OpioidPrevention@Work

WORKPLACE **PREVENTION** BASICS

A guide for employers to identify and prevent opioid and other substance misuse in the workplace.

Educate Yourself

Play a key role in addressing the opioid epidemic.

Identify Issues

Know the signs and symptoms of opioid and other substance misuse in the workplace.

Prevent Misuse

Discover strategies to prevent opioid and other substance misuse in the workplace.

Explore Resources

Connect with helpful resources for every employer, whether you have a small or large workforce.

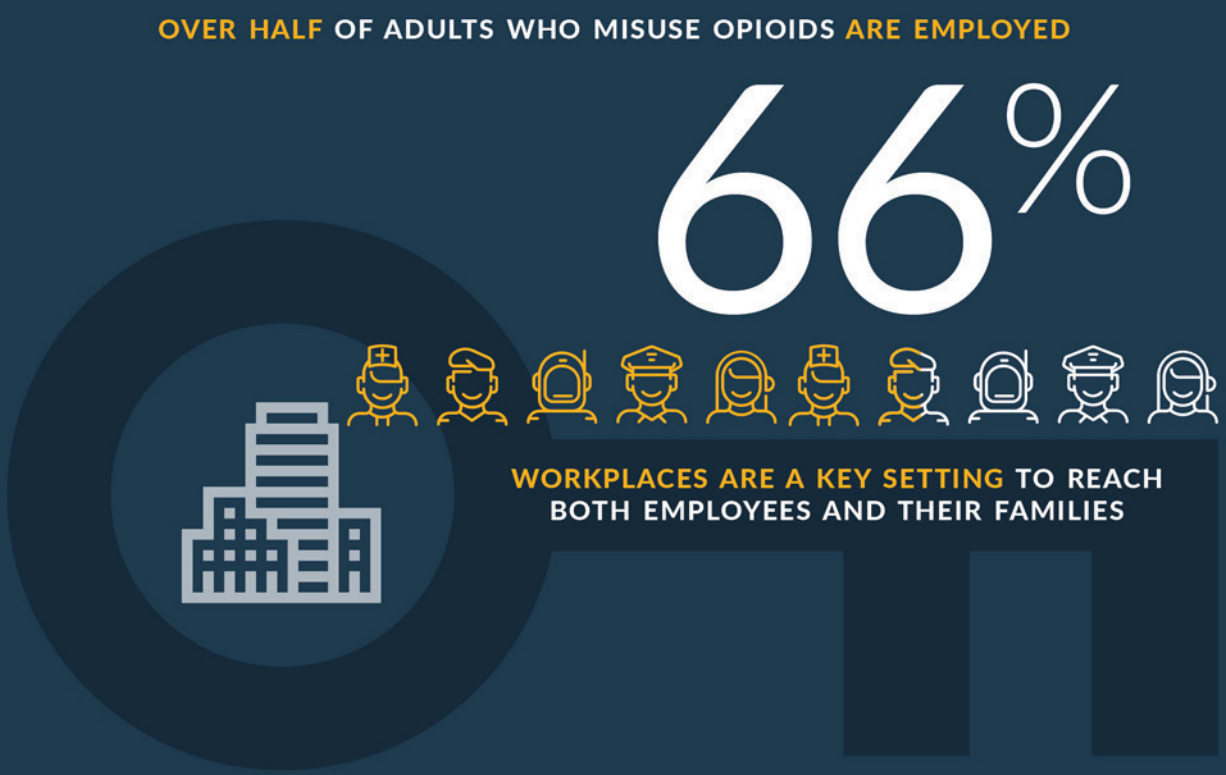
Contact Information

Phone: 1-877-SAMHSA-7

(1-877-726-4727)

Email: dwp@samhsa.hhs.gov

Did You Know?



Source: Center for Behavioral Health Statistics and Quality (2017).

"As employers, […] my challenge to you is to think about how you can impact health beyond the walls of your office, beyond the factory."

JEROME ADAMS, MD
Surgeon General of the United States

"[…] the business community is committed to helping solve this [prescription opioids] crisis. We know there is more to do and we stand ready to help."

NATIONAL CHAMBER OF COMMERCE

"Given the widespread nature and expanding scope of the opioid crisis, it is encouraging to see employers are taking steps to help prevent its spread and assist employees and their families who may be affected."

BRIAN MARCOTTE
President and CEO of the National Business Group on Health

Educate

Learn More About the Opioid Epidemic and Substance Misuse

Not sure where to start? Get an overview of some of the most important topic areas in these brief lessons.

Lesson 1: **Substance Misuse**

What is **Substance Misuse?**

Substance misuse is the use of illegal drugs and/or the inappropriate use of legal substances such as alcohol or prescription drugs.

Prescription drug misuse includes taking a medication in a manner or dose other than prescribed, using someone else's prescription, or taking a medication just for the feeling it causes.

What is **Substance Use Disorder?**

Substance use disorder, or addiction, is defined by the National Institute on Drug Abuse [Go To Resource] as a "chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences." Substance use disorder is a brain disease because the drugs can cause long-lasting changes to the way the brain functions.

Lesson 2: **Opioids**

Types of **Opioids**

Prescription Pain Relievers

Examples:

- hydrocodone (Vicodin)
- oxycodone (OxyContin)
- fentanyl

These medications decrease how much pain you feel, but do not treat the cause of the pain.

Other Opioids

Examples:

- heroin
- fentanyl

Heroin [Go To Resource] is a powerful illegal drug that can quickly lead to tolerance and physical dependence. Chronic heroin use may cause psychological and physical health problems. People who inject heroin are at increased risk of contracting viral hepatitis and HIV.

Fentanyl [Go To Resource] is a prescription drug for severe pain, but it is also produced and distributed illegally. Fentanyl's high potency makes it extremely dangerous because a very small amount can lead to an overdose.

What are **Opioids?**

Opioids attach to receptors in the brain, spinal cord, and other organs. This allows them to block pain messages from other parts of the body. They increase dopamine, a chemical that produces euphoria and relaxation. Opioids include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription [Go To Resource].

