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The Workplace in Crisis: Opioids on the Job

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There is an opioid crisis in the United States that continues to claim an ever greater number of lives. In 2017, there were more than 70,000 drug overdose deaths in this country, of which more than 47,000 were related to opioids. This reflects a four-fold increase in overall overdose deaths from any drug, and an almost six-fold increase in opioid related deaths since 1999. The greatest increase in fatal overdoses was attributed to the drug Fentanyl (and its analogs), with more than 28,000 deaths recorded in 2017.¹ The opioid crisis **is set to overtake alcohol** as a leading cause of death for Americans of all ages, which itself claims the lives of 88,000 people each year.²

A secondary crisis goes largely unnoticed: **the impact of opioid addiction in the workplace.** Some economists have suggested the impact of workplace losses goes beyond individual businesses, extending to the number of workers participating in the economy as a whole.³ In fact, in a recent *60 Minutes* interview, Federal Reserve Chair Jerome Powell cited this trend as having **a significant impact on the entire US economy.**

Overdose deaths are just the tip of the iceberg regarding the impact of substance abuse on the workplace. An estimated 68.9% of all drug users are employed.⁴ Impaired employees are at a greater risk for accidents, performance problems, absenteeism, and workplace

conflict among other issues. The cost of substance abuse to American companies is estimated to be \$400 billion a year due to lost productivity, absenteeism, turnover, health care expenses, workers' compensation, and disability claims.⁵ The average employer will spend about \$19,000 per employee for treatment related to opioid addiction.⁶

Opioids have a long history, but the current opioid crisis is commonly believed to have originated in the early 1990s when drug companies started to market long-acting, controlled-release synthetic opioid painkillers such as Oxycontin, Hydrocodone, and Oxycodone. These medications were considered to be revolutionary in that they could treat chronic pain with minimal impairment. Further, the new drugs were thought to be less addictive than previous generations of painkillers, a view that has been seen before with the Bayer Pharmaceutical Company's commercial production in 1898 of a heroic new drug synthesized from Morphine and thought to be less addictive: Heroin.⁷

As with Heroin, it was soon determined that the new generation of painkillers were highly addictive, though doctors continued to prescribe them in large numbers. A typical pattern would be a person receiving opioid medication legally from their doctor due to an injury, but then becoming physically and psychologically addicted to the drug

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– eventually replacing prescribed medication with illicitly obtained drugs. In addition to the prescribed medications, illicitly produced drugs such as Fentanyl have also had a huge impact. Fentanyl is a synthetic opioid that is 50 to 100 times more potent than morphine.⁸

Fentanyl began to appear in the US around 2013 and though it had been used medically for years, the illicitly produced drug has been correlated with an increased incidence of overdose deaths.⁹

Early Intervention is a Best Practice

Addressing substance abuse issues in the workplace is most effective if the problem is caught sooner rather than later. The best method of identifying an employee who may have an issue is to pay attention to performance issues. Some common signs of possible substance abuse concerns include excessive absenteeism (especially frequent Monday or Friday absences), tardiness, early departure, and unauthorized days off. Other things to look out for include not being focused at work, taking long breaks, frequent trips to the rest room or break room, and frequent illness at work. In addition, workplace accidents, interpersonal conflicts, poor productivity, changes in mood, difficulty with memory or concentration, difficulty accepting responsibility, reports of ongoing personal problems, and appearing dirty or unkempt are all possible indications that the employee is abusing substances.

Holding the employee accountable and offering them assistance, including a referral to your Employee Assistance Program (EAP), can be an effective way to address the concern

before more serious complications arise. Of course, the issue may not be substance abuse at all, but could be related to a medical problem, personal issue such as a financial concern, or a mental health condition. However, employers should focus on workplace performance concerns, and leave the assessment process and treatment recommendations to the professional EAP counselor.

Federally Mandated Drug Testing is Not Enough

Federal programs, while helpful, have only had a limited impact on the problem of opioid abuse in the workplace. The Department of Transportation (DOT) mandates that employees who work in certain industries (e.g. individuals with commercial driver's licenses, those working with gas lines, etc.) are tested for drugs and alcohol upon hire, as part of a random testing schedule, and following certain types of workplace accidents, among other requirements. The DOT program has been helpful in identifying employees who may be abusing substances. However, even the DOT's program has lagged far behind the arc of opioid abuse in the US, only including in their screening panel tests for the synthetic and semi-synthetic opioids Oxycodone, Oxymorphone, Hydrocodone, and Hydromorphone beginning in 2018;¹⁰ of note, Fentanyl is still not included in the DOT panel.

