



Prescription Opioids and Work

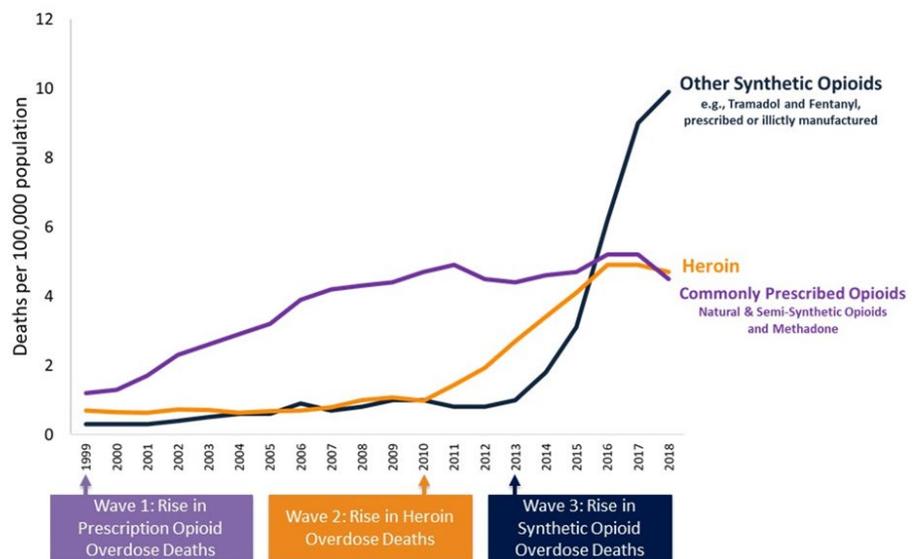
Prescription Opioids and Work

Prescription opioid medicationsⁱ can be misused by anyone regardless of age, gender, race or occupation. However, certain groups are more likely than others to misuse prescription opioids or become addicted. Often, these groups are at higher risk due to larger trends such as provider prescribing practices and more physically-taxing working conditions.

- Rates of prescription opioid misuse and addiction are declining in the U.S. Among people aged 12 or older, prescription opioid disorder decreased from 0.8% (2.0 million people) in 2015 to 0.5% (1.4 million people) in 2019. There was a similar decline in the percentage of people who misused prescription opioids at some point in the prior year, going from 4.7 percent (or 12.5 million people) in 2015 to 3.5 percent (or 9.7 million people) in 2019.ⁱⁱ

- Deaths from opioid overdose remain high and continue to increase, primarily as a result of the introduction of the powerful opioid fentanyl.ⁱⁱⁱ The overwhelming majority of heroin and fentanyl users develop an opioid use disorder through prescription opioid medications. More than 50% obtain prescription opioids through family and friends.^{iv} As people age, rates of misuse in the prior year increase. In 2019, misuse was reported by 25% of adults aged 18 to 25; 30% of those 26 to 49; and 34% of those over 50.^v