What are the **Risks?**

- Respiratory depression, or slowed breathing resulting in reduced oxygen to the brain and other organs, is the biggest risk associated with opioids.
- Mixing opioids with other substances—such as alcohol, sleeping pills, and anti-anxiety medications—can enhance respiratory depression and lead to a person passing out, stopping breathing, or dying.
- Common side effects of opioids include drowsiness, confusion, nausea, and constipation.
- Serious reactions may include muscle weakness, low blood pressure, respiratory depression (slowed or stopped breathing), and coma or death.
- Opioids carry a risk for tolerance, physical dependence, and overdose.
- Opioids are dangerous because the difference between the amount needed for someone to feel their effects and the amount needed to kill someone can be very small.

Lesson 3: **Cannabis/Marijuana**

What is **Marijuana?**

Marijuana [Go To Resource] is the dried cannabis plant, which contains the mind-altering chemical THC and hundreds of other compounds. Marijuana's effects on the brain include altered senses, mood changes, impaired body movement, and difficulty with thinking. There is ongoing research exploring potential medical uses for cannabis compounds. CBD is a compound in cannabis that is not intoxicating, but may have medical uses, including reducing pain and inflammation, controlling epileptic seizures, and possibly treating mental illness. The Federal Drug Administration recently approved a CBD-based medication to treat childhood epilepsy [Go to Resource].

The potency of cannabis has increased over the past few decades and is not well regulated or accurately labeled for consumers. Cannabis, and its extracts, can be smoked or mixed into food (called "edibles"). The method of consumption affects how quickly and how long a user experiences the effects of the drug. For example, it takes longer to feel the effect of an edible cannabis product than it takes to feel the effects of smoking cannabis.

Developing a workplace policy to cover cannabis use can be challenging for several reasons:

- Although currently classified as an illegal drug at the federal level, cannabis is legal for medical use in many states and legal for nonmedical use in several states. This presents a special challenge for employers with multistate locations.
- Cannabis can be detected in a person's system weeks after it is consumed. An employee who is not impaired on the job may test positive for past cannabis use.
- Different jobs may have different requirements. It is not acceptable for employees in safety-sensitive positions subject to drug testing under Department of Transportation regulations to use cannabis.

What are the **Risks?**

Heavy cannabis use can lead to dependence and withdrawal symptoms. It may also cause problems with learning, memory, and concentration.

Lesson 4: **Stimulants**

Types of Stimulants

Illicit Stimulants

Examples:

- cocaine
- crack
- methamphetamine
- "crystal meth"

Prescription Stimulants

Examples:

- Ritalin
- Adderall
- Concerta
- Dexedrine

What are **Stimulants?**

Stimulants are substances that increase norepinephrine and dopamine (both are neurotransmitters, or messengers) in the brain. This can lead to mental stimulation, increased energy, and euphoria (feeling a "rush"). Prescription stimulants increase alertness, attention, and energy. They are generally prescribed to treat attention deficit disorder, narcolepsy and to control appetite [Go to Resource].

What are the Risks?

- Misuse of prescription or illicit stimulants can have serious side effects that may lead to a substance use disorder or overdose.
- Side effects include nervousness/acting "jittery," fast heart rate, sleep problems, headaches, dizziness, appetite loss, stomach pains or diarrhea, and dry mouth.
- Overdose symptoms include agitation, hallucinations, psychosis, lethargy, seizures, heart rhythm abnormalities, high blood pressure, and increased body temperature.
- Overdose can lead to stroke, heart attack, or organ problems caused by overheating and can result in death.

Lesson 5: **Sedatives/Tranquilizers**

Types of Sedatives/ Tranquilizers

Examples:

- benzodiazepines (Xanax; Valium)
- sleep medications (Ambien; Lunesta
- barbiturates

What are **Sedatives and Tranquilizers?**

Sedatives and tranquilizer drugs—also known as central nervous system depressants—decrease brain activity. They are generally prescribed to treat anxiety, panic attacks, and sleep disorders. These can cause drowsiness, slurred speech, confusion, dizziness, low blood pressure, and slowed breathing.

What are the **Risks?**

Using central nervous system depressants can lead to physical dependence and when stopped may have serious withdrawal symptoms. Because they cause drowsiness and interfere with muscle coordination, these drugs may present a safety risk when driving, operating machinery or doing other potentially dangerous activities. They have also been used as "date rape" drugs [Go to Resource]. Combining these drugs with alcohol and/or opioids can further slow heart rate and breathing, which can lead to death.

Lesson 6: **Alcohol**

What is **Risky Alcohol Use?**

The National Institute on Alcohol Abuse and Alcoholism defines "risky use" as consuming more than 4 drinks on any day or 14 drinks per week for men, or more than 3 drinks on any day or 7 drinks per week for women. "Binge drinking" is considered 5 or more drinks on one occasion for men and 4 or more drinks on one occasion for women.

What are the **Risks?**

- Drinking alcohol is associated with short- and long-term health risks, including motor vehicle crashes, alcohol poisoning, liver disease, high blood pressure, and various cancers (for example, breast cancer).[5]
- For some health problems, there is no known safe level of alcohol consumption.[6,7]
- Drinking more than 14 drinks per week for men or more than 7 drinks per week for women significantly increases the risk for short- and long-term harm.[5]
- Binge drinking and heavy alcohol use (binge drinking on 5 or more days in the past month) can lead to heart damage, liver problems, inflammation of the pancreas, and increased risk of developing cancer of the mouth, esophagus, throat, liver, and breast.[8]

What is a **Standard Drink?**

[Go To Resource]

Lesson 7: **New Psychoactive Substances**

What are **Psychoactive Substances/Synthetic Drugs?**

New psychoactive substances, like "synthetic marijuana," are chemically similar to the mind-altering compound in marijuana, but these chemicals are man-made, unregulated, unpredictable, and potentially very dangerous. Bath salts[9], another new psychoactive substance, are chemicals created as inexpensive substitutes for illegal stimulants like cocaine [Go to Resource].

