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# Working past opioids

A guide for creating a safer, healthier  
and more profitable workplace in  
2021 and beyond



**As well as causing widespread misery in society as a whole, opioids are leading to significant challenges in the workplace. For instance, the U.S. Bureau of Labor Statistics reports a 25-percent increase from 2012 to 2017 in the number of workers fatally overdosing on the job.<sup>1</sup>**

“For employers, acceptance means acknowledging that opioid misuse is prevalent and can happen to anyone. It’s about removing the stigma of substance misuse so people can feel safe asking for help, before it’s too late.”

**National Safety Council<sup>2</sup>**

“For far too long, too many in our country have viewed addiction as a moral failing rather than a disease.”

**[U.S. Surgeon General’s Spotlight on Opioids](#)**

“I am dreaming of a bright future for our state. A future where prevention works, treatment is effective and people recover from addiction. And where we unite to help those affected by the disease of addiction.”

**Kathryn Burgum, First Lady of North Dakota**  
**[Recovery Reinvented](#)**

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01

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Working past opioids

# How did we get here?

## Employers and the opioid crisis

Another 130 Americans will die from an opioid-related overdose within 24 hours from now, according to a February 2020 report from the National Safety Council. During the COVID-19 pandemic, fatal overdoses have spiked.

We can all agree that the numbers surrounding opioids are tragic. But to what extent are opioids a business problem? And what can employers do about it?

By the time you finish reading this, you'll see why opioid misuse is likely costing your company, your employees and their families far more than you might've thought. You'll understand why it's imperative to act now, and you'll learn specific actions you can take to reclaim the safe, productive work environment we all want and deserve.

75%

Percentage of employers who say they've felt the effects of the opioid crisis.

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17%

Percentage of employers who say they're well-prepared to deal with it.

# Understanding the opioid crisis

Nearly 400,000 people died from an opioid-related overdose between 1999 and 2017. The Centers for Disease Control and Prevention (CDC) attributes the rise in opioid overdose deaths to “three distinct waves”.<sup>3</sup>

## Wave one

Began in the 1990s when medical professionals, many unaware of the risks, began prescribing opioids more frequently to relieve pain.

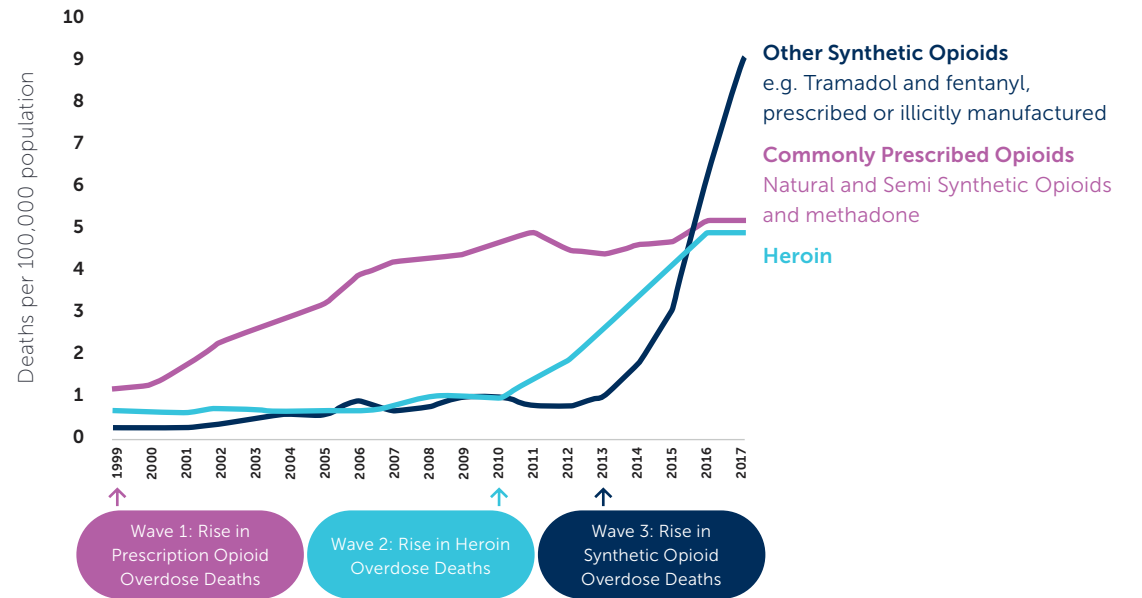
## Wave two

Came in 2010 and was marked by a rapid rise in overdose deaths involving heroin.

## Wave three

Started in 2013 when we saw a sharp rise in opioid deaths involving illegal synthetic opioids that were (and still are) flooding the market, the most notable being illicitly manufactured fentanyl – the drug that killed musicians Prince and Tom Petty. Fentanyl is 50 to 100 times more potent than morphine.

### 3 waves of the rise in opioid overdose deaths



Source: National Vital Statistics System Mortality File

**For the first time, a person is more likely to die from an accidental opioid overdose than a car crash.<sup>4</sup>**

Statistics like this have become alarmingly familiar. And the prevalence of opioid misuse in our society has become undeniable as many of us have already experienced its effects in our own communities.

