drug testing

Research has confirmed that opioids **are not more effective** than non-opioid painkillers for most pain.

❶ A clear, written policy Good policy has never been more important. Unlike blood alcohol levels, proving an objective measure of unsafe impairment is difficult. The involvement of legal counsel in tandem with human resources and employee relations is critical to ensure the policy includes protections for risk management, injury prevention and liability.

Prescription Drug Workplace Policy Consult with your company's legal team to ensure that all federal and state-specific guidelines are reflected in your policy.

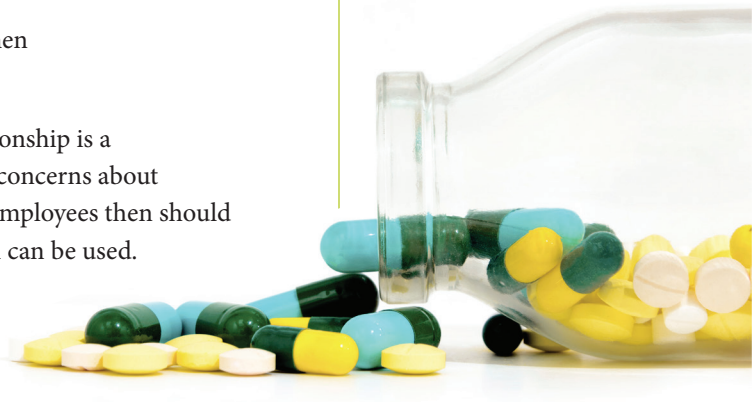
SAMPLE POLICY

Prohibited Behavior

It is a violation of our Drug-Free Workplace Policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs, or intoxicants. Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. Any employee taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to ascertain whether the medication may interfere with the safe performance of his/her job. If the use of a medication could compromise the safety of the employee, fellow employees, or the public, it is the employee's responsibility to use appropriate personnel procedures (e.g., call in sick, use leave, request change of duty, notify supervisor, notify company doctor) to avoid unsafe workplace practices. The illegal or unauthorized use of prescription drugs is prohibited. It is a violation of our drug-free workplace policy to intentionally misuse and/or abuse prescription medications. Appropriate disciplinary action will be taken if job performance deteriorates and/or incidents occur.[14]

❷ Employee education Employers should address several areas when sharing information with employees about opioid medications.

Be informed at the point of prescribing The prescriber-patient relationship is a confidential one. However, employees should know to discuss their concerns about taking an opioid painkiller as soon as a prescriber recommends it. Employees then should work with their prescriber to determine if a non-opioid prescription can be used.



Who is at a greater risk for developing a problem with prescription opioids?

Through many years of professional experience working with opioid addiction and recovery, Dr. Teater feels everyone is at risk for addiction to these powerful drugs and there are certain factors that may increase this risk.

- **Personal or family history of addiction or substance abuse**
- **Having participated in several treatment programs for addiction**
- **Suffers from depression or anxiety**
- **Long-term use of prescription opioids**

What about driving? Opioid prescription information provides a warning of the potential impact on driving or using heavy equipment while taking these medicines. These drugs can alter a person's judgment, create tremors, reduce muscle strength, impair coordination and even create confusion. These effects are enhanced when used in conjunction with alcohol and/or certain other psychotherapeutic medications. State laws vary widely in their handling of "driving while impaired from prescription drugs." In the majority of states, an individual can receive a driving under the influence (DUI) citation, even if he or she is driving under the influence of a legitimately prescribed medication.

How will an opioid medication affect my work? The effects of opioid medications can create serious risks at work. Employees need to be clear about the policy on potential impairment from prescription medications. Making job descriptions available to employees to share with medical providers is helpful. While illegal drugs used to be the focus, it is now important to offer frequent reminders of the prescription drug policy for your workplace.

Practice safety at home Employee home safety education includes four key messages:

✓ **Safe Storage** Opioid medications need to be stored securely, preferably locked up just the way you would if you keep a firearm in your home. A desk drawer at work is not a safe choice.

✓ **Safe Disposal** Once an individual is finished taking an opioid painkiller, he or she should seek a safe disposal opportunity in his or her community and not keep these medications for later.

✓ **Don't Mix** Opioid medications should not be mixed with alcohol, sedatives, or other psychotherapeutic medications. Individuals should talk to their prescriber and/or pharmacist to ensure they are not at risk for any other drug interactions.

✓ **Don't Share** Opioid medications should not be given to or borrowed by friends or relatives. The majority of people who abuse these drugs obtain them from friends or relatives.

Encourage employees to seek help for dependency and addiction Employees who are taking opioids may become dependent more quickly than they realize. They may experience certain negative effects when they stop taking the drugs, which is a strong motivation to continue the medication. This is the point at which employees need to work with their physician about their dosage and continued use. There needs to be education around the difference between dependency and addiction and to the importance of intervening before employees develop a serious addiction. The employee's medical provider or company Employee Assistance Program (EAP) are critical resources in getting help.

❸ **Supervisor training** With the changes in drug use over the past several years, it is important for managers to be current on their workplace policy for prescription drug use, understanding potential signs of impairment and the updated process and scope of drug testing. Managers should communicate this information regularly with employees during individual and team meetings.

Review of Drug-Free Workplace Policy for prescription drugs Many organizations are updating the language in Drug-Free Workplace Policies to reflect employees' responsibility related to potential impairment from a prescription drug. The non-medical use of prescription drugs, is not acceptable and may be treated the same as illegal drug abuse would be. Understanding these nuances is critical for managers.

Understand the law for prescription drug use at work Managers need to know that the Americans with Disabilities Act (ADA) may protect an employee's use of over-the-counter or prescription drugs to treat a disability. Such use should not be prohibited by a drug testing policy. If an employee notifies a manager that his or her medication may impair job performance, managers should be coached on how to engage and offer reasonable accommodations, up to or including modifying job responsibilities.

However, prescription drug abuse is considered illegal drug use. Employers may test employees for such abuse based on a reasonable suspicion.

Signs of impairment and your organization's definition of reasonable cause for drug testing Manager training should include examples of typical behavioral- and performance-related signs of impairment. The organization should also determine the threshold for reasonable cause to test employees for drug use, and those parameters must be consistent with legal and policy requirements. Again, safety is key. Employee communication needs to focus on the shared goal - ensuring that work can be done safely and effectively at all times.

Review of updated scope of drug testing Both management and employees need to be informed of any screening that's done as part of the organization's Drug-Free Workplace Policy. These policies include prescription drugs that may cause impairment.

❹ An Employee Assistance Program

It is in an employer's best interest to identify opioid abuse and to support confidential access to treatment. Employer-sponsored treatment is a cost effective solution. Replacing an employee costs an employer between 25 percent to 200 percent of its annual compensation. These costs do not include the loss of company knowledge, continuity and productivity.[15]

Seventy percent of all U.S. companies and 90 percent of Fortune 500 companies purchase Employee Assistance Programs (EAP) because these employers understand that EAPs improve the company's bottom line. Findings from 21 studies assessing the efficacy of corporate health and productivity programs found that EAPs have positive returns on investment. All programs reported favorable returns ranging from $1.49 to $13.00 per dollar spent on the program. It is noteworthy that the mental health program showed one of the highest ROIs.[16]

While many companies have EAPs, few employees use them. Many employees don't understand the value or may fear negative ramifications if they seek help. Companies of any size can purchase EAP services, which are an effective "triage" for an employee in need and often effective in connecting an employee to the most appropriate intervention and treatment.

Employee education on the company's EAP services needs to clearly state who an employee may talk to, how they can communicate with that resource and where. Employees also need to have details about their benefit plan coverage and aftercare.

Managers and supervisors are key to the promotion of EAP services both initially and ongoing. Promoting Drug-Free Workplace initiatives increases employee use of these resources. Through ongoing training efforts, managers should be comfortable advocating for EAPs.

Saving jobs, saving lives

When an employee has an opportunity to seek help and, in turn, keep his or her job, both the employee and employer are grateful and loyal. Employees understand the need for workplace safety and full productivity. The employer's message needs to combine firm enforcement of prescription drug use policies with "there are programs available here to help you."

