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Prescription Opioid Abuse in the Construction Industry:

Risk Factors and Solutions



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2015 Risk Outlook: Construction

Prescription Opioid Abuse: Risk Factors and Solutions



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Agenda

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- I. Overview of the issue
- II. Prescription opioids overview
- III. Impact on construction
- IV. Risk Factors
- V. Solutions and Prevention

Prescription Opioids

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What are Opioids?

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- Common Names
 - Painkiller
 - Prescription Opioid
 - Opioid Analgesic
 - Proprietary/Nonproprietary/Street name
 - Oxycontin/Percodan/Roxiprin/Endodan...
 - Oxycodone
 - Oxy, OC, Oxy 80s, Killers, Blue, Hillbilly Heroin

I. Overview of the Issue

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- Prescription opioid abuse is considered a public health epidemic
- Since 1990, death rates due to prescription opioids have tripled in the United States¹
- Sales of prescription opioids increased 300% since 1999¹
- Estimates of 6,600 new users of prescription opioids per day in the United States²

Sources:

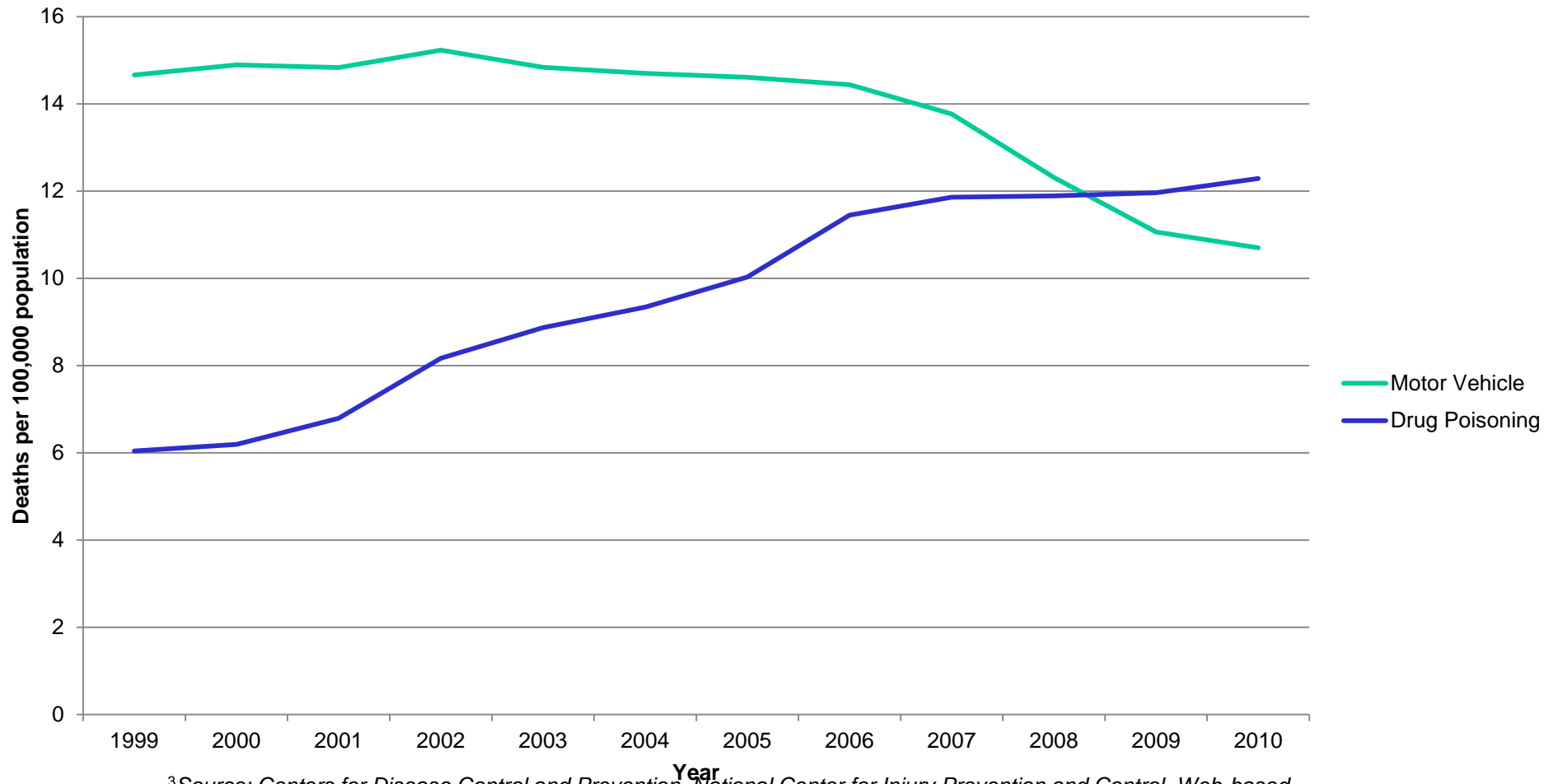
¹CDC. *Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States, 1999-2008*. MMWR 2011; 60: 1-6