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**44%**

of Americans say they know someone who's been addicted to Rx painkillers.

26% say it's an acquaintance

21% say it's a close friend

19% say it's a family member

3% say it's themselves



## Much of the adult workforce lives in pain, some misuse opioids

Contrary to popular belief, most Americans struggling with a substance use disorder continue to hold down a job. According to the National Council on Alcoholism and Drug Dependence (NCADD), more than 70% of those abusing illicit drugs in America are employed.

Although office workers are not immune, the effects of the opioid crisis are increasingly being felt among workers on construction sites, in warehouses, in rural environments and other places where on-the-job injuries are more frequent. Many workers begin misusing opioids after a prescription intended to get them back to work, perhaps after a back injury or surgery.

75%

of those who misuse opioids, reported that their first opioid was a prescription drug.<sup>5</sup>

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80%

of all heroin users were introduced to opiates through prescription drugs.<sup>6</sup>





## Physical work, pain and opioids

“All people, especially those with physically demanding professions, often look for a ‘quick fix’ to pain. For instance, I see a lot of airline employees. I believe this is a combination of the physical effort they exert, as well as time away from family, which can lend itself to substance use.”

**[Peter A. Stiles MD](#)**

**Medical Director of the pain program at TRIA Orthopedic Center**

*Peter works with patients to develop comprehensive pain management options to avoid or taper off opioids.*

# 6 things your entire workforce needs to know about pain and opioids

## 1 | Opioids only work on some short-term pain

Opioids can help you mask your pain after some acute surgeries and injuries that will heal in a few days. However, there are usually better short-term options (as listed below). Chronic pain is different – opioids may make pain worse the longer you take them.

## 2 | There are many non-opioid options to relieve chronic pain

We all experience pain, and pain is real and very personal. Here are some ways to reduce pain that can work better than opioids:

- Over-the-counter medicines like Tylenol and Advil
- Gentle movement and exercise
- Relaxed breathing and meditation
- Massage and healing touch
- Physical or occupational therapy
- Cognitive behavioral therapy

## 3 | Opioids are extra dangerous when taken with other substances

When taken with alcohol, muscle relaxers, or benzodiazepines like Valium (often prescribed to help with sleeping, reduce anxiety or prevent seizures), opioids can cause:

- Slowed or stopped breathing
- Memory problems
- Cognitive function loss, dizziness
- Death

## 4 | Opioid addiction is similar to heroin

Prescription opioids and heroin are chemically similar. They work by reducing the feeling of pain and producing a feeling of pleasure. At the same time, they diminish the body's natural ability to reduce pain and produce pleasure. That can make you depend on them. This risk of addiction increases the longer you take opioids:

### Risk of opioid addiction

Days' supply	Chances of being on opioids for a year or longer
5	10%
10	20%
30+	45%

Source: Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report (MMWR), March 17, 2017

# 1 in 5

A 10-day supply of opioids leads to long-term use for 1 out of 5 people.

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# 50%

of people who misuse opioids get them from family and friends. If taking opioids, make sure they are securely stored in a locked location.

## 5 | Opioid addiction recovery is possible

Like high blood pressure or diabetes, addiction is a disease. There should be no stigma. As a community, we must eliminate the perception that addiction is a weakness and work together to get patients the treatment they need. In addition to specialized pain clinics, there are many compassionate approaches and medicines that can help.

## 6 | Safely disposing of unused opioids is easy and essential

Not doing so can have deadly consequences:

- Children or pets can die if they accidentally ingest them.
- Visitors, family members or friends can take and misuse them.
- City sewage systems cannot filter opioids or medications. Throwing them in the trash, down the sink or flushing them down the toilet can poison our drinking water.

Awareness is step one, so spread the word! [Download a printable version](#) of these points to display in a high-traffic area of your workplace.



## A pain specialist's view of opioids

"One powerful message I send to my patients is that pain is normal for just about everyone each day. It's often tolerable and largely improves with time. I find that with reassurance, positive expectations, time and instilling confidence, most people's pain will improve or go away, even with severe injuries.

A fact largely overlooked is that opioids can increase pain over time. They reduce pain for about four hours, but they also block the brain's natural ability to release pain-reducing chemicals. So when the opioids wear off, you feel more pain for up to three days. Other medications are more effective.

Opioids should only be used for end-of-life care and major tissue damage from burns, frostbite or major trauma.

While we're making progress, I believe the goal should be a 90% reduction in the number of pills available. The more we can inform our workforces, and the more they and their families demand alternatives to opioids, the more successful we'll be in ending this terrible epidemic."

### **Bret C. Haake**

Neurologist, Vice President of Medical Affairs and Chief Medical Officer at Regions Hospital, a part of HealthPartners [pictured right]



# Opioids aren't the answer.

We've seen positive changes in people's attitudes and behaviors when it comes to soda consumption, smoking, and drinking and driving.

As a business leader, you have more power than you know to change prescribing habits. By educating your workforce about pain, you give people the wisdom they need to ask for another option when opioids are recommended. In doing so, you're not just protecting your business, you're saving families and lives.

