

*An effective opioid
management program
focuses on*

**building
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**where everyone in the
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Opioid Abuse: The Undetected Risk in Your Organization

Painkiller medications — also known as opioids — can be effective in managing a worker’s pain, but they also come with a high likelihood of long-term overuse and abuse. A recent Mayo Clinic study revealed that one in four patients prescribed an opioid painkiller for the first time progressed to long-term prescriptions.¹

The opioid “epidemic” drives increased medical and workers’ compensation costs in many industries, and particularly in construction, where employees are at a higher risk of on-the-job injuries or accidents. Workers who abuse opioids can also injure themselves and others — actions that ultimately can affect both productivity and profitability. The average lost-time workers’ compensation claim for workers using opioid painkillers can total as much as \$117,000, which is 900% higher than the cost for workers who do not take opioid painkillers.²

In addition, opioid abuse can lead to other potentially serious issues such as depression, difficulty participating in return-to-work programs, inappropriate diversion of drugs, longer disability leaves and even accidental overdose or death. One recent report revealed that workers who use opioid painkillers for more than a week to treat on-the-job injuries, have double the risk of being disabled just one year later.³

The Dangerous Mix: Opioids and Existing Conditions

More than 100,000 people in the United States have died — directly or indirectly — from prescribed opioids since prescribing policies changed in the late 1990s when regulations were lifted to allow opioid use for non-cancer pain.⁴ For many years, there was no concern around the liberal use of opioids to treat pain, especially with pain being introduced as the “fifth vital sign” in 1999, and thus requiring a pain intensity rating as part of admission, daily and discharge notes. In addition, allied health providers and nurses are required to report all complaints of pain, and hospital accreditation requires pain control documentation.

Since the late 1990s, pharmaceutical companies have introduced many brand-name opioids. While many workers use these narcotics responsibly, it’s been shown that certain people are predisposed to opioid abuse, including

smokers, those with a history of alcohol/substance abuse and those with depression or other psychological issues. What’s troubling is that studies show construction workers tend to fit that risk profile. For example, approximately 16% of construction workers have used alcohol heavily in the last month, and a little more than 11% have used illegal drugs during the last 30 days.⁵

Guidelines from the American College of Occupational and Environmental Medicine (ACOEM), an organization that focuses on issues relating to employee health, clearly state that, “Chronic opioid

use is not recommended for patients who perform safety-sensitive jobs.” The ACOEM now cautions against chronic or acute opioid use in connection with positions such as operating heavy equipment, driving a forklift, working at heights or working at tasks requiring high levels of cognitive function.⁶

Opioid Abuse: The Buck Stops With the Employer

Recent court rulings in workers’ compensation cases have held employers responsible for the liability and costs of opioid overuse and abuse. In 15 court cases from 2009 through 2015, an employer was sued because of the prescribed use of opioids to treat workplace injuries that resulted in worker addiction or death.⁷ In addition, employers and their workers’ compensation insurance carrier have been ordered to pay for detoxification

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and medical-assisted treatment services as well as death benefits to surviving family members.

While the likelihood of a costly court case may be low, the sheer number of employees on opioids is driving up the cost of workers' compensation claims. From 2003 to 2011, the prescription costs within a claim doubled. Opioids alone accounted for 25% of drug costs in 2011.⁸

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.⁹ Any construction company wanting to keep both a healthy workforce and bottom line should consider ways to manage opioid prescription dispensing and potential worker abuse.

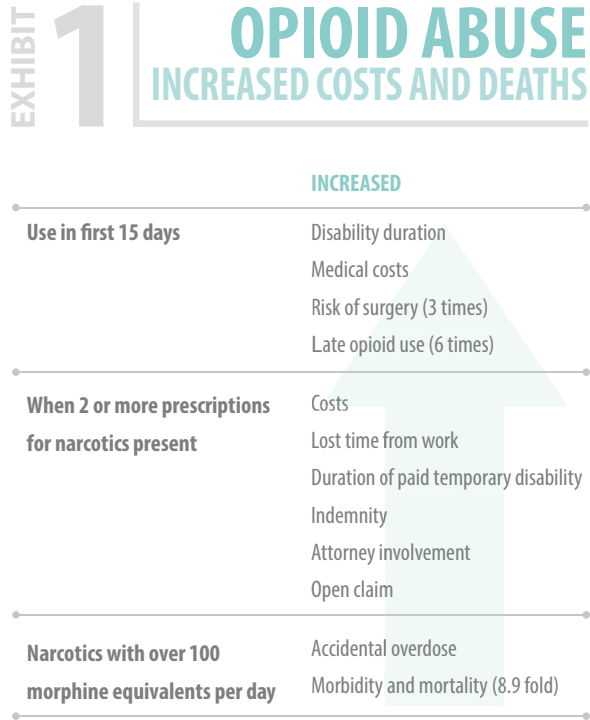
Five Ways Employers Can Manage Opioid Abuse

Employers tend to think that it is none of their business what medications their employees are taking. That philosophy has come under question due to an opioid problem so dominant in today's culture, that the Health and Human Services (HHS) Department has earmarked \$133 million in 2016 to fight what it calls an "opioid crisis." In 2013 HHS reports that prescription opioids accounted for 37% of drug overdose deaths.¹⁰

An effective opioid management program focuses on building a culture of safety where everyone in the company is committed to collaborating and communicating around these five pillars:

1. Communicate the importance of monitoring signs of abuse

Management should communicate the company stance on substance and opioid abuse prevention to employees. People throughout the organization



Source: Swedlow, A., L.B. Gardner, J. Ireland, and E. Genovese. "Pain Management and the Use of Opioids in the Treatment of Back Conditions in the California Workers' Compensation System," California Workers' Compensation Institute, June 2008