Treatment options Opioid use results in profound biochemical changes in the brain, making this addiction challenging to overcome. Recovery often requires long-term treatment with medications. Medication-assisted treatment and ongoing aftercare can help people enter into and maintain recovery. However, employer support often helps.

Research indicates that employer supported and monitored treatment yields better sustained recovery rates than treatment initiated at the request of friends and family members.[17]

There are generally three approaches, and some are more effective than others:

- **Detoxification from opioid addiction** is accomplished in an inpatient setting or in a highly supervised outpatient setting. Detoxification alone is the least effective means of treatment. Most patients resume opioid use within six months of the detoxification process. A single detoxification episode should not be promoted as effective treatment.[18]

- **Detoxification followed by intensive counseling** and a long-acting injectable, naltrexone, is somewhat more effective than detoxification alone. Naltrexone is an opioid blocker that will negate the effects of opioids for four weeks; however, an individual may still have cravings for the opioids due to biochemical changes in the brain.

- **Medication replacement therapies** with either methadone or buprenorphine are very effective treatments for those who are motivated. Buprenorphine may cause less drowsiness or job impairment than methadone. Medication replacement therapy is the most effective treatment for opioid dependence and can be offered on an outpatient basis. Because of serious biochemical changes that have occurred as a result of the abuse of opioids, many will often have to remain on medication for several months or a year and some for the remainder of their life.

❺ Drug testing

Employer drug testing programs must address nonmedical drug use and prescription drug abuse in the workplace. Written policies need to reflect the specific actions both employees and employers must take.

A number of workplace studies measuring the incident rates of companies before and after implementing drug testing indicate that drug testing is an important safety factor. One of the most prominent of these studies involved the Southern Pacific Railroad. Following the implementation of drug testing, incidents resulting in injuries dropped from 2,234 incidents in the year before drug testing was introduced to just 322 after drug-testing. This represents a 71.2 percent decrease in incidents.[19]

Many employees legitimately and properly use prescribed or over-the-counter drugs, such as sleeping aids, cold medicine or painkillers. Most employers sensibly believe employee medication use is none of their business, as long as the drugs don't impair the employee's job performance. A Drug-Free Workplace Policy was more easily enforced when illegal drugs were the only drugs banned under the policy. Now, the increased use of prescription medicines, especially opioid painkillers has created an important need to revisit these policies.

If an employee's performance is affected by the proper use of prescription or over-the-counter drugs, state and federal disability laws or labor/union contracts may impact an employer's options. An organization may have many different testing policies in order to meet union guidelines, safety-sensitive position requirements, laws for operations in multiple states and office staff. Depending on how the drug affects the employee's job performance, and whether the employee suffers from a disability within the meaning of these laws, a company may wish to accommodate the employee by making changes to his or her responsibilities.

Drug tests can be perceived as being highly intrusive, but they can be invaluable tools for preventing drug-related incidents and reducing risk. A drug-testing program curbs drug abuse because it instills a fear of getting caught, the possibility of consequences and the severity of those consequences. The structure of the drug-testing program largely determines its effectiveness. For example, in some programs, drug tests are mandatory only after an incident, limiting their deterrence value.[20] Additionally, pre-employment testing will not detect drug use that starts during employment. Before performing any drug test or adopting a drug-testing policy, employers must obtain expert legal advice that is current with both state laws and federal guidelines.

To be safe, employers should consider:

✓ Using a lab that is certified by the U.S. Department of Health and Human Services or an equivalent state agency

✓ Consulting with a lawyer to develop testing policies and procedures

✓ Using a testing format that respects the privacy and dignity of each employee

✓ Having a well-written policy about drug use in the workplace. The policy should include discussing the disciplinary actions and the circumstances leading up to them and the testing procedures. Employees should understand how the test will be given, when it will be given and what drugs the test will detect.

✓ Requiring employees to read the policy and sign an acknowledgment that they have done so

✓ For every drug test administered, documenting why the test was necessary and how it was performed

✓ Ensuring test results are absolutely confidential medical information

✓ How to be consistent with response to workers who test positive

Testing with reasonable suspicion or cause A drug test does not prove impairment. It may show that an individual is using a particular prescription drug such as an opioid painkiller, but it does not necessarily confirm that they are actually abusing the drug, impaired by it or addicted to it. Determining the risks and level of impairment from a particular prescription drug for each individual is almost impossible. Currently there are no validated instruments, expert opinions, or guidelines determining context-specific impairment due to prescription medication.[21]

What an employer can do is define the employee's responsibility when taking legal substances, such as opioid painkillers, as:

a) Talk with the provider about how a medication may affect an individual's ability to perform his or her job safely and effectively

b) Make supervisors aware if accommodations are required while using this medication

c) Provide proof of a valid prescription

Hiring or contracting with a Medical Review Officer (MRO) – a licensed physician responsible for receiving and viewing drug test results – strengthens drug-testing programs. Providing additional medical expertise helps because interpreting the results can be complicated.

Standard drug testing needs updating Quest Diagnostics, a leading provider of workplace drug testing, analyzed data for its Drug Testing Index (DTI). The positive test rates for prescription opioids, which include hydrocodone, hydromorphone, oxycodone and oxymorphone, have increased steadily over the last decade. Positive tests for hydrocodone and oxycodone have risen 172 percent and 71 percent, respectively, since 2005.[22]

What drugs are essential to test for? Many companies still use a standard five-panel test that will miss oxycodone (a semi-synthetic opioid) and most other abused drugs. A typical test covers five drugs – opiates/heroin, cocaine, marijuana, PCP, and amphetamines. Many of the most commonly abused prescription drugs are not included in federally mandated tests or many other drug testing panels.

Employers in regulated industries can opt to test for more drugs than the regulations require. The panel should include at least the following seven compounds: benzodiazepines, opiates, oxycodone, methadone, cocaine, amphetamines and THC, the active ingredient in marijuana. Oxycodone and methadone will not show up on drug screens for opiates, because these drugs are synthetic opioids. If Dilaudid or fentanyl is commonly used in your area, additional tests need to be added.[23]

It is important to know the drugs that are commonly abused in your area. Your drug testing organization or MRO may know this or it may be helpful to call a local substance abuse treatment center.

Oxycodone remains the most detected prescription opiate in the U.S. workforce.

Since 2006, drug testing for oxycodone has increased from 3 percent to 14 percent. Positive tests for oxycodone are 96 percent higher than they were in 2005.

II. Valuable partners: healthcare benefit plan providers

Company healthcare benefits providers and workers' compensation carriers are critical to employee safety and prevention programs for prescription opioid use. Working closely with these important partners helps employers understand the extent of opioid use and the need for programs to prevent and manage opioid abuse.

Opioid use impact on workers' compensation Research on the impact of opioid medications in workers' compensation is nothing short of staggering. National Council on Compensation Insurance's study of prescription drugs in workers' compensation confirms that prescription painkillers' cost per claim continues to grow. The number of painkillers per claim is also increasing.[24]

Part of the key findings from the Workers' Compensation Research Institute's 2012 study of longer-term use of opioids found that narcotic painkillers were frequently used by injured workers for pain relief. More than three of four injured workers who had more than seven days of lost time and no surgery took prescription pain medications for pain relief.[25]

The Hopkins-Accident Research Fund Study in 2012 found that workers prescribed even one opioid had average total claim costs more than three times greater than claimants with similar claims who didn't get opioids.[26]

Physician dispensing: high cost, higher volume of prescriptions Employers often don't have adequate data on pharmaceutical utilization. Forty to 50 percent of these claims are not processed through the prescription drug benefit manager (PBM). Therefore, they lack proper oversight. This is a significant issue. Drugs that are dispensed by a physician rather than a pharmacy can cost up to 300 percent more and can be prescribed more frequently.[27] The Workers' Compensation Research Institute's study noted a substantial increase in physician-dispensed medications between 2007 and 2011.[28]

When the injured worker fills a prescription at a pharmacy, the pharmacist can use an electronic database to find the other medications and dosages that patient previously has taken. This database serves as a checks and balances system that's not available when a prescriber also is the dispenser.

