Prescription Drug Abuse Overview and Resources

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Opioids: Why should you care?

1. The fastest growing drug problem in the country
   a) More people die from drug overdose than in car accidents.
   b) 1 out of 10 adults age 18-25 have abused it in the past year
2. Safety risk
   a) For those abusing and for those with a legitimate prescription
3. Opioids increase business costs
4. You can do something about it
The story of Chris
Terminology

• **Opium**
• **Opiates**
  • Morphine, codeine
• **Opioids**
  • Anything like opium
  • Morphine, codeine, hydrocodone, oxycodone, fentanyl, Dilaudid, methadone, tramadol, **heroin**, etc.
• **Narcotics.** I won’t use this term – means different things to different people
Poppy plant
Pain

An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

International Association for the Treatment of Pain
Morphine and heroin
Common Opioids

- Morphine
- Oxycodone
  - OxyContin
  - Percocet
- Hydrocodone
  - Vicodin
  - Zohydro
- Dilaudid
- Fentanyl
Drug overdose death rates continue to increase US, 1980-2010

Deaths per 100,000 population

Year


Motor Vehicle Traffic

Drug Poisoning (Overdose)
Deaths are the tip of the iceberg

For every 1 opioid overdose death in 2010 there were...

- 15 abuse treatment admissions
- 26 emergency department visits
- 115 who abuse/are dependent
- 733 nonmedical users

$4,350,000 in healthcare-related costs

SAMHSA NSDUH, DAWN, TEDS data sets
Why should you care?

• Safety
• Costs
Safety

• Acute use:
  – Opioids cause drowsiness, delayed reaction time, and decrease cognitive ability. Nobody disagrees with this.
Safety

• Chronic use:
  – New data shows that even when used on a chronic basis, opioids can cause cognitive deficits: “OP patients had significantly reduced spatial memory capacity, flexibility for concept change, and impaired performance in working memory assessment compared to NO patients and HC.”

Societal costs (annual)

$55.7 billion (2007):

- $25.6 billion (46%) was attributable to workplace costs.
- $25.0 billion (45%) were healthcare costs.
- $5.1 billion (9%) were criminal justice costs.

Police: Men stole drugs from elderly woman

May 02, 2014

The Haywood County multi-agency drug task force recently arrested three men in association with the theft of prescription pain medication from an elderly woman.

Officers with the Unified Narcotics Investigative Team (UNIT) received information last week that liquid morphine being prescribed for a patient receiving end-of-life care was being stolen from her home on Walnut Trail. The task force also received information that known drug users and dealers had been frequenting and staying at that location.

The task force conducted a welfare check on the elderly woman at the residence and during

BOGO Laser Hair
Removal - Call ...
By Mountain Radiance ...
- May 28

 Memorial Day
Author Charles ...
By Blue Ridge Books -
May 23

Buy one get one Laser
Hair ...
By Mountain Radiance ...
- May 26

Meet Local Author
Victoria A. ...
By Blue Ridge Books -
May 23

Back on Market!
Large 4 Br 3 Ba ...
By Realty World Heritage -
May 27
Business costs

- Increased costs
  - May be up to $11,000 per year for each drug using employee
- Decreased productivity
  - Absenteeism
  - “Presenteeism”
- Safety issues
- Workers Comp costs
3 things you can do...

1. Drug-free workplace program
2. Injury management
3. Work with your health insurance company.
1. Drug-free Workplace

1. Development of a comprehensive written policy
2. Supervisory training
3. Employee education
4. Availability of employee assistance programs
5. Identification of illegal drug users, including drug testing on a controlled and carefully monitored basis.
Comprehensive written policy

- Many samples available on the internet
  - U.S. Dept. of Labor website
- Make sure you identify safety-sensitive positions
- Identify policy for positive drug tests
Written Policy

- What is the purpose/goal of your policy?
- Who will be covered by your policy?
- When will your policy apply?
- What behavior will be prohibited?
- Will employees be required to notify you of drug-related convictions?
- Will your policy include searches?
- Will your program include drug testing?
- What will the consequences be if your policy is violated?
- Will there be Return-to-Work Agreements?
- What type of assistance will be available?
- How will employee confidentiality be protected?
- Who will be responsible for enforcing your policy?
- How will your policy be communicated to employees?

U.S. Dept. of Labor:

“...employers may want to consider incorporating language regarding prescription and over-the-counter drug use by employees who perform jobs that directly affect public safety and health. Because important privacy interests and non-discrimination protections must be balanced with the need to address workplace drug use, employers are strongly encouraged to consult with an attorney specializing in employment law before deciding to cover prescription and over-the-counter drug use in their drug-free workplace policy.”