Types of **Psychoactive Substances**

Unregulated

Examples:

- bath salts
- K2/Spice

What are the **Risks?**

These dangerous substances can produce paranoia, hallucinations, panic attacks, and extreme agitation and violent behavior [Go to Resource].

Did You Know?

SUBSTANCE MISUSE IN THE UNITED STATES IS WIDESPREAD AMONG ADULTS

57%

REPORT SOME FORM OF SUBSTANCE MISUSE
(Ranging from taking a painkiller they weren't prescribed, to overdosing.)

24%

REPORT THEY, A RELATIVE, OR A CLOSE FRIEND IS ADDICTED TO OPIOIDS

What's the Issue?

About **7.2 million** U.S. adult workers reported misusing an opioid at some point in 2016. This can affect any employee regardless of their industry or occupation.

Source: Associated Press and NORC (2018); Center for Behavioral Health Statistics and Quality (2017).

Identify

Learn Strategies to Identify Opioid and Other Drug Use Problems at Work

Not sure what to look for? This section provides strategies to identify potential substance use problems at your organization.

Did You Know?

MISUSE COSTS THE U.S. ECONOMY BILLIONS

$78 billion
PRESCRIPTION OPIOID MISUSE

$29 billion
HEALTHCARE COSTS

$20 billion
LOST PRODUCTIVITY

Why Employers?

Workplace prevention efforts reach a large percentage of the population and have the potential to connect employees and their families with health resources and support services.

Source: Florence, C. S., Zhou, C., Luo, F., & Xu, L. (2016).

Strategy 1: **Reduce Stigma**

Promote a Workplace Environment Based on **Trust, Respect, and Support.**

Stigma is a negative perception associated with a circumstance, quality, or person. Substance use disorders are highly stigmatized.

Employees will only come forward with a substance use problem if they feel safe and supported and know that their privacy will be protected. Employees should know they can seek help without fear of judgment or punishment.

Employers Can **Take the Following Actions** to Reduce Substance Misuse Stigma in the Workplace:

1 Educate

Counter inaccurate stereotypes or myths about substance use disorders by replacing them with factual information. [4] Build this content into workplace discussions and messages about overall wellness. If you decide to host voluntary educational training sessions or provide substance use materials, allow for confidential participation or access. Any educational trainings or materials should also be available and promoted to all staff to ensure that no individuals or groups appear to be singled out.

2 Revise Policies

Offer health benefits that provide comprehensive coverage for substance use disorders as the default option for all staff, not as a service that employees must opt into or select separately.

3 Increase Prevention Efforts

Consider participating in a prescription drug take-back event[13]—with the cooperation of local law enforcement and community groups—alongside similar events (for example, battery/electronics recycling, document shredding, and food pantry donations). Publicize these events to increase visibility and participation.

4 Connect to Resources

Feature substance use resources alongside other staff resources. Identify and create relationships with a range of community service providers who treat various aspects of substance use disorders, including prevention, treatment, and recovery.

5 Promote Support Groups

Provide a way for staff at all levels to connect and share stories about their own or their family members' struggles or bring in outside speakers to share their stories with staff.

Strategy 2: **Assist Employees**

Example **Screening Tools**

The 4-item CAGE-AID
[Download CAGE-AID]

- Have you ever felt you ought to cut down on your drinking or drug use?*
- Have people annoyed you by criticizing your drinking or drug use?
- Have you ever felt bad or guilty about your drinking or drug use?
- Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

Scoring: Regard one or more positive answers as a positive screen.
**When thinking about drug use, include illegal drug use and prescription drugs used other than prescribed."*

Rx Misuse Factsheet
[Download Factsheet]

Provide Confidential Tools Employees Can Use to Determine if They Have a Substance Use Problem or Are at Risk of Developing a Problem.

Screening can help prevent substance misuse, identify those at risk, discover a potential problem, or point to a need for further evaluation and treatment. Early identification of substance misuse may reduce treatment time and prevent costly safety risks, prevent reduced productivity, and other problems.

What Are **Screening Tools?**

Screening tools are short questionnaires that employees can use on their own to recognize substance use problems that could interfere with their health and safety at home and at work. Employees do not share this information with anyone else unless they choose to. Employers can easily place these tools in existing wellness materials.

How Accurate Are Screening Tools?

Screening tools are developed based on their ability to correctly identify people with and without a substance use problem. No screening tool is 100% accurate, but they can be useful predictors of who is at risk for substance use problems. Just remember that only a qualified health professional can confirm a diagnosis.

What if an **Employee Identifies a Potential Problem?**

If an employee screens positive for a potential problem, it's important that they seek professional support. Employers can provide information to all employees about what confidential support they offer, such as an Employee Assistance Program or contact lists of local health care providers.

Employers can also make all employees aware of the free **SAMHSA National Helpline (1-800-662-HELP [4357]).** This is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental health or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information.

Strategy 3: **Provide Training**

Confidentiality
Employee health-related information is protected by law. Therefore, an employer must adhere to strict confidentiality regulations. An employee's prescribed drug use history can be shared with the employee's supervisor if there are work-related restrictions resulting from the use.

Train Supervisors and Managers to Recognize Potential Problem Use.

Employers or supervisors often do not act until an employee has an accident, is reported by coworkers, or fails a drug test. Finding the right balance between being proactive and respecting employees' privacy and legal rights is possible.

What **Can** Employers **Ask?**

The Americans with Disabilities Act applies to all employees and restricts what employers can ask about drug use. [Go To Resource]

Employers **can ask** employees:

- Health-related questions if they have learned that an employee's job functions will be impaired due to prescribed drug use or there will be a direct threat to safety.
- To take a medical examination.

Learn more about what employers can ask before, during, and after hiring employees. See "What Can Employers Ask Employees About Prescribed Drug Use?"