## Employers are struggling to cope with the problem

In 2018, the Hartford Financial Services Group surveyed 500 HR executives and 2,000 other employees, revealing concerning results: While 67 percent knew or suspected that opioid misuse is affecting their company, 64 percent admitted they felt unprepared to deal with the problem.

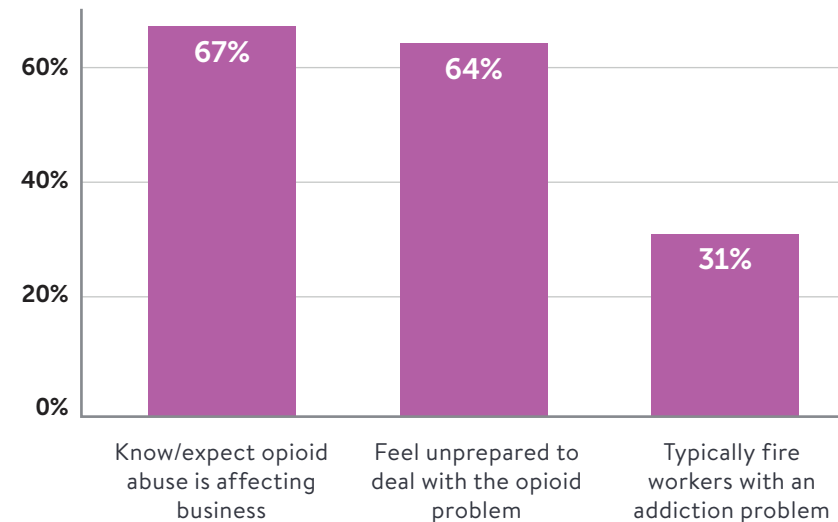
Most survey participants revealed that they knew little about opioid use disorder or how to identify a co-worker with a drug problem. And 31 percent of managers said a worker with an addiction problem is typically fired.

What we're learning, is that unless companies proactively address policies aimed at awareness and prevention; unless companies customize employee care plans to provide safe, confidential and effective treatment options, it's near impossible to account for opioids in the workplace let alone reduce their impact on performance.

The opioid epidemic has so far, according to some estimates, cost America's employers over \$700 billion in lost work hours.<sup>7</sup> As we accumulate more data, it's becoming clearer and clearer that inaction is the most expensive path we can choose.

## Opioid impacts

How employers say the pharma crisis is impacting the workplace



Source: Hartford Financial Services Group



## "My opioid addiction was a full-time job in hell."

—Josh Moe, Health Informatics Analyst, HealthPartners

### Here are my lessons for employers.

I'm grateful that my life wasn't cut short by opioids. I hope my [story](#) can help someone else.

Without treatment, I wouldn't be where I am today. I've now been sober for eight years. I'm married, I work as an analyst in health informatics and I've had the pleasure of seeing many other people receive the gift of recovery.

### Here's some wisdom that helped me recover, continues to help me stay sober and can help employers adopt a healthier approach to opioid misuse:

**Addiction is a chronic, progressive disease.** It gets worse over time and will kill someone if left unchecked. Opioid-related absenteeism and presenteeism aren't merely productivity problems; they're signs of an impending disaster.

**Have compassion for those who struggle with misuse, even though it's tough.** People who experience addiction lie, cheat and steal to hide and maintain their addictions. Even when you have no choice but to part ways with someone who's misusing, you can still potentially save their life by referring them to treatment.

**Understand that people may not be ready to get sober at the time they're approached.** Keeping people safe and alive until they're ready is critical.

**Acceptance is the answer.** For people who misuse, it's easy to admit there's a problem but accepting it means taking the appropriate action steps to mitigate the disease.

Now more than ever, your employees need people they trust and a health care professional who can assist.

**Keep Narcan around.** This is a medication that reverses an overdose; I've seen it save a life. We now have heart defibrillators in many workplaces and public spaces. We should take the same approach with Narcan.

**Whether we're talking about an employee, a family member, a friend or perhaps yourself, know there is hope.** No matter how bad it seems, people are resilient and recovery is possible. I am living proof.

“There is no love you can throw on them, no hug big enough that will change the power of that drug. It is just beyond imagination how controlling and destructive it is.”

**Beth Macy**

"Dopesick: Dealers, Doctors, and the Drug Company that Addicted America" (Little Brown, 2018)

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Working past opioids

# What's at stake for employers?



# Calculating the costs of substance misuse at your company

Here's an estimate of how a manufacturing firm in North Dakota with 100 employees would incur \$36,702 in costs related to substance misuse per year.

## This is how that breaks down:

- 9 employees affected
- 18 dependents and family members affected
- \$14,787 in lost time
- \$12,123 in job turnover and re-training
- \$9,792 in health care

Keep in mind the manufacturing sector ranks "average/below average" in terms of prevalence of substance use disorder. A similar-sized construction company's costs are estimated to be more than \$9k higher per year. These costs can vary widely from company to company. A loss in continuity at a key position, for instance, could cost a company much more than the estimated amount.

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Check out the NSC's [substance use cost calculator for employers](#) to get a better handle on what substance misuse is likely costing your company.