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Decades of experience has shown us the severity of the issue. Employees in diverse industries struggle with opioid abuse, and frequently do not seek help on their own. The pattern we have observed is similar to what has been portrayed in the media: an individual who had no history of opioid abuse is given a prescription following a surgery or due to a chronic pain condition. The individual takes the painkillers as prescribed, but then starts to increase the

Performance-Based Warning Signs of a Potential Substance Abuse Issue

Note that accountability is important, but it should also be remembered that each of the issues below may be the result of a variety of personal, physical or mental health issues unrelated to substance abuse. Consult your EAP representative for advice on each situation.

- Excessive absenteeism (especially on Mondays and Fridays)
- Tardiness, early departure and unauthorized absence
- Lack of focus, difficulty with memory or concentration
- Long breaks
- Frequent trips to the restroom or breakroom
- Poor productivity
- Changes in mood
- Difficulty with memory or responsibility
- Dirty or unkempt appearance

dose on their own. When their doctor cuts them off, or if they aren't getting enough medication from their doctor, they will frequently seek illicit methods of getting the drug. As a matter of economics, some powerful street drugs such as Heroin and Fentanyl are cheaper than prescription medications and frequently much more powerful, making them a better value. But some employees never go beyond prescription painkillers, and many are able to remain undetected for years. Identifying these individuals before they test positive, lose their job, or cause accidents that put others at risk is a workplace and public health priority.

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recovery) can also be helpful in encouraging sobriety. Most treatment programs in the US use a combination of therapeutic interventions including individual and group counseling, medication management, referral to self-help, and ongoing case management. Treatment centers also address underlying psychiatric conditions such as depression, anxiety, and PTSD that may be related to the individual's drug abuse.

There are numerous medications available to address acute overdose, and assist with opioid dependence and withdrawal.

Vivitrol (Naltrexone) is an opiate antagonist, and has essentially the same function as Narcan (Naloxone), a drug administered to overdose victims in order to reverse the effect of the opiate drug. Vivitrol is also used to control cravings, and is typically administered via monthly injection. Other medications that are available today include Suboxone (Buprenorphine and Naloxone), and Methadone (Dolophine). Both Suboxone and Methadone are often used as "drug replacement" medications, helping individuals by curbing cravings and stabilizing them on controlled doses. These medications can also be used in a more interim way to help wean users away from illicit drug use. However, ongoing use of these medications is controversial, though they have clearly been associated with a decrease in overdose deaths.¹¹ DOT does not allow employees to return to safety sensitive functions while taking either Suboxone or Methadone, though the use of Vivitrol would not preclude return to a safety sensitive function.

Understanding an Employee's Treatment Options

Many individuals who are addicted to an opiate drug need medically assisted detox. Detox services are offered both inpatient and outpatient, depending on the individual's drug(s) of choice, history of use, medical condition(s), and other variables. A typical detox will take 3-5 days, and will involve medical oversight and administration of medication to assist with symptoms. Though some detox centers offer counseling, detox is generally considered to be a medical intervention.

There are numerous behavioral health focused treatment options including outpatient, inpatient, and long term residential treatment programs. People in recovery often need months or years of treatment in order to establish a sober lifestyle. Sober living facilities, ongoing therapy, and participation in various self-help groups (such as AA, NA, and SMART

How an EAP Can Help

The EAP can assist organizations dealing with substance abuse in a number of ways. EAPs offer training to organizational leaders and employees about how to recognize and address substance abuse issues in the workplace. The EAP also offers consultation to HR and managers in the moment, helping them to formulate a plan to address the individual's issue and get them help as soon as possible. The EAP essentially acts as a conduit between the workplace and the treatment facility. The EAP will assess the individual in question and help determine the level of care required to address their substance abuse problem, from detox and inpatient treatment, to individual counseling or outpatient treatment. EAPs tend to know the treatment centers that will be the best fit for the individual in question, and can often help them to quickly gain admission. EAPs also advocate with insurance companies to insure the individual gets covered for the level of care they need.