Florida banned physicians from dispensing stronger opioids. After the ban, it found that the average Florida physician-dispenser increased the use of less addictive pain medications such as ibuprofen and tramadol.[29]

The dangers of using opioids for prolonged periods Individuals using opioids on a long-term basis can develop a number of debilitating side effects and medical conditions that increase total medical treatment costs and delay recovery.

The Washington State Department of Labor and Industries found that receiving more than a one-week supply of opioids soon after an injury doubles a worker's risk of disability one year later. [30]

A Workers' Compensation Research Institute study found that when opioids are used in workers' compensation beyond the acute phase, **they can impair function, be a barrier to recovery and increase an individual's experience of pain.**

TEXAS
Success story:
Prior approval for opioids in workers' compensation

Texas's success in mandating a closed formulary - requiring preauthorization by insurers or self-insured employers for certain drugs - has sharply reduced the amount of opioids prescribed. Preauthorization is required for about 150 prescription drugs, dubbed "N-drugs" in Texas. N-drugs are not recommended for injured workers in workers' compensation cases. This classification of drugs includes more than 25 brands of opioid pain relievers, several muscle relaxants, antidepressants and cannabinoids, according to the Texas Department of Insurance Division of Workers' Compensation.

In July 2013, the Texas Division of Workers' Compensation reported that N-drug prescribing was reduced by 74 percent among newer claims. The total spent on N-drugs for those claims dropped 82 percent to less than $800,000 in 2011 from $4.4 million in 2010.[33]

The negative effects of prescription opioids can linger even after an employee has returned to work. Someone on painkillers for three months may already be dependent and developing a severe tolerance to the drugs, especially if the dose is escalating. Increased workers' compensation costs are not the only costs employers face. Appellate courts in four states have held that employers and insurers are financially accountable for overdose deaths tied to injured workers.[31]

Employers should insist on specialized programs coordinated through their occupational medical and health plan providers to manage the conservative use and risk of opioid medications for treatable pain. These programs should include cautious utilization and prescribing guidelines for injured workers and strategies for monitoring the use of opioids. This monitoring can be done through urine drug testing (UDT) and provider checking of the state Prescription Drug Monitoring Program. Clinical oversight of UDT can determine if opioid levels in the urine are consistent with prescribed amounts. This oversight also can determine whether the individual is compliant or possibly stockpiling medications for diversion or resale.

The Workers' Compensation Research Institute study of 17 states found that fewer than 7 percent of treating doctors were conducting baseline and periodic urine drug screens for individuals taking opioids on a longer-term basis.[32]

Further, employers can consider closed formularies where opioid prescriptions require prior authorization and approval. This tact would increase oversight on who is receiving an opioid medication, the stated diagnosis, dose level, and duration of therapy.

What is your provider's program for opioid management? Optimal Care Plan: prevention of dependency and addiction to opioids and avoiding chronic use[34]

- ✓ Primary goal is to ensure that the use of opioids results in a meaningful improvement of function and reduction of pain. Education is critical in order to avoid dependency and addiction.
- ✓ Employee and case manager need to stay in communication
- ✓ Clarify expectations of anticipated pain
- ✓ Case manager should interface with prescriber about medical standard for using opioids and revise according to a patient's history
- ✓ Encourage use of prescriber-patient agreements
- ✓ Program includes ongoing compliance monitoring, including routine UDT
- ✓ Avoid transition from acute to chronic use of opioid medications

Opportunity for intervention through Prescription Benefit Managers (PBMs) There is an opportunity within the Prescription Benefit Manager's technology to deploy a variety of "flags" when prescription medicine abuse or misuse is occurring. The following list can help employers evaluate where their PBM ranks in terms of potential versus actual management of opioid prescriptions and potential abuse:[35]

- Does the PBM provide information about total opioid drug spending and trends? Employers should have current and retrospective utilization data to evaluate how much the prescribers are using opioids, dose levels, and duration of therapy.
- Does your vendor have a flag for repeated attempts for "too early refills" that would potentially show non-compliance to the prescriber's recommendation? How early can opioid prescriptions be refilled?
- Are dose levels flagged, including morphine equivalents exceeding 120 mg per day? A high daily dose is associated with a greater risk of a fatal overdose.
- If "duration of therapy" limit is flagged, what is the process when an opioid prescription has changed during the course of treatment? Does the duration of therapy limit start over again?
- Is there a system flag when opioids are combined with other drugs, especially in combination with benzodiazepines (sedatives)?
- What is your PBM's process following historical review of opioid prescribing? How are high prescribers/outliers targeted and contacted?
- What occurs if the system shows an individual is seeing multiple physicians who are prescribing the same drug?
- How much power do the retail pharmacists have in choosing to override these system flags at the point of dispensing? Are these instances documented, and how are they handled?
- Who is monitoring whether retail pharmacists can, and are, accessing Prescription Drug Monitoring Databases (PDMPs) and how often are they being accessed?
- How cancer patients or other individual cases are handled if they fall outside system flags, and how is legitimate clinical use justified

Health and benefits providers are well aware of the opioid epidemic of abuse, dependency, addiction, and overdose. New and more aggressive strategies to intervene on opioid prescribing, dispensing, and utilization management will undoubtedly progress quickly. Employers are beginning to understand the limited use for opioid medications as a part of their benefit plans for injured workers, and the need to manage opioid use and claims more aggressively.[36]

What's ahead?

Fitness for duty and return to work In workers' compensation case management and return to work from medical leave, an organization is charged with determining whether an employee has the capacity to perform his or her job while taking a medication known to cause impairment. "Fitness for duty" and "'return to work" criteria vary, and there currently are no validated instruments, regulations, or guidelines for determining context-specific impairment due to prescription medications.[37] Further research is indicated here. Employers are advised to work closely with legal counsel and human resources to develop workplace policies around these issues.

Conclusion The prescription opioid epidemic - overprescribing, misuse, abuse and overdose – is impacting the workplace. Evidence demonstrates serious risk to employees and substantial costs for employers.

Drug-testing policy and scope of testing are essential for employers to revisit. Drug abuse has changed. Employee prescription drug use needs to be addressed as part of Drug-Free Workplace Program. Education of employees, managers and supervisors will help build awareness around the nature of these powerful medications. Education also will help set expectations for employee responsibility should an employee be prescribed one of these drugs. Employers must clarify the terms and conditions for drug testing.

The medical research regarding the impact of these medications on injured workers is clear: long recovery times and more costly claims. Using benefit programs and prescriber intervention to track opioid use and prescribing patterns for workers' compensation claimants and other employees is critical. Drug utilization data continues to be an effective means for employers to evaluate employee health issues. Prescription drugs will continue to be a growing component of the healthcare benefit dollar.

In the unfortunate circumstance where an employee finds that he or she is dependent upon or addicted to opioid painkillers, help needs to be clear and accessible. Employee-sponsored treatment is more effective than treatment encouraged by family or friends. Retaining an employee following successful treatment is good for morale and the company's bottom line.

Employers committed to safe and healthy workplaces have a responsibility to address the opioid epidemic. These employers can do so with strong employee policies, alliances with health benefits and workers' compensation plan providers, education, expanded drug-free workplace testing and access to treatment programs.