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## Presenteeism: hard to pinpoint, harder to measure

Presenteeism essentially means that someone shows up for work when they're not mentally engaged in their job. Though not limited to opioids, presenteeism is most strongly associated with substance misuse. Employees taking opioids – misusing or not – might exhibit presenteeism through drowsiness, impaired focus, lesser creativity and reduced reliability.

When impaired, employees often exhaust their mental energy to merely appear competent. Unimpaired, these same employees are capable of creative problem solving and profitable output. Research shows employees experiencing presenteeism may see their productivity sliced by a third. This commonly results in deflected managerial time, another costly yet hard to account for figure. For employers, presenteeism can be more expensive than absenteeism as it affects work quality, safety and company morale.

## How opioid misuse affects employer health care costs

Employers are seeing steep costs associated with opioid misuse and dependence, primarily from disability payments and from contributions to their employees' health insurance plans, which also accounts for employees' family members. On average, workers with pain medication use disorder cost employers more than three times the health care costs of the typical worker.

Employees with opioid use disorders spend five times as many days in the hospital each year and are 4.5 times more likely to visit the emergency room compared to the overall workforce. In total, that's about \$11,000 per person with an opioid use disorder.



“The costs businesses must bear in absenteeism, lower productivity, increased job turnover, retraining and health care are staggering.”

**Christopher J. Swift**

"The Heavy Toll of Opioids on America's Labor Force"  
(U.S. News, May 31, 2018)

03

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Working past opioids

# Five ways to reduce the risk and cost of opioid misuse



# 1 | Understand the barriers to action: stigma and lack of data

## Stigma: The ultimate concealer of opioid misuse

Stigma around opioid misuse holds back both sides: employees are reluctant to report a problem for fear of retribution and managers are unwilling to accept that there may be substance abuse in their company, whatever the prescription data show.

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“There may be no more dangerous contributor to the current opioid epidemic than stigma.”

Michael Botticelli  
Stigma and Substance Use Disorder (HealthCity, May 23, 2019)

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“I saw them as bad people,” admits Don Teater, MD, MPH, in an interview with the Narcad blog.<sup>8</sup>

A practicing doctor since 1988 and former Medical Advisor at the National Safety Council, Teater now cautions others against making the same mistake.

“Once I got trained to prescribe buprenorphine, I listened to their stories,” he says. “I had made the same choices as many of my patients, yet they became addicted because of their personal history, social history and genetics.”

Experienced medical professionals like Don Teater now stress the importance of thinking and talking about opioid misuse in similar terms as other common health conditions. “For example, relapse is associated with a fault of a person,” explains Teater. “When we are talking about a person with an opioid use disorder (OUD), we are talking about someone with a disease and relapse is a natural course of the disease. When a patient’s blood sugar goes up, we don’t call it a relapse.”

This stigma surrounding OUDs is a societal problem which, unchecked, only serves to make opioids a bigger problem. Stigma isn’t limited to opioids of course, nor is it limited to the workplace. But if we are to start making real progress, the workplace is one of the most pivotal places where we need to start squashing stigma.

## Lack of data: The scale and detail of the problem are unclear

It's hard for employers to address opioid misuse when, even though they suspect there may be a problem, they have little idea of how much it's affecting their employees and their company. There are, however, plenty of data that can help reveal both negative trends and alert providers (though not employers, since individuals' data are confidential) to people at risk. Companies should ask their health plans to tell them what the prescription reports are saying. Some plans may even be able to identify and trigger confidential outreach to individuals with probable opioid use disorder by using predictive algorithms that analyze their patterns of opioid use.

### Find out how your health plan can help:

#### 1 | Integrated clinical, pharmacy and claims data

The privacy of an individual's health data is of course sacrosanct, but health solutions providers who can aggregate data across many members and many patient touchpoints can accurately highlight health trends in a company's workforce. Equally, a doctor who has access to patient data across a team of health providers is more likely to be able to spot a growing problem with an individual.

#### 2 | Monitoring and control of opioid prescribing:

- Reviews of prescribers to identify outliers — Clinicians who prescribe higher-than-normal levels of opioids should be regularly reviewed to ensure medications are being prescribed appropriately.
- Programs to prevent multiple prescriptions — Health plan members with prescriptions from multiple providers should be identified and referred to one doctor, one pharmacy and one ER. Electronic prescribing can also prevent "doctor shopping" and fraudulent prescriptions for opioids. Minnesota was the first state to require electronic prescribing for controlled substances (EPCS).
- Programs to limit coverage on the number of pills — At HealthPartners, for instance, payment is limited to eight pills a day for short-acting medicines and four pills per day for long-acting medicines.
- Programs to limit strength of pills — Coverage can be limited to opioids that have a morphine equivalent dose (MED) of 90 mg per day. MED is a tool to measure the potency of opioid medications. Higher doses should require prior authorization and documentation of monitoring.

## Stigma stifles cries for help

“In my personal experience, one of the main reasons people fail to seek care is fear of punishment from an employer. I’ve had many patients request: ‘Doc, please keep this off the record’ before discussing any history of current substance use. This stigma, of course, is counterproductive and costly when aiming to treat substance use disorder. If someone had a broken leg and missed work for a month to heal, they would likely be treated very differently than if they missed even a few days for a publicly known substance use disorder.”