What **Can't** Employers **Ask?**

Employers **cannot ask** their employees about their prescribed drug use unless the side effects of the drugs directly affect their job function. [Go To Resource]

What Should Employers **Look For?**

The following are some of the behavioral characteristics that may occur with substance use. These characteristics do not always indicate a substance use problem, but they may warrant further investigation. Supervisors and managers can be trained to spot these and other warning signs:

- Increased absenteeism, including unexplained absences or vague excuses for needing time off
- Frequent breaks and disappearances from the work site

(continued)

Strategy 3: **Provide Training** (continued)

- Failure to keep appointments or meet deadlines
- Work performance that alternates between periods of high and low productivity
- Increase in accidents on and off the job
- Lack of attention or focus
- Unusual carelessness
- Confusion or difficulty concentrating or recalling details and instructions
- Increases in the effort and time required for ordinary tasks
- Problems getting along with coworkers
- Not taking responsibility for errors or oversights
- Progressive deterioration in personal appearance and hygiene
- Increasing personal and professional isolation
- Signs of morning-after hangovers
- Physical signs such as drowsiness, hyperactivity, dilated pupils, or slurred speech

What if This Is a **Potential Problem?**

If a supervisor or coworker suspects an employee's substance use may be a safety concern or is affecting their ability to perform their job functions, they should notify human resources or management.

Other reasons may exist for the observed symptoms, so having a performance discussion with employees may allow them the opportunity to share this information. Employees may report that they are dealing with family issues or a new health condition and are adjusting to new medications. In these circumstances, an employer can start discussions about reasonable accommodations or available medical/personal leave options.

An employer should proceed with normal actions to address an employee who is underperforming or displaying inappropriate behavior in the workplace if that employee denies any substance use issues.

Strategy 4: **Consider a Drug-Testing Program**

Carefully Weigh Your Options for Drug Testing in the Workplace.

Drug testing may deter employees from coming to work when they are unfit for duty. The first consideration regarding drug testing is to determine whether it is required for some or all employees.

There are many reasons [Go To Resource] an employer may decide to have a drug-testing program, including:

- To comply with federal regulations [Go To Resource]
- To comply with customer or contract requirements
- To comply with insurance carrier requirements
- To reinforce the organization's "no drug use" position
- To identify employees with substance use disorders and refer them for assistance
- To establish grounds for discipline or firing
- To improve safety
- To deter recreational drug use that could lead to addiction
- To reduce the costs of alcohol and other drug misuse in the workplace

If you are considering adopting a drug-free workplace policy or drug-free workplace program, you may have many questions and concerns, such as:

- Is this something that will enhance the health and productivity of employees?
- Will it be expensive?
- How will employees react to it?
- Will some employees feel safer?
- How do I provide drug testing in a lawful manner?

Legal Requirements

For important information about legal requirements that can affect workplace drug testing and policies, access SAMHSA resources [Go To Resource]

Prevent

Be Proactive by Using Cost-effective Strategies to Prevent Opioid and Other Substance Misuse at Work

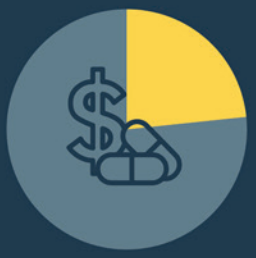
Don't have an action plan yet? Here are some strategies to develop and implement effective substance misuse policies, procedures, and prevention programs at your organization.

Did You Know?

EMPLOYEE SUBSTANCE MISUSE IS COSTLY TO BUSINESSES

30%

HAVE MODIFIED THEIR COMPANY HEALTH PLANS TO **RESTRICT** OPIOID PRESCRIPTIONS



21%

HAVE ADDED PROGRAMS TO **MANAGE** OPIOID PRESCRIPTIONS PRESCRIPTION OPIOID USE

Why Act?

Addressing substance misuse will help support the health, safety, and well-being of your employees and ensure company performance and stability.

Source: Miller, 2017

Strategy 1: **Raise Awareness**

Workplace Educational Programs Can Help Supervisors Recognize the Warning Signs of Substance Misuse.

They can also help employees understand the risks involved with misusing prescription drugs and other drugs. And raising awareness can benefit employees' families when they take these lessons home.

What Are Some **Topics** to Cover?

To raise awareness about opioid and other substance misuse, highlight the following prevention topics:

- **Opioids 101:** Defines opioids, describes prescription opioid misuse, addresses the scope of the problem, and explains drug dependence and addiction. [Get Resources]
- **Opioid Risks:** Explains the common and serious reactions that can happen when taking opioids and long-term problems to avoid. [Download Factsheet]
- **Naloxone and Opioid Overdose Prevention:** Explains how the opioid reversal medication naloxone works and how it's used to prevent opioid overdose. [Get Resources]
- **Opioid Treatment Myths and Facts:** Describes medication-assisted treatment (MAT) for opioid dependence and corrects the myth that MAT is "giving drugs to drug addicts." [Download Factsheet]
- **Preventing Marijuana, Stimulant, Hallucinogen, Alcohol, and Other Drug Misuse:** Presents the dangers of illicit and other drug misuse for employees and their families. [Get Resources]

How To Get **Information to Employees?**

- **Existing Channels:** Integrate brief substance misuse prevention messages into your worksite's regular communications such as newsletters, internal websites, and team meetings.
- **Trainings:** Provide in-person trainings, webinars, videos, print or digital handouts, or expert panels to address the topics listed above.

