

EMPLOYEE ASSISTANCE PROGRAM

Prescription Drug Toolkit and Fact Sheets



SAMHSA
Substance Abuse and Mental Health
Services Administration

Employee Assistance Program (EAP) Prescription Drug Toolkit and Fact Sheets

Acknowledgments

This toolkit was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) under contract number S830700012I42001 with SAMHSA, U.S. Department of Health and Human Services (HHS). Deborah Galvin, Ph.D., served as the Government Project Officer.

Disclaimer

The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of SAMHSA.

Public Domain Notice

All material appearing in this report is in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communications, SAMHSA.

Electronic Access

This publication may be downloaded at <http://store.samhsa.gov>.

Recommended Citation

Substance Abuse and Mental Health Services Administration, *Employee Assistance Program Prescription Drug Toolkit and Fact Sheets*. Publication No. PEP20-03-02-001. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2021.

Nondiscrimination Notice

SAMHSA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SAMHSA cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Originating Office

Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857.

Publication No. PEP20-03-02-001. Released 2021.

Contents

- Executive Summary i
- The Scope of Employee Prescription Drug Misuse 1
- Prescription Drugs in Combination with Illicit Drugs and Alcohol.....2
- Workplace Awareness and Prevention3
- Employee Programs and Services for Prescription Drug Misuse and Addiction...8
- Screening for Prescription Drug Misuse..... 11
- Fitness-for-Duty 16
- Alternatives to Prescription Drugs..... 18
- Pain Relief Strategies..... 20
- Return to Work..... 22
- Relapse Prevention..... 24
- Employee Educational Materials..... 26

Executive Summary

The Employee Assistance Program (EAP) Prescription Drug Toolkit and Fact Sheets from the Substance Abuse and Mental Health Services Administration (SAMHSA) provides guidance related to counseling, referrals, and follow-up services that EAPs can offer employees whose substance misuse has affected their workplace environment. The Toolkit also shares insight for employers about preventing substance misuse and maintaining professional standards.

These materials describe the ways in which EAPs provide alternatives to prescription drugs, workplace drug misuse and relapse prevention, information on the dangers of combined drug use, screenings, and evaluations before returning to work.

The Scope of Employee Prescription Drug Misuse



Prescription drug misuse, including non-medical use, is a serious problem for employees and workplaces in the United States. Employee Assistance Programs (EAPs) can connect employees with confidential access to treatment and help them find providers. EAPs also can help monitor employees' progress after they begin treatment to support recovery and successful job performance.

In 2019, 5.7 percent of full-time employed 18- to 25-year-olds reported misuse of pain relievers in the past year.¹

PRESCRIPTION DRUG MISUSE:

Taking a medication in a manner or dose other than prescribed; taking someone else's prescription, even if for legitimate medical complaints such as pain; or taking a medication to feel euphoria.²

The problem is most prevalent among 18- to 25-year-olds.

In 2019, 42 percent of full-time employed 18- to 25-year-olds reported illicit drug use in the past year.³ Employees in all age groups report some misuse of prescription drugs.

Opioid pain relievers are the most commonly misused prescription drugs.

According to the 2019 National Survey on Drug Use and Health (NSDUH) data, approximately 9.7 million people in 2019 misused prescription pain relievers in the past year.⁴

In 2017, opioids were involved in 47,600 overdose deaths.

From 2016 to 2017, there were significant increases in opioid overdose deaths in the Northeast, Midwest, and South census regions.⁵

The rate of opioid-related emergency department visits more than doubled from 2008 to 2017.⁶

The negative associations often accompanying substance misuse may prevent employees from getting the help they need to recover.

EAPs can help employees by connecting them with confidential access to treatment and helping them find providers.

References

- ¹ Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed Tables*. Retrieved from <https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables>
- ² National Institute on Drug Abuse. (2018). *Misuse of Prescription Drugs. Research Report Series*. Retrieved from <https://www.drugabuse.gov/publications/misuse-prescription-drugs/overview>
- ³ Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed Tables*. Retrieved from <https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables>
- ⁴ Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
- ⁵ Hedegaard, H., Warner, M., & Miniño, A. M. (2017). *Drug overdose deaths in the United States, 1999–2016*. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
- ⁶ Healthcare Cost and Utilization Project (HCUP). (2017). *HCUP Fast Stats*. Agency for Healthcare Research and Quality, Rockville, MD. Retrieved from <https://www.hcup-us.ahrq.gov/faststats/OpioidUseServlet?location1=US&characteristic1=01&setting1=FD&location2=&characteristic2=01&setting2=FD&expansionInfoState=hide&dataTableState=hide&definitionsState=hide&exportState=hide>

Prescription Drugs in Combination with Illicit Drugs and Alcohol



Employees engaging in the non-medical use of prescription drugs may be doing so in combination with alcohol or other substances. It is important for Employee Assistance Program (EAP) providers to screen for the use of all substances including medical and prescription drug misuse.

It is important for EAP providers to understand how prescription drugs are used in combination with illicit drugs or alcohol, as well as the extent to which other substance use increases the risk of prescription drug misuse. EAP providers should assess those seeking services about all substance use—illicit drugs, prescription drugs (medical and non-medical use), over-the-counter medications, and alcohol—as all these substances, particularly if used in combination, can impact work performance and safety.

- As the dangers of opioid prescription drug misuse have gained national attention, numerous regulatory initiatives and recommended changes in prescribing have led to stricter controls on opioid dispensing. While these efforts have been credited with reductions in opioid overdose deaths, there have been reports of shifts among some users to heroin.^{1,2}
- According to the National Survey on Drug Use and Health, approximately 404,000 people had misused prescription pain relievers and had used heroin in 2019; about 341,000 people had used heroin in 2019 but had not misused prescription pain relievers.³
- Analysis of a nationally representative U.S. sample found that the odds of reporting past year non-medical use of prescription drugs was 18 times higher among individuals with an alcohol use disorder compared to those who did not drink alcohol.⁴ Adults ages 18 to 24 also had higher rates of binge drinking, alcohol use disorders, and misuse of prescription drugs than those 25 and older.
- Research that looked at problem use of prescription drugs (defined as heavy non-medical use or non-medical use that met the criteria for a substance use disorder) found that problem non-medical tranquilizer use was associated with daily drinking.⁵

- Focusing on young adults ages 18 to 29 years old engaged in urban nightlife, a study found that nearly 25 percent reported prescription drug misuse in the past 6 months and, of those that reported past 6-month drug misuse, 91 percent also reported illicit drug use (compared to 68 percent of those who did not report prescription drug misuse in the past 6 months). The drug used most often in combination with prescription drug misuse was marijuana. Of those that misused prescription drugs in the past 6 months, 59 percent combined that use with marijuana (which comprised nearly 15 percent of the full sample).⁶

These data indicate that prescription drug misuse is often found in combination with illicit drug use and the misuse of alcohol. When conducting behavioral health screening, it is important that EAP providers ask clients about their full range of substance use, including medical and non-medical use of prescription drugs.

References

- ¹Volkow, N. D. (2014). Prescription opioid and heroin abuse. Witness appearing before the House Committee on Energy and Commerce Subcommittee on Oversight and Investigations. Washington, DC: Department of Health and Human Services, National Institutes of Health.
- ²Cicero, T. J., & Ellis, M. S. (2015). Abuse-Deterrent Formulations and the prescription opioid abuse epidemic in the United States: Lessons learned from OxyContin. *JAMA Psychiatry*, 72(5), 424–430.
- ³Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
- ⁴McCabe, S. E., Cranford, J. A., Boyd, C. J. (2006). The relationship between past-year drinking behaviors and nonmedical use of prescription drugs: Prevalence of co-occurrence in a national sample. *Drug and Alcohol Dependence* 84(3), 281–288.
- ⁵Simoni-Wastila, L., & Strickler, G. (2004). Risk factors associated with problem use of prescription drugs. *The American Journal of Public Health*, 94, 266–268.
- ⁶Kelly, B. C., Wells, B. E., Pawson, M., LeClair, A., & Parsons, J. T. (2014). Combinations of prescription drug misuse and illicit drugs among young adults. *Addictive Behaviors*, 39(5), 941–944.

Workplace Awareness and Prevention



Employee Assistance Program (EAP) professionals can play a critical role in promoting awareness of the problem of non-medical prescription use. In addition to providing educational and counseling services, EAP providers may also become involved in other workplace practices designed to prevent prescription drug misuse.

■ Workplace Awareness

Workers may use prescription drugs to get high or to self-treat a medical condition with medication prescribed for someone else or previously prescribed to them for a different problem. Especially with pain relievers, they also may take a larger dose than prescribed in hopes of increasing the therapeutic effect. Collectively, these drug-taking behaviors are referred to as prescription drug misuse. These behaviors put workers at risk for potentially fatal adverse drug reactions. They also can create workplace safety hazards. An employer may think their employees do not have prescription drug misuse problems; however, these problems often are referred to as a “hidden epidemic.” The sheer numbers of prescription medication users in all classes of U.S. society pose substantial risks. While prescription pain relievers are the leading medications that are misused, medications for anxiety, sleep disorders, depression, and attention-deficit/hyperactivity disorder (ADHD) also are commonly misused.

The non-medical use of prescription drugs among employees can have significant negative impacts on the employee, co-workers, and the workplace. The total economic burden of prescription opioid misuse alone in the United States is \$78.5 billion per year, including the costs of health care, lost productivity, addiction treatment, and criminal justice involvement. It is estimated that prescription opioid misuse increases health care and substance treatment costs by \$29.4 billion, increases criminal justice costs by \$7.8 billion, and reduces productivity among those who do not die of overdose by \$20.8 billion (in 2015).¹ That does not take into consideration the non-medical use of other types of prescription drugs.²

Employees who engage in prescription drug misuse may exhibit the following behaviors:

- Lack of attention or focus
- Poor decision-making
- Decreasing work quality
- Poor judgment
- Unusual carelessness
- Unsteady gait
- Excessive mood swings
- Drowsiness
- Appearance of being high, unusually energetic or revved up, or sedated
- Increased absenteeism, including unexplained absences or vague excuses for needing time off

While none of these behaviors are a definitive indicator of prescription drug misuse, such behaviors may warrant referral to the EAP. EAPs can play a critical role in the prevention of prescription drug misuse in the workplace and should be ready to assess the potential for problems with prescription drugs, along with other behavioral health conditions. Understanding how those seeking help from the EAP use prescription medication (whether medically or non-medically and/or in combination with other substances) is vital information for EAP providers.

