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History and Progress of the Opioid Epidemic

The opioid epidemic in America began more than twenty years ago when doctors started prescribing opioid painkiller drugs that led patients to become addicted. The well-intentioned efforts of doctors to control pain, combined with the aggressive marketing tactics of pharmaceutical companies, created a confluence of events that helped the opioid crisis to take root.

When people could no longer get prescription opiates, many of them turned to heroin, (people with a history of using prescription opioids are 13 times more likely to start using heroin than those with no history of prescription opioid misuse) and the increase in use of this dangerous street drug sped up the growth and progress of the epidemic. Between 2010 and 2016, there was a fivefold increase in heroin overdose deaths in America.

As overall opiate use increased, a new synthetic opiate drug, fentanyl, came on the market in 2013, and for the past decade hundreds of thousands of Americans have lost their lives to fentanyl overdose.

In the beginning, fentanyl was only used to cut heroin but now, because it is so powerful and

profitable, it is mixed with other drugs like cocaine, methamphetamine and (according to some news reports) even marijuana products. This has put an increased number of drug users at risk of dying from an opioid overdose and greatly added to the sum of opioid deaths nationwide. According to the CDC, fentanyl-related deaths increased by 88% per year over a five-year period.

COVID, Teens, and Poverty

The stress and isolation caused by the COVID-19 pandemic resulted in more people seeking prescription drugs on the black market, and according to the National Institute on Drug Abuse (NIDA), there has been an eightfold increase in the number of illicit prescription medicines that contain fentanyl since the pandemic began. Occasional users who buy sleeping pills or prescription weight-loss drugs on the black market are not aware they might contain fentanyl and are ending up overdosing.

Teenagers who buy Rx drugs on the street and mix them with alcohol at parties are overdosing from fentanyl contained in the illicit pills. This has added to the number of young people who have fallen victim to the seemingly never-ending opioid epidemic. The recent rise in adolescent overdose deaths has shocked the medical community and substance abuse prevention and treatment professionals.

In 2015 something happened in America that had not occurred in the past one hundred years: life expectancy began to decline. This shortened life expectancy in our country was directly related to the increase in drug overdose deaths and suicides due to the use of opioid drugs.

Adding to the problem currently is increased inflation nationwide and the economic decline being experienced by many communities due to de-industrialization. These issues cause poverty, and concentrated poverty results in suicides and opioid overdose deaths that have come to be known as "deaths of despair."

Summary and Conclusion

The opioid epidemic has continued to evolve and become more deadly over time. It began with prescription opioids, progressed to increased heroin use, and then to synthetic opioids like fentanyl. All of these drugs remain popular and each one has created its own epidemic. Many addicts are using all three of these forms of opioid drugs at various times, and in reality, America is experiencing three drug epidemics at once.

Over the past six decades, America has gone through one drug epidemic after another, and our country is currently suffering from the most prolonged and deadly drug epidemic yet.

As a society, we must re-evaluate our efforts to end, and prevent drug epidemics in the U.S.

We have to determine why Americans are so vulnerable to substance abuse and begin to address the underlying issues. We must focus more on drug use prevention beginning at an early age. If we can prevent drug use early in life, we have a much better chance of helping to keep individuals drug free throughout their lifespan.

We also must encourage more employers to implement drug free workplace programs that provide much-needed drug prevention, drug education, and drug treatment for employees.

Making substance abuse treatment more readily available is also critically important in dealing with drug epidemics. The advent of telehealth is one positive outcome of COVID. Being able to get medication like methadone and buprenorphine through a phone call, along with access to treatment protocols that include coaching and group therapy, is vital in providing support for individuals with substance use disorders.

Implementing drug use prevention strategies and providing treatment, healthcare, social protection, and rehabilitation services is the solution to America's drug epidemics.



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Supervisor Newsletter

Ongoing Opioid Crisis Creates Problems for Companies

The opioid epidemic continues to adversely impact American businesses. The National Safety Council reports that seventy-five percent of employers believe that their workplace has been negatively affected by opioid-related issues.

In addition to increased accidents at work, chronic opiate abuse has made it more difficult for employers to find qualified workers that can pass a drug screen. Increased absenteeism, reduced productivity, and rising health insurance costs are also major concerns. Healthcare costs are more than three times higher for employees who abuse their pain medication.

Addiction Potential of Rx Drugs

Oxycodone, codeine, morphine, hydrocodone, and fentanyl are just a few of the opiate drugs prescribed for pain from surgery or injury, or to control pain related to a chronic health condition. All of these drugs have a potential for abuse and addiction.

Three out of four adults suffering from addiction are employed, and addiction does not discriminate. Good, honest, reliable, dependable, hard-working employees have fallen victim to the opioid epidemic. People who would have never used an illegal drug have

become addicted after being injured at work and taking opioid painkillers prescribed by their physician. There are many high-performing employees who continue to struggle with opioid substance use disorder or addiction and need help. When these high-functioning workers eventually "crash," the outcome is often tragic.

A Stigma-Free Workplace

It is important for employers and supervisors to reduce stigma and encourage workers to seek help for substance use disorders. Currently, only one in ten people who need addiction treatment receive the help they need. But supervisors can assist in correcting this. A supportive work environment is important for treatment and long-term sobriety of those in recovery.

Drug free workplace policies do not have to focus solely on penalties such as termination. It is possible to help employees get clean and stay healthy. While drug free workplace programs that focus on prevention first are the most effective, treatment should also be an important part of every workforce health strategy.

When treatment is encouraged rather than stigmatized, employees know that the company they work for views addiction as a treatable mental health condition and that it is possible to recover.

The Power of Employment

Continued employment can be one of the strongest motivators for a person to agree to enter therapy, and to adhere to treatment requirements. Employees who are in mandatory, supervisor-referred employee assistance programs achieve better outcomes including completion and duration of treatment.

A substance use disorder treatment method known as contingency management provides rewards for positive behavior. Active employment and engagement in employment-related activities can be used as either a reward for desired behavior (abstinence), or as a positive activity that triggers other rewards. When employers work together with treatment professionals, desired outcomes are much more likely.

Obstacles to Successful Treatment

Of course, those who are addicted and in pain may need medically supervised detoxification help and pain management assistance. This might include methadone or buprenorphine on a short-term basis to reduce withdrawal symptoms, and it is important for supervisors to understand this necessity. Eighty percent of people who could benefit from medication assisted treatment do not get it, and this is in part due to the stigma surrounding

opioid use disorder. (If a workplace drug test comes up positive for one of these treatment medications, supervisors should require employees to provide documentation, such as a letter from their physician, that the medication for treatment is a prescription.)

According to the National Institute for Occupational Safety and Health, when used appropriately, medication-assisted treatment has no adverse effects on a person's intelligence, mental capacity, physical functioning, or employability. But employers might have to make accommodations for workers using these medications due to side effects that can impair their ability to drive, operate heavy machinery, or perform other duties safely. These accommodations can be costly, time-consuming, and create legal liability for employers, but when weighing the risk-reward aspect of the decision(s), the potential to recover a valuable employee and possibly save a life always wins out.

The American workplace remains a big part of the solution to the U.S. opioid epidemic. But if the opioid crisis is ever going to end, attitudes about addiction in American businesses must change. Employers and supervisors will have to start seeing addiction for what it actually is—a treatable mental health disorder that people can and do recover from with help.