Avoid the stigma around substance misuse by marketing trainings to all staff or by making trainings mandatory for all staff or optional for interested staff or allowing for confidential online participation. (continued)

Strategy 1: **Raise Awareness** (continued)

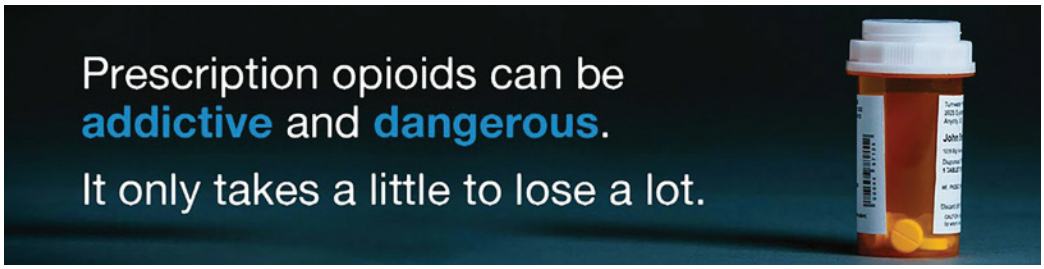
- **Prevention Campaigns:** Professionally developed opioid prevention materials are available for free. Posters, videos, social media images, radio clips, online ads, and other materials can be downloaded easily. [Download Chart] [Download Factsheet]

1 National Prevention Week

The Substance Abuse and Mental Health Services Administration's National Prevention Week campaign invites communities to raise awareness about the importance of preventing substance misuse.
Free materials include videos, web graphics, and print graphics, such as signs to show how you're playing a part to reduce the opioid crisis. [Get Free Materials]

2 Rx Awareness

The Centers for Disease Control and Prevention's "It only takes a little to lose a lot" Rx Awareness campaign increases awareness that prescription opioids can be addictive and dangerous. The campaign shares stories of real people whose lives were torn apart by prescription opioid misuse. Free materials include testimonials, radio ads, web banners, social media ads, newspaper ads, and billboards. [Get Free Materials]



3 The Crisis Next Door

The Office of National Drug Control Policy's "The Crisis Next Door" campaign serves as a space for Americans to digitally share their stories about opioid misuse. [Read opioid misuse stories]

Strategy 2: **Focus on Environment**

Employees Must **Feel Empowered** to Seek Help.

Employees need to know they can get help at the first signs of a problem. Employers need to develop and reinforce a culture of openness around opioids and other substance misuse by supporting employees, even when they're facing challenges.

How Can You **Foster an Accepting Workplace Environment?**

- **Integrate substance misuse prevention into existing workplace health and wellness programs.** These programs help people make healthy choices in their lives and be more productive at work. Activities include health assessments, health fairs, exercise programs or facilities, and trainings or brown-bag talks on such topics like stress management. [Learn more]
- **Encourage employees to seek help if they're struggling with substance misuse and provide the resources to help.** Make confidential self-screening tools available and provide contact information for your EAP (if available) or a list of local substance abuse counselors/treatment facilities.
- **Raise awareness of the skills and behaviors that might help employees manage their own physical pain.** Empower them to discover effective treatments that work for them. [Download Factsheet]
- **Encourage employees to be supportive of coworkers** who may be struggling with substance misuse or who are returning from substance abuse treatment.

Strategy 3: **Establish Policies**

Develop a Workplace Substance Use Policy.

Employers are responsible for protecting the safety of their employees. One important step is to develop a policy with clear expectations and consequences related to substance use.

Develop or update a written policy that's customized to your organization. For example, existing policies may not explicitly cover prescription drug misuse or cannabis use.

All employees should be able to easily understand the policy. It's also a good idea to ask for written confirmation that the employee has read the policy and understands it.

What Does a Good Policy **Include?**

Effective workplace policies and drug testing interventions should outline the following[1]:

- Purpose and objectives of the program
- Definition of substance misuse
- Who is covered by the policy or program
- When and where the policy applies
- Which employees are covered
- Prohibited behaviors
- Under what circumstances will drug or alcohol testing be conducted
- Employee rights to confidentiality
- Educational opportunities for employees about substance misuse
- Employee and supervisor training to recognize impaired behavior and other signs of substance misuse
- Outline of how to deal with impaired workers
- Provisions for assisting chronic substance abusers
- The consequences of violating the policy, including disciplinary action

A good policy also provides a record of the organization's efforts and is a reference if the policy is challenged. And it might help protect the employer from certain kinds of claims by employees.

(continued)

Strategy 3: **Establish Policies** (continued)

Consider Your Policy Approach.

Consider an accepting approach instead of a zero-tolerance approach[2]. For example, amend policies that require the automatic termination of an employee after their first positive drug test for nonmedically approved drug use.

An alternative approach is to create a policy that provides mandatory counseling for employees who fail a drug test. This gives the employee a second chance and can save the cost of hiring and training a replacement.

Strategy 4: **Reduce Risks**

Employers **May Be Able to Prevent Some Conditions** that Increase the Risk for Substance Misuse.

Some people misuse prescription pain relievers after being injured on the job. Others may misuse to reduce work-related anxiety or stress, or to cope with irregular sleep patterns due to shift work or long hours.

What Are **Some Actions to Take** to Improve the Work Environment and Lower Risks?

- **Address stress.** Investigate what's stressful about the work environment and whether it can be improved. For example, are there time pressures that could be reduced with better planning?
- **Reduce injury risk.** Follow best worksite practices to lower potential injury risks. The National Institute for Occupational Safety and Health has good workplace safety and prevention resources. [Get Resources]
- **Sponsor take-back events.** Reduce the risk of employees sharing unused pain medicine with coworkers or family members. For example, participate in medicine take-back events to dispose of medications properly through community organizations, local pharmacies, or local law enforcement.
- **Purchase naloxone to have on-site.** Naloxone is a medication that blocks the effects of opioids and counteracts overdoses. Train employees to administer naloxone to someone who is having an overdose. Store it in visible areas near other essential health and safety tools, such as defibrillators and fire extinguishers.

Strategy 5: **Provide Key Resources**

Employees are Your **Greatest Resource.**

It's important to provide employees with the benefits they need to be healthy. They also need to know about these resources and how to access them.

Ensure **Health Benefits.**

Ensure that employee health plans include behavioral health services for substance misuse. A well-structured plan reinforces an employer's drug-free workplace policy. [Download Factsheet]

Offer health benefits that provide coverage for substance misuse disorders, including aftercare and counseling as a default option for all staff.