**Peter A. Stiles, MD**

Medical Director of the pain program at TRIA Orthopedic Center







## 2 | Promote new and better treatments for pain

Pain is one of the most common reasons people visit a doctor and about 40% of people who have pain report that they have experienced it for one year or longer, according to Regions Hospital neurologist, Dr. Bret Haake.

Our experience of pain is strongly influenced by how good we feel physically and emotionally, how socially connected we are, how active, and how well we sleep. Employers can help employees prevent the onset of pain or make some common types of pain more manageable by providing:

- Access to a confidential Employee Assistance Program (EAP)
- Easy access to physical therapy, which can also prevent problems from becoming serious
- Incentives to be physically active
- Mental health, sleep support and resiliency programs
- Assessment by medical spine specialists to support non-surgical treatments for back pain, for instance





## “You will be fine. Opioids are not harming you.”

– Amy, HealthPartners patient

### That couldn't be further from the truth.

I felt like I wrecked my life. After being hospitalized for a ruptured disc in my neck in 2006, which led to multiple surgeries, I ended up with several prescriptions of oxycodone over seven years. I was constantly taking narcotics, anywhere from two to seven daily to manage the pain.

As a very active person who was involved in cheerleading and various sports in high school prior to the injury, I wasn't the type of person you'd think would face an opioid addiction. It didn't seem possible.

My previous doctors, prior to coming to HealthPartners, told me I'd be fine and they didn't think the pills were harming me.

Yet I definitely wasn't okay. I was in so much pain daily; it was unbearable. I was depressed and scared. All I wanted deep down was to be happy again, and to physically know what real love feels like. It wasn't only about feeling it, but understanding and sensing touch. Opioids left me unable to feel pleasure or relief from pain on my own.

I was at a point in my life where I needed help and I didn't know where to turn. When I was referred to doctors at HealthPartners, including Dr. Eggers, I felt understood, supported, and like I was in the right place. They recognize that chronic pain is a really complex issue and that no pill, surgery, or injection will fix the problem.

Through alternative treatments, including healing touch therapy, cognitive therapy, breathing and movement techniques, HealthPartners helped me take control of my body and learn how to manage pain on my own. Every single modality and therapy have worked for me. Today I'm proud to say that I'm completely narcotic-free; I'm not in pain; and I feel joy again. I ultimately have my life back and that means everything.

### 3 | Support employees towards recovery

#### Recovery is hard but possible

When reducing use of prescription opioids, some people turn in desperation to other opioid options, including purchasing pills without a prescription or other illicit opioids. The situation can become dangerous quickly.

“We need to make sure that patients have access to clinicians to support them as they transition away from opioids. At HealthPartners, we rely on a team-based approach. This includes clinical pharmacists with collaborative practice agreements, allowing them to prescribe medications to assist patients through their transition away from opioids,” Young Fried, VP Pharmacy Plan services.

People struggling with substance abuse are often dealing with many complex, interlinked conditions. Finding the right help on their own would be near impossible. A confidential EAP can connect employees to care coordinators who have the clinical knowledge and market experience to refer people to the best services for their needs. That might involve Medication-Assisted Treatment (MAT), including opioid treatment programs (OTPs), which combine behavioral therapy and medications to treat substance use disorders. But it could also include other services like tobacco or smoking cessation programs, wellness programs, primary care, a diabetes educator or in-home mental health services.





## "People can be helped. You can create life-saving connections to care."

—Joan Bullemer, MA, LPCC, LADC, a Health Plan Care Coordinator on our Behavioral Health Team at HealthPartners

**"When everyone else gave up on me, you didn't. You kept calling even when I was at my worst."**

**"I feel heard for the first time."**

**"Nobody ever listened to me before."**

**"Nobody ever asked me about my trauma."**

These are just a few of the statements from the thousands of people I've helped through our care coordination and case management services. Many of these individuals struggled for years with mental health and/or substance use challenges.

Through listening with my heart and providing compassionate care, I've been able to help them become fully functional, finish their degrees, get their health back, and reach their goals.

Over 30 years, I've worked with clients who have mental health and chemical health diagnoses as a licensed psychotherapist, alcohol drug counselor, and social worker. I've seen a huge rise in opioid and benzodiazepine abuse, especially in younger people. It's also common for someone to struggle with many challenges, such as depression, anxiety, post-traumatic stress disorder, diabetes and substance use at the same time.

Integrated, holistic care, which involves collaborating with treatment providers to simultaneously address medical, behavioral health, and independent living issues is vital. As part of the process, we provide medication management: to ensure prescriptions are aligned, to recognize roadblocks to care, and to assess underlying trauma. Dealing with deep, unresolved trauma and helping people manage and cope with various triggers, is crucial for recovery.

My goal as a care navigator is to plant a seed that "we are here and this is how we can help."

I love my work and I love helping others. It's very rewarding. When you can provide this type of assistance, it opens the door. And when you mutually agree on what's needed, and keep working at it, the outcomes are amazing.