3 Waves of the Rise in Opioid Overdose Deaths

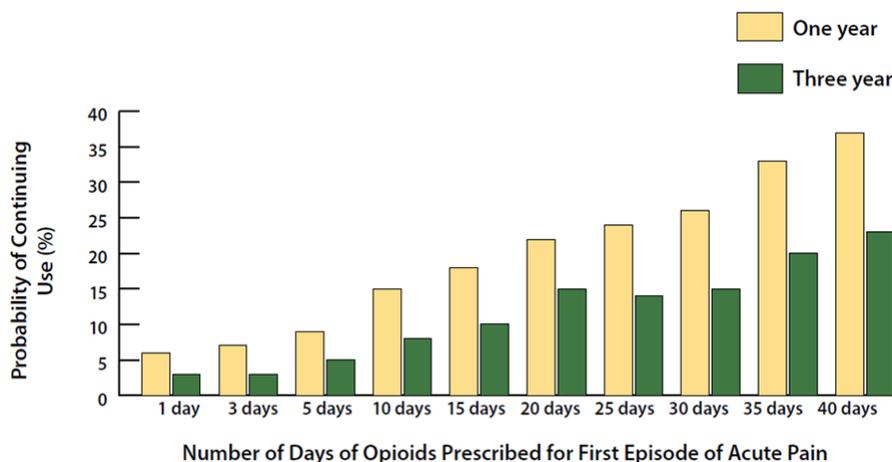


- The COVID-19 pandemic may be increasing substance use and opioid overdose fatalities. According to the American Medical Association, more than 40 states have reported increases in opioid overdoses since the beginning of the pandemic.^{vi}
- Overwhelmingly, the source of prescription opioids that are misused is the person's own physician or dentist (30%), or from family or friends who were prescribed them

Prescription Opioids and Work

(45%).^{vii} U.S. dentists prescribe opioids at rates 37 times greater than dentists in the United Kingdom, and U.S. patients undergoing minor surgeries are prescribed opioids 76% of the time compared with 11% of the time in Sweden.^{viii}

- Prescription opioids pose unnecessary risks of addiction to patients and their family members. Systematic reviews comparing research studies which contrast prescription opioids with non-opioid pain medications, and with physical therapy and psychological interventions for surgical patients, find opioids least effective in controlling acute and chronic pain.^{ix} The CDC reports the risk of addiction increases the more days a patient is exposed to the prescription opioids.^x Clinical studies confirm the CDC's findings.^{xi} National practice standards for treating acute and chronic non-cancer pain now recommend not using prescription opioids.^{xii} For more information on the evidence for the efficacy of pain medications, visit [this](#) NSC report.



How Employers can Address Prescription Opioid Misuse

Prescription opioids present challenges to employers. However, employers have tools within their own organizations and can work with other employers to reduce the risk that their employees will misuse prescription pain medications.

- *Health insurance:* Employers should ask any health insurer they work with to demonstrate what they are doing to manage prescription opioid use and require that prescribers abide by the CDC guidelines for opioid prescribing. Employers can ask to see whether rates of prescription opioid prescribing by primary care physicians are declining, and can ask which active steps the health insurers are taking to identify

Prescription Opioids and Work

and treat members with an opioid addiction. Ask your pharmacy benefits manager its procedures for identifying members at high risk for opioid addiction.

- *EAPs*: Employers can demand that their Employee Assistance Program systematically assesses substance use by workers seeking EAP services, and that it reports on rates of identification of problematic use. Many EAPs are involved in Return-to-Work programs for employees who have taken short- or long-term disability. Addiction to prescription opioids can result from their use to treat musculoskeletal injuries and surgeries. Employers should ask for evidence that their EAP is assessing prescription opioid misuse among returning workers and assisting them in receiving treatment. As worksites bring back workers from COVID-19-related shutdowns, EAPs and HR departments should actively monitor for substance use, mental health distress and post-traumatic stress disorder among returning workers. Preliminary evidence points to increased substance use, depression and anxiety among workforces.^{xiii}
- *Disease and disability management*: If you contract for disease or disability management services, you should require vendors provide for evidence that they are actively tracking data and requiring prescribers abide by the CDC prescribing guides when prescribing opioid use for pain, assessing workers for possible opioid misuse, and intervening to assist them to use alternative, non-addicting pain management strategies.
- *Drug-Free Workplace Policies*: Employers, especially those in heavy labor industries and those with safety-sensitive positions, should revisit their drug-testing policies and scope of testing to incorporate prescription opioid use as part of their Drug-Free Workplace Program.^{xiv} This should include clearly defined second- or last-chance policies, procedures around Return-to-Work programs, and clear and defined safety procedures for an employee who is prescribed opioid painkillers.

ⁱ Prescription opioid medications are a group of chemically similar drugs that such as hydrocodone (e.g., Vicodin®), oxycodone (e.g., OxyContin®), methadone and morphine.