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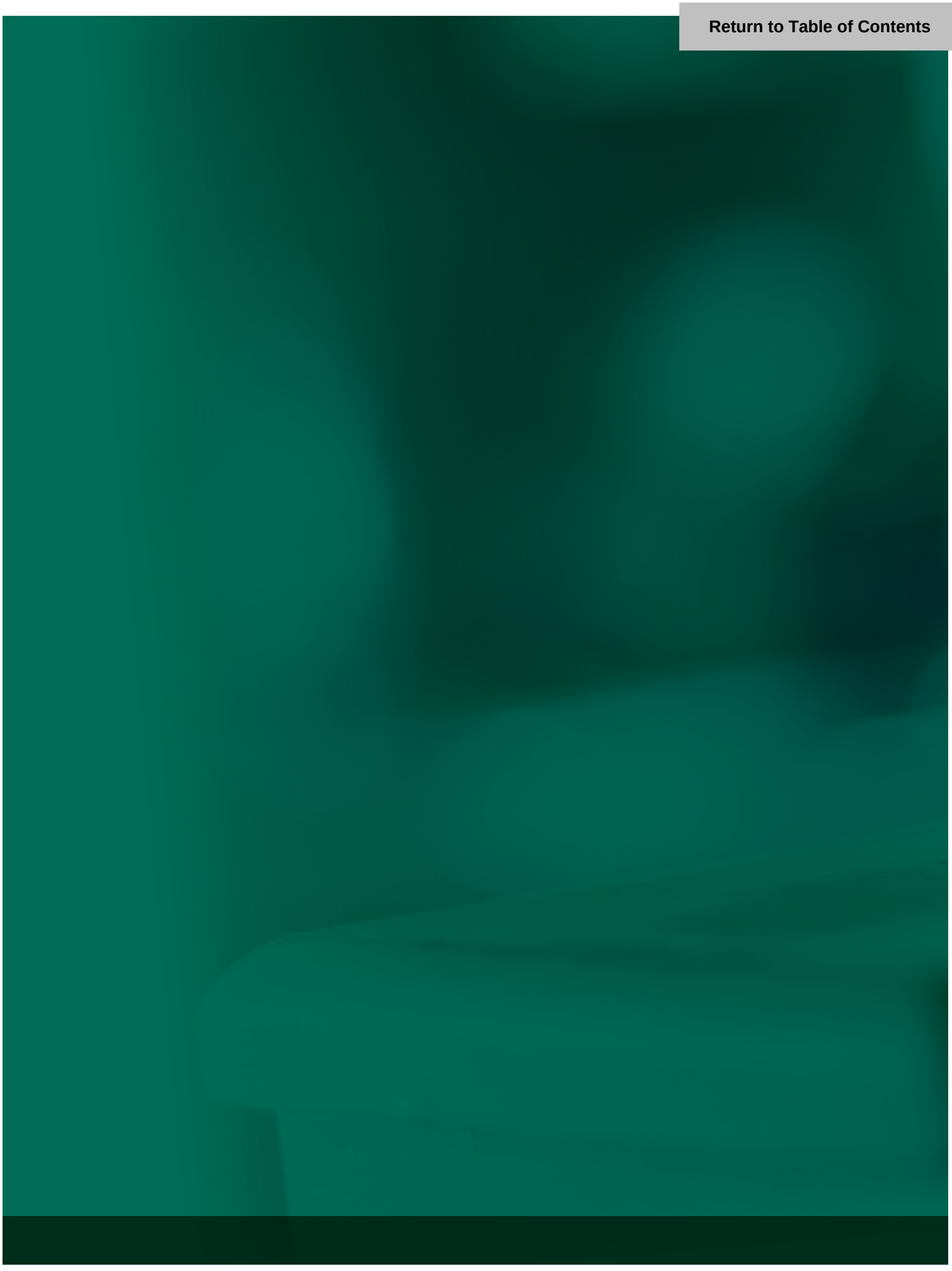

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Prescription drug abuse:
What employers can do

Overdoses now cause more deaths than car crashes. The Centers for Disease Control and Prevention reported more than 12 million U.S. residents used prescription painkillers nonmedically in the past year. Many nonmedical users of prescription painkillers are employed, and therefore prescription drug use affects employers of all company sizes and in all industries.

Overdoses now cause more unintentional deaths in the United States than automobile crashes.

Why should employers care?

Prescription painkiller abuse cost employers almost $42 billion because employees were less productive while at work or were not at work at all.

Employees who abuse drugs are two to five times more likely to:

- Take unexcused absences
- Be late for work
- Quit or be fired within 1 year of employment
- Be involved in workplace incidents
- File workers' compensation claims

What can employers do?

- Educate employees about the health and productivity issues related to prescription drug abuse.
- Incorporate information about substance abuse in workplace wellness programs or strategies.
- Offer health benefits that provide coverage for substance abuse disorders.
- Expand drug testing to include prescription drugs.
- Publicize drug-free workplace policies and incorporate guidelines regarding prescription drugs.
- Provide employee assistance programs (EAPs), wellness and work-life programs that include information and services related to substance abuse prevention, treatment and return to work issues.
- Train managers to recognize and respond to substance abuse issues so problems can be addressed in uniform, cost-effective and business-sensitive ways.

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What to do if you suspect someone may be addicted to prescription painkillers

Opioid painkillers are medications for treating pain that can be very addicting. Most people who are prescribed these medications do not develop a problem. Some, however, can become addicted even when they are taken for a legitimate pain problem. While opioids have an effect that reduces the feeling of pain, they also have a very strong impact on the way the brain works that may set up an ongoing desire or craving for more of the medication. Some people who have become addicted to painkillers never took them with any intention of becoming dependent or starting to abuse them.

Nearly 2 million people are currently addicted to opioid pain relievers in the United States.

What you should know about opioids

Many people who get addicted to opioids did not feel high when they took them but did feel:

- Increased energy
- More confident
- Smarter
- More relaxed
- Less depressed

You can begin to develop a tolerance to opioid pain pills in a very short time frame- even just a few doses. This means that as time goes on you will need more of the medicine to feel the same benefit.

Who is more likely to become addicted to opioid pain medications

There is no way to predict who will become addicted to painkillers, however certain things increase your risk including:

- Personal or family history of addiction or substance abuse
- Having participated in several treatment programs for addiction
- Suffers from depression or anxiety
- Long term use of prescription opioids

When to talk with your doctor or contact your employee assistance program (EAP)

You should be concerned about your potential to become addicted:

- If you start thinking about taking more than currently prescribed
- If you are taking the painkillers when you don't need it for pain anymore
- If you are accessing more painkiller medication from another source beside your physician
- If you ever crush, chew, snort, or inject your pain medicine, then you already have a problem and you need to speak with your doctor or get help immediately.

If you find yourself doing any of these things, talk to your doctor immediately. Your provider may recommend a specialist to assess your situation.

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Steps to update a drug free workplace program to address prescription drugs

Human resource managers and safety professionals know the importance of a healthy workforce that is free from drugs and alcohol. Workers may use prescription drugs to get high or to self-treat a medical condition with medication prescribed for someone else. Workers also may take a larger dose than prescribed in the hope of increasing therapeutic effect. Collectively, these drug-taking behaviors are referred to as nonmedical prescription drug use. They put workers at risk of potentially fatal adverse drug reactions. They also can create workplace safety hazards.

Without medical supervision, opioid prescription pain killers can be deadly, especially when mixed with alcohol, sleeping pills, anti-anxiety or other medications. Even taken as prescribed, these medications limit safe usage of machinery or motor vehicles and can cause dangerous impairment.

Evidence is mounting. Nonmedical prescription misuse increases absenteeism, presenteeism, accidents, injuries and addiction to illicit drugs. Updating your DFWP to address prescription drug abuse is an important strategy in stemming abuse in your organization.

Step 1: Define the employee's role in making the workplace safe.

Opioid painkillers and other medications may carry a warning label that states "Avoid driving or operating heavy machinery." This warning indicates the drug may make a person drowsy, dizzy or lightheaded, and may slow motor skills and reaction time. A Drug Free Workplace Program (DFWP) should state what employees must do if they are prescribed medications that carry a warning label or may cause impairment. Employees in safety-sensitive positions should be responsible for discussing their job duties and requirements with their medical care providers if one of these prescriptions is required for treatment. Such discussions, documented in the medical record, are important to decrease safety risks.

The DFWP also should spell out what steps will be taken if the employee is suspected of using any of these medications without a prescription, in larger doses or more frequently than prescribed. Those in designated drug testing positions should have updated information regarding appropriate use of prescription drugs and consequences of nonmedical use.

Step 2: Adding prescription drug testing to traditional illicit drug testing.

Tests are available to detect legally prescribed and commonly abused medications. These include drugs such as hydrocodone (prescription medication known as Lortab, Vicodin); benzodiazepines (tranquilizers like Valium, Librium, Xanax); barbiturates (phenobarbital, butalbital, secobarbital, downers); methadone (increasingly prescribed as a painkiller), buprenorphine (often used to treat heroin addiction); and stimulants (Ritalin and Dexedrine). A standard opioid screen will not detect methadone or oxycodone. If Fentanyl and Dilaudid are used in your area, additional tests are necessary for these drugs.