## 4 | Explain why recovery is good for business

Referencing the [NSC Substance Use Employer Calculator](#) again: In a 100-employee construction company in North Dakota, when only 10% of those with a substance use disorder get treatment, the company avoids \$4,212 in workplace costs. When that figure climbs to 25% getting treatment, avoided workplace costs climbs with it to an estimated \$10,350 in savings.

Research also shows that when treatment is supported and monitored by an employer, an employee is more likely to achieve sustained recovery than when friends and family members make the request.

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“Well supported scientific evidence shows that substance use disorders can be effectively treated with recurrence rates no higher than those for other chronic illnesses such as diabetes, asthma and hypertension.”

U.S. Surgeon General’s report, 2016

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### Recovery by numbers

According to the National Safety Council:

- Workers in recovery help employers avoid \$1,626 in turnover and replacement costs
- Workers in recovery miss 5 days less
- Each employee who recovers from a substance use disorder saves a company more than \$3,200 per year

Compared to people who do not report symptoms of substance misuse, employees in recovery have equal or lower costs related to health care, absenteeism and job turnover.

## Spot the signs of misuse

When those around us struggle with an opioid use disorder, it's not always easy to spot, especially right away. Keep an eye out for the following signs that may indicate someone needs help:

- Weight loss
- Change in sleep habits
- Drowsiness
- Frequent flu-like symptoms
- Poor hygiene
- Isolation from family and friends
- Stealing
- Trouble with finances

# 5 | Educate employees and managers about opioid use disorder

## Employee awareness and education

[\(Find useful materials in our Employer Toolkit\)](#)

### Why it's needed:

Education can help prevent problems related to substance misuse among your employees and their family members. Prevention does more than reduce health care costs for employers and employees. It saves the people we care about and count on from the disastrous consequences of misuse.

### What it should include:

There are two components. The first is an extension of your legal policy where you'll want to make sure each employee knows your company's rules, your testing policies and the consequences of violating the rules. This also includes employees' rights.

The second is about empowering your employees with knowledge that may make a life-changing difference someday. Some of your employees and their family members will be prescribed opioids in the future. It's vital they're aware of the associated risks and how to use and dispose of their medications responsibly. Training employees on the signs of misuse is also key. With this knowledge, each employee is positioned to prevent instances of misuse – both at work and home – from worsening.

## Supervisor training

### Why it's needed:

Supervisors can help lead your efforts to maintain a substance-free workplace. These are sensitive issues and supervisors can be held personally liable for their actions. By investing in supervisor training, you're not just keeping your employees and your company safer – you're protecting the people you count on to run your company.

### What it should include:

Your supervisors need to know about the potential problems and how to recognize them when they occur. That can be hard because it's common for people with substance use disorder to do everything they can to mask it. When a problem does occur, supervisors need to know the right way to confront it, document it and what to do next. They also need to know the proper way to respond to a tip, plus how to refer employees to testing when warranted, and helpful resources when needed.

## Employers can start to erase the stigma of opioid misuse

It's time we stopped talking "dirty".

The language we use matters. Most employers and supervisors don't stereotype or shame people on purpose. Yet until we overhaul the vocabulary surrounding substance use, that's exactly what we're doing.

When we refer to someone as an "addict" or tell them their test came back "dirty," we only make matters worse – we reinforce someone's worst feelings about themselves. The negative undertones these words carry make misuse harder on everyone, from people who avoid help because of stigma, to people who genuinely want to help but unknowingly push people further away from the support they need.

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"This change goes beyond political correctness. Whether we are consciously aware of it or not, the language we use actually makes a profound difference in our attitudes and, thus, how we may approach our nation's number one public health problem."

Dr. John F. Kelly  
Substance Disorders and Policy" (Alcohol Treatment Quarterly, Jan 2016)

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Working past opioids

# Resources and next steps

## Case studies

### Belden's blueprint: How one company responded to a rise in screening failures<sup>9</sup>

Normally when a prospective employee fails a pre-employment substance screening, that's the end of the story. But these aren't normal times.

The opioid crisis has created a whole other problem for many of America's employers. Like many companies, Belden Inc., an end-to-end signal transmission provider, had trouble finding available workers for its Richmond, Indiana plant.

In response, the company got creative, teaming with local partners to create "Pathways to Employment."<sup>9</sup> Under this initiative, employees who were previously denied a position due to a failed drug test are now given an opportunity to take part in a personalized rehabilitation program. Those who successfully complete treatment and commit to a life free of substance misuse have a job waiting for them at Belden.

"This is both a major new approach to drug treatment and it is an innovative way to address the workforce shortage issue," said Dr. Mitchell S. Rosenthal, founder of the Phoenix House and president of the Rosenthal Center for Addiction Studies. "Many companies need more workers and many promising workers need help leading drug-free lives. Employers and employees will find this a real win-win solution."

"The opioid crisis is one of the most daunting and demoralizing challenges facing American families. Corporate citizenship is an important part of Belden's culture and we appreciate the experts in Richmond who have helped us craft a mechanism to support our neighbors there ... Progress to date has been positive and promising and we look forward to the day we can expand the program to other Belden sites."

**John Stroup**  
CEO, Belden Inc.

"[Pathways to Employment is] an example of ways the business community can lean into this if you see this as part of your mission."

