

Why Am I Needed?

Seventy percent (70%) of the individuals who admit utilizing a controlled substance medication that was not prescribed to them obtained the medication from family or friends; bought, stolen, or freely shared.*

This perception and behavior, with potential addiction issues, regarding prescription drugs carries over into the workplace causing safety issues, loss of productivity, and an increase in healthcare costs.





What Do I Need to Know?

Drug abuse costs the United States economy hundreds of billions of dollars in increased health care costs, crime, and lost productivity.

The total costs of drug abuse and addiction due to use of tobacco, alcohol, and illegal drugs are estimated at \$524 billion a year. Illicit drug use alone accounts for \$181 billion in health care, productivity loss, crime, incarceration, and drug enforcement. Surgeon General's Report 2004; Harwood 2000 NIDA.

"Five Ways to Curb Workplace Drug Risks" CFO.com August 8, 2013

The Executive Director of the Workers Compensation Research Institute discusses the Institute's study, Longer-Term Use of Opioids (2012), as well as appropriate employer responses. The study analyzed almost 300,000 workers' compensation injury claims and 1,100,000 associated opioid prescriptions from 21 states. The injuries occurred between October 1, 2006, and September 30, 2009, with data on prescriptions collected filled up to March 31, 2011. Nearly 80 percent of claimants received at least one opioid prescription. The study defined longer-term use as patients receiving opioids for at least 3 months, while having three or more prescriptions for opioids. Long-term users included 16 percent of injury claimants in Louisiana and New York; around 10 percent in California, Massachusetts, North Carolina, Pennsylvania, and South Carolina (and some other unnamed states); 4 percent in Wisconsin; and 3 percent in Arizona. One-fourth of longer-term users received opioid drug testing to help prevent misuse. Evidence-based treatment guidelines recommend random drug testing for this purpose, periodic psychological evaluations, and treatment to help manage the addictive effects of these powerful drugs. In most states studied, few injured workers received these evaluation and treatment services (only 4-7 percent of injured workers with longer-term use of opioids). The highest usage was one in four with psychological evaluations in Texas and one in six with psychological treatment in Wisconsin.*

What Needs To Be Done?





Employee education on appropriate behavior pertaining to prescribed controlled substances, as well as signs and symptoms of impaired functioning.

Employee Assistance programs addressing substance use disorder

Health insurance polices that carry substance use disorder treatment.

Promote smoke free and drug free environment in the workplace.

Sign up for the SAMHSA Prevention of Prescription Drug Abuse in the work place.

Listen (The Pow Ta Center) paw@asgonline.com

Know and understand the signs and symptoms of prescription drug abuse.

Have Naloxone antidote available in the work place.

Take Correctly, Store Securely, Dispose Properly, Never Share.™

Resources

Preventing Prescription Abuse in the Workplace Webinar:

http://captus.samhsa. gov/sites/default/files/ capt_resource/pawprescriptiondrug.pdf

An Employer's Guide to Workplace Substance Abuse: Strategies and Treatment Recommendations:

h t t p : / / w w w . businessgrouphealth.org/ pub/f3151957-2354-d714-5191-c11a80a07294

For more information visit projectlazarus.org or call +1.336.667.8100



^{*} Retrieved from http://www3.cfo.com/article/2013/8/risk-management_opioids-prescription-workers-compensation-drug-testing-