Working with a legal resource, the employer should decide if additional testing is warranted for pre-employment screening, pre-duty, periodic, at random, post incident, reasonable suspicion, return to duty or follow-up situations. If tests for prescription drugs will be added to a drug testing program, they must meet federal, state and local requirements. The testing laboratory must be qualified to perform expanded testing. Using drug laboratories certified by U.S. Department of Health and Human Services increases the probability of staying on safe legal ground.

Even taken as prescribed, opioid pain medications limit safe usage of machinery or motor vehicles and can cause dangerous impairment.

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Step 3: Incorporate language that addresses nonmedical prescription drug use.

Each employer must develop its own procedures regarding how suspected nonmedical prescription drug use will be identified, evaluated and treated, the conditions for continued employment, work and leave options, and what medical certifications are required. Ensure the prescription drug use policy is clear. List procedures or corrective actions the employer will follow:

- For an employee suspected of nonmedical prescription drug use
- For an employee with confirmed nonmedical use
- If applicable, the conditions that need to be met before the employee can return to work

Step 4: Obtain legal advice. Very sound policy is critical.

It is advisable for an attorney experienced in DFWP issues to review the revised DFWP before it is finalized.

Step 5: Train supervisory staff and educate employees.

Conduct formal training to educate management and supervisory staff about the signs of nonmedical prescription drug use and the procedures to follow to help an employee who is suspected to have a problem.

Step 6: Review service coverage for behavioral health and/or Employee Assistance Program (EAP) needs.

The behavioral health portions of health insurance and EAP contracts should be evaluated to ensure employees are covered for issues related to nonmedical prescription drug use.

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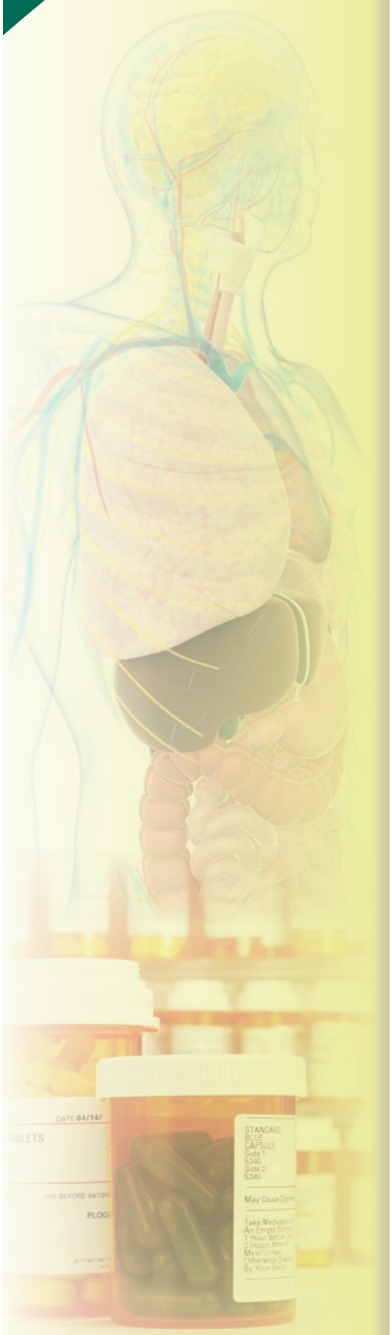
Additional employer considerations in Drug Free Workplace Programs (DFWP)



As your company modifies your DFWP to address prescription opioid pain medications, you may want to prepare for and address the following concerns:

Pre-approval of medications: Employees who have returned to work following a positive test are generally restricted from taking any potentially addicting medication as part of their return-to-work agreement. Such drugs most likely would be detected on monitoring drug tests and result in a violation of the return-to-work agreement. However, even successfully rehabilitated employees may experience medical conditions or injuries requiring the limited use of such medications. A procedure for the pre-approval and safe use of these medications on a case-by-case basis needs to be established for monitored employees. The EAP can help design this procedure. In some locales, it is possible to restrict former abusers to a single provider and/or dispenser.

Alternative therapies: Employer health policies that offer evidence-based therapies as alternatives to highly addictive medications may help employees avoid prescription drug abuse and dependency. Such therapies also help employees whose return-to-work agreements restrict use of addicting prescription medications.

Temporary accommodations: An employee who is using a medication that might impair safe performance of his or her duties may be able to safely perform alternative duties. Likewise, an employee violator who has transitioned from primary treatment to continuing treatment may be eligible to return to work but not to their regularly designated position. Alternative work may prove beneficial for both the employer and employee. Ready access to the essential duties of all job descriptions will facilitate medical approval of alternative work accommodations.

Posting essential job duties for each position: Posting the essential job duties for each company position on an employee website provides easy access to this important information. Employees should be encouraged to share their written job duties with their medical providers. The medical provider can then provide the employee with informed guidance about whether any medication prescribed to the employee can be safely used when working.

Physicians and other treatment providers who specialize in addiction medicine: Employers can ask prospective benefit vendors to report on the strength of their provider networks relative to a) prescribing guidelines for management of opioid use and claims, and b) training in, and treatment of prescription drug abuse and other substance use disorders. These providers including injury management health insurers and EAPs, are important resources in preventing and treating prescription drug abuse.

Access to health insurance, sick leave and short-term disability benefits: When an employer terminates an employee rather than offers continuing employment, the separation action will generally result in loss of benefits. An employee may be eligible for COBRA his or her health insurance but, without a paycheck, the COBRA payments may be beyond the employee's ability to pay. In these situations, the Company EAP should be prepared to help separated employees access affordable recovery services and support within the employee's local community.

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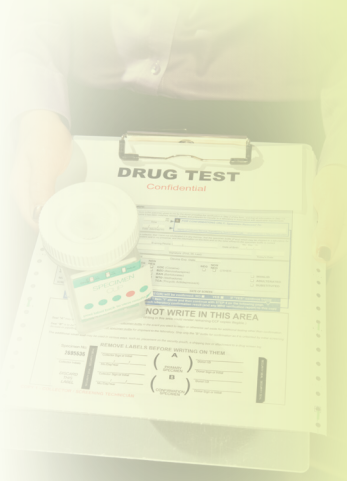
The importance of workplace drug testing

Companies need a detailed drug testing policy that is well communicated. Drug testing as part of a Drug Free Workplace Program has been successful in lowering the rates of positive tests. Many companies are starting to include prescription medications in their testing panel, including certain prescription opioids. Some employers require different policies to address requirements for safety sensitive positions, union guidelines, or other entities like the U.S. Department of Transportation (DOT) guidelines for regulated motor carriers, airline pilots, train operators and others.



When drug testing should occur

- Drug testing should be done pre-employment. This will avoid the hiring of individuals who are actively abusing drugs.
- Drug testing should also be done post-incident. People using drugs are at increased risk of errors and injury. This also may help protect the employer if there is any litigation following the incident.
- Testing should be done for reasonable suspicion. In your company policy, define the factors that may give rise to a reasonable suspicion, including objective factors, such as an employee's appearance, speech and behavior, as well as any other information specific to your workplace.
- Drug testing should also be done randomly for people who work in safety-sensitive positions.

Contract with a reputable laboratory that is certified to provide these services. A Medical Review Officer should review all positive results, as interpretation can be complicated. A Medical Review Officer (MRO) is a licensed physician responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results.

Types of tests

Urine Drug Testing (UDT) Urine is most commonly tested substance for drugs. It is easily obtained and there is a broad range of testing that can be done. There is a lot of information on the Internet, however, on how to cover-up illicit drugs in urine tests. There are very specific guidelines when observed collection is indicated.

Oral Fluids Collecting oral fluids makes it much harder to compromise testing. At this time, oral fluid testing cannot test for as many drugs as urine drug tests but this technology is improving rapidly.