**Dr. Jerome Adams**  
U.S. Surgeon General





## Making employee well-being part of the mission<sup>10</sup>

Through its Substance Use Response Plan, Nationwide,<sup>11</sup> a financial services company, provides comprehensive training, support and education to more than 30,000 associates.

“Since we’ve been marketing this resource more heavily, people are coming to us before we are coming to them,” explains Kathleen Herath, associate vice president for well-being and safety. “They are recognizing through our education efforts that they have a problem.”

Resources include monthly training for leaders on how to recognize impairment in the workplace. Results have been promising. Since 2015, 95% of associates who were suspected of being impaired at work have agreed to testing. Of the employees who tested positive, 100% agreed to enter treatment, with 60% maintaining sobriety throughout a two-year follow-up period. One hundred percent of employees who successfully completed the program have maintained sobriety.

# How HealthPartners can help

HealthPartners is addressing the serious impact of opioid addiction on the lives of Americans – the emotional toll of lost opportunities and loss of life, the economic destruction, the overloading of the criminal justice, child protection, and health care systems, and more.

We are committed to working within our own health system, with our contracted network, and with county governments and community agencies, such as the MN Health Collaborative and the National Safety Council, to combat this problem. Our methods include:

## Supporting employees with evidence-based, integrated services

We support people suffering from opioid use disorder to reach long-term recovery with integrated, science-based approaches that work remotely, when in-person treatment is not possible:

- Behavioral and mental health counselling
- Telehealth
- Pharmacy and medication management
- Case management services
- Better solutions for pain management
- Health and well-being programs

## Proactively identifying members at risk for substance use disorder

The need to quickly find the members who are overusing opioid medications is a critical aspect of combatting this crisis. HealthPartners has developed patented (U.S. Patent Number 8,190,451) predictive algorithms to identify members who are at risk for hospitalization within the next six months. One of these algorithms identifies members who may have substance use disorder.

When members are at high risk, we enroll them in our Complex Case Management program. We then use a strategic outreach approach designed to maximize the probability of reaching the member and encouraging them to engage a provider. We work with physicians, advanced practice nurses, primary care doctors and therapists of all kinds to coordinate care. This personalized approach, patient by patient, improves outcomes.

## Kicking adolescent opioid prescriptions in the teeth

Few know that dentists are the highest providers of opioids to patients between the age of 10 and 19 – a critical period of brain development. With 3 million people under the age of 25 having their wisdom teeth removed every year, dentistry is responsible for 17% of all opioid prescriptions.

HealthPartners Dental has reduced opioid prescribing rates by nearly 60% over the past several years.



## Hope for the future

For the first time in nearly 30 years, deaths from opioid overdoses decreased in 2018. That was probably due in part to reductions in opioid prescribing. Now, however, in the wake of COVID-19, overdose deaths are growing again at an alarming rate. To employers struggling to keep their businesses afloat, substance abuse can seem like a distant threat. But, because of all the immediate challenges, we believe it's one that is worth preparing for sooner rather than later. It's going to take a community – health care companies, employers, schools and families must all do their part if we are to significantly reduce the devastating effects of opioid misuse.

We thank you for reading this guide and stand together in support of your journey to create a healthier future for your employees and their families. Together, we can help end the misuse of opioids.

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The medical and dental clinics in the HealthPartners system alone have cut the number of opioid prescriptions by 57% since 2016. That translates to 8.9 million fewer pills.

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# Next steps for employers

## Take the following actions to make your workplace safer, healthier and more productive:

- Get buy-in and support from your leadership team.
- Try to access the data that show the likely extent of substance abuse in your workplace.
- Put a plan in place to educate your current employees, as well as future employees during your onboarding process. Use our [employer toolkit](#) with powerful stories and relevant facts to share.
- Train managers and supervisors on the critical role they play and what's expected of them.
- Tailor your efforts to the unique needs of your workplace. There's no single approach that works for every employer.
- Update your employer health care and pharmacy plans to make sure preventive measures are fully utilized and employees have access to what they need.
- Continue to promote a healthy workplace culture that is non-judgmental and supportive.

Visit our blog at [healthpartners.com/plan/blog](https://healthpartners.com/plan/blog) to read more about how employers can reduce the risk and cost of the opioid epidemic as well as related workforce health content.

## Resources and tools to download:

- [Employer toolkit](#)
- [6 things your employees need to know about opioids and pain](#)

# Appendix

This document sometimes discusses substance use disorders rather than opioid use disorder specifically. The general principles related to substance use disorders often apply to opioid use disorder.

Definitions taken from Spotlight on Opioids: [addiction.surgeongeneral.gov/sites/default/files/OC\\_SpotlightOnOpioids.pdf](https://addiction.surgeongeneral.gov/sites/default/files/OC_SpotlightOnOpioids.pdf)

**Opioid:** Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Opioid pain medications are generally safe when taken for a short time and as prescribed by a health care professional, but because they produce euphoria in addition to pain relief, they can be misused.

**Substance Misuse:** The use of any substance in a manner, situation, amount, or frequency that can cause harm to users or to those around them.