■ Preventing Prescription Drug Misuse

EAPs are ideally positioned to provide educational materials, training, and other resources related to substance misuse prevention—including the non-medical use of prescription drugs. EAP professionals can work with management to educate them about

recognizing and responding to substance misuse issues, including prescription drugs, so problems can be addressed in uniform, effective, and business-sensitive ways. EAPs also provide behavior risk management, prevention, and early identification and intervention services for those at risk for problems such as prescription drug misuse. EAPs can deliver prevention services designed to educate the entire workforce, as well as direct prevention messages to high-risk individuals, thereby encouraging them to seek help.

What Are Types of Risk Management Activities to Address Prescription Drug Misuse?

EAPs can conduct “brown bag” lunch meetings that discuss the non-medical use of prescription drugs and risk factors. This may encourage employees who are at risk, or whose family members may be at risk, to seek early confidential counseling. EAPs can promote prescription drug “take-back” programs, post maps of their locations, and provide information on how to destroy unused medications. Resources, such as the fact sheets included in this toolkit, can be distributed to employees. EAP providers can create partnerships with supervisory staff to create re-occurring trainings as appropriate about the signs of prescription drug misuse and the procedures they should follow within the context of their workplace policies if they suspect such use.

EAP involvement in Recovery and Return-to-Work

In addition to providing organizational resources and prevention interventions, EAP providers may also be called on to manage the recovery and return-to-work process for employees who test positive for misused prescription drugs. In some cases, to successfully return to work, and often as a condition of employment stipulated in a drug-free workplace policy, employees who test positive for prescription drug misuse require the completion of a substance use treatment plan managed by an EAP or treatment professional, and random or regular drug testing while in treatment (even if the employer does not have a broader prescription drug testing program). Successfully returning to work is often the goal for both the company and the employee. However, in some circumstances this process is highly regulated. For example, if an employee works in a safety-sensitive position, the employer must comply with several mandatory regulations before the employee returns to work, including ensuring that the employee has been evaluated by a substance use counselor and has successfully complied with the counselor’s

recommendations. Counseling professionals affiliated with the EAP will typically make an assessment, recommend treatment options, and develop a treatment plan that stipulates return-to-work conditions. A well-defined and managed treatment plan that stipulates the recovery and return-to-work criteria facilitates successful transition back to work. (See Return-to-Work fact sheet for more information.)

Understanding the complexities of treating prescription drug misuse and reflecting these considerations in drug-free workplace policies is a continuous challenge for organizations and important for EAP providers to understand. One key consideration is the need to accommodate the potential for ongoing medication use for a recovering employee. Employees who have returned to work following a positive test are generally restricted from taking any potentially addicting medication as part of their Return-to-Work Agreement. Such drugs would most likely be detected on monitoring drug tests and result in a violation of the Return-to-Work Agreement. However, even successfully rehabilitated employees may experience medical conditions or injuries requiring the limited use of such medications. A procedure for the pre-approval and safe use of these medications on a case-by-case basis needs to be established for monitored employees. The EAP can help design this procedure.

■ *Modifying Drug-Free Workplace Programs (DFWP) to Address Non-Medical Use of Prescription Drugs*

Employers are responsible for protecting the safety of their employees. This responsibility includes developing and enforcing a DFWP. Contractors or grantees who must comply with the Drug-Free Workplace Act of 1988 should pay special attention to elements required by the Act. Requirements vary, based on whether the contractor or grantee files as an individual or an organization. In the future, employer drug testing requirements may be extended to detect certain prescription drug use that could impair employees from safely performing their job duties.

EAP professionals can play a critical role as workplaces consider modifying their DFWPs and policies to address prescription drugs. Below are the steps needed to update DFWPs to address prescription drugs and the

role that EAPs can play. For more information, go to <https://www.samhsa.gov/workplace/workplace-programs>.

Step 1: Define the employee’s role in making the workplace safe. Sometimes employees in the transportation, nuclear, construction, moving, mining, and other high-risk industries are prescribed pain relievers and other medications carrying warning labels. If the warning label states, “Avoid driving or operating heavy machinery,” the medication may make a person drowsy, dizzy, and/or lightheaded and may slow motor skills and reaction time. A DFWP should state what employees must do if they are prescribed medications that carry this warning label. Employees in safety-sensitive positions should be responsible for discussing their job duties and requirements with their medical care providers to avoid on-the-job impairment.

Such discussions, documented in the medical record, are important to lessen safety risks. The DFWP also should spell out what steps will be taken if the employee is suspected of using any of these medications without a prescription, in larger doses than prescribed, or more frequently than prescribed. Those in designated drug-tested positions should have updated information regarding appropriate use of prescription drugs and consequences for non-medical use.

Step 2: Decide if the company should add prescription drug testing to traditional illicit drug testing. This would involve organizational representatives responsible for the drug testing program and protocols to ensure that any policy changes comply with applicable local, state, and federal laws.

Step 3: Incorporate language that spells out new provisions of the DFWP that deal with prescription drug misuse. Make sure the policy details the complete course of action the employer will follow regarding non-medical use of prescription drugs. Each employer must develop their own policies regarding how suspected prescription drug misuse will be identified, evaluated, and treated; the conditions for continued employment; work and leave options; and what medical certifications are required. They must ensure the prescription drug use policy is clear, concise, and thorough. List procedures or corrective actions the employer will follow:

- For an employee suspected of prescription drug misuse;
- For an employee with confirmed non-medical use; and

- If applicable, the conditions that need to be met before the employee can return to work.

EAPs can participate in these discussions and help incorporate language to facilitate the identification, evaluation, treatment, and possible provisions to return-to-work for employees who engage in prescription drug misuse.

Step 4: Obtain legal advice. It is advisable for an attorney experienced in DFWP issues to review the revised DFWP policy before it is finalized.

Step 5: Train supervisory staff and educate employees. Conduct regular formal training to educate supervisory staff about the signs of prescription drug misuse and the procedures to follow for an employee that a supervisor suspects has a prescription drug misuse problem. Again, EAP professionals can play a role in training employees and supervisors as needed.

Step 6: Review service coverage for behavioral health and/or EAP needs. The behavioral health portions of health insurance and EAP contracts should be evaluated to ensure that employees are covered for issues related to prescription drug misuse. EAPs should provide counseling services related to some co-occurring behavioral health and substance use issues. Prescription drug misuse should be included in these services and employees should be made aware of the counseling services that the EAP can provide. EAPs are expected to assess employees’ prescription drug use—both medical and non-medical—to determine if the use of prescription drugs contribute to workplace performance issues.

■ Prescription Drug Monitoring Programs

EAP professionals may want to familiarize themselves with Prescription Drug Monitoring Programs (PDMPs), as they can be a cost-saving tool for employers and help reduce the diversion of prescription medications for unintended purposes. PDMPs are housed in different state agencies that may include regulatory boards and health departments, as well as law enforcement, consumer protection, and substance misuse agencies. PDMPs collect, monitor, and analyze electronically transmitted dispensing data submitted by pharmacies and, in some cases, dispensing practitioners.

PDMPs produce a patient history and activity report for each patient. These reports provide the health care

practitioner with a list of all controlled substance prescription drugs prescribed to the patient, the name of the prescriber issuing each prescription, and the pharmacy where each prescription was filled. EAPs themselves cannot access patient medical information from PDMPs. Generally, PDMPs distribute data to authorized medical professionals upon request; in some states, PDMPs distribute data proactively. The patient activity report assists the physician in determining if a patient altered the quantity of drugs prescribed or forged the physician's name on prescriptions. The report also flags doctor shopping that yields multiple doses of a controlled substance. Information about each state's PDMP may be found at

<http://www.pdmpassist.org/content/state-profiles>.

So, why should EAPs be aware of PDMPs? PDMPs can save employers money and reduce non-medical use of prescription drugs. PDMPs reduce unnecessary and costly prescriptions for pain relievers and other addictive and controlled medications. They also can reduce the physician visits and diagnostic tests required to get those prescriptions. PDMPs can help doctors identify employees who may need a referral to treatment and identify those employees who might be undertreated and subsequently visit emergency departments to get relief via pain medication. PDMPs increase employee readiness and productivity by reducing misuse and allowing patients to get adequate treatment. PDMPs can also provide large cost savings in workers' compensation. The use of opioids increases the likelihood of long-term disability claims. Receiving more than one week's supply of opioids soon after an injury doubles the risk of a worker's disability a year later.³

EAPs can talk with management or health plan administrators to request that doctors included in the company's health plan use PDMPs. States with PDMPs save on health care benefits through reductions in (1) admissions for inpatient and outpatient addiction treatment, (2) prescription drug overdoses and associated health problems, and (3) prescription drug costs associated with employer-funded purchases of drugs diverted to abuse.⁴ One study estimated that using PDMPs nationwide could reduce health care costs by \$113 million.⁵

What Are Employers Allowed to Ask?

The Americans with Disabilities Act (ADA) protects the rights of job applicants and employees to be assessed on merit alone, while protecting the rights of employers to ensure that individuals in the workplace can efficiently perform the essential functions of their jobs.⁶ The ADA applies to all employees, not just those with disabilities. Medical information such as the non-medical use of prescription drugs is protected under the ADA, so employers must be knowledgeable about ADA regulations before making any inquiries of their employees or potential new hires. It is important that EAP providers understand what the employer can and cannot ask at different stages of the hiring/employment process.

Pre-Employment Inquiries

According to the ADA, employers **cannot** ask potential new hires:

- Questions about their prescription drug history before they offer a job to the applicant.

Employers **can** ask potential new hires:

- If they can perform all the job duties stated in the job description.
 - » The applicant is required by law to notify the employer of any prescribed drugs they may be taking that have side effects which can affect their job duties. For many jobs, that includes drugs where labels say, "may cause drowsiness" or suggest caution when using heavy machinery (which includes driving).

After Job Offer; Before Employment Begins

Once a potential new hire completes the interview process and is offered a job, an employer can ask the employee:

- Health-related questions, including questions about the use of prescribed drugs.
 - » This can only be done if all employees at the same job status are required to answer the same questions. These questions can be asked even if they do not relate to the job's function.

- To get a medical examination and submit their results to the company.
 - » Under the ADA, it is illegal for employers to discriminate against potential new hires based on prescribed drug use history unless the person could not start the job, even if the employer has made reasonable accommodations for that person's position.

During Employment

Employers **cannot** ask employees:

- About their prescribed drug use unless the side effects of the drugs directly affect their job function.

Employers **can** ask employees:

- Health-related questions if they have learned reliable information from a third party that an employee's job functions will be or are impaired due to prescribed drug use or there is a direct threat to safety.
- To take a medical examination to determine if there is a threat to safety.
 - » Employers do not get access to employees' full medical records—just the outcome of the medical examination.

