

A Hidden EPIDEMIC

Prescription painkillers are taking an enormous human and financial toll. What's the cure?

By Dori Meinert

Everyone at the office knew Ben had suffered a back injury in a car accident a few months earlier. However, his co-workers suspected something else was wrong with their colleague, who had worked there 12 years.

He was quieter than he used to be, became distracted during conversations and had even been spotted dozing at his desk in the IT department. Something was off. So they sought the HR director's advice.

When Sheila Felice met with Ben (not his real name), she casually asked if work was going OK.

"You seem a little fatigued. Is there anything I can do to help?" the HR professional recalls asking. Only then did Ben confide that he had become addicted to the painkiller his doctor had prescribed for his back injury.

"When it comes to prescription medication, people are embarrassed," Felice says. "They would never imagine they could become dependent on legal prescriptions. There's a lot of shame in that." >

ILLUSTRATION BY BRIAN STAUFFER FOR HR MAGAZINE

She helped arrange a medical leave so that Ben could receive treatment. After eight weeks, he returned to his IT job and never had another problem with the drug.

Some might have fired him on the spot after he admitted his addiction. But Felice saw him as an employee who needed help.

“Nine times out of 10, it’s a very valuable employee that you don’t want to lose,” says Felice, who now is HR and risk manager at Swarovski Optik NA Ltd. in Cranston, R.I.

“If you can retain good talent by being proactive and keeping your eyes and ears open, everybody wins,” she says. “The employees benefit, and the company benefits.”

A Growing Crisis

Employers across the country are facing a crisis of epidemic proportions. Indeed, drug overdoses—predominantly from opioid painkillers such as OxyContin and Percocet—now exceed car crashes as the leading cause of unintentional death in the United States. Perhaps that’s not surprising, considering sales of prescription opioid painkillers in the U.S. have risen a shocking 300 percent since 1999.

And the crisis is only getting worse. In 2014, the number of opioid overdose deaths—including those from prescription pain relievers as well as from the cheaper “street” alternative, heroin—rose a record 14 percent from the previous year, according to the U.S. Centers for Disease Control and Prevention (CDC).

“The increasing number of deaths from opioid overdose is alarming,” said CDC Director Tom Frieden when releasing the statistics in December 2015. “The opioid epidemic is devastating American families and communities.”

The CDC found that overdose deaths had risen for adults of all ages, for men and women, and among non-Hispanic whites and blacks. In fact, opioids may be a contributor to an increase in overall mortality rates for middle-aged white Americans without a college degree—even as overall death rates have been falling for other age, racial and ethnic groups since 1999, two Princeton University economists concluded in research released last fall. They attributed the increase to drugs, alcohol and suicide. That group also reported more pain, such as chronic joint pain and sciatica. The death rates began rising in the late 1990s, which was about the same time opioid painkillers became widely available, but the researchers haven’t been able to determine which came first—the rise in drug use or the increase in pain.

In an effort to combat the opioid epidemic, the CDC has proposed new prescribing guidelines for doctors, urging them

to try other pain relief methods before turning to opioids. President Barack Obama last month asked Congress to approve an additional \$1.1 billion to combat the problem.

Shame and Stigma

Despite the widespread nature of the problem, “a lot of employers don’t have the information they need to address this issue,” says Don Teater, medical advisor to the National Safety Council. For example, 80 percent of 200 Indiana employers surveyed in 2015 said they have been affected by



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—Sheila Felice, Swarovski Optik NA Ltd.

prescription drug abuse in their workplaces, yet only 53 percent said they have a written policy on using these types of medications at work, according to survey results released by the council in December 2015.

To help, the National Safety Council provides a free Prescription Drug Employer Kit on its website at www.nsc.org/rxpainkillers.

The stigma of substance abuse keeps many people from seeking treatment. They fear that their employers will find out and they’ll lose their jobs. Compounding the problem, employers often don’t want to admit that drug addiction can occur in their workforce.

“It’s recognized by the American Medical Association as a disease just like diabetes is,” says Teater, who treats patients with addiction in his private practice. “There’s a medical

treatment for it just like diabetes, and it should be treated [by employers] as a disease. If we find out someone has diabetes, we don’t fire them for that.”

Skyrocketing Costs

Nationwide, prescription painkiller abuse is costing employers an estimated \$25.5 billion a year in missed workdays and lost productivity, according to one study.

The surge in prescriptions for opioid pain medication is also driving up health care and workers’ compensation costs.

Employees who are prescribed even one opioid have average total workers’ compensation claim costs four times greater than those who are not prescribed such medications, according to the National Safety Council.