Hair Testing Hair testing is more expensive than urine and oral fluid testing. It does have the advantage of detecting any drug use over the previous 90 days. Unfortunately, it does not do well detecting benzodiazepines (sedatives). An alternative method must also be used to look for benzodiazepine use.

What substances should companies test for now?

It is very important that employers remain current on what drugs they are testing for. Many companies use a standard 5-panel test that will miss most drugs of abuse. It is important to know the drugs that are commonly abused in your area. It may be helpful to call one of your local substance abuse treatment centers for this information.

All companies should make sure that they are testing for at least the following 7 compounds: **benzodiazepines, opiates, oxycodone, methadone, cocaine, amphetamines and THC, the active ingredient in marijuana.** It is important to realize that oxycodone and methadone will not show up on the opiates screen. If Dilaudid or fentanyl are commonly abused in your area, you will need additional tests for these.

Before making changes to your company's workplace drug testing program, it is advisable for an attorney experienced in drug-free workplace issues to review the drug testing policy and procedures. A legal review will ensure that both the testing process and employer actions are in compliance with local, state and federal laws and regulations.

It is very important that employers remain current on what drugs they are testing for. It may be helpful to contact a local substance abuse treatment center for this information.

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What employers should do when an employee tests positive for opioid painkillers

If a company includes prescription opioid painkillers in its drug testing program and an employee tests positive, the employer needs a very clear policy that defines the next steps. All employer policies should be reviewed to ensure both the testing process and employer actions are in compliance with local, state and/or federal laws and regulations. For example, some states and jurisdictions require an employer to offer rehabilitation after a first-time test violation. Also, if an employer is conducting drug testing under Federal authority, such as the U.S. Department of Transportation, the testing process must comply with that applicable federal regulation.

The actions an employer takes following a positive drug test will vary based on the company's written policy. Generally, employer policies fall into three broad categories:

- Continuing employment of the employee violator
- Termination of the employee violator with the possibility of rehire
- Termination of employee violator with no future possibility of rehire

Regardless of whether the employer permits the continued employment of the violating employee, the company should immediately remove the employee from his or her duties pending medical review. This safeguards the employee, other co-workers and customers from workplace injuries and accidents. If notification of the violation occurs while the employee is on the job, the employer should arrange for the employee's safe transportation home.

Prescription drug abuse treatment is frequently as effective as treatment for other chronic diseases.

Continuing employment or rehire

An offer of continuing employment or rehire following a drug test violation is generally contingent upon the employee obtaining a substance abuse evaluation from a recognized expert and successfully completing all of the evaluator's recommendations. Employees in federally-regulated safety-sensitive positions must be evaluated by professionals called "SAPs" (Substance Abuse Professionals) who have specialized training as guardians of public safety. Evaluation recommendations may include:

- Substance abuse education and treatment
- On-going professional recovery services following return to work
- On-going participation in 12-step recovery support meetings
- Return-to-work monitoring through unannounced workplace testing to ensure employee's continued abstinence

Employee Assistance Programs (EAPs) have the capability of conducting substance abuse evaluations or linking employees to a qualified SAP. EAPs and SAPs also can monitor employee's participation in and compliance with treatment as well as return-to-work recommendations. They will also keep the employer updated on the employee's progress and will provide an estimated timeframe for when the employee may be available to return to work. Typically, readiness to return to work can take anywhere from 4 to 12 weeks. Prescription drug abuse treatment is frequently as effective as treatment for other chronic diseases. Research has demonstrated that treatment that is supported and monitored by the employer has resulted in better sustained recovery rates than treatment initiated at the request of friends and family members.

Termination without rehire

An employer may decide to permanently terminate an employee who is using unauthorized prescription medications. If the employer decides to do this, it is advisable to stipulate in the employer's written drug-free workplace policy that unauthorized use of a prescription drug will result in termination without offer of rehire. The definition of what is unauthorized should be clear. The company Medical Review Officer (MRO) can assist in developing this definition. A written policy supports enforceability of a termination action and may help deter use that has not yet crossed into dependency.

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How employee assistance programs can address opioid painkiller abuse and addiction

Coupled with health benefits, EAPs play a vital role in encouraging employee wellness and addressing substance abuse problems.

Employee Assistance Programs (EAP) play a vital role in drug-free-workplace programs (DFWP) and provide a low-barrier, confidential way for employees to seek help quickly.

EAP services can be an effective first step for employees to initiate support for nonmedical prescription drug problems, and can offer counseling and referral services; conduct substance abuse evaluations or connect an employee to a qualified substance abuse professional (SAP).

EAPs also can monitor employee's participation in, and compliance with treatment as well as return-to-work recommendations. A representative from the EAP may also offer training for managers and supervisors on the identification and handling of work-related difficulties that may be related to misuse and abuse of prescription painkillers, alcohol and other drug abuse. EAP services can be customized for any size company or organization.

Who initiates an EAP referral?

Employees may voluntarily seek EAP assistance on their own, or at the recommendation of a union representative, co-worker, friend, family member, nurse or other.

Supervisors and managers can also initiate a referral, typically as a result of a performance or conduct issue, or for an employee who is identified as using or abusing drugs. The EAP provider can work with the Medical Review Officer in cases where an employee is identified as a potential substance abuser through a drug testing program and refer the employee to a SAP to determine if the employee needs further care or treatment.

EAP services may include:

- crisis intervention
- assessment,
- referral
- short-term and follow-up counseling
- treatment monitoring
- supervisor and management training

How can you ensure a successful and effective EAP program?

Many companies have EAPs, however the national average for utilization has hovered around 3 percent for years. Often employees don't understand the scope of this valuable benefit and may fear negative ramifications if they access help. Effective EAPs are widely promoted and recommended by leadership (management and/ or unions). Promotion of EAP services needs to clearly spell out who an employee can talk to, how they can communicate with that resource, and where. Employees must be assured that EPA services are absolutely confidential and protected by HIPPA privacy regulations.

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How prescription opioids may be affecting your workers compensation program

Research on medical outcomes when opioids are used in workers compensation actually demonstrates that opioid use beyond the acute phase can impair function; be a barrier to recovery, and actually increase an individual's experience of pain.

Employees return to work

Washington State Department of Labor and Industries found that receiving more than a one week supply of opioids or two or more opioid prescriptions soon after an injury doubles a worker's risk of disability at one year post injury, compared with workers who do not received opioids.

The detrimental impact of prescription painkillers can linger even after an employee has returned to work. Someone on painkillers for 3 months may already be dependent and developing severe tolerance of the drugs, especially if their dose is escalating. Increased workers' compensation costs are not the only exposure that employers face. Appellate courts in four states have held that employers, and insurers, are financially accountable for overdose deaths tied to injured workers.

Evaluating your worker's compensation program

To address risks associated with opioid dependence and abuse, workers' compensation providers and claims managers need programs that require the conservative use of opioid medication for treatable pain. The primary goals should be for clinical, meaningful improvement of function and prevention of dependency and addiction to opioids.

The following checklist of questions can help you evaluate your workers compensation program management of opioid risk:

- **What percent of your workers compensation pharmacy claims are managed by your prescription benefit manager (PBM)?**
- **Does your program or PBM use a closed formulary where opioid prescriptions require prior authorization and approval?**
- **Has your PBM established flags to identify situations (below) that pose a greater risk of addiction, overdose and death?**
  - opioid prescribed at greater than 120 mg morphine equivalent daily dose
  - opioid prescribed for more than 30 days
  - an opioid prescribed with current benzodiazepine prescription – a dangerous combination that can lead to respiratory depression and death
- **Have your (PBM) and workers compensation claims management (WCCM) vendors implemented adequate controls to identify misuse and abuse of prescription medications?**
- **What procedures will your PBM and WCCM vendors follow if misuse is identified?** i.e., who is notified, and how are these situations are resolved? Importantly, due to privacy laws, employers often legally cannot be notified of misuse or abuse situations.
- **Does your program reimburse for alternative treatments such as physical therapy, therapeutic massage or acupuncture?**
- **Are worker compensation treatment providers following conservative opioid prescribing guidelines? Guidelines which promote that:**
  - Use of opioids must result in a clinical, meaningful improvement of function
  - Use of prescriber-patient agreements
  - Ongoing compliance monitoring including routine urine drug test (UDT)
  - Clarify expectations of anticipated pain
  - Conduct thorough patient history to identify substance use and mental health problems

The National Council on Compensation Insurance estimates that prescription drugs account for about 25% of workers' compensation medical costs.