Confidentiality

Employee health-related information is protected by law. Therefore, an employer must adhere to strict confidentiality regulations with any employee health-related information. Employers can only share an employee's prescription drug use history if there are work-related restrictions for this employee due to the use. In this case, the information can be shared just with the employee's supervisor.

References

- ¹ Florence, C., Zhou, C., Luo, F., & Xu, L. (2016). The economic burden of prescription opioid overdose, abuse, and dependence in the United States, 2013. *Medical Care*, *54*(10): 901–906.
- ² Birnbaum, H. G., White, A. G., Schiller, M., Waldman, T., Cleveland, J. M., & Roland, C. L. (2011). Societal costs of prescription opioid abuse, dependence, and misuse in the United States. *Pain Medicine*, *12*(4): 657–667.
- ³ Franklin, G. M., Stover, B. D., Turner, J. A., Fulton-Kehoe, D., & Wickizer, T. M. (2008). Early opioid prescription and subsequent disability among workers with back injuries: The Disability Risk Identification Study Cohort. *Spine*, *33*, 199–204. Retrieved from https://www.colorado.gov/pacific/sites/default/files/Franklin%202008_2.pdf
- ⁴ Wang, J., & Christo, P. (2009). The influence of prescription monitoring programs on chronic pain management. *Pain Physician Journal*, *12*(1): 507–515.
- ⁵ Sorg, M., LaBrie, S., & Parker, W. (2009). Analysis and evaluation of participation by prescribers and dispensers in the Maine state prescription monitoring program. Margaret Chase Smith Policy Center.
- ⁶ United States Equal Employment Opportunity Commission. (1990). Enforcement guidance: Disability-related inquiries and medical examinations of employees under the Americans with Disabilities Act (ADA). Retrieved from <http://www.eeoc.gov/policy/docs/guidance-inquiries.html>

Employee Programs and Services for Prescription Drug Misuse and Addiction



In addition to providing direct counseling, Employee Assistance Programs (EAPs) can educate clients about the risks of sharing medications, comprehensive benefits packages addressing prescription drug misuse, and how to handle unused medications.

EAPs can provide direct counseling services and expertise to management to address the non-medical use of prescription drugs. EAPs also can address additional topics with employees either by providing written information or including the information in other trainings or programs. Some of these topics are described below.

■ *Not Sharing Medications at Work*

Employees may not realize that sharing medications is both illegal and dangerous. Among individuals misusing prescription pain relievers, about half obtained them from a relative or friend for free.¹ EAPs can help employees understand the dangerous risks posed by sharing prescription drugs—particularly while at work. Here are facts that EAPs can provide to employees:

- Federal law prohibits the possession or use of someone else's prescription drugs.
- Employees can get fired from their job for distributing prescription drugs without a medical license.
- Someone else's prescription drugs may cause problems with an employee's current medicines or medical conditions. They also may cause a serious side effect or allergic reaction.
- Employees who use leftover prescription drugs—theirs or someone else's—run the risk of not getting the correct amount of medication, making the illness harder to treat.
- Employees could be responsible for coworkers' injuries if the coworker takes the employee's prescription drugs. And depending on where the employee lives, if the person to whom the employee gave the drugs gives them to someone else, the employee also may be legally responsible for the other person's injuries.

The bottom line: Do not share medications with others! It's dangerous and illegal.

■ *Structuring a Health Benefits Package Sensitive to Prescription Drug Misuse Issues*

EAPs can help employees understand their health benefits and advocate for the inclusion of prescription drug misuse issues. Employees should review their health benefits packages to determine if they include the following services addressing the prevention and intervention of the non-medical use of prescription drugs:

Major medical insurance (including the following covered services):

- Education and training on prescription management and safe disposal of unused drugs.
- Coverage for non-drug alternatives to pain management.
 - » Mindful meditation, acupuncture, and therapeutic massage all can be effective.
 - » Covering these alternative therapies reduces the number of employees taking opioids that impair performance and can be addictive.
- Confidential screening for prescription drug use problems.
 - » Screening seeks to identify potential or actual misuse as early as possible so that appropriate interventions can be provided.
- Brief intervention.
 - » Brief interventions provide patients with tools to change their attitude toward themselves and their use of substances.
- Outpatient and inpatient treatment.

- » Inpatient treatment or hospitalization is recommended for persons who are at risk for severe withdrawal problems or for persons who have other health conditions, which may make detoxification unsafe.
- » Outpatient treatment is less intensive; however, it should include psychotherapeutic and pharmacologic therapies, when needed.
- Medication.
 - » Used in conjunction with behavioral therapy, medications are aimed at reducing both the pleasurable effects of substances and the neurological changes that cause craving and relapse.
- Peer support groups.
 - » A 12-step program or similar supports.
- Counseling, psychological therapy, and medical services.
 - » Counseling can help individuals modify their substance use behaviors and strengthen healthy life skills.
 - » The American Psychological Association suggests counseling/therapy prior to use of psychotropic medications and/or with medications as appropriate.²

Pharmacy Benefits

Comprehensive employer health plans typically include pharmacy benefits, often administered by third parties. The health plan's covered pharmacy formularies need to include drugs approved by the U.S. Food and Drug Administration (FDA) to treat prescription drug misuse, as well as nicotine, alcohol, and other substance dependence. Additionally, the contracted pharmacy benefit administrator should have a program, such as mandated physician consultation with the state Prescription Drug Monitoring Program (PDMP), in place to identify and control prescription drug misuse and "doctor shopping." For example, the prescriber should be able to identify persons with opiate prescriptions from more than one provider and, when appropriate, ask the administrator to lock the patient into a single opioid prescriber or dispenser to maintain their health insurance coverage. It may be cost-effective to define PDMP verification for opioid prescriptions as a covered procedure with some level of financial reimbursement.

Workers' Compensation

Workers' compensation insurers provide education and resources related to employee rights, possible hazards,

and generalized health and safety requirements and knowledge. For occupational injury and illness, they provide medical benefits, compensation for lost wages, retraining, and return-to-work assistance. In helping to manage return-to-work, the workers' compensation insurer needs to be attentive to pain and depression management.

Employees recovering from occupational injuries may be at risk of addiction to opioid pain medication. Moreover, the National Council on Compensation Insurance estimates that prescription drugs account for one-fifth of workers' compensation medical costs.³ Diversion of prescription drugs into the illegal market by those receiving workers' compensation is a source of concern for employers and workers' compensation insurance agencies. To help address risks associated with opioid misuse and dependence, health plan and workers' compensation providers need to coordinate their monitoring of prescription drug usage directly or through prescriber use of PDMP data. Providers' contracting language typically requires updating to create adequate controls for identifying misuse of prescription medications. Finally, workers' compensation and health plan vendors should specify the procedures they will follow if misuse is identified—that is, who is notified, and how these situations are resolved. Due to privacy laws, employers often legally cannot be notified of misuse situations.

How to Handle Leftover Medications

Why are unused medications a problem? Leftover, unused, or old medications are dangerous for employees to keep in their home. It is important to inform employees of the dangers of keeping older medications. Employees should be told that keeping old medications can put you and your family at risk for:

- **Poisoning.** Children and pets may get into the medicine and become sick or die. According to the Centers for Disease Control and Prevention (CDC), approximately 60,000 young children are treated every year in emergency departments due to getting into medicines themselves or because of an adult's error with dosing.⁴
- **Having medicine stolen.** People who have access to the employees' homes may go through medicine cabinets and take the drugs without their permission. Pain relievers, in particular, can be illegally sold or given away.

- **Taking medicine after its expiration date.** All drugs have expiration dates. Many medications do not work as well after this date. Some can degrade in quality and make the user sick. Employees should not risk taking medicine after the expiration date.
- **Using medicine unwisely.** Although it may be tempting to use old medicines when feeling sick instead of going to the doctor, it is very risky. Self-medicating with old medicine may lead to delayed treatment of a serious medical problem. The medicine may be past the expiration date or the user may have unexpected reactions because of new medicines he or she is taking. Employees should talk to their doctor, who can check for new symptoms and medical history, and if necessary, write a new prescription that is appropriate for the current illness.

In addition, employees should be given information on how to properly dispose of unused medications:

- **DO** ask a pharmacist what to do with old medications. Many pharmacies, including those at grocery stores, will take unused medicines and dispose of them properly. They may or may not charge a small fee.
- **DO** check if the local police or fire departments have set up a permanent drop box for free, anonymous disposal.
- **DO** remember that medications should only be flushed down the toilet if they are on the FDA-approved flush list and take-back programs or transferring medications to a Drug Enforcement Administration (DEA)-authorized collector are not readily available options. Follow these FDA instructions:
<https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm#MEDICINES>

- **DO** look online. Several web pages can point to programs and stores that collect unused medicine, such as:
 - » DEA: Organizes drug take-back programs a few times a year at certain locations. The date and locations of the upcoming event are posted at http://www.deadiversion.usdoj.gov/drug_disposal/takeback/.
 - » FDA: Shows you how to properly dispose of medicine: <http://www.fda.gov/downloads/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/ucm107163.pdf>
 - » Sharps Compliance, Inc.: Has a national directory of pharmacies that take back medicine: <http://www.sharpsinc.com/locations>
 - » American Medicine Chest Challenge: Has a national directory of permanent prescription drug collection boxes: <http://www.americanmedicinechest.com>

References

- ¹ Substance Abuse and Mental Health Services Administration. (2020). *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health* (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
- ² American Psychological Association. (2002). Criteria for practice guideline development and evaluation. *American Psychologist*, 57(12), 1048–1051. doi:10.1037/0003-066X.57.12.1048
- ³ National Council on Compensation Insurance (NCCI). (2012). Workers Compensation Prescription Drug Study: 2011 Update. *Workers Compensation 2012 Issues Report*, 27. Boca Raton, FL.
- ⁴ Centers for Disease Control and Prevention. (2018). Protect your children: Store and use medicines safely. Retrieved from <https://www.cdc.gov/features/safe-medicine-children/index.html>

Screening for Prescription Drug Misuse



Employee Assistance Program (EAP) providers should include screening for non-medical prescription use in the assessments they provide, as prescription drug use problems can interfere with employees' health and safety at home and at work.

EAP providers may evaluate employees for a variety of behavioral health problems, typically using validated screening tools. As part of the evaluation process, EAPs should routinely ask employees about their prescription drug use. Prescription drug use can play a part in negative work performance or behavioral health issues. Even when used as prescribed, prescription drugs may cause impairment, particularly when used in combination with other substances.