Furthermore, recent state court decisions have found employers and workers’ comp insurers financially responsible when workers who have been injured on the job fatally overdose on prescribed painkillers.

Opioids make up one-quarter of all workers’ compensation prescription drug costs. However, the indirect costs are equally significant. Workers who take opioids for longer than three months usually don’t return to work because they have become dependent on the drugs and suffer multiple related illnesses and side effects when taking them, according to Keith E. Rosenblum, senior strategist, workers’ compensation risk control, at Lockton Cos., an insurance broker and consultancy.

Even when no physical cause for pain can be found, “doctors feel obligated to not permit their patients to be in pain,” so they prescribe opioids, he says.

Meanwhile, the CDC website states, “There is little evidence that long-term opioid treatment improves chronic pain, function and quality of life.”

HR professionals should work with their claims managers

What You Shouldn’t Ask

While it’s good to be aware of the signs of substance abuse, here are some questions you should refrain from posing to employees or job candidates.

“Are you addicted to drugs?”

Many signs of addiction are similar to symptoms of sleep problems or other conditions.

If you falsely accuse someone of having a substance abuse problem, you’ll be violating the federal Americans with Disabilities Act (ADA).

For employees who aren’t in dangerous jobs, “it doesn’t matter whether they are taking a prescription medicine,” says Kathryn Russo, a shareholder in law firm Jackson Lewis’ Long Island, N.Y., office. “If they’re falling asleep at their desks, then just address the performance issue.”

However, employers should have a provision in their drug and alcohol policies that requires employees in safety-sensitive positions, such as forklift operators, to notify HR if they are taking prescription medication or over-the-counter medication that may impair their ability to do their jobs safely, she says.

“Why are you taking that medication?”

An employee doesn’t need to disclose that information. However, if a worker notifies his employer that he is taking a prescription drug or over-the-counter drug that could impair his ability to do his job safely, the ADA requires the employer to have an interactive dialogue with the worker to determine what reasonable accommodations can be made or whether the worker poses a “direct threat” to the health or safety of himself or others. Perhaps the worker’s job duties can be modified temporarily.

“Alcoholics and recovering or recovered drug abusers are protected as disabled” under the ADA, Russo says. If an employee comes forward and admits he is addicted, you should treat him the same way you would treat someone with cancer or diabetes. “Substance abuse is an illness,” she says.

If the employee says he wants help, offer him medical leave, she suggests.

However, to receive ADA protection, the employee must admit his addiction prior to being selected for a drug test or violating a policy.

“Before we offer you the job, can you take a drug test?”

Pre-employment drug tests should be conducted only after a job offer has been made to ensure that the employer doesn’t inadvertently become privy to a candidate’s medical information. In addition, Russo recommends that all employers use independent medical review officers to investigate positive drug test results so that employers don’t see private medical information and become tempted to make clinical judgments they’re not qualified to make.

and pharmacy benefit managers to intervene as early as possible to avoid long-term use of potentially addictive prescription painkillers, Rosenblum says. Ask for a monthly report of the injured workers on opioids. State workers' comp laws vary on what information employers can receive. But even in states where employers are not allowed to see injured workers' medical records, such as California, a claims manager could ask a medical professional to review any claimant who is on opioids for more than 21 days, Rosenblum says.

Pharmacy benefit managers also have access to software programs that can flag the quantity and duration of certain prescriptions. Unfortunately, however, these managers don't always have an incentive to do so, since the more drugs they process, the more money they make, according to Rosenblum.

Hard to Detect

Prescription drug abuse is particularly difficult to detect because the signs aren't always obvious—there's no telltale odor as with marijuana or some forms of alcohol—and it may not show up in drug tests.

Most employers use a standard five-panel test that will miss oxycodone, which is a semi-synthetic opioid. The five-panel test covers opiates/heroin, cocaine, marijuana, PCP and amphetamines.

Even when testing for commonly prescribed painkillers such as oxycodone or hydrocodone, employers may not learn of positive test results. For privacy reasons, laboratories usually report such findings to a medical review officer hired by the employer or a third-party contractor. If the employee shows a valid prescription to the medical review officer, the drug test result is reported to the employer as negative.

Still, Teater says, random drug-testing can deter employees from getting started on opioid painkillers when safer alternatives are available.

The U.S. Department of Transportation (DOT), which requires drug-testing of those in certain safety-sensitive jobs such as bus drivers and airline pilots, doesn't currently require testing for prescription opioid painkillers. However, new guidelines for federal workers have been proposed that would do so. If the

federal worker guidelines are finalized, the DOT is expected to adopt similar requirements.