²CDC. *Policy Impact Prescription Painkiller Overdoses*. URL: <http://www.cdc.gov/homeandrecreationalsafety/pdf/policyimpact-prescriptionpainkillerod.pdf>.

I. Overview of the Issue

Motor Vehicle Traffic and Drug Poisoning Death Rates: United States 1999-2010

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³Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Available from URL: www.cdc.gov/ncipc/wisqars

Narcotics Cost per Claim Is Increasing



Source: Derived from nationwide sample provided by carriers (excluding ND, OH, WA, WV, and WY)

Relative Service Years (RSY) 1 through 10

Claim counts based on claims with a medical service by RSY 2 (AY 2011 is projected)

⁴Source: Lipton B., Colon D., Robertson J. Workers Compensation Prescription Drug Study: 2013 Update. National Council on Compensation Insurance Research Brief. September 2013. URL: https://www.ncci.com/documents/Prescription_Drugs-2013.pdf

I. Overview: Why is this important for Construction?

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- Injured employees who are dependent on opioids or abuse opioids
 - Loss of efficiency
 - Increased risk to themselves and to others on job site
 - Return to work negatively impacted
 - Impacts social life and family
- Cost-driver for business

II. Prescription Opioids Overview: How do they affect the body?

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- Legal medications to relieve pain
- Reduce intensity of pain signals reaching the brain by attaching to opioid receptors⁵
- Main side effects include (but are not limited to): drowsiness, mental confusion, nausea, constipation, reduced respiration⁵
- Addiction vs. Dependence
- In the United States, Controlled Substances Act categorizes prescription drugs into legal classes⁶

Sources:

⁵NIDA Research Report Series. Prescription Drugs: Abuse and Addiction. URL: <http://www.drugabuse.gov/sites/default/files/rprescription.pdf>

⁶United States Drug Enforcement Administration. Drug Schedules. URL: <http://www.justice.gov/dea/druginfo/ds.shtml>.