Provide Easy Access to **Employee Assistance Programs (EAPs).**

Coupled with health benefits, EAPs play a vital role in encouraging employee wellness and reducing health risks[3].

To be effective, EAPs must:

- Be promoted by leadership, including management and unions
- Be easy for employees to access and use
- Be confidential and protect patient privacy
- Be trusted and valued by employees

Make sure employees can easily access the EAP for confidential substance misuse screening, counseling, and treatment and support services, and for behavioral health and work and family life problems.

Promote EAPs and educate staff using posters, flyers, newsletters, e-mails, or web portals.

Monitor **Workers' Compensation Claims.**

For occupational injury and illness, workers' comp provides medical benefits, lost wages, retraining, and assistance in returning to work.

Work with your workers' comp insurer to provide education and resources related to employee rights, possible hazards, general health and safety requirements, and knowledge about substance misuse.

Monitor workers' comp claims because employees recovering from painful occupational injuries may be at risk of prescription opioid misuse. (continued)

Strategy 5: **Provide Key Resources** (continued)

Tailor **Health and Wellness Programs.**

Directly address substance misuse in new or existing health and wellness programs:

- Host talks or a panel to share stories of recovery
- Create support groups for employees or family members
- Offer health assessments and other health promotion tools that include substance misuse and other health topics such as stress and sleep.

Be creative! Health and wellness programs are most effective when they're tailored to the needs and culture of an organization.

Connect to **Community Resources.**

Connect employees with groups and other community resources addressing substance misuse. Feature these resources on web portals and bulletin boards.

Identify and build relationships with a variety of community-based substance use prevention resources:

- Ergonomics companies (such as Upright Health)
- Medication take-back programs (such as Walgreens)
- Alternative pain management, such as massage therapy, acupuncture, and mindfulness meditation
- Peer support groups (call the SAMHSA National Helpline for a referral: 1-800-662-4357)
- Local treatment facilities and community-based organizations (call the SAMHSA National Helpline for a referral: 1-800-662-4357)
- State workers' compensation officials (view the US Department of Labor list)

Explore

Educate Resources

Opioid Basics
Centers for Disease Control and Prevention

Opioid Medicine for Chronic Pain
RTI International

Opioid Benefits and Dangers
Substance Abuse and Mental Health Services Administration

Opioid Epidemic Information
US Department of Health and Human Services

Why Adults Misuse Prescription Drugs
Substance Abuse and Mental Health Services Administration

Drug-Free Workplace Programs
Substance Abuse and Mental Health Services Administration

An Employer's Guide to Workplace Substance Abuse
National Business Group on Health

Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

Drug Use Estimates
Drug War Facts

Drugs of Abuse
National Institute on Drug Abuse

Identify Resources

Signs of Substance Use and Addiction
National Institute on Drug Abuse

Calculate the Prevalence and Cost of Substance Use
George Washington University Medical Center

Screening for Prescription Drug Use Problems
Substance Abuse and Mental Health Services Administration

Federal Guidelines for Urine Testing
Substance Abuse and Mental Health Services Administration

Drug and Alcohol Testing for Transportation Employees
U.S. Department of Transportation

Legal Requirements for Workplaces
Substance Abuse and Mental Health Services Administration

Prevent Resources

Drug Free Workplace Helpline
1-800-WORKPLACE (967-5752)

Managing Back Pain, Minimizing Opioid Use
Substance Abuse and Mental Health Services Administration

Structuring Workplace Health Benefits
Substance Abuse and Mental Health Services Administration

Mental Health and Substance Abuse Prevention Services
USA.gov

Opioid Overdose Prevention Toolkit
Substance Abuse and Mental Health Services Administration

Substance Use Treatment
National Institute on Drug Abuse

Medication Assisted Opioid Treatment
Substance Abuse and Mental Health Services Administration

Help and Treatment Locator
Substance Abuse and Mental Health Services Administration

Opioid Overdose Reversal (Naloxone)
National Institute on Drug Abuse

Occupational Safety and Prevention
National Institute for Occupational Safety and Health

Addiction Support Groups
Substance Abuse and Mental Health Services Administration

Family Support Groups
Families Anonymous

Opioid Prevention Media Campaigns
Substance Abuse and Mental Health Services Administration

National Prevention Week Campaign
Substance Abuse and Mental Health Services Administration

Rx Awareness Campaign
Centers for Disease Control and Prevention

References

1. Cluff, L., Tueller, S., Batts, K., Miller, T., & Galvin, D. (2014). Industry and occupation variations in nonmedical prescription pain reliever use. *Journal of Workplace Behavioral Health*, 29(4), 299-316. Retrieved from https://doi.org/10.1080/15555240.2014.956930

2. Florence, C. S., Zhou, C., Luo, F., & Xu, L. (2016). The economic burden of prescription opioid overdose and dependence in the United States, 2013. *Medical Care*, 54(10), 901-906. Retrieved from https://doi.org/10.1097/MLR.0000000000000625

3. United States Department of Labor, Bureau of Labor Statistics. (2018). *Labor force statistics from the current population survey.* Retrieved from https://data.bls.gov/timeseries/LNS12300000

4. Center for Behavioral Health Statistics and Quality. (2017). 2016 *National Survey on Drug Use and Health: Detailed tables.* Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf

5. Centers for Disease Control and Prevention. (2018). *Alcohol use and your health.* Retrieved from https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm

6. Di Castelnuovo, A., Costanzo, S., Bagnardi, V., Donati, M., Iacoviello, L., & de Gaetano, G. (2006). Alcohol dosing and total mortality in men and women: An updated meta-analysis of 34 prospective studies. *Archives of Internal Medicine*, 166(22), 2437-2445. Retrieved from https://doi.org/10.1001/archinte.166.22.2437

7. Rehm, J., & Shield, K. (2014). Alcohol consumption. In B. W. Stewart, & C. B. Wild (Eds.), *World cancer report 2014.* Lyon, France: International Agency for Research on Cancer.