**Prescription Opioid (or opioid pain reliever) Misuse:** Use of an opioid pain reliever in any way not directed by a health care professional.

**Substance Use Disorder:** Occurs when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM)-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.

**Opioid Use Disorder:** A disorder characterized by loss of control of opioid use, risky opioid use, impaired social functioning, tolerance, and withdrawal.



## Useful Resources

- [healthpartners.com/employer-public/home/toolkits/opioids-unused-medications](https://healthpartners.com/employer-public/home/toolkits/opioids-unused-medications)
- [safety.nsc.org/rxemployerkit](https://safety.nsc.org/rxemployerkit)
- [nsc.org/forms/substance-use-employer-calculator](https://nsc.org/forms/substance-use-employer-calculator)
- [shatterproof.org](https://shatterproof.org)
- [addiction.surgeongeneral.gov](https://addiction.surgeongeneral.gov)
- [addiction.surgeongeneral.gov/sites/default/files/OC\\_SpotlightOnOpioids.pdf](https://addiction.surgeongeneral.gov/sites/default/files/OC_SpotlightOnOpioids.pdf)
- [recoveryreinvented.com](https://recoveryreinvented.com)
- [drugabuse.gov](https://drugabuse.gov)



# Footnotes

- <sup>1</sup>Jackie Ford. "America's Opioid Crisis: What Employers and Their Counsel Need to Know." (April 16, 2019.) Law.com. [www.law.com/corp counsel/2019/04/16/americas-opioid-crisis-what-employers-and-their-counsel-need-to-know/](http://www.law.com/corp counsel/2019/04/16/americas-opioid-crisis-what-employers-and-their-counsel-need-to-know/)
- <sup>2</sup>National Safety Council. "A National Plan to Address Opioid Misuse." (Accessed May 2020). [www.nsc.org/home-safety/safety-topics/opioids/national-plan-to-address-opioid-misuse](http://www.nsc.org/home-safety/safety-topics/opioids/national-plan-to-address-opioid-misuse)
- <sup>3</sup>Centers for Disease Control and Prevention."Understanding the Epidemic." (Accessed April, 2020) [www.cdc.gov/drugoverdose/epidemic/index.html](http://www.cdc.gov/drugoverdose/epidemic/index.html)
- <sup>4</sup>National Safety Council. "A National Plan To Address Opioid Misuse." (Accessed May 2020). [www.nsc.org/home-safety/safety-topics/opioids/national-plan-to-address-opioid-misuse](http://www.nsc.org/home-safety/safety-topics/opioids/national-plan-to-address-opioid-misuse)
- <sup>5</sup>Cicero et al., 2014 via [www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-heroin-abuse/prescription-opioid-use-risk-factor-heroin-use](http://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-heroin-abuse/prescription-opioid-use-risk-factor-heroin-use)
- <sup>6</sup>Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report (MMWR), March 17, 2017 / 66(10), 265-269
- <sup>7</sup>"Addiction in the Workplace." Shatterproof.org. (May, 2020) [www.shatterproof.org/workplace](http://www.shatterproof.org/workplace)
- <sup>8</sup>Kayland Arrington, MPH. "Optimism for the Opioid Crisis: Addressing Stigma and Disseminating Evidence to Clinicians." NARCAD.org. Narcad blog. (April 30, 2019). [www.narcad.org/blog/optimism-for-the-opioid-crisis-addressing-stigma-and-disseminating-evidence-to-clinicians](http://www.narcad.org/blog/optimism-for-the-opioid-crisis-addressing-stigma-and-disseminating-evidence-to-clinicians)
- <sup>9</sup>Belden.com. (Accessed May 2020.) [www.belden.com/pathways-to-employment](http://www.belden.com/pathways-to-employment)
- <sup>10</sup>Nationwide, Green Cross for Safety Awards (2019)
- <sup>11</sup> National Safety Council. "Substance Use Response Plan." Nationwide, Green Cross for Safety Awards (2019). [NSC.org/awards](http://NSC.org/awards)

# About HealthPartners

HealthPartners, an integrated health care organization providing health care services and health plan financing and administration, was founded in 1957 as a cooperative. It's the largest consumer governed nonprofit health care organization in the nation – serving more than 1.8 million medical and dental health plan members nationwide. Our care system includes a multi-specialty group practice of more than 1,800 physicians that serves more than 1.2 million patients. HealthPartners employs over 26,000 people, all working together to deliver the HealthPartners mission.

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### IMPORTANT INFORMATION

THE "WORKING PAST OPIOIDS" BROCHURE IS NOT INTENDED TO PROVIDE MEDICAL ADVICE. IF YOU ARE EXPERIENCING A MEDICAL EMERGENCY, CALL 9-1-1 IMMEDIATELY. FOR QUESTIONS ABOUT YOUR SPECIFIC MEDICAL NEEDS, PLEASE CONTACT A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL. This brochure was produced by HealthPartners for the sole purpose of disseminating health information for public benefit and was not intended to and does not constitute the practice of any medical, nursing, or other professional health care service and no provider-patient relationship is established through these educational materials. This brochure should not be used as a substitute for health care advice, diagnosis, or treatment.

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