Traditionally, workplaces have relied on biological drug testing to detect a drug user. Few question-based screeners have been developed specifically for use in the workplace, yet they could be very useful in helping employees recognize the signs of prescription drug misuse by loved ones or to recognize and deal effectively with their own prescription drug misuse. Screeners are typically brief questionnaires or interviews designed to detect signs of prescription drug misuse in apparently healthy individuals so that interventions can be provided early (before the problem becomes obvious).¹ Screening for prescription drug misuse is performed for two reasons:

- To identify people at high risk for prescription drug misuse.
- To determine whether an individual shows key indicators of non-medical prescription use.

Screening can help prevent the non-medical use of prescription drugs, identify those at risk, discover a potential addiction problem, and/or point to a need for further evaluation and treatment. This is relevant for employers because early identification of symptoms of non-medical prescription use may prevent continuation or the escalation of such use and consequential problems related to worker safety risks, reduced productivity, and medical treatment for substance use disorders.

Screeners for prescription drug misuse are needed to evaluate risk for the three classes of medications that are most often misused: opiate pain relievers (such as OxyContin and Vicodin), stimulants (such as Adderall and Vyvanse), and tranquilizers (agents that reduce anxiety, such as Valium and Xanax). Other drugs that may be considered for screening include sleep medications.

Screeners Should Be Scientifically Sound

Screeners are developed based on their ability to correctly identify people with and without a condition. The two measures that determine a screener's accuracy are sensitivity and specificity.² The sensitivity of a test refers to the ability of the test to correctly identify clients with a given condition (in this case, prescription drug misuse). For example, a test with 90 percent sensitivity correctly identifies 90 percent of those who are at risk for prescription drug misuse. The specificity of a screener refers to the ability of the screener to correctly identify patients not at risk for prescription drug misuse. It is desirable to have a test that is both highly sensitive and highly specific.

Currently Available Screeners

While you may already be using a validated screener, it can be helpful to review the range of screeners currently available. Some of these might be familiar to you, while others may be new. As you may already know, screeners for substance misuse may be general—asking about tobacco, alcohol, illegal drug, and prescription drug use—or specific—meaning they target only one substance or class of drugs. General screeners for substance misuse detection are typically used for universal health screening (see Table 1). Many were developed to be administered by medical professionals

but can also be used by EAPs or be adapted for use by employees as self-administered, “take-home” flyers, or as part of wellness, health education, or workplace prescription drug misuse prevention programs. Tables 1 and 2 list the substances asked about in each screener, the populations they are intended to reach, websites where these screeners can be found, the number of questions asked in each screener, and studies supporting screeners’ use.

Currently, there are no brief specific screeners geared to detect stimulant or tranquilizer misuse. A 37-item questionnaire has been developed to identify risks for stimulant misuse among college students^{3,4} that may be adapted for workplace use (though it would need to be re-validated for working populations). Several brief screeners are being developed to detect prescription drug misuse risk among patients seeking opiate medications to control pain. Screeners are also available to monitor behaviors that may indicate medication misuse in patients being prescribed opiates (see Table 2). Longer screeners have been recommended;⁵ these screeners included the Screener and Opioid Assessment for Patients with Pain–Revised,⁶ Addiction Behaviors Checklist,⁷ Prescription Drug Use Questionnaire,⁸ and the Patient Assessment and Documentation Tool.^{9,10}

SBIRT: Screening, Brief Intervention, and Referral to Treatment

On the SBIRT page on the Substance Abuse and Mental Health Services Administration’s website (www.samhsa.gov/sbirt/about), SBIRT is defined as a “comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders,¹¹ as well as those who are at risk for developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.”

As the full name implies, SBIRT consists of three major components

- Screening—Providers assess clients for severity of substance use behaviors using standardized screening tools. Typically this is a universal screening to help identify unreported risky substance use.
- Brief Intervention—Providers help the clients gain insight and awareness regarding substance use and increased motivation to reduce risky behavior typically using motivational interviewing and cognitive behavioral therapy techniques.
- Referral to Treatment—Providers assist clients identified as needing more extensive treatment gain access to specialty care.

While most of the evidence of SBIRT’s effectiveness has been found in health care settings, EAPs can be a promising and underutilized vehicle for delivering this evidence-based practice. A study¹² was conducted to examine the feasibility of implementing telephonic SBIRT addressing alcohol in an EAP call center and whether the implementation of telephonic SBIRT increased the identification of employees misusing alcohol. Their findings indicate that such implementation was feasible and did increase the identification of workers with alcohol misuse problems.

Additional training can be found at <http://bigsbirteducation.webs.com/>.

Table 1. Brief Screening Instruments That Include Prescription Drug Abuse

| Instrument | Populations studied | Substances assessed | Instrument use and availability | Number of questions | Citations/ rating* |
|--|---|---|---|---------------------|---|
| Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) ¹³ | Adults | Tobacco, alcoholic beverages, cannabis, cocaine, amphetamine-type stimulant, inhalants, hallucinogens, opioids, other | The document may be freely reviewed, abstracted, reproduced, and translated, in part or in whole, but it may not be sold or used in conjunction with commercial purposes. Available at http://www.who.int/substance_abuse/activities/assist/en/ . Copyright 2000, World Health Organization (WHO). | 8 | Strong support ¹³⁻¹⁸ |
| CAGE–Adapted to Include Drugs (CAGE-AID) ¹⁹ | Adolescents, adults, co-occurring disorders | Drugs other than alcohol | Available from the Substance Abuse and Mental Health Services Administration (SAMHSA)–Human Resources and Services Administration (HRSA) Center for Integrated Health Solutions at http://www.integration.samhsa.gov/images/res/CAGEAID.pdf . | 4 | Strong Support ¹⁹⁻²³ |
| CRAFT ²⁴ | Adolescents | Alcohol and other drugs | Available from the Center for Adolescent Substance Abuse Research at https://www.integration.samhsa.gov/clinical-practice/sbirt/CRAFT_Screening_interview.pdf | 6 | Strong Support ²⁴⁻²⁷ |
| Drug Abuse Screening Test (DAST-10) ²⁸ | Adults, college students, pregnant women (an adolescent version is available) | Cannabis, inhalants, tranquilizers, barbiturates, cocaine, stimulants, hallucinogens, narcotics | This instrument may be used for noncommercial use (clinical, research, training purposes) as long as you credit the author, Dr. Harvey A. Skinner. Available at https://www.integration.samhsa.gov/clinical-practice/DAST_10.pdf . Copyright 1982 by Harvey A. Skinner, PhD, and the Centre for Addiction and Mental Health, Toronto, Canada. | 10 | Strong support ^{18,28-36} |
| Drug Use Disorders Identification Test (DUDIT) ³⁷ | Adults | Cannabis, amphetamines, cocaine, opiates, hallucinogens, inhalants, GHB/other, sleeping pills/sedatives, pain relievers | DUDIT is in the public domain, but the layout is copyrighted. This means that if one wants to use the DUDIT clinically or in research or to use the data presented in the DUDIT manual or the Berman et al. articles, ^{41;42} then the DUDIT must be used as presented in the manual. The DUDIT is available at http://www.emcdda.europa.eu/attachements.cfm/att_10455_EN_DUDIT.pdf . | 11 | Strong support ^{18;37-40} |
| National Institute on Drug Abuse (NIDA)-Modified ASSIST (NM ASSIST) | | Cannabis, cocaine, prescription stimulants, methamphetamine, inhalants, sedatives or sleeping pills, hallucinogens, street opioids, prescription opioids, other | NM ASSIST was adapted from the WHO ASSIST, Version 3.0, and is available at http://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf | 8 | Strong support ¹³⁻¹⁸ |
| NIDA Quick Screen | | Alcohol, tobacco, prescription drugs for non-medical use, illegal drugs | The NIDA Quick Screen was adapted from the single-question screen for drug use in primary care by Smith et al. ⁴¹ and the National Institute on Alcohol Abuse and Alcoholism’s screening question on heavy drinking days. A paper version is available at http://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf . An electronic version can be found http://www.drugabuse.gov/nmassist/?q=nida_questionnaire . | 1 | Moderate/limited support ⁴¹ |
| RAFFT ⁴² | Adolescents | Alcohol and other drugs | The assessment is available in the source reference. | 5 | Moderate/limited support ^{42;43} |

*Rating scale: strong support—validated by three or more; moderate/limited support—validated by one or two independent trials.

Table 2. Brief Screening Instruments Specific for Opiate Abuse Risk

| Instrument | Populations studied | Prior to/during treatment | Instrument information and availability | Number of questions | Citations/rating* |
|--|---------------------|---------------------------|---|---------------------|---|
| Opioid Risk Tool (ORT) ⁴⁴ | Adults | Prior to treatment | Self-administered, office-based tool used to assist clinicians in assessing chronic pain patients' risk for prescription opiate misuse. Available at https://protect2.fireeye.com/url?k=fe466159-a2127825-fe465066-0cc47adc5fa2-1c6c2018e35845f5&u=http://www.emergingsolutionsinpain.com/component/mams/?task=download.file&format=raw&dclid=852 . | 5 | Strong support ⁴⁴⁻⁴⁶ |
| Diagnosis, Intractability, Risk, Efficacy (DIRE) ⁴⁷ | Adults | Prior to treatment | Clinician-administered tool used to assess which chronic, non-cancer pain patients will have effective analgesia and be compliant with long-term opioid maintenance treatment. Available at https://protect2.fireeye.com/url?k=9bca3094-c79e29e8-9bca01ab-0cc47adc5fa2-9214417fdd46116e&u=http://www.emergingsolutionsinpain.com/component/mams/?task=download.file&format=raw&dclid=852 . | 7 | Moderate/limited support ^{45,47} |
| Current Opioid Misuse Measure ⁴⁸ | Adults | During Treatment | Self-administered, office-based tool used to document patient compliance and appropriate use of their prescribed opioids for pain. Available at http://www.emergingsolutionsinpain.com/images/pdf/reslib/COMM_Tool.pdf . | 17 | Strong support ⁴⁸⁻⁵⁰ |
| The Chabal 5-Point Opiate Abuse Checklist ⁵¹ | Adults | During Treatment | Clinician-administered checklist that, within a clinic setting, relies on observable behaviors to identify chronic pain patients who are misusing their medication. Available at https://protect2.fireeye.com/url?k=dc0e615e-805a7822-dc0e5061-0cc47adc5fa2-915dc67219aa7da9&u=http://www.emergingsolutionsinpain.com/component/mams/?task=download.file&format=raw&dclid=852 . | 5 | Moderate/limited support ⁵¹ |

*Rating scale: strong support—validated by three or more; moderate/limited support—validated by one or two independent trials.