Treatment Can Work

A common misconception is that addiction is a moral failing rather than a disease that can be treated, says Marty Ferrero, senior clinical director of adult services at Caron Treatment Centers, which operates residential programs in



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Pennsylvania and Florida.

Many people who are addicted to painkillers don't want to continue using the drugs. But because the withdrawal symptoms can be so severe,

How You Can Help

Here's how you can take a proactive role in fighting the prescription painkiller epidemic:

Educate your workforce about the risks of prescription opioid painkillers. Urge employees to ask their doctors if a non-opioid drug can be used. Over-the-counter medications such as ibuprofen can be more effective at relieving pain, according to Don Teater, medical advisor at the National Safety Council. Encourage employees to ask their doctors how painkillers will affect their ability to carry out specific work duties.

Train supervisors to recognize signs of potential impairment and understand the company drug-testing policy. They should know that the federal Americans with Disabilities Act may protect an employee's use of over-the-counter or prescription drugs to treat a disability.

Promote your employee assistance program (EAP). It's in your best interest to promote confidential access to treatment. A full-service EAP will be able to assess the employee's situation, recommend appropriate treatment and help find providers. Afterward, the EAP can monitor the employee's progress by conducting periodic drug tests and ensuring that he or she is attending therapy and self-help groups.

some individuals will do anything to stave them off, he says, including soliciting pills without a prescription or turning to heroin.

Caron has seen an increase in the number of clients seeking treatment for prescription drug abuse. It recently launched programs that focus on treating corporate executives and health care professionals. Caron counselors encourage workers to be honest with their employers and to tap into the support they can receive through their companies and employee assistance programs (EAPs).

“We work with a lot of Type A personalities and very driven and accomplished individuals,” Ferrero says. “But those very same traits that allowed them to be so accomplished can be real obstacles” to their recovery because they often make the individuals reluctant to ask for help.

Treatment center counselors can work closely with an employer’s EAP to monitor individuals after they leave residential programs, ensuring that they continue outpatient treatment and pass regular drug tests. The employer can help by reducing program participants’ hours during their transition back to work or by offering schedule flexibility so employees can meet with their therapists and attend 12-step program meetings, Ferrero says.

Managers and co-workers also should understand why someone might decline an invitation to happy hour.

“We recommend total abstinence because drinking affects the same parts of the brain” that pills do, Ferrero says.

Substance abuse treatment works but isn’t a cure, he says. Addiction requires lifelong lifestyle changes similar to those that someone with diabetes or hypertension must make.

Second Chances

Michael Devlin, 26, of Dallas became addicted to painkillers after sustaining an injury playing lacrosse in high school. In college, he stole money from his roommates to buy pills. He was fired from an internship after he was found sleeping in his car during work hours.

After completing a residential substance abuse treatment program, he worried about how potential employers would react. But he says he has been pleasantly surprised.

“Most of the people had a brother or sister or had their own story” involving substance abuse, he says. He worked at a Sherwin-Williams paint store where his boss’ support “made me feel like these were people who were for me, and I wanted to be for them.”

However, HR professionals can’t always help everyone, cautions Jessica Blake, HR director at Okanogan Behavioral Healthcare in Omak, Wash., which provides outpatient treatment for substance abuse.

“We’re a treatment facility, so of course we’re firm believers in second chances and recovery,” Blake says.

However, she ultimately had to fire a longtime employee who became addicted to painkillers after hurting her back in a fall. The office clerk had been making a lot of errors and nodding off during conversations.

“Our policy outlines pretty clearly if their prescriptions are going to affect their ability to do their job, they are to notify their manager and either take time off until they no longer need those painkillers or work out an accommodation for it,” Blake says.

The company requires drug tests only when it appears that someone is under the influence—and there must be two witnesses who use a standard checklist to mark off behaviors they’ve observed that might justify that assumption. Those requirements aim to protect employees from being sent for a drug test simply because a supervisor has a personal problem with them.

“We want to make sure there are two people and that there is actual evidence that the person may be under the influence,” Blake says.

The office clerk’s drug test showed she was taking a painkiller, and she had a valid prescription. She was put on a performance improvement plan but failed to improve or accept a referral to the EAP—so she was let go.

Yet, several other employees have gone through treatment and are doing well, Blake says.

Her advice? Treat the individuals with dignity and respect. Be compassionate and understanding.

“It takes a very brave person to admit an addiction and actually ask for help,” she says. “Employees who feel supported and are then successful in their recovery after you’ve helped them are some of the most loyal employees you’ll ever have.” **HR**

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