

NEWS & VIEWS

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HOW EMPLOYERS CAN ADDRESS THE OPIOID CRISIS THROUGH EDUCATION AND EMPLOYEE SUPPORT

Opioids are powerful prescription drugs commonly used to manage pain after surgery, for chronic back pain, or for cancer treatment care. These are powerful medications that relax the body and relieve severe pain, but also have serious risks for drug dependence, addiction, and potential abuse with the risk of overdose. Adverse side effects can include drowsiness, dizziness, confusion, nausea, constipation, slowed breathing and heart rate, and neonatal abstinence syndrome (newborn withdrawal) if taken during pregnancy. Even when used as prescribed, opioids can cause impairment, increase the risk of workplace incidents, and lead to errors and injury. The Centers for Disease Control and Prevention estimates that prescription opioid misuse has a cost of \$78.5 billion per year in the United States from health expenses, lost productivity, addiction treatment, and criminal justice.

WHAT ARE SOME COMMONLY PRESCRIBED OPIOIDS?

- Hydrocodone (Vicodin®)
- Oxycodone (OxyContin®, Percocet®)
- Oxymorphone (Opana®)
- Morphine (Kadian®, Avinza®)
- Codeine or Tramadol
- Fentanyl

Out of every 10 patients prescribed opioids for chronic pain...



2-3 people misuse opioids

1 person becomes dependent on opioids

WHAT ARE SOME ALTERNATIVES FOR PAIN MANAGEMENT?

Although opioids are widely prescribed for injuries and chronic back pain, they should not be the first line of treatment for these conditions. In fact, long-term use of opioids may increase an individual's sensitivity to pain – a phenomenon called hyperalgesia. Non-steroidal anti-inflammatory drugs (NSAIDs) are often a more effective, affordable, and safer alternative to opioids. NSAIDs include ibuprofen (generic for Advil or Motrin), naproxen (generic for Aleve or Naprosyn), prescription Celebrex, and similar medicines. Pain management for palliative and end-of-life care is generally based on separate guidelines from post-operative or chronic musculoskeletal pain.

HOW DO PEOPLE BECOME DEPENDENT ON AND ADDICTED TO OPIOIDS?

Long-term use of prescription opioids, even when prescribed by a doctor, can cause some people (even first-time users) to develop a physiological tolerance to the drug. This means that they need higher and/or more frequent doses of the drug to get the desired effects. As the dosage and duration of opioids increase, drug dependence can occur. People become dependent on opioids when their brain neurons adapt to function normally only in the presence of the drug. When this happens, suddenly stopping opioid use can cause withdrawal symptoms such as muscle and bone pain, sleep problems, diarrhea and vomiting, and severe cravings. Some chronic pain patients may require medical support to help them stop taking the drug.

WHAT CAN EMPLOYERS DO TO ADDRESS THE OPIOID CRISIS?

- Invest in management and employee education to clarify the distinctions between drug tolerance, dependence, and addiction
- Partner with medical, PBM, and EAP providers with patient-centered solutions
- Re-evaluate workplace policies
- Ensure confidential access to help and treatment programs, sensitive to your corporate culture



Foster & Foster works closely with employers throughout the U.S. to design, implement, communicate, and manage successful employee benefit cost control strategies. Contact us at info@foster-foster.com to find out how we can help you.

RESOURCES

Centers for Disease Control and Prevention. Opioid Overdose: Helpful Materials for Patients. Available at <https://www.cdc.gov/drugoverdose/patients/materials.html>

National Safety Council. Prescription Drug Employer Kit. Available at <https://www.nsc.org/work-safety/tools-resources/prescription-drug-kit>

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