References

- O'Toole, M. T. (2005). Miller-Keane encyclopedia and dictionary of medicine, nursing, and allied health, 7th edition. New York: Elsevier Health Sciences.
- Akobeng, A. K. (2007). Understanding diagnostic tests 1: Sensitivity, specificity and predictive values. *Acta Paediatrica*, 96, 338–341.
- Bavarian, N., Flay, B. R., Ketcham, P. L., & Smit, E. (2013). Illicit use of prescription stimulants in a college student sample: A theory-guided analysis. *Drug and Alcohol Dependence*, 132, 665–673.
- Bavarian, N., Flay, B. R., Ketcham, P. L., & Smit, E. (2013). Development and psychometric properties of a theory-guided prescription stimulant misuse questionnaire for college students. *Substance Use & Misuse*, 48, 457–469.
- Frankel, G. E. C., Intrater, M., Doupe, M., & Namaka, M. (2013). Opioid misuse in Canada and critical appraisal of aberrant behavior screening tools. *World Journal of Anesthesiology*, 3, 61–70.
- Butler, S. F., Fernandez, K., Benoit, C., Budman, S. H., & Jamison, R. N. (2008). Validation of the revised Screener and Opioid Assessment for Patients with Pain (SOAPP-R). *The Journal of Pain*, 9, 360–372.
- Wu, S. M., Compton, P., Bolus, R., Schieffer, B., Pham, Q., Baria, A., ... Naliboff, B. D. (2006). The Addiction Behaviors Checklist: Validation of a new clinician-based measure of inappropriate opioid use in chronic pain. *Journal of Pain and Symptom Management*, 32, 342–351.
- Michna, E., Ross, E. L., Hynes, W. L., Nedeljkovic, S. S., Soumekh, S., Janfaza, D., ... Jamison, R. N. (2004). Predicting aberrant drug behavior in patients treated for chronic pain: Importance of abuse history. *Journal of Pain Symptom Management*, 28, 250–258.
- Passik, S. D., Kirsh, K. L., Whitcomb, L., Portenoy, R. K., Katz, N. P., Kleinman, L., ... Schein, J. R. (2004). A new tool to assess and document pain outcomes in chronic pain patients receiving opioid therapy. *Clinical Therapeutics*, 26, 552–561.
- Nuckols, T. K., Anderson, L., Popescu, I., Diamant, A. L., Doyle, B., Di Capua, P., & Chou, R. (2014). Opioid prescribing: A systematic review and critical appraisal of guidelines for chronic pain. *Annals of Internal Medicine*, 160, 8–47.
- Bray, J. W., Del Boca, F. K., McRee, B. G., et. al. (2017). Screening, Brief Intervention and Referral to Treatment (SBIRT): rationale, program overview and cross-site evaluation. *Addiction*, 112(S2), 3–11n. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/add.13675/abstract>
- McPherson, T. L., Goplerud, E., Derr, D., Mickenberg, J., & Courtemanche, S. (2010). Telephonic screening and brief intervention for alcohol misuse among workers contacting the employee assistance program: A feasibility study. *Drug and Alcohol Review*, 29, 641–646.
- WHO ASSIST Working Group. (2002). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Development, reliability and feasibility. *Addiction*, 97, 1183–1194.
- Humeniuk, R., Ali, R., Babor, T. F., Farrell, M., Formigoni, M. L., Jittiwutikarn, J., ... Simon, S. (2008). Validation of the Alcohol, Smoking And Substance Involvement Screening Test (ASSIST). *Addiction*, 103, 1039–1047.
- Newcombe, D. A., Humeniuk, R. E., & Ali, R. (2005). Validation of the World Health Organization Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Report of results from the Australian site. *Drug and Alcohol Review*, 24, 217–226.
- Humeniuk, R., & Ali, R. (2006). Validation of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and pilot brief intervention: A technical report of phase II findings of the WHO ASSIST Project. Geneva, Switzerland: World Health Organization.
- Hides, L., Cotton, S. M., Berger, G., Gleeson, J., O'Donnell, C., Proffitt, T., ... Lubman, D. I. (2009). The reliability and validity of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) in first-episode psychosis. *Addictive Behaviors*, 34, 821–825.

References (continued)

- ¹⁸ Mdege, N. D., & Lang, J. (2011). Screening instruments for detecting illicit drug use/abuse that could be useful in general hospital wards: A systematic review. *Addictive Behaviors, 36*, 1111–1119.
- ¹⁹ Leonardson, G. R., Kemper, E., Ness, F. K., Koplin, B. A., Daniels, M. C., & Leonardson, G. A. (2005). Validity and reliability of the audit and CAGE-AID in Northern Plains American Indians. *Psychological Reports, 97*, 161–166.
- ²⁰ Brown, R. L., & Rounds, L. A. (1995). Conjoint screening questionnaires for alcohol and other drug abuse: Criterion validity in a primary care practice. *Wisconsin Medical Journal, 94*, 135–140.
- ²¹ Couwenbergh, C., Van Der Gaag, R. J., Koeter, M., De, R. C., & Van Den Brink, W. (2009). Screening for substance abuse among adolescents: validity of the CAGE-AID in youth mental health care. *Substance Use & Misuse, 44*, 823–834.
- ²² Hinkin, C. H., Castellon, S. A., Dickson-Fuhrman, E., Daum, G., Jaffe, J., & Jarvik, L. (2001). Screening for drug and alcohol abuse among older adults using a modified version of the CAGE. *American Journal on Addictions, 10*, 319–326.
- ²³ Brown, R. L., Leonard, T., Saunders, L. A., & Pappasoulis, O. (1997). A two-item screening test for alcohol and other drug problems. *Journal of Family Practice, 44*, 151–160.
- ²⁴ Knight, J. R., Shrier, L. A., Bravender, T. D., Farrell, M., Vander, B. J., & Shaffer, H. J. (1999). A new brief screen for adolescent substance abuse. *Archives of Pediatrics and Adolescent Medicine Journal, 153*, 591–596.
- ²⁵ Knight, J. R., Sherritt, L., Shrier, L. A., Harris, S. K., & Chang, G. (2002). Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. *Archives of Pediatrics and Adolescent Medicine Journal, 156*, 607–614.
- ²⁶ Knight, J. R., Sherritt, L., Harris, S. K., Gates, E. C., & Chang, G. (2003). Validity of brief alcohol screening tests among adolescents: A comparison of the AUDIT, POSIT, CAGE, and CRAFFT. *Alcoholism: Clinical and Experimental Research, 27*, 67–73.
- ²⁷ Dhalla, S., Zumbo, B. D., & Poole, G. (2011). A review of the psychometric properties of the CRAFFT instrument: 1999–2010. *Current Drug Abuse Reviews, 4*, 57–64.
- ²⁸ Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behaviors, 7*, 363–371.
- ²⁹ Yudko, E., Lozhkina, O., & Fouts, A. (2007). A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. *Journal of Substance Abuse Treatment, 32*, 189–198.
- ³⁰ Cassidy, C. M., Schmitz, N., & Malla, A. Validation of the alcohol use disorders identification test and the Drug Abuse Screening Test in first episode psychosis. *Canadian Journal of Psychiatry, 53*, 26–33.
- ³¹ Grekin, E. R., Svikis, D. S., Lam, P., Connors, V., Lebreton, J. M., Streiner, D. L., ... Ondersma, S. J. (2010). Drug use during pregnancy: Validating the Drug Abuse Screening Test against physiological measures. *Psychology of Addictive Behaviors, 24*, 719–723.
- ³² Maisto, S. A., Carey, M. P., Carey, K. B., Gordon, C. M., & Gleason, J. R. (2000). Use of the AUDIT and the DAST-10 to identify alcohol and drug use disorders among adults with a severe and persistent mental illness. *Psychological Assessment, 12*, 186–192.
- ³³ Skinner, H. A., & Goldberg, A. E. (1986). Evidence for a drug dependence syndrome among narcotic users. *British Journal of Addiction, 81*, 479–484.
- ³⁴ Bohn, M. J., Babor, T. F., & Kranzler, H. R. Validity of the Drug Abuse Screening Test (DAST-10) in inpatient substance abusers: Problems of drug dependence. Proceedings of the 53rd Annual Scientific Meeting, Committee on Problems of Drug Dependence.
- ³⁵ Staley, D., & El-Guebaly, N. (1990). Psychometric properties of the Drug Abuse Screening Test in a psychiatric patient population. *Addictive Behaviors, 15*, 257–264.
- ³⁶ Gavin, D. R., Ross, H. E., & Skinner, H. A. (1989). Diagnostic validity of the Drug Abuse Screening Test in the assessment of DSM-III drug disorders. *British Journal of Addiction, 84*, 301–307.
- ³⁷ Berman, A. H., Bergman, H., Palmstierna, T., & Schlyter, F. (2005). Evaluation of the Drug Use Disorders Identification Test (DUDIT) in criminal justice and detoxification settings and in a Swedish population sample. *European Addiction Research, 11*, 22–31.
- ³⁸ Berman, A. H., Palmstierna, T., Kallmen, H., & Bergman, H. (2007). The self-report Drug Use Disorders Identification Test: Extended (DUDIT-E): Reliability, validity, and motivational index. *Journal of Substance Abuse Treatment, 32*, 357–369.
- ³⁹ Durbeej, N., Berman, A. H., Gumpert, C. H., Palmstierna, T., Kristiansson, M., & Alm, C. (2010). Validation of the Alcohol Use Disorders Identification Test and the Drug Use Disorders Identification Test in a Swedish sample of suspected offenders with signs of mental health problems: Results from the Mental Disorder, Substance Abuse and Crime study. *Journal of Substance Abuse Treatment, 39*, 364–377.
- ⁴⁰ Voluse, A. C., Gioia, C. J., Sobell, L. C., Dum, M., Sobell, M. B., & Simco, E. R. (2012). Psychometric properties of the Drug Use Disorders Identification Test (DUDIT) with substance abusers in outpatient and residential treatment. *Addictive Behaviors, 37*, 36–41.
- ⁴¹ Smith, P. C., Schmidt, S. M., Allensworth-Davies, D., & Saitz, R. (2010). A single-question screening test for drug use in primary care. *Archives of Internal Medicine, 170*, 1155–1160.
- ⁴² Bastiaens, L., Francis, G., & Lewis, K. (2000). The RAFFT as a screening tool for adolescent substance use disorders. *The American Journal on Addictions, 9*, 10–16.
- ⁴³ Bastiaens, L., Riccardi, K., & Sakhrani, D. (2002). The RAFFT as a screening tool for adult substance use disorders. *The American Journal of Drug and Alcohol Abuse, 28*, 681–691.
- ⁴⁴ Webster, L. R., & Webster, R. M. (2005). Predicting aberrant behaviors in opioid-treated patients: Preliminary validation of the Opioid Risk Tool. *Pain Medicine, 6*, 432–442.
- ⁴⁵ Passik, S. D., Kirsh, K. L., & Casper, D. (2008). Addiction-related assessment tools and pain management: Instruments for screening, treatment planning and monitoring compliance. *Pain Medicine, 9*, 145–166.
- ⁴⁶ Butler, S. F. (2008). Evidence of co-occurring alcohol and prescription opioid abuse in clinical populations: Implications for Screening. Presented at the Tufts Health Care Institute, Program on Opioid Risk Management Conference on Co-Ingestion of Alcohol with Prescription Opioids.
- ⁴⁷ Belgrade, M. J., Schamber, C. D., & Lindgren, B. R. (2006). The DIRE score: Predicting outcomes of opioid prescribing for chronic pain. *The Journal of Pain, 130*, 671–681.
- ⁴⁸ Butler, S. F., Budman, S. H., Fernandez, K. C., Houle, B., Benoit, C., Katz, N., & Jamison, R. N. (2007). Development and validation of the Current Opioid Misuse Measure. *The Clinical Journal of Pain, 26*, 144–156.
- ⁴⁹ Butler, S. F., Budman, S. H., Fanciullo, G. J., & Jamison, R. N. (2010). Cross validation of the current opioid misuse measure to monitor chronic pain patients on opioid therapy. *The Clinical Journal of Pain, 26*, 770–776.
- ⁵⁰ Meltzer, E. C., Rybin, D., Saitz, R., Samet, J. H., Schwartz, S. L., Butler, S. F., & Liebschutz, J. M. (2011). Identifying prescription opioid use disorder in primary care: Diagnostic characteristics of the Current Opioid Misuse Measure (COMM). *Pain, 152*, 397–402.
- ⁵¹ Chabal, C., Erjavec, M. K., Jacobson, L., Mariano, A., & Chaney, E. (1997). Prescription opiate abuse in chronic pain patients: Clinical criteria, incidence, and predictors. *The Clinical Journal of Pain, 13*, 150–155.