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EAP's clinicians monitor progress in treatment, and make recommendations to the workplace about the employee's readiness to return to work as well as how long they might require follow up monitoring or testing. EAPs also make certain that treatment facilities understand the workplace context for the individual they are treating, and confirm that the individual gets the appropriate intensity and type of treatment. EAPs typically provide three months or more of case management, insuring the employee remains in treatment, and addressing any relapses should they occur. EAPs help employees with the return to work process, and insure ongoing supports are in place. Using the threat of job loss as an incentive, EAPs have been able to effectively help individuals to address substance abuse issues and maintain their employment.¹²

How Can Your EAP Help?

Your EAP can help you craft organizational policies and procedures related to substance abuse. They can also provide solutions that take into consideration your mission and organizational health, for all levels of employees, including executive coaching. Some solutions may include:

- **Manager/leadership training** on topics related to substance abuse and performance management.
- **Consultation** about particular employee or department situations.
- **Case Management** of individual situations, including assessment, referral for treatment, ongoing monitoring, and return-to-work.
- **Employee wellness services** including education on stress reduction, resilience, and mindfulness.

If you feel overwhelmed by the scope of the problem, you are not alone. A recent survey of employers conducted by the National Safety Council revealed some startling statistics: while more than 70% of employers have felt the impact of the opioid crisis, only 19% feel extremely prepared to deal with it. Of those surveyed, 76% were not currently offering training, and 81% lacked a comprehensive drug-free workplace policy.¹³ The good news is that in the same survey, 70% of organizations would like to help employees return to work after appropriate treatment.¹⁴ The truth is too that the best call to action in this case may be one that begins with the organization. Employer-led interventions have been shown to be more effective than recovery initiated through family intervention.¹⁵ Your EAP can be the key to dealing with the crisis in a comprehensive way.

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Dr. Jay Sandys received his Ph.D. in Clinical Social Work from New York University. His dissertation on the evolution of EAPs traces the ways in which the advent of managed behavioral health care has had an impact on external EAPs. He received his Master of Social Work from Tulane University and his B.A. in English Literature from McGill University. Jay also received training in Executive Coaching at Baruch College, and he is a certified Substance Abuse Professional (SAP) authorized to provide and manage services required under the U.S. Department of Transportation regulations.

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² "Alcohol Facts and Statistics." *National Institute on Alcohol Abuse and Alcoholism*, U.S. Department of Health and Human Services, www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics.

³ Krueger, Allen. *Where Have All the Workers Gone? An Inquiry into the Decline of the U.S. Labor Force Participation Rate*.

⁴ "Workplace Drug Abuse." *DrugAbuse.com*, 23 Nov. 2018, drugabuse.com/addiction/workplace-drug-abuse/.

⁵ Goplerud, Eric, et al. "A Substance Use Cost Calculator for US Employers With an Emphasis on Prescription Pain Medication Misuse." *Journal of Occupational and Environmental Medicine*, Lippincott Williams & Wilkins, Nov. 2017, www.ncbi.nlm.nih.gov/pmc/articles/PMC5671784/.

⁶ "Is Your Workplace Prepared for the Opioid Epidemic?" AHIP, 29 Aug. 2018, www.ahip.org/is-your-workplace-prepared-for-the-opioid-epidemic/.

⁷ *Heroin Overview : Origin and History | Methoide*, methoide.fcm.arizona.edu/infocenter/index.cfm?stid=174.

⁸ National Institute on Drug Abuse. "Fentanyl." NIDA, www.drugabuse.gov/publications/drugfacts/fentanyl.

⁹ *History of the Opioid Epidemic: How Did We Get Here?*, www.poison.org/articles/opioid-epidemic-history-and-prescribing-patterns-182.

¹⁰ "Opioid Screening Is Coming to Your DOT Drug Testing Panel." Foley, 4 Apr. 2018, www.foleyservices.com/news/opioid-screening-coming-dot-drug-testing-panel/.

¹¹ "Methadone and Buprenorphine Reduce Risk of Death after Opioid Overdose." *National Institutes of Health*, U.S. Department of Health and Human Services, 19 June 2018, www.nih.gov/news-events/news-releases/methadone-buprenorphine-reduce-risk-death-after-opioid-overdose.

¹² Hersman, Deborah A.P. "How the Prescription Drug Crisis Is Impacting American Employers." *National Safety Council*, www.nsc.org/Portals/0/Documents/NewsDocuments/2017/Media-Briefing-National-Employer-Drug-Survey-Results.pdf.

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ *Ibid.*