8. National Institute on Alcohol Abuse and Alcoholism. *Alcohol's effects on the body.* Retrieved from https://www.niaaa.nih.gov/alcohol-health/alcohols-effects-body

9. National Institute on Drug Abuse. (2018). *Synthetic cathinones ("Bath Salts").* Retrieved from https://www.drugabuse.gov/publications/drugfacts/synthetic-cathinones-bath-salts

10. Associated Press and National Opinion Research Center. (2018). Issue brief: *Americans recognize the growing problem of opioid addiction.* Retrieved from http://www.apnorc.org/PDFs/Opioids%202018/APNORC_Opioids_Report_2018.pdf

11. Bureau of Labor Statistics (April 2, 2018). *Labor force statistics from the Current Population Survey.* United States Department of Labor. Retrieved from https://data.bls.gov/timeseries/LNS12300000

12. National Academies of Sciences, Engineering, and Medicine. (2016). E*nding discrimination against people with mental and substance use disorders: The evidence for stigma change.* Washington, DC: The National Academies Press. Retrieved from https://doi.org/10.17226/23442

13. U.S. Drug Enforcement Administration. National Prescription Drug Take Back Day website. Retrieved from https://takebackday.dea.gov/

14. Miller, S. (2017). *Employers take steps to address the opioid crisis. Alexandria, VA: Society for Human Resource Management.* Retrieved from https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/steps-to-address-opioid-crisis.aspx

15. Slavit, 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. Retrieved from http://www.businessgrouphealth.org

16. Vance, T., & Foulke, E. (2017). America's opioid epidemic and the workplace: 3 lessons for employers. *The Business Journals.* Retrieved from https://www.bizjournals.com/bizjournals/how-to/growth-strategies/2017/07/america-s-opioid-epidemic-and-the-workplace-3.html

Managing Chronic Low Back Pain While Minimizing Use of Dangerous Prescription Opioids

People should be cautious about using opioid pain relievers because they may have serious side effects and can be addictive

Low back pain that lingers for months is called chronic low back pain. People should be cautious about using opioid pain relievers to treat their chronic low back pain. They should explore other options before taking opioid medications.[1]

- Opioids address back pain by acting on pain receptors in the brain and spinal cord. Some alternatives act directly on the back.
- For nonspecific back pain, sensible treatment typically starts with a talk about the causes of back pain, use of nonnarcotic pain relievers, and advice on how to resume normal activities.
- If that fails, several low-risk approaches may be worth trying, including: self-management through mindful meditation, exercise, injection of pain-numbing and steroid medications into the back, therapeutic massage, acupuncture, physical therapy, and spinal manipulation.
- It usually is best to try opioid pain relievers as a last option because they may have serious side effects and can be addictive.
- Patients with chronic low back pain who take opioid medications are more likely than patients who do not take opioids to visit an emergency room within 30 days after the initial treatment.
- Other medications—notably benzodiazepine tranquilizers including Xanax, Ativan, and Valium—interact with opioid pain relievers and can lead to an overdose.

Causes and Contributors of Chronic Low Back Pain

- Osteoarthritis: An inflammation of joints (called facet joints) that connect the vertebrae (bones of the back) to one another and form the spine (or backbone).
- Osteoporosis: A condition wherein bones lose their density and become thin and weak. This weakening can lead to vertebral fracture and collapse.
- Intervertebral disk degeneration: Disks are round, pillow-like structures made of cartilage and fibers on the outside and a gel-like substance on the inside. Disks can wear out over time and lose their protective function. They may bulge or rupture.
- Obesity: Excess weight pushes down on the back and causes strain. This extra pressure can contribute to osteoarthritis and wear away the outer fibers of the intervertebral disks. Excess abdominal fat also can cause changes in posture that contribute to chronic low back pain.

What to Tell the Medical Provider

If you are having chronic low back pain, get examined by a health care provider. Before the visit, write down answers to the following questions, which can help the provider to determine what is causing your pain:

- What type of pain is it (stabbing, burning, shooting, dull, constant, or “comes and goes”)?
- What brings on or aggravates the pain? How is it affected by walking, twisting, lifting, bending, lying down? Does it require getting out of bed and pacing at night?
- What relieves the pain (sitting, standing, walking, bending over, lying down, etc.)?
- Where is it located (middle or side, multiple locations), and does it move down a leg or elsewhere?
- When did it start? Was it the result of an injury? Has it changed over time (gotten worse or better), or has it stayed the same?
- Are there any other symptoms along with the chronic lower back pain (e.g., numbness, weakness, bowel/bladder problems, weight loss, or fever)?
- What medicines are you taking, and what treatments have you tried? Include vitamins, medicinal creams, over-the-counter drugs, and alternative treatments (e.g., acupuncture) on the list.

1 For more information and citations, please see the PAW Managing Chronic Low Back Pain issue brief.

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Preventing Prescription Abuse in the Workplace
PAW

Media Campaigns to Prevent Prescription Drug and Opioid Misuse

More and more states are creating media campaigns to address prescription drug misuse, including opioid misuse. The chart below provides links and contact information for a selection of campaigns developed by states across the United States. This list is by no means exhaustive, but intended to provide a glimpse into the variety of campaign possibilities currently underway. Also note that not all of these campaigns have been evaluated for effectiveness. For information about specific campaigns that have been evaluated, see the CAPT tool *Media Campaigns to Prevent Prescription Drug Misuse, Youth Marijuana Misuse, and Underage Drinking: Evidence of Effectiveness*.