Fitness for Duty



Medical and non-medical use of prescription drugs should be included in Fitness-for-Duty evaluations, particularly those involving workers' compensation claims. Employee Assistance Programs (EAPs) can assist with the assessment and monitoring of mental health and substance misuse problems for employees who return to work after an illness or injury.

Fitness-for-duty evaluations are typically conducted to determine if an employee has the physical, mental, and emotional ability to perform the essential functions of his or her job in a manner which does not threaten the safety or health of the worker, co-workers, property, or the general public.

Fitness-for-duty evaluations may be required:

- If an employee has taken time off from work because of an injury or illness, but is ready to return to work. The fitness-for-duty evaluation will assess if the employee is ready and able to meet the physical or psychological requirements of their job.
- If an employee's behavior gives the employer reason to believe that he or she could not perform their job safely.
- If the employee has exhibited aggressive or violent behavior on the job.

If an employee has a disability recognized by the Americans with Disabilities Act (ADA), the rules regarding fitness-for-duty are more restrictive. In these cases, fitness-for-duty evaluations must be "job-related and consistent with business necessity."¹ Employers can require fitness-for-duty evaluations for employees who have a recognized disability as a condition for returning to work if:

- The employee's condition prevents him or her from performing the essential duties of their job.
- The employee presents a direct threat to his or her own safety or the safety of others (for example, potentially losing consciousness while operating heavy machinery).

Fitness-for-duty evaluations are often conducted by occupational health physicians, but EAP providers may also conduct psychological fitness-for-duty evaluations

as part of the services offered under behavioral risk management. Some EAPs may choose not to participate in these evaluations either because they only work with voluntary (versus mandated) referrals, or they may feel that their primary responsibility is to the welfare of the employee as opposed to the organization. Indeed, the Federal Employee Assistance Program Guide² cautions federal EAP providers about becoming involved in fitness-for-duty evaluations, as such evaluations may involve confidentiality, legal, or other ethical issues. In particular, the guide notes that EAP providers should not perform fitness-for-duty evaluations on any previous EAP client.

For EAPs that do perform fitness-for-duty evaluations or reviews, the use of prescription medications, both medical and non-medical use, should be addressed. In particular, just as illicit drug use can impact fitness-for-duty, so can the non-medical use of prescription drugs. Both illicit drug use and the non-medical use of prescription drugs should be handled in the same manner based on the employers' drug-free workplace policy and fitness-for-duty requirements.

It is possible that an employee returning to work may be taking a medication legally—and as prescribed—but the medication prevents the employee from doing his or her job safely. For example, an employee may be returning to work after having undergone surgery, broken a bone, or suffering from chronic back pain. For these and other medical issues, a physician may prescribe an opioid pain reliever. While these drugs are effective for pain, they can also affect hand-eye coordination, motor skills, reaction times, and the cognitive skills required to do certain jobs, including operating heavy machinery or vehicles. In addition, employees in safety-sensitive positions or other positions for which the use of some

medications may put them or their co-workers at risk may seek information from the EAP on how to balance their medical needs with work responsibilities. In some cases, the employer has the option to provide a temporary accommodation while the person is taking the medication (e.g., move the employee to another assignment or provide some type of leave).

EAPs should advocate for integrating EAP counseling into the workers' compensation process or coordinating EAP services with workers' compensation services. This integration could include automatically enrolling employees engaged in the workers' compensation process into EAP assessment and counseling. The EAP could then screen and address any mental health and substance misuse issues that might arise in the accident or injury recovery. The EAP can be involved in assessing and monitoring medical and non-medical use of prescription drugs that may have been prescribed as part of the employee's treatment.

Regardless of whether EAPs provide fitness-for-duty evaluations for their clients, providers should be familiar with the employers' fitness-for-duty policies and procedures to address questions from employees as they arise. In particular, it is important that the policies address both the medical and non-medical use of prescription drugs and implications for employees.

References

- ¹ United States Equal Employment Opportunity Commission. (2005). Enforcement guidance: Disability-related inquiries and medical examinations of employees under the Americans with Disabilities Act (ADA). Retrieved from <https://www.eeoc.gov/policy/docs/guidance-inquiries.html>
- ² United States Office of Personnel Management. (2008). Federal employee assistance programs: Guiding principles, framework, and definitions. Retrieved from <https://www.opm.gov/policy-data-oversight/worklife/reference-materials/eapguide.pdf>

Alternatives to Prescription Drugs



Encouraging employees to use alternatives to prescription drugs when appropriate has a number of advantages, including lowering the risk of prescription drug misuse. Employee Assistance Programs (EAPs) are in a unique position to counsel employees about these alternative approaches.

An EAP's role in providing alternatives to prescription drugs may include a range of confidential services, including screening for prescription drug issues, treatment referrals as needed, and providing information and recommendations centering on non-pharmaceutical approaches to managing conditions such as pain, sleep disorders, anxiety, and depression. Advantages of alternatives to prescription drugs include:

- Aiding in the prevention of an over-reliance on pharmaceuticals;
- Promoting an enhanced or more efficacious response to pharmaceutical treatment, possibly reducing the amount of medication needed; and
- Helping prevent the non-medical use of prescription drugs.

Determining the alternatives to offer through the EAP or to recommend to employees may depend on several factors. These factors include particular prescription drug use issues in the workplace, treatments covered by employee health plans, and the scientific evidence supporting various alternative treatments.

Scientific and evidence-based practice information regarding alternative treatments can vary in findings and policy suggestions. Summaries of results from published research on complementary and alternative medicine (CAM)/complementary integrative health (CIH) approaches can be found at the [National Center for Complementary and Integrative Health \(NCCIH\) at the National Institutes of Health \(NIH\)](#).¹

NIH describes CAM/CIH as diverse medical and health care systems, practices, and products that are not typically part of conventional medicine. When non-mainstream approaches are used with conventional medicine, they are considered complementary. When

the non-mainstream approaches are used instead of conventional medicine, they are considered alternative. Integrative health practices coordinate care, emphasizing a holistic approach to wellness that may include mental, physical, social, spiritual, and community aspects. NCCIH recognizes that the field of CAM/CIH is continually evolving, but they currently group complementary health approaches into three broad categories:

- Natural Products, which include herbs, vitamins and minerals, and probiotics.
- Mind and Body Practices, which include procedures or techniques provided or taught, such as acupuncture, chiropractic and osteopathic manipulation, yoga, and meditation.
- Other CAM approaches, such as homeopathy, naturopathy, and functional medicine.²

While the range of all CAM/CIH approaches is quite broad, alternative medical services offered to employees with prescription drug concerns as part of EAP services or workplace-based health and wellness programs are more likely to fall within the following categories:

- Supportive therapies such as health coaching or peer support groups;
- Massage and relaxation therapies;
- Exercise-based physical therapies; and
- Self-management and lifestyle modification interventions.

Non-pharmaceutical recommendations and alternative therapies are most successful when they are a part of covered health benefits and when there are encouragements that promote employee health and wellness while reducing substance use and other health

risks.³ They may best be viewed as an adjunct to pharmaceutical therapy with the intention of preventing over-reliance or misuse of prescription medications.⁴ Additionally, the application of alternative therapies in conjunction with pharmaceutical treatment may improve outcomes for conditions such as chronic pain because a multimodal approach is often more effective than singular treatments and may result in decreased medication use and a better overall response to treatment.⁵

The role of the EAP in recommending or administering alternatives to prescription drugs will be based on the employers' workplace treatment policies, health care insurance plans and treatments covered by these plans, and agreements related to services provided to employees as part of the EAP program.

References

- ¹ The National Center for Complementary and Integrative Health. Retrieved from <https://nccih.nih.gov>
- ² National Center for Complementary and Integrative Health. (2018). Complementary, Alternative, or Integrative Health: What's In a Name? Retrieved from <http://nccih.nih.gov/health/integrative-health>
- ³ Zeidan, F., Adler-Neal, A. L., Wells, R. E., Stagnaro, E., May, L. M., Eisenach, J. C., ... Coghill, R. C. (2016). Mindfulness-meditation-based pain relief is not mediated by endogenous opioids. *Journal of Neuroscience*, 36(11), 3391–3397.
- ⁴ Slavitt, W., Reagin, A., & Finch, R. A. (2009). *An employer's guide to workplace substance abuse: Strategies and treatment recommendations*. Washington, DC: Center for Prevention and Health Services, National Business Group on Health.
- ⁵ Arnstein, P. (2011). Multimodal approaches to pain management. *Nursing*, 41(3): 60–61.