II. Prescription Opioid Overview: Drug Scheduling/ Legal Classes

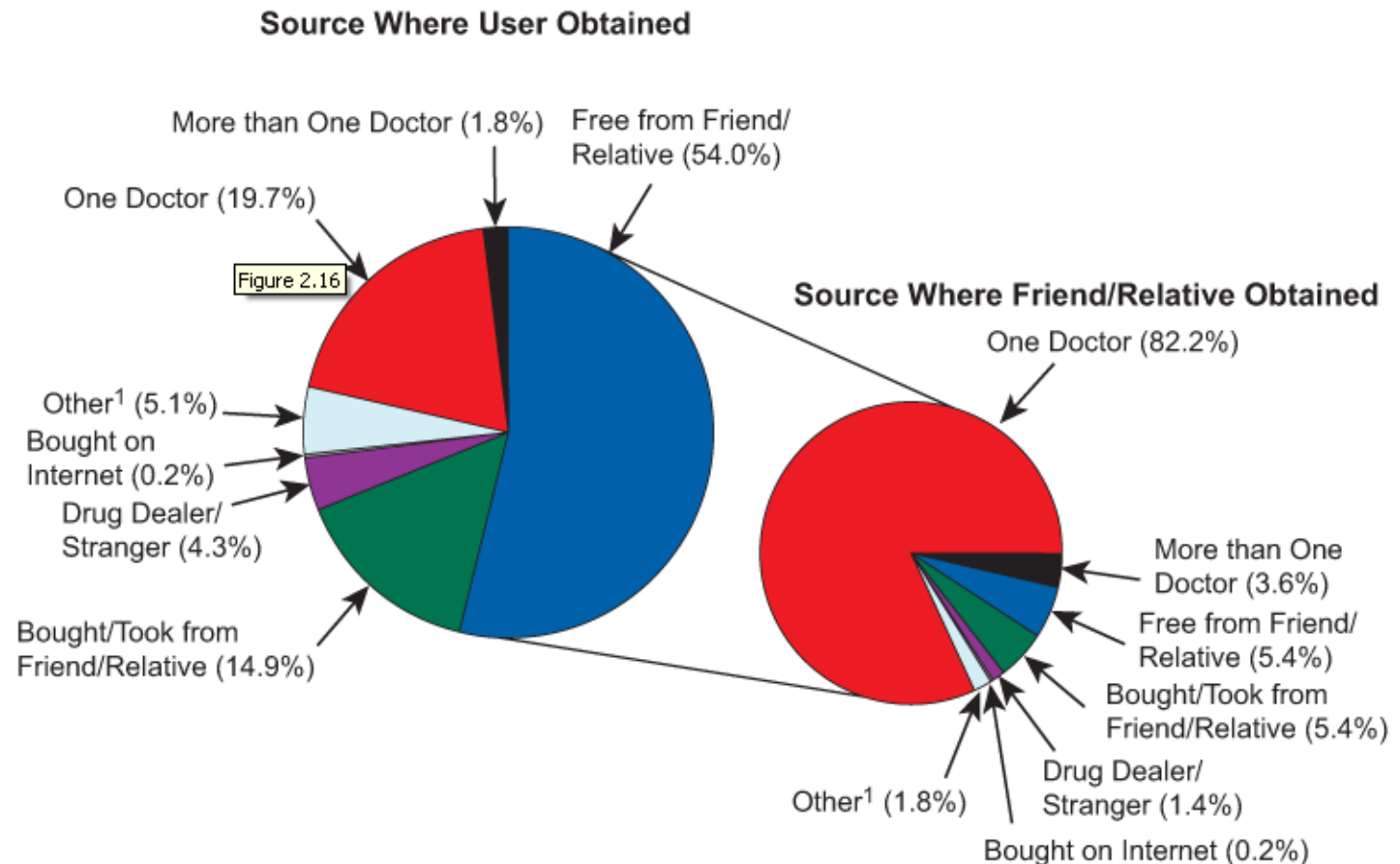
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Example	Drug Schedule	Abuse Potential
Heroin, LSD	I	High Potential/No currently accepted medical use
Morphine, Oxycodone, Methadone, Fentanyl, Adderall	II	High Potential/Severe psychological and physical dependence
Hydrocodone, Buprenorphine	III	Less Potential for Abuse Relative to Schedule II/Moderate physical dependence/High psychological dependence
Xanax, Lorazepam	IV	Low potential for abuse
Drugs mixed with <200 milligrams of narcotics per 100 grams	V	Low potential for abuse (relative to IV)

⁶Source: United States Drug Enforcement Administration. Drug Schedules. URL: <http://www.justice.gov/dea/druginfo/ds.shtml>.

II. Prescription Opioid Definitions: Where do the drugs come from?

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⁷Source: SAMHSA. <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm>

¹The Other category includes the sources "Wrote Fake Prescription," "Stole from Doctor's Office/Clinic/Hospital/Pharmacy," and "Some Other Way."