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How major medical insurance can optimize your drug free workplace?

34.6 Million workers or 23% of the workforce said they used a prescription drug improperly at least once in their lifetime.

Medical insurance coverage should include physical and behavioral health services including substance abuse prevention and intervention strategies and benefits. These benefits can be effectively promoted to employees and their families as part of the company's health/wellness or drug-free workplace program. Benefits offered to employees through your medical plan, and potentially your EAP, would ideally include prescription drug misuse and abuse prevention, screening, early intervention, treatment, follow-up and relapse prevention.

Your medical plan should cover the following services:

- **Education and training on prescription management and safe disposal of unused drugs**
- **Coverage for non-drug alternatives to pain management**
  - Mindful meditation, acupuncture, and therapeutic massage all can be effective.
  - Covering these alternative therapies reduces the number of employees taking opioids that impair performance and can be addictive.
- **Confidential screening for prescription drug use problems**
  - Screening seeks to identify potential or actual misuse and abuse as early as possible so that appropriate interventions can be provided.
- **Brief intervention**
  - Brief interventions provide patients with a road map to begin addressing their use of substances.
- **Outpatient and inpatient treatment**
  - Inpatient treatment or hospitalization is recommended for persons who are at risk for severe withdrawal problems or for persons who have other health conditions, which may make detoxification unsafe.
  - Outpatient treatment is more common, cost effective, and less intensive; however, it should include psychotherapeutic and pharmacologic therapies when needed.
- **Medication**
  - Used in conjunction with behavioral therapy, medications are aimed at reducing both the pleasurable effects of substances and the neurological changes that cause craving and relapse.
- **Peer support groups**
  - A 12-step program or similar supports
- **Counseling, psychological therapy and medical services**
  - Counseling can help individuals modify their substance use behaviors and strengthen healthy life skills.
  - The American Psychological Association suggests counseling/therapy prior to use of psychotropic medications and/or with medications as appropriate.

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Managing opioid prescribing and use through pharmacy benefit programs

Comprehensive employer health plans typically include pharmacy benefits, often administered by third parties, Pharmacy Benefit Managers (PBMs). PBMs collect important prescription use data dispensed through both mail service and retail pharmacies and administer a health plan's drug formulary. A formulary is a list of "preferred" drugs approved by your health plan.

For some drugs such as opioid painkillers, the PBM will evaluate the employer's opioid utilization data and will develop and enforce prescribing and dispensing guidelines to ensure safe medication use or to control plan costs. These guidelines may include prior authorization approvals before dispensing by the pharmacy.

Additionally, the PBM should provide program "flags" or warnings to alert the dispensing pharmacist to possible opioid over use and abuse. The following checklist of questions can be helpful in evaluating your PBM's ability to manage opioid prescriptions and identify potential abuse:

- Does the PBM provide information about total opioid drug spend and trends? Employers should have current and retrospective utilization data to evaluate how much prescribers are using opioids; dose levels and duration of therapy.
- Does your vendor have a flag for repeated attempts for "too early refills" that would potentially show non-compliance to the prescribers recommendation?
- Are dose levels flagged including morphine equivalents exceeding >120 mg per day? [1]High daily doses are associated with fatal overdoses.
- If 'duration of therapy' limit is flagged, what is the process when an opioid prescription has changed during the course of treatment? Does the 'duration of therapy' limit start over again?
- Is there a system flag when opioids are combined with other drugs especially in combination with benzodiazepines (sedatives)? The use of benzodiazepines (anti-anxiety medications) with an opioid increase the risk of a fatal overdose.
- What is your PBM's process following retrospective (history) review of opioid prescribing? How are high prescribers/outliers targeted and communicated with?
- What occurs if the system shows an individual is seeing multiple physicians who are prescribing the same drug? Benefit plan design PBM or plan administrator to "lock" the patient into using a single opioid prescriber or pharmacy.
- Who is monitoring if retail pharmacists are accessing the prescription drug monitoring program (PDMP) data base and how often are they being accessed?
- What is your PBM's recommendation for a prior authorization program for prescription opioids?
- How often do retail pharmacists choose to over-ride these system flags at the point of dispensing? Are these instances documented and how are they handled?
- How are cancer patients or other individual cases handled that fall outside system flags and legitimate clinical use is justified?

PBMs should provide program "flags" or warnings to alert the dispensing pharmacist to possible opioid over use and abuse.

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Helpful Resources

Drug-Free Workplace

Division of Workplace Programs
Substance Abuse and Mental Health Services Administration

http://beta.samhsa.gov/workplace

Drug-Free Workplace Helpline 800-967-5752

The Division of Workplace Programs (DWP) provides oversight for the Federal Drug-Free Workplace Program. It certifies and provides a list of laboratories which conduct forensic drug testing for federal agencies and for federally regulated industries.

Department of Labor E-Laws Drug Free Workplace Advisor

http://www.dol.gov/elaws/drugfree.htm

This website provides information about the Drug Free Workplace Act of 1988 and a walk-through tool "Drug-free Workplace Policy Builder which can help you build a drug free workplace policy, supervisor training, and employee education. It also includes detailed information on how to develop drug testing and employee assistance components for your drug free workplace program.

Substance Abuse Program Administrators Association

http://www.sapaa.com

The SAPAA website provides a number of helpful resources for workplaces including white papers, the Working Partners for an Alcohol and Drug-Free Workplace and State Laws at a Glance.

The Online Ultimate Guide to State Drug Testing Laws

https://sapaa.site-ym.com/page/wp_statelaws_current

This guide is a comprehensive, up-to-date state law database owned and presented by StateDrugTestingLaws.com. With an annual subscription, you have easy-to-use on-line and password-protected access to 50+ individual state law charts, pending drug testing legislation, and more. Information is updated routinely throughout the year.

Preventing Prescription Abuse in the Workplace (PAW) Technical Assistance Center

REQUEST ASSISTANCE: Email: PAWTArequest@PIRE.org

LISTSERVE: Email PAW@dsgonline.com

This SAMHSA technical assistance center helps civilian and military workplace communities reduce prescription drug abuse problems. PAW technical assistance resources include fact sheets, issue briefs, web products, assessment tools, presentations and literature reviews.

Helpful Resources (cont.)

Substance Abuse Treatment

Behavioral Health Treatment Locator
Substance Abuse and Mental Health Services Administration

http://findtreatment.samhsa.gov

24/7 Helpline 800-662-HELP (4357)

This easy to use treatment locator lists by zip codes substance abuse and mental health treatment providers. Information can be filtered by selecting options listed in upper right hand corner of the webpage. SAMHSA also operates a 24/7 helpline.

Medicine Disposal Resources

American Medicine Chest Challenge (AMCC)

http://www.americanmedicinechest.com

Searchable national directory of permanent prescription drug collection boxes operated by local, county, and state law enforcement agencies.

Product Stewardship Institute

http://www.productstewardship.us/?page=GoToGuide

Product Stewardship Institute provides a go-to-guide to develop a drug take back program including the status of state prescription drug collection programs and links to state directory for those states that have permanent and regularly recurring take-back events.

Prescription Drug Abuse and Youth

Medicine Abuse Project

http://medicineabuseproject.org

This guide offers families free resources to prevent teen medicine abuse.

The Partnership at DrugFree.org

http://www.drugfree.org

HELPLINE: 1-855-DRUGFREE

A drug abuse prevention, intervention, treatment and recovery resource, to help parents and caregivers address alcohol and drug abuse with their teens.

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Helpful Resources (cont.)

Poison Prevention

Poison Control Centers and Helpline

http://www.aapcc.org

HELPLINE: 1-800-222-1222

Poison centers offer free, confidential medical advice 24 hours a day, seven days a week through the Poison Help Line at 1-800-222-1222. This service provides a primary resource for poisoning information and helps reduce costly emergency department visits through in-home treatment.

Up and Away Campaign

http://www.upandaway.org

The public awareness campaign offers free resources to educate parents and caregivers on how to prevent medication poisoning of children.

PROTECT Rx Initiative

http://www.cdc.gov/medicationsafety/protect/protect_initiative.html

The PROTECT Initiative is an innovative collaboration bringing together public health agencies, private sector companies, professional organizations, consumer/patient advocates, and academic experts to develop strategies to keep children safe from unintentional medication overdoses.

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SAMHSA's Preventing Prescription Abuse in the Workplace (PAW) Technical Assistance Center helps civilian and military workplace communities reduce prescription drug abuse problems by stimulating, informing, and supporting employer-based prevention and early intervention efforts, including efforts targeting employees' families.

CDC reported that prescription overdoses were responsible for more than 15,500 deaths in 2009.

In 2011, an estimated 6.1 million Americans were using prescription drugs non-medically in the past month.

Lost productivity caused by prescription drug misuse is estimated to cost U.S. workplaces between $25 - 42 billion annually.

PAW technical assistance resources include fact sheets, issue briefs, web products, assessment tools, presentations and literature reviews. The technical assistance will address topics such as developing specific workplace prescription drug abuse policies; integrating prescription abuse messaging into current programs and community outreach activities; and prescription drug abuse evaluation activities and metrics.

Fact Sheets

- Awareness
- Dangers
- Disposal
- Theft
- Statistics
- Target Industries
- Prevention

Issue Briefs

- Workplace Costs
- PDMP Cost Savings
- Pain Management
- EAPs and Return to Work

Web and Social Networking

- Topical Webinars
- SAMHSA Blog Postings
- PAW Listserv

Training and Expertise

- SAMHSA Staff briefings
- Intervention Program Enhancement
- Rx Related Data Analysis

Prevention Tools

- Industry Specific Rx Abuse Screeners
- Rx Related Resource Guides

The PAW Technical Assistance Center is directed by the Center for Substance Abuse Prevention. To request technical assistance or more information contact **PAWTArequest@PIRE.org**

To join the PAW listserv email PAW@dsgonline.com

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PRESCRIPTION DRUG MONITORING PR
A COST-SAVING TOOL FOR EMPLOYERS

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In 2009, 16 million Americans aged 12 years or older had taken a prescription pain reliever, tranquilizer, stimulant, or sedative for nonmedical purposes at least once in the past year.[1]

Prescription Drug Abuse Impacts Workplaces

A recent study estimated that, in 2006, the total cost of nonmedical use of prescription opioids in the United States was $53.4 billion;[2] of this total, $42 billion was attributable to lost productivity. Prescription Drug Monitoring Programs (PDMPs) have the ability to assist clinicians with controlling inappropriate prescribing while facilitating appropriate prescribing.

Purpose/Mission of PDMPs

PDMPs are housed in different State agencies that may include regulatory boards and health departments, as well as law enforcement, consumer protection, and substance abuse agencies. Although each State has a different set of goals for its PDMP, those goals are generally based on several possible objectives of prescription drug monitoring[3]:

- education and information for prescribers, pharmacists, and the public;
- information that can be used for public health initiatives and to address problems such as under- and over-utilization and inappropriate prescribing;
- early intervention and prevention of drug abuse;
- enforcement of laws and regulations governing licit controlled substances; and
- protection of confidentiality of data.

PDMPs are effective in reducing diversion of controlled substances and improving clinical decision-making, thus helping to curb the prescription drug abuse epidemic.[4] Major sources of drug diversion include prescription fraud; forgeries; doctor shopping; and illicit, medically unwarranted prescribing and dispensing on the part of some practitioners and pharmacists.[4] PDMP data also can help inform sound clinical decision-making to assure that prescriptions are medically necessary, thereby reducing illicit use of controlled substances.[4]

How PDMPs Work

PDMPs collect, monitor, and analyze electronically transmitted dispensing data submitted by pharmacies and, in some cases, dispensing practitioners.

PDMPs produce a patient history and activity report for each patient. These reports provide a physician with a list of all controlled substance prescription drugs prescribed to the patient, the name of the practitioner issuing each prescription, and the pharmacy where each prescription was filled. Generally, PDMPs distribute data to authorized medical professionals upon request; in some States, PDMPs distribute data proactively. The patient activity report assists the physician in determining if a patient altered the quantity of drugs prescribed or forged the physician's name on prescriptions. The report also flags doctor shopping that yields multiple doses of a controlled substance. Information about each State's PDMP may be found at http://www.pdmpassist.org/content/state-profiles.

PDMPs Save Employers Money

- PDMPs reduce unnecessary and costly prescriptions for painkillers and other addictive and controlled medications. They also reduce the physician visits and diagnostic tests required to get those prescriptions.
- PDMPs can help identify employees who may need a referral to treatment and identify those employees who are being undertreated and subsequently visiting emergency departments to get relief via pain medication.
- PDMPs increase employee readiness and productivity by reducing abuse and allowing patients to get adequate treatment.
- PDMPs result in widespread cost-savings.

Prescription drug abuse leads to decreased productivity through lost work days due to incarceration, reduced productivity at work because of poor health, and premature death.[7] In addition, when an employee or covered dependent abuses prescription drugs, their employer incurs the cost of most of their misused prescription drugs. In Wisconsin, as a result of using PDMPs, it was predicted that the State could save $9,290,000 in avoided opioid use.[5] Preliminary data from the State of Washington indicate that PDMP usage can achieve a cost-savings of $6,000 per client per year in Medicaid services.[8] PDMPs can also provide large cost savings in workers' compensation.

Employers Should Promote Use of PDMPs by Clinicians

Employers should request that doctors included in the company's health plan use PDMPs

States with PDMPs save on health care benefits through reductions in (1) admissions for inpatient and outpatient addiction treatment, (2) prescription drug overdoses and associated health problems, and (3) prescription drug costs associated with employer-funded purchases of drugs diverted to abuse.[5] One study estimated that using PDMPs nationwide could reduce health care costs by $113 million (2010 dollars).[6]

Plan administrators should promote PDMP use by plan providers

Currently, plan administrators cannot monitor clinician usage of PDMPs. It may be desirable to work toward PDMPs' issuing periodic reports on clinician usage.

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SmartRx: Your Prescription For Good Health!

What is SmartRx? SmartRx is a web-based program designed to help users of the program take prescription medications safely and thus prevent problems commonly associated with prescription misuse and abuse.

How is SmartRx administered?

SmartRx is self-administered. Field studies indicate that an average user of SmartRx spends somewhere between 1 and 2 hours in the program and visits the program 3–4 times.

How does SmartRx assist in substance abuse prevention efforts?

SmartRx is best viewed as a *brief intervention*, an important tool in helping users recognize substance abuse problems and acquire the skills and knowledge necessary for seeking assistance and preventing unintended misuse or abuse of prescription medications.

What are the important components of SmartRx?

SmartRx emphasizes the advantages of multiple ways of addressing the emotional, physical, and social aspects of medical conditions, thereby reducing overreliance on prescription medications used in the treatment of chronic pain, insomnia, anxiety, and depression.

How does SmartRx work?

For most users, SmartRx contains all the essential information that they will need to take medications safely and thus prevent drug-related problems. For others, SmartRx will help ensure early intervention, a better prognosis, and lower treatment costs for drug-related problems.

Is SmartRx effective?

SmartRx was evaluated in a randomized trial, supported by the National Institutes of Health, that compared SmartRx program users to a control group. In that study, SmartRx users reported possessing significantly greater knowledge of safely taking medications and having greater confidence in adhering to medication treatment plans when compared to controls.

How much does SmartRx cost?

The exact pricing of SmartRx depends on company needs and the number of users. Options such as tracking program utilization, customization of content, and the inclusion of a company logo are available upon request.

Who can I call for more information?

For questions on this program, please contact:

Dr. Diane Deitz
ISA Associates and the Center for Workforce Health
Alexandria, VA
703.739.0880, ext. 15
ddeitz@isagroup.com

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