Pain Relief Strategies



Employee Assistance Program (EAP) providers can be an important resource to help employees understand alternative approaches to pain management that can reduce the risk of prescription drug misuse.

Pain is the most common reason people seek medical treatment. Patients often want the most potent pain relievers—opioids or other analgesic medications—and in the past few decades, these medications were prescribed with great frequency. Sales of opioid pain medication have increased in parallel with opioid-related overdose deaths,¹ leading the Centers for Disease Control and Prevention (CDC) to issue new prescribing guidelines. Employees who have been injured on the job or those who have developed chronic pain might seek relief with opioid medications. Opioid medications are potent pain relievers, but there are many reasons why employees should first try safer medications or alternative pain relief strategies before taking opioid medications.

Prescription drug misuse, caused mainly by misuse of opioid pain medication, is one of the fastest-growing drug problems in the United States. Since 2003, more overdose deaths have involved opioid analgesics than heroin and cocaine combined. This crisis parallels the huge increase in the number of prescriptions written for opioid medications over the past decade.

Depending on the employee's symptoms and diagnosis, a stepped care approach to pain management may be the best approach for pain relief.² A stepped care approach treats people for stages (or steps). Treatment intensity increases step by step if lower-intensity interventions fail or do not have an adequate effect.

■ ***A stepped approach to pain management involves the following components:***

Step 1 typically begins with a discussion regarding the causes of pain, non-opioid medications, and advice on how to resume or maintain activities.

Step 2 may include one or a combination of the following approaches: self-management techniques, exercise, behavioral health approaches, therapeutic massage, acupuncture, physical therapy, and spinal manipulation for back pain. These approaches most often require a coordination of efforts between the patient and various health professionals to improve outcomes.

Step 3 targets patients who need even more intensive interventions and those who have not received adequate relief from previous steps or activities. Interventions at this level often rely on opioid medications that are best monitored for signs of adverse reactions or improper administration.

■ ***More Details***

When suggesting pain relief strategies, it helps to realize that in many ways, the person with the pain knows his or her body better than anyone else does and is in the best position to determine treatments of choice. Finding personal solutions and techniques to relieve pain is called **self-management**. Self-management is best viewed as a component of a comprehensive wellness strategy that includes partnering with a health care provider. As an EAP professional, you can suggest self-management techniques for pain relief to employees seeking assistance with pain-related issues. The idea behind self-management is to empower workers to exercise some control over and reduce their pain, be more mobile, live happier lives, and reduce their chances of having a recurrence by applying simple and durable lifestyle approaches.

Some self-management techniques include:

- Reducing pain directly through strategies such as weight loss, over-the-counter medications, and the application of heat and cold;
- Exercise to maintain functioning and reduce the risk of injury recurrence;
- Learning to cope with pain through using complementary techniques such as distraction, guided imagery, and mindfulness-based interventions (MBIs) including progressive muscle relaxation and meditation;
- Addressing other concerns that may be contributing to pain such as anxiety, lack of social activities, or depression;
- Joining a support group for people dealing with chronic pain; and
- Planning fun activities that lessen the focus on the pain.

Behavioral Health Approaches

Some of the most effective means to alleviate pain involve ways to better coexist with it. **Cognitive-behavioral therapy (CBT)** is effective in reducing the perception and experience of chronic pain.^{3,4} CBT focuses on replacing maladaptive thoughts and behaviors with more adaptive ones. Methods that employees can use at home include distraction, guided imagery, and MBIs, such as progressive muscle relaxation and meditation. MBIs have many proven health benefits, including relief of distress caused by pain.⁵ More information on these techniques can be found on the Preventing Prescription Abuse in the Workplace (PAW) fact sheets noted in the References section.⁶

Research has shown a relationship between chronic pain and other conditions, including depression^{7–10} and anxiety.^{11,12} The relationship between these conditions is reciprocal. Not only can depression and anxiety develop in response to pain suffering, but having these conditions also increases the chance of reporting pain symptoms. If someone with chronic pain has these conditions, it is important these conditions are treated. People who can successfully manage depression and anxiety have better pain outcomes (for example, with chronic lower back pain¹³) than those who do not get help.

Understanding the relationship between chronic pain and these co-existing conditions can be critical in ensuring that employees get the comprehensive

treatment they need. EAPs can provide additional counseling to help employees cope better with chronic pain and assess for and provide counseling to manage anxiety and depression. As needed, EAPs can also refer employees to additional long-term counseling and treatment for pain related issues and problems.

For additional in-depth and comprehensive information on this issue, read Pain Management Best Practices Inter-Agency Task Force Report.¹⁴

References

- ¹ Dowell D., Haegerich T. M., & Chou R. (2016). CDC Guideline for Prescribing Opioids for Chronic Pain — United States. *Morbidity and Mortality Weekly Report*, 65(1),1–49. Retrieved from <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>
- ² Von Korff, M., & Moore, J. C. (2001). Stepped care for back pain: activating approaches for primary care. *Annals of Internal Medicine*, 134(9 Pt. 2), 911–917.
- ³ Chou, R., & Huffman, L. H. (2007). Nonpharmacologic therapies for acute and chronic low back pain: a review of the evidence for an American Pain Society/American College of Physicians clinical practice guideline. *Annals of Internal Medicine*, 147(7), 492–504.
- ⁴ Roditi, D., & Robinson, M. (2011). The role of psychological interventions in the management of patients with chronic pain. *Psychological Research and Behavior Management*, 4, 41–49. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3218789/>
- ⁵ Cullen, M. (2013). Mindfulness-based interventions: An emerging phenomenon. *Mindfulness*, 2(3), 186–193.
- ⁶ RTI International. (2018). SAMHSA Fact Sheets on Preventing Prescription Abuse in the Workplace. Retrieved from <https://www.rti.org/announcements/samhsa-fact-sheets-preventing-prescription-abuse-workplace>
- ⁷ Fishbain, D. A., Cutler, R., Rosomoff, H. L., & Rosomoff, R. S. (1997). Chronic pain-associated depression: antecedent or consequence of chronic pain? A review. *Clinical Journal of Pain*, 13(2), 116–137.
- ⁸ Ohayon, M. M. (2004). Specific characteristics of the pain/depression association in the general population. *Journal of Clinical Psychiatry*, 4(65), 5–9.
- ⁹ Narasimhan, M., & Campbell, N. (2010). A tale of two comorbidities: Understanding the neurobiology of depression and pain. *Indian Journal of Psychiatry*, 52(2), 127–130. <http://doi.org/10.41/0019-5545.64586>
- ¹⁰ Goesling, J., Clauw, D. J., & Hassett, A. L. (2013). Pain and depression: an integrative review of neurobiological and psychological factors. *Current Psychiatry Reports*, 15, 421.
- ¹¹ Means-Christensen, A. J., Roy-Byrne, P. P., Sherbourne, C. D., Craske, M. G., & Stein, M. B. (2008). Relationships among pain, anxiety, and depression in primary care. *Depression and Anxiety*, 25(7), 593–600.
- ¹² Von Korff, M., Crane, P., Lane, M., Miglioretti, D. L., Simon, G., Saunders, K., et al. (2005). Chronic spinal pain and physical/mental comorbidity in the United States: Results from the national comorbidity survey replication. *Pain*, 113(3), 331–339.
- ¹³ Bigos, S. J., Battie, M. C., Spengler, D. M., Fisher, L. D., Fordyce, W. E., Hansson, T. H., ... Wortley, M. D. (1991). A prospective study of work perceptions and psychosocial factors affecting the report of back injury. *Spine*, 16(1), 1–6.
- ¹⁴ U.S. Department of Health and Human Services (HHS). (2019). Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Retrieved from <https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html>

Return to Work



Employee Assistance Programs (EAPs) can help workplaces understand how to manage their response when an employee's use of prescription medication represents a violation and/or becomes a safety issue. In particular, EAPs can help employers address the special considerations involved in prescription drug use.

A Case Study

Henry Jones, a non-safety-sensitive employee at Planet Enterprises, received a confirmed positive urine lab test result for oxycodone (OxyContin®). Planet Enterprises' Medical Review Officer (MRO) contacted Henry to determine if there was a legitimate medical explanation for the presence of a prescription medication in his urine. Since Henry reported that he "borrowed" the medication from his Aunt Harriett, the MRO verified Henry's drug test as positive. Henry was referred to his company's EAP for a substance misuse evaluation. The EAP recommended that Henry undergo substance misuse treatment and provided names of competent treatment programs covered by Henry's insurance.

This case may sound extreme, but it is not unusual. As companies are increasingly including prescription medication as part of their drug-testing programs and recognizing that prescription drugs can pose serious threats to health and safety, cases like Henry's will continue to emerge.

What Happens When an Employee is Found to Have Used Prescription Drugs Non-Medically?

If an employer's drug-free workplace program includes restrictions on the use of prescription drugs (such as prescription opioids), and the employer learns an employee was using these drugs, the employer needs a written policy that defines next steps. All employer

policies should be reviewed to ensure that both the detection process and employer actions are in compliance with local, state, and/or federal laws and regulations.

The actions an employer takes after a confirmed violation will vary based on the company's written policy. Generally, employer policies fall into three broad categories:

- Continuing employment of the employee violator;
- Termination of the employee violator with the possibility of rehire; or
- Termination of employee violator with no future possibility of rehire.

An offer of continuing employment or rehire following a violation is generally contingent on the employee obtaining a substance misuse evaluation from a recognized expert, such as an EAP provider, and successfully completing all of the evaluator's recommendations. EAPs need to ensure that they understand the workplace policy regarding prescription drug use (perhaps even help shape it) and educate the employer on the important role they can play when non-medical use of prescription drugs is discovered.

Evaluation recommendations may include the following:

- Substance misuse education;
- Substance misuse treatment;
- Ongoing professional recovery services following return to work;
- Ongoing participation in 12-step recovery support meetings; and
- Relapse monitoring.

EAPs can play a critical role in these cases. EAPs have the capability of conducting substance misuse evaluations and linking employees to a qualified professional. They also can monitor an employee's participation and compliance with treatment as well as return-to-work recommendations.