III. Impact on Construction

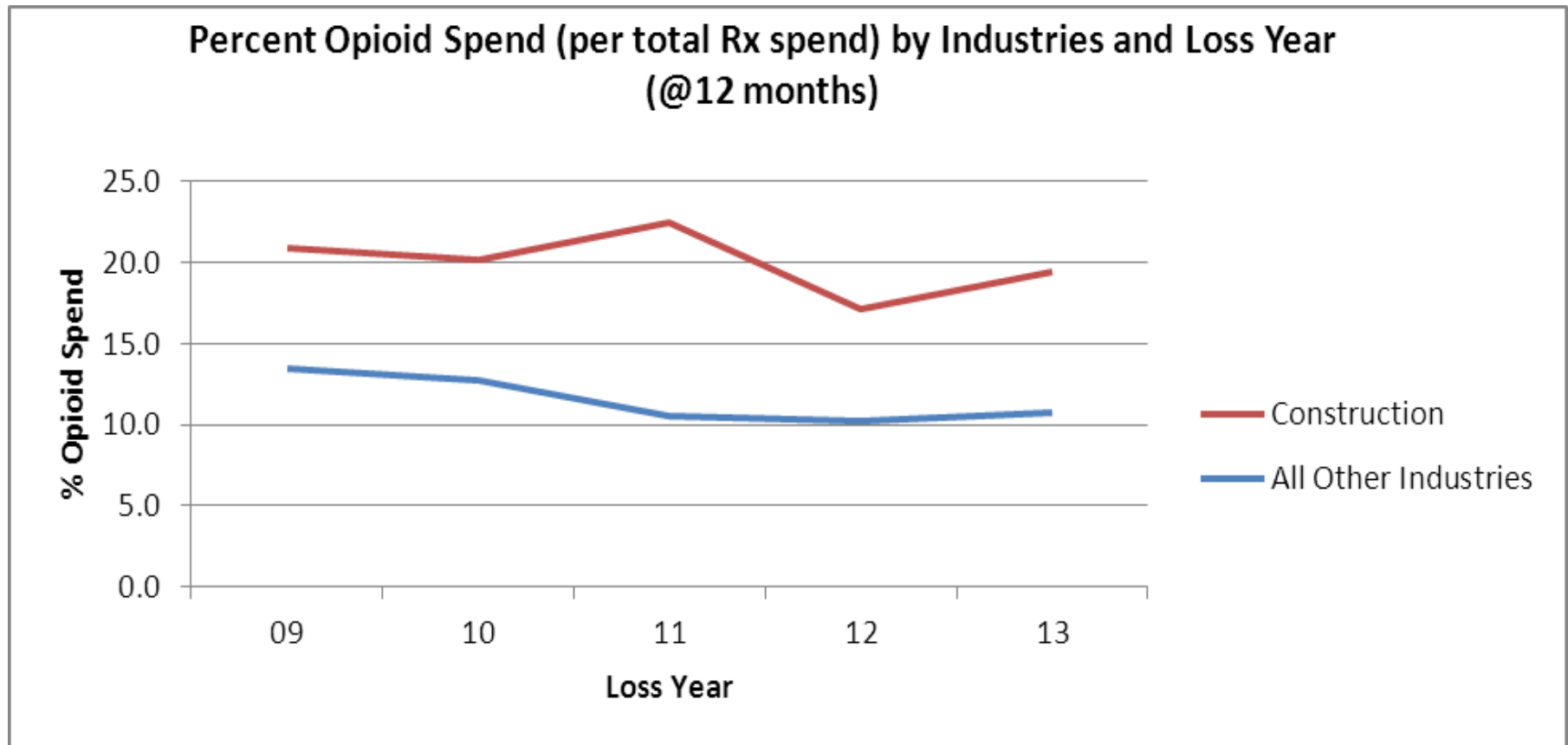
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- Survey research indicates 15.1% of workers in construction engaged in illegal drug use⁸
- Analysis of CNA claim data indicate opioid prescribing is problematic in the construction industry

⁸Source: Greaney P. *Prescription Drugs in the Workplace*. Presentation to the AIHce 2013 conference. May 22, 2013. URL: <http://aihce2013.org/wp-content/uploads/2012/11/Prescription-Drugs-Slides.pdf>.