ⁱⁱ Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Prescription Opioids and Work

- ⁱⁱⁱ Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2020 <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> Drug overdose deaths in the United States rose 4.6% in 2019 to 70,980, including 50,042 involving opioids, according
- ^{iv} <https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables>
- ^v Center for Behavioral Health Statistics and Quality. (2020). Results from the 2019 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/>
- ^{vi} <https://www.ama-assn.org/system/files/2020-11/issue-brief-increases-in-opioid-related-overdose.pdf>
- ^{vii} Center for Behavioral Health Statistics and Quality. (2020). Results from the 2019 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: Substance Abuse and Mental Health Services Administration. Tables 6.5B and 6.6B. <https://www.samhsa.gov/data/>
- ^{viii} National Academies of Sciences, Engineering, and Medicine. 2020. Framing opioid prescribing guidelines for acute pain: Developing the evidence. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25555>.
- ^{ix} National Academies of Sciences, Engineering, and Medicine. 2020. Framing opioid prescribing guidelines for acute pain: Developing the evidence. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25555>. Savych B, Neumark D, Lea R. Do opioids help injured workers recover and get back to work? the impact of opioid prescriptions on duration of temporary disability. *Ind Relat (Berkeley)*. 2019;58(4):549-590. doi:10.1111/irel.12243. Dersh J, Mayer TG, Gatchel RJ, Polatin PB, Theodore BR, Mayer EAK. Prescription opioid dependence is associated with poorer outcomes in disabling spinal disorders. *Spine*. 2008;33(20):2219-2227. doi:10.1097/BRS.0b013e31818096d1
- ^x Shah A, Hayes CJ, Martin BC. Characteristics of initial prescription episodes and likelihood of long-term opioid use – United States, 2006–2015. *MMWR Morb Mortal Wkly Rep* 2017;66: 265–269.
- ^{xi} Edlund MJ, Martin BC, Russo JE, Devries A, Braden JB, Sullivan MD. The role of opioid prescription in incident opioid abuse and dependence among individuals with chronic non-cancer pain: The role of opioid prescription. *Clin J Pain* 2014; 30: 557-564. Durand Z, Nechuta S, Krishnaswami S, Hurwitz EL, McPheeters M. Prevalence and risk factors associated with long-term opioid use after injury among previously Opioid-Free workers. *JAMA network open*. 2019 Jul 3;2(7):e197222-
- ^{xii} National Academies of Sciences, Engineering, and Medicine. 2020. Framing opioid prescribing guidelines for acute pain: Developing the evidence. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25555>. Chou R, Hartung D, Turner J, Blazina I, Chan B, Levander X, McDonagh M, Selph S, Fu R, Pappas M. Opioid Treatments for Chronic Pain. Comparative Effectiveness Review No. 229. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 290-2015-00009-I.) AHRQ Publication No. 20-EHC011. Rockville, MD: Agency for Healthcare Research and Quality; April 2020. Herzig SJ, Calcaterra SL, Mosher HJ, Ronan MV, Van Groningen N, Shek L, Loffredo A, Keller M, Jena AB, Nuckols TK. Safe Opioid Prescribing for Acute Non-Cancer Pain in Hospitalized Adults: A Systematic Review of Existing Guidelines. *Journal of hospital medicine*. 2018 Apr;13(4):256. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain—United States, 2016. *Jama*. 2016 Apr 19;315(15):1624-45.
- ^{xiii} Czeisler MÉ, Lane RI, Petrosky E, Wiley JF, Christensen A, Njai R, Weaver MD, Robbins R, Facer-Childs ER, Barger LK, Czeisler CA. Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report*. 2020 Aug 14;69(32):1049. Chodkiewicz J, Talarowska M, Miniszewska J, Nawrocka N, Bilinski P. Alcohol consumption reported during the COVID-19 pandemic: The initial stage. *International Journal of Environmental Research and Public Health*. 2020 Jan;17(13):4677.
- ^{xiv} National Safety Council. (n.d.) The proactive role employers can take: Opioids in the Workplace. <http://www.nsc.org/RxDrugOverdoseDocuments/proactive-role-employers-can-take-opioids-in-the-workplace.pdf>