The U.S. Department of Labor (DOL) suggests that employers may want to establish Return-to-Work Agreements.¹ A Return-to-Work Agreement is a written document that describes the expectations the employer and EAP/medical professional have of the employee who has completed mandatory treatment for a substance use disorder. The agreement also details the consequences for the employee if the expectations are not met. The DOL recommends that these agreements be used if an employee has violated the employer's drug-free workplace policy and been provided the opportunity to complete treatment as a condition of continued employment. The DOL notes that developing and using Return-to-Work Agreements requires:

- Coordination between the employee, employer, union, EAP, and/or treatment professionals.
- Compliance with the organization's policies and legal obligations, as well as medical recommendations.
- Prior notification through company policy that a Return-to-Work Agreement would be expected as a condition of continued employment.

EAPs are typically involved in initial assessments, short-term counseling, and linkage to qualified treatment for employees engaged in the non-medical use of prescription drugs. They also can monitor an employee's participation and compliance with treatment as well as return-to-work recommendations. They typically also

keep the employer updated on the employee's progress and provide an estimated time frame of when the employee may be available to return to work. EAPs can also continue monitoring of employees when they return to work. As described in the Relapse Prevention fact sheet, setting up the conditions for a successful return to work after treatment that reduces the chances of relapse benefits both the employer and the employee, which is why EAP involvement in return-to-work plans is so important.

■ *Special Considerations*

Historically, employees who have been returned to work following drug misuse are restricted from taking addictive substances as part of their Return-to-Work Agreement. The situation is different for employees in medical need of prescription drugs such as attention-deficit/hyperactivity disorder (ADHD) medications or opioid pain relievers when clinically indicated and taken as prescribed as part of an active prescription. The EAP can work with management to help design policies establishing a procedure (coordinated by the employer's medical examiner, if they have one) for the preapproval and safe use of these medications on a case-specific basis. In some locales, it is possible to restrict former misusers to a single provider and/or dispenser for addictive drugs. The employee's physician also has the ability to use clinical laboratory tests to monitor compliance with the agreed dosage schedule, and the EAP can monitor compliance.

■ *References*

¹ U.S. Department of Labor. Drug-free workplace policy builder. Retrieved from <http://www.dol.gov/elaws/asp/drugfree/drugs/screen28.asp>

Relapse Prevention



Employee Assistance Programs (EAPs) play an integral role in supporting employees in recovery and promoting relapse prevention strategies. It is particularly important for EAP providers to understand and educate employees and management about the unique issues related to prescription medications for employees in recovery.

“The adoption of recovery in recent years has signaled a dramatic shift in the expectation for positive outcomes for individuals who experience mental and/or substance use conditions. Today, when individuals with mental and/or substance use disorders seek help, they are met with the knowledge and belief that anyone can recover and/or manage their condition(s) successfully.”

Tamara Cagney, EdD
2016 President, EAPA
Focus on Recovery
www.eapassn.org/FocusonRecovery

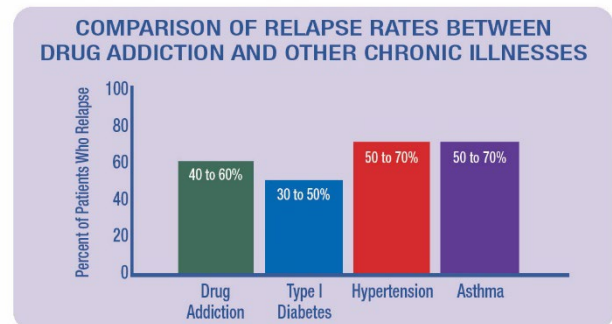
Dr. Tamara Cagney, 2016 President of Employee Assistance Professionals Association (EAPA), points out that SAMHSA outlined four major dimensions that support a life in recovery. These include:

- Health—overcoming or managing one’s disease(s) or symptoms—for example, abstaining from the use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing;
- Home—a stable and safe place to live;
- Purpose—meaningful daily activities, such as a job, school, volunteering, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society; and
- Community—relationships and social networks that provide support, friendship, love, and hope.¹

EAPs play an integral role in supporting employees in recovery and promoting relapse prevention strategies. The Substance Abuse and Mental Health Services Administration clearly notes that meaningful work in a supportive environment is an essential component of

long-term recovery from any substance misuse, including prescription drugs.

It is important for EAPs to educate their workplaces so that management understands that while complete recovery and relapse prevention are the goal, like other chronic diseases, relapses can occur in addiction recovery. Relapse rates for substance use disorders are similar to other chronic diseases, such as diabetes and asthma.²



EAPs and Prescription Drug Use Disorder Relapse Prevention

Relapse prevention activities supported by EAPs for prescription drug misuse include the same components appropriate for relapse prevention for other substance use disorders.

- Educating employers that Medication Assisted Treatment (MAT) can be a part of the recovery process and is the gold standard for treating opioid use disorder.
- Working with employees to develop a relapse prevention plan **prior** to returning to work that describes potential workplace relapse triggers or work performance warning signs and how to address them.
- Helping employees and employers understand the importance of work-life balance.

- Helping the employer and employee craft a return-to-work plan defining the responsibilities of the employee and employer. The goal is to help employees pace themselves and provide structure as they reintegrate into the workplace.
- Following up and monitoring of employees after returning to work.
- Including discussions about recovery in all substance misuse prevention training so that all employees and management understand the recovery process.

There are also unique issues related to prescription medications both for employees in recovery from prescription drug misuse and those in recovery from other substance use disorders who are injured or develop a condition for which they may be prescribed a drug with addiction potential. In these cases, EAPs can work with their clients to ensure that medications prescribed are both medically necessary and used as prescribed. EAPs can counsel their clients to take the following actions when medications are being considered for an injury, surgery, or illness:

1. **Ensure that prescribers understand and consider the employee's substance use disorder.** Employees should discuss their disorder openly with their providers and their concerns about the potential for relapse. Not all health care providers are aware of the high tolerance for anesthesia that can affect those with a substance use disorder or the high relapse potential of using prescription drugs.
2. **Have someone monitor medication use.** Employees in recovery should have someone else monitor their prescription medication use, as such use can trigger cravings and addictive behaviors. EAPs can work with employees to identify someone to fill and, if necessary, dispense prescription drugs. Prescribers can monitor drug toxicology levels to identify levels higher than prescribed.

3. **Prepare.** Employees in recovery should let others in their recovery network know what is happening to them. If having surgery, for example, employees should develop a plan to reduce the likelihood of post-surgery relapse, and seek appropriate support to keep to the plan.
4. **Seek counseling before and after surgery/treatment.** The EAP can provide counseling or arrange for outside counseling with follow up for employees before and after their treatment or surgery to address relapse related concerns (withdrawal, craving, depression, etc.).
5. **Consider alternative pain-relief strategies.** While anesthesia is needed for most surgeries, non-medication pain alternatives might be appropriate for post-treatment pain relief. Employees in recovery should advocate for viable alternative, non-medication based pain management strategies.

■ *Assess and Address Workplace Issues*

As part of follow up counseling, EAPs should work with employees in recovery to determine whether there are workplace or job characteristics that contributed to the employee's substance misuse or may increase the likelihood of relapse. Adjustments or accommodations to the employee's work should be considered to lower the risk of relapse and to facilitate the employee having a successful return to work.

■ *References*

- ¹ SAMHSA's Working Definition of Recovery. Retrieved from <https://store.samhsa.gov/system/files/pep12-recdef.pdf>
- ² McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *Journal of the American Medical Association*, 284(13):1689–1695.

Employee Educational Materials

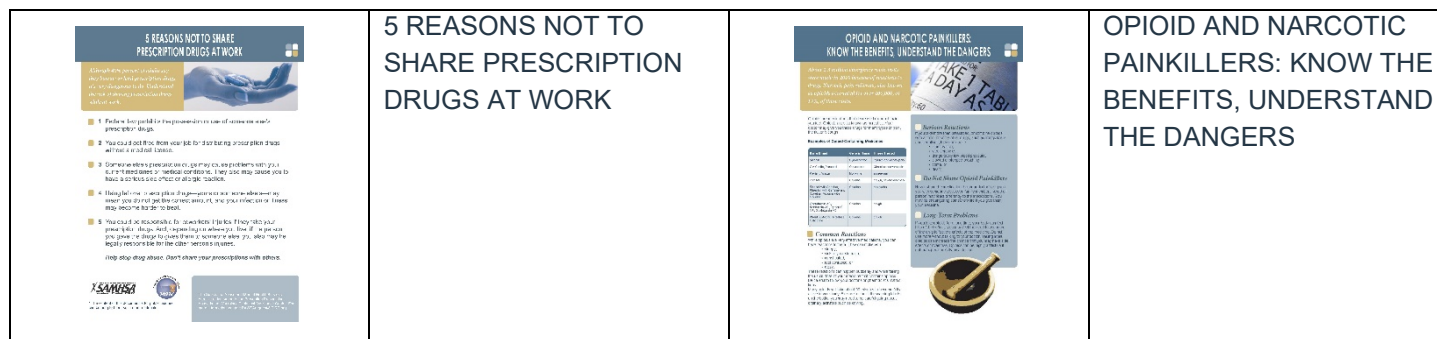


As Employee Assistance Programs (EAPs) continue to build the case for why educating employees about prescription drug misuse is critical, they must be prepared with educational materials and tools for employees as well as dissemination strategies.

Educational Materials

This toolkit has described a number of educational topics for employees addressing different aspects of prescription drug misuse. You can find links to these educational materials at <https://www.rti.org/announcements/samhsa-fact-sheets-preventing-prescription-abuse-workplace>.

These Fact Sheets can be provided directly to employees.



Dissemination Strategies

There are a number of mechanisms that EAPs can use to disseminate information about prescription drug misuse prevention. These include:

- Providing materials to employees during open enrollment.
- Including the information on prescription drug misuse as part of new employee orientation or training.
- Providing fact sheets and prescription drug screening during health fairs.
- Incorporating the fact sheet information into a “wellness tip of the week” campaign.
- Developing a workplace promotional campaign to encourage help seeking among employees who feel they or a loved one may have a problem.

- Conducting “lunch and learn” seminars.
- Posting links to the fact sheets on a company wellness website.
- Displaying the materials in the EAP or workplace wellness center.

SAMHSA’s Treatment Locator helps people find the care they or their loved ones may need to address substance use disorders, addiction, and mental illness.

www.findtreatment.gov

NIAAA’s Alcohol Treatment Navigator helps people find treatment for alcohol use disorder in their local area.

<https://alcoholtreatment.niaaa.nih.gov/>

This page was intentionally left blank.

SAMHSA

Substance Abuse and Mental Health
Services Administration

SAMHSA Publication No. PEP20-03-02-001

Printed 2020

Substance Abuse and Mental Health Services Administration

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

1-877-SAMHSA-7 (1-877-726-4727) | 1-800-486-4889 (TDD) | www.samhsa.gov