III. Impact on Construction – CNA Claim Data

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III. Impact on Construction – CNA Claim Data

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+ Table 1

Percent Difference Paid Loss Ratios by
Opioid Abuse Category Compared to No
Opioid Use*

Loss Years: 2009-2011

	Low/Medium Potential Opioid Abuse	High Potential Opioid Abuse
Open		
1 year	11%	24%
2 years	24%	31%
3 years	30%	36%

*Reference: CNA claim with no opioid use

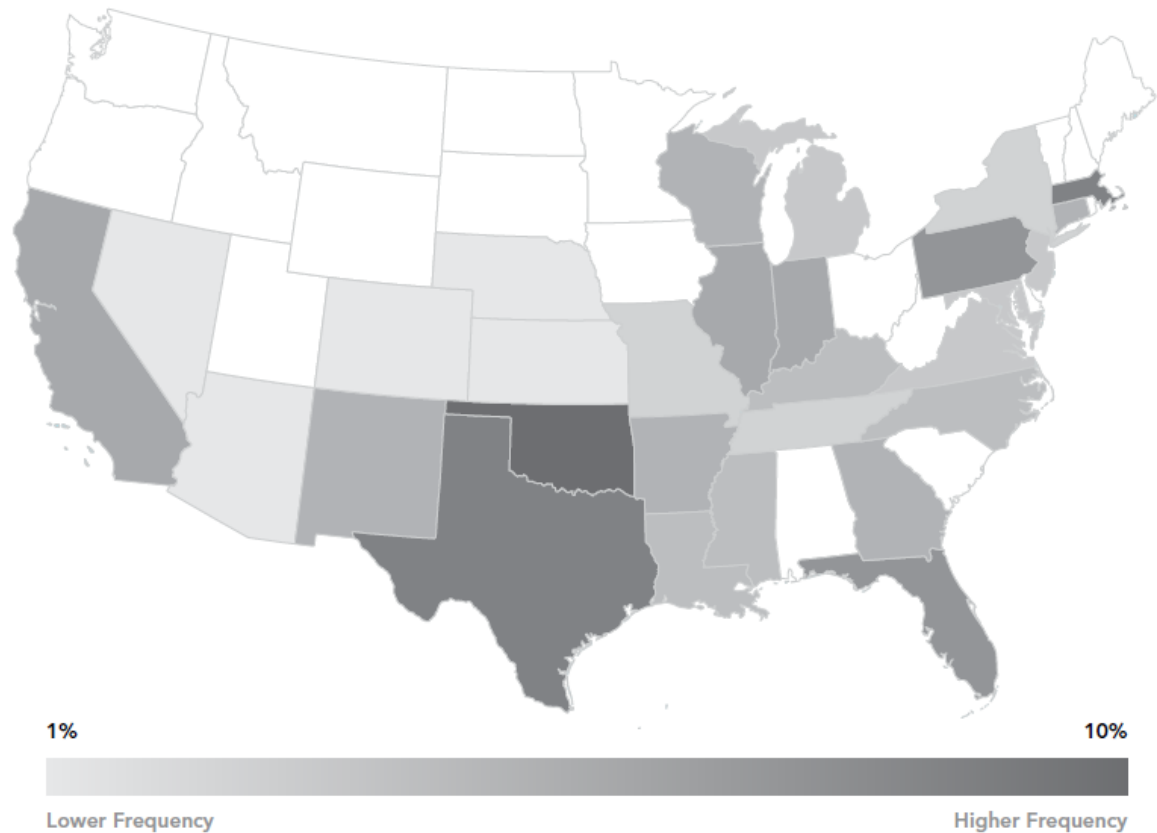
- Injured construction workers with a high potential for opioid abuse (compared to injured workers with a low potential) is significantly associated with increased paid loss
- This relationship increases over time as the claim remains open and the employee does not return to work

III. Impact on Construction – CNA Claim Data

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Construction Heat Map: Frequency of Painkiller Abuse*