Webster, B.S., S.K. Verma, R.J. Gatchel. "Relationship Between Early Opioid Prescribing for Acute Occupational Low Back Pain and Disability Duration, Medical Costs, Subsequent Surgery and Late Opioid Use," Spine, 2007, 32 (19) 2127-2132

Bohnert, A.S., M. Valenstein, M. Blair, et al. "Association Between Opioid Prescribing Patterns and Opioid Overdose-Related Deaths," JAMA, 2011 305:1315-1321

should be trained to identify signs of potential opioid abuse: lack of concentration or coordination, abnormal gait, clumsiness and decreased physical and psychological engagement. In addition, an employer should have a substance abuse testing program for times when there is reasonable suspicion, with supervisors trained to recognize potential substance abuse. The company should also have an Employee Assistance Program (EAP) available for employee referrals, as needed. Finally, a confidential phone number can be posted so workers are comfortable reporting concerns or asking questions.

2. Provide ongoing support and safe return-to-work procedures

Safety is the primary focus on any job site. As part of ongoing toolbox talks, workers should receive information about substance abuse and the importance of drug testing to keep everyone safe on the site. Return-to-work policies should be developed that consider “fitness for duty” criteria for employees taking an opioid medication in order to determine their capacity to perform their jobs.

3. Coordinate drug testing and medical management

The dramatic increase in opioid abuse is causing many employers to revisit their policies around their scope of drug testing. While drug testing as part of the job offer and post-accident has been the norm in recent years, employers are beginning to institute random testing as well as for “just cause” — when a specific set of behaviors is potentially causing a safety issue.

4. Integrate health care, workers’ comp and wellness benefits

Coordination between a company’s health care benefits providers, workers’ compensation carriers and on-site wellness program is critical to worker safety and prevention programs for prescription opioid use. Working closely with these important partners helps a company understand the extent of opioid use and the need for programs to prevent and manage opioid abuse. Wellness programs help workers avoid injuries and manage chronic pain post-injury.

5. Partner with insurance providers to ensure evidence-based prescribing guidelines are followed

Physicians play a critical role in prescription drug misuse and abuse prevention. They can screen their patients to identify signs of prescription drug abuse or dependence, and talk with patients about the negative effects of misusing prescription drugs. A company should ensure that all health care and prescription benefit providers have a program to review and that they only allow prescriptions for opioids after a careful evaluation of patients for mental health issues, current substance abuse or other evidence of potential opioid abuse.

A Culture of Healthy Workers

The construction industry is facing a talent shortfall due to an aging workforce and lack of skilled younger entrants into the industry. That's why keeping current workers injury free and preventing opioid abuse is critical. Achieving this goal requires a commitment by management to provide a culture of open communication around making safe and healthy choices — both on the job and with physicians and other providers around pain management.

The construction industry will also benefit by having integrated and supportive return-to-work programs in place, as well as preventative programs that demonstrate a clear message to workers that management cares about their health and wellbeing. **Q**

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¹ Theimer, Sharon. "One in 4 People Prescribed Opioids Progressed to Longer-Term Prescriptions," Mayo Clinic News Network, July 1, 2015. <http://newsnetwork.mayoclinic.org/discussion/one-in-4-people-prescribed-opioids-progressed-to-longer-term-prescriptions/>

² Tao, Xuguang (Grant), MD, PhD; Robert A. Lavin, MD, MS; Larry Yuspeh BA; Virginia M. Weaver, MD, MPH; and Edward J. Bernacki, MD, MPH. "The Association of the Use of Opioid and Psychotropic Medications with Workers' Compensation Claim Costs and Lost Work Time," Journal of Environmental and Occupational Health, February 2015. http://journals.lww.com/joem/Abstract/2015/02000/The_Association_of_the_Use_of_Opioid_and.13.aspx

³ Tao, Xuguang, February 2015

⁴ John Hopkins Bloomberg School of Public Health. "The Prescription Opioid Epidemic: An Evidence-Based Approach," November 2015. <http://www.jhsph.edu/research/centers-and-institutes/center-for-drug-safety-and-effectiveness/opioid-epidemic-town-hall-2015/JHSPH%20Opioid%20Docket%20Submission%20FINAL.pdf>

⁵ The CBHSQ Report. "Substance Use and Substance Use Disorder by Industry," SAMSHA, April 16, 2015. http://www.samhsa.gov/data/sites/default/files/report_1959/ShortReport-1959.pdf

⁶ LexisNexis® Legal Newsroom. "ACOEM Updates Guideline Regarding the Use of Opioids in Safety Sensitive Jobs," July 16, 2014. <http://www.lexisnexis.com/legalnewsroom/workers-compensation/b/recent-cases-news-trends-developments/archive/2014/07/16/acoem-updates-guideline-regarding-the-use-of-opioids-in-safety-sensitive-jobs.aspx>

⁷ The National Law Review. "Prescription Drug Overdoses May Be Compensable Under Workers' Comp," July 17, 2015. <http://www.natlawreview.com/article/prescription-drug-overdoses-may-be-compensable-under-workers-comp>

⁸ National Council on Compensation Insurance. 2013 Annual Issues Symposium. May 16, 2013

⁹ National Safety Council. "The proactive role employers can take: opioids in the workplace," 2014. <http://www.nsc.org/RxDrugOverdoseDocuments/proactive-role-employers-can-take-opioids-in-the-workplace.pdf>

¹⁰ U.S. Department of Health & Human Services. "HHS takes strong steps to address opioid-drug related overdose, death and dependence," March 26, 2015. <http://www.hhs.gov/about/news/2015/03/26/hhs-takes-strong-steps-to-address-opioid-drug-related-overdose-death-and-dependence.html>

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