State	Campaign	Target Audience	Theme	Contact Information
Delaware	**Don't Run, Call 911** This campaign is designed to raise awareness of the Good Samaritan law. A sample flyer can be found at: http://www.dhss.delaware.gov/dsamh/files/dontruncall911poster-tab.pdf	Overdose victims	Overdose prevention	Delaware Department of Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH) 1901 North Du Point Highway New Castle, DE 19720 Phone: (312) 255-9399
Delaware	**Public Service Announcements** With state and federal funding, Jewish Family Services of Delaware developed a series of PSAs specific to prescription drug and opioid misuse prevention. These can be found at: https://www.jfsdelaware.org/youth-advocacy/video-gallery/	Young people ages 12–25	Prescription drug misuse among youth	Jewish Family Services of Delaware 99 Passmore Rd. Wilmington, DE 19803 Email: info@jfsdelaware.org

State	Campaign	Target Audience	Theme	Contact Information
Georgia	**Generation Rx Project** This three-year, SAMHSA-funded project to prevent the misuse of prescription drugs among young people in three counties encourages the safe disposal of unused and expired prescription medications, providing secure drop boxes to facilitate proper disposal. Generation Rx also trains youth as advocates for preventing prescription drug misuse and abuse, supplying them with skills to serve as leaders in the effort. To view the campaign, go to: http://genrx.us/author/gen-rx/	Young people ages 12–25	Preventing prescription drug misuse	GA Department of Behavioral Health and Developmental Disabilities (DBHDD) Two Peachtree Street, N.W. 24th Floor Atlanta, GA 30303 Contact page: http://genrx.us/contact/
Maryland	**Public Service Announcements** In late 2015, Maryland's Heroin & Opioid Emergency Task Force developed a report outlining recommendations for addressing the state's opioid crisis. Recommendations include development of student-based prevention campaigns and a public awareness campaign that includes video PSAs and social media. To see the report, go to: https://www.wicomicohealth.org/file/0/0/Heroin-Interim-Report-FINAL.pdf	College students	Heroin and opioid prevention	Maryland Office of Drug Control Policy 125 N. Main Street Bel Air, MD 21014 Email: odcp@harfordcountymd.gov

State	Campaign	Target Audience	Theme	Contact Information
Maryland (cont.)	To view the PSAs, go to: http://www.harfordcountymd.gov/449/Office-on-Drug-Control-Policy			
Minnesota	**Dose of Reality** Dose of Reality is a campaign to raise awareness about Minnesota's painkiller epidemic and provide education about the risks and dangers of improper use, storage, and disposal of prescription painkillers. This campaign includes a PSA about overdose, educational brochures, and resources tailored to support various populations such as those struggling with addiction and their friends and families, students and other young people, parents, health care professionals, and employers. To view the campaign, go to: https://doseofreality.mn.gov/	General population	Prescription drug misuse	Contact page: https://doseofreality.mn.gov/__about/contact.asp
New Hampshire	**Anyone. Anytime.** The New Hampshire Department of Health and Human Services Bureau of Drug and Alcohol Services developed the Anyone. Anytime. Campaign with the goal of reducing opioid overdose and stigma.	General population	Preventing opioid misuse	Contact page: http://anyoneanytimenh.org/contact-us/

State	Campaign	Target Audience	Theme	Contact Information
New Hampshire (cont.)	It provides outreach materials such as flyers, fact sheets, and brochures, to prevention practitioners in various community settings to spread the word about opioid misuse and the resources available to prevent or address opioid addiction. To view the campaign, go to: http://anyoneanytimenh.org/			
North Dakota	**The North Dakota Prescription Drug Abuse Campaign** Developed by the Substance Abuse Prevention Division of North Dakota's Department of Human Services, this campaign provides posters, flyers, factsheets, and media toolkits to educate the public about prescription drug misuse and abuse; suggestions for safeguarding medications in the home; and information about the state's safe prescription drug disposal program. The campaign also includes resources for realtors to share with their clients about the risk of prescription drug theft during open houses. To view the campaign, go to: https://prevention.nd.gov/stopoverdose	General population	Preventing prescription drug misuse	ND Prevention Resource and Media Center 1237 W. Divide Ave. Suite 1D Bismarck, ND 58501 Email: ndprmc@nd.gov

State	Campaign	Target Audience	Theme	Contact Information
Ohio	**Prescription for Prevention: Stop the Epidemic** Launched by the Ohio Department of Health, this education and awareness campaign to prevent prescription drug misuse and abuse includes public service announcements, drug disposal guidelines, and factsheets that include both county-specific and statewide data. To view the campaign, go to: https://www.odh.ohio.gov/health/vipp/drug/p4pohio.aspx	General population	Preventing prescription drug overdose	Ohio Department of Health, Violence, and Injury Prevention Program 246 North High Street, 8th Floor Columbus, OH 43215 Email: HealthyOhio@odh.ohio.gov
Pennsylvania	**OverdoseFreePA.org** This collaboratively supported website provides a virtual "town hall" for the community and includes resources for a variety of audiences on overdose prevention and the non-medical use of prescription drugs. Resources target healthcare professionals, school and community leaders, family and friends, and the criminal justice community. To learn more, go to: http://www.overdosefreepa.pitt.edu	General population	Overdose and prescription drug misuse prevention	University of Pittsburg, Program Evaluation and Research Unit 5607 Baum Boulevard Pittsburgh, PA 15206 Contact Page: http://www.overdosefreepa.pitt.edu/contact/

State	Campaign	Target Audience	Theme	Contact Information
Pennsylvania (cont.)	**PAStop.org** Developed by the Commonwealth Prevention Alliance with a grant from the Pennsylvania Commission on Crime and Delinquency, this campaign focuses on preventing opioid (including heroin) misuse and abuse. Messages include "Anyone Can Become Addicted. Anyone." and "Break the Connection." Messages are disseminated via a designated website, social media (Facebook, Twitter), and billboards, with support from local single county authorities. To view the organizations website, go to: http://pastop.org/	General population	Preventing opioid and heroin use and abuse	The Commonwealth Prevention Alliance P.O. Box 281 State College, PA 16804 Contact page: http://pastop.org/contact/
Utah	**Use Only as Directed** Funded by the Utah Commission on Criminal and Juvenile Justice and through a federal grant to the