Loss Years: 2009-2011



III. Top Billed Painkillers in Construction

+ Table 2

Construction: Top-Billed Painkillers**
Loss Years: 2009-2013

Top Billed Drugs	Generic Name
Acetaminophen with Codeine Phosphate	Acetaminophen with Codeine Phosphate
Avinza	Morphine Sulfate
Balacet	Acetaminophen and Propoxyphene
Demerol	Meperidine Hydrochloride
Embeda	Morphine Sulfate
Endocet	Oxycodone and Acetaminophen
Fentanyl	Fentanyl
Kadian	Morphine Sulfate
Lortab	Acetaminophen and Hydrocodone
Opana	Oxymorphone Hydrochloride
OxyContin	Oxycodone
Percocet and Roxicet	Oxycodone and Acetaminophen
Vicodin	Hydrocodone Bitartrate and Acetaminophen

- It's important to recognize the difference between the proprietary/brand name of a painkiller versus the generic name
- Analysis of CNA claims data indicates a mix of both brand and generic name drugs frequently prescribed to injured workers

IV. Risk Factors for Opioid Dependence and/or Abuse

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CNA claims data indicates significant predictors of opioid dependence may include the following:

1. Complex medical conditions
2. Prior injuries
3. Less work experience

IV. Risk Factors for Opioid Dependence and/or Abuse

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- Doctor shopping
 - Patient obtaining controlled substances from multiple practitioners without the prescribers' knowledge of other prescriptions
- Rural areas (Southwest and Appalachian region)

Sources:

¹<http://www.cdc.gov/homeandrecreationalsafety/rxbrief/>

²CDC. Home & Recreational Safety. Law: Doctor Shopping. URL:
http://www.cdc.gov/homeandrecreationalsafety/Poisoning/laws/dr_shopping.html



V. Solutions and Prevention

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1. Education
2. Understanding risk factors
3. Treatment
4. Questions to ask yourself and your physician

V. Solutions : Education

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- Educate employees on responsible prescription opioid use by consulting physicians
- Understand the problem and recognize that when used responsibly, these are a potentially effective tool for short-term pain management
- Understand potency of drugs and how they work by consulting physicians
- Dependence vs. Abuse

V. Solutions – Understanding risk factors

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- Understand who is most at risk for potential dependence or abuse

V. Solutions - Treatment

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If treatment is necessary, there are two types of treatment:

(A) Behavior Modification / Counseling⁵

- a. Help addicts deal with cravings, avoid situations where drugs are present, strengthen social support
- b. Narcotics Anonymous (<https://www.na.org/>)
- c. Drug Court

(B) Pharmaceutical drug treatment⁵

- a. Addiction medications
- b. Naltrexone, Methadone

It's important to remember that research indicates a combined method is best

⁵Source: NIDA Research Report Series. Prescription Drugs: Abuse and Addiction. URL: <http://www.drugabuse.gov/sites/default/files/rprescription.pdf>

V. Solutions – Questions to ask yourself and your physician

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According to the American College of Occupational and Environmental Medicine...

- Are physicians using evidence-based treatment guidelines that address appropriate use of prescription medications?
- Are physicians using principles of informed choice with patients before starting opioid therapy while advising them about the risks and benefits?
- When prescribing opioids for acute pain, the physician should set expectations for discontinuation, and limit quantities of prescriptions to what is clinically needed.
- Long-term opioid use should only occur after careful patient evaluation with a clear explanation of the rules for safe use
- Functional goals should be addressed with patients from the outset and assessed at every visit. Functional improvements should be documented to assure high quality of life.
- Providers should be vigilant of patients on doses of 120 morphine equivalent milligrams per day
- Drug screening for drugs of abuse are essential at intervals to assure safe medication use and identify non-use, diversion, or other substance abuse

Source: ¹⁰ American College of Occupational and Environmental Medicine. Principles for ensuring the safe management of pain medication prescriptions by occupational and environmental medicine physicians. URL: <http://www.acoem.org/PainMedicationPrescriptions.aspx>

Closing – An optimistic case example for the future of construction

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- Media story on an injured construction worker¹¹
 - Past experience with opioids
 - Understood risk factors and refused Percocet

¹¹Source:

<http://www.npr.org/blogs/health/2014/02/15/277027231/when-a-prescription-for-pain-pills-becomes-a-gateway-to-addiction>



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Questions?

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