Employee training

• Employees must also know the drug-free workplace policy

• They should know the ramifications of a positive test
  – This also gives you the opportunity to educate them on the dangers of prescription drugs
Supervisor training

• They must know the drug-free workplace policy
• They must know what should trigger “reasonable suspicion” testing
Reasonable suspicion

- Odd behavior
- Less punctual
- Increased absences
- Decrease work quality/effectiveness
- Reports from other employees
- Reports or witnessed behavior in the community
Employee Assistance Programs (EAPs)

Make sure you have a decent EAP provider. If they don’t do assessment and or treatment of substance abuse, make sure they have access to someone who does.

**Opioid abuse/dependence is a special creature and needs special treatment**
Drug testing

Keys:

• Know the drugs that are used in your area
  – Make sure you are testing for them!

• Work with your Medical Review Officer

• Test at the right times
  – Random, post-accident, return to work, while in treatment, reasonable suspicion
Testing conducted according to SAMHSA’s guidelines checks for five illicit drugs plus, in some cases, alcohol (ethanol, ethyl alcohol, booze). These five illicit drugs are:

- **Amphetamines** (Adderall, meth, speed, crank, ecstasy)
- **THC** (cannabinoids, marijuana, hash)
- **Cocaine** (coke, crack)
- **Opiates** (heroin, codeine, morphine, hydrocodone)
- **Phencyclidine** (PCP, angel dust)

From: The Dept of Labor website.
http://www.dol.gov/elaws/asp/drugfree/drugs/dt.asp#q6
Additional tests

- Oxycodone
- Methadone
- Benzodiazepines
2. Injury management

It is important to realize that:

• The use of opioid medications after an injury:
  – Delay return to work
  – Increase medical costs
  – Increase disability

• Opioids are no stronger than non-addicting pain medications like ibuprofen.
Educate your doctors/providers

1. Opioids are no more effective than ibuprofen-type drugs for treatment of acute and chronic pain
2. Opioids have more side-effects
3. Opioids lead to worse outcomes and higher costs
4. Multidisciplinary approach may be needed
5. Return to work ASAP
**NSAIDs**

NonSteroidal Anti-Inflammatory Drugs (NSAIDs) include drugs such as:

- Ibuprofen (Advil, Motrin)
- Naproxen (Aleve, Naprosyn)
- Diclofenac (Voltaren)
- Meloxicam (Mobic)
- Celecoxib (Celebrex)
- Many others
NSAID effectiveness

Multiple studies have shown that NSAID medications are just as effective (with less side-effects) as opioid medications. Even in kidney stones, dental pain, and postoperative pain.

NSAID medications do have side-effects and are not without risk but in most situations should be used instead of opioids.
Lack of opioid effectiveness for chronic use

There is no evidence that opioids are effective for more than 3 weeks use. Some studies have suggested that chronic opioid use leads to a **worse** quality of life.

3. Health Insurance and Pharmacy Benefit Managers

• Do they have a program to monitor and manage those who are prescribed opioids?
• Do they provide for adequate treatment of those who are addicted
  – Addiction is a disease.
NSC Strategies

1. Change prescriber behavior.

2. Address policy changes with state and federal legislatures.

3. Educate and learn from employers.

4. Educate the public.
ACOEM GUIDELINES

Marijuana in the Workplace: Guidance for Occupational Health Professionals and Employers

Joint Guidance Statement of the American Association of Occupational Health Nurses and the American College of Occupational and Environmental Medicine

Jennan A. Phillips, PhD, MSN, RN, Michael G. Holland, MD, Debra D. Baldwin, NP-C, PhD, Linda Gifford Meuleveld, RN, COHN-S, CCM, CPDM, Kathryn L. Mueller, MD, MPH, Brett Perkison, MD, MPH, Mark Upfal, MD, MPH, and Marianne Dreger, MA

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Summary

- Abundant opioid prescriptions have led to a national epidemic of prescription drug overdose and death.
- Use of opioids results in worse outcomes.
- Use of opioids results in increased costs.
- Opioids are no more effective than NSAID medications.
- There is no evidence that long-term opioid treatment is effective.
- Workers may be impaired on prescribed doses of pain pills.
- Opioid addiction is a disease is preventable and treatable.
- You must address the pain AND suffering to maximize treatment success.
Prescription Drug Employer Toolkit

nsc.org/rxemployerpolicy
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White papers

Evidence on the efficacy of pain medications: nsc.org/painmedevidence

The Psychological and Physical Side Effects of Pain Medications:
safety.nsc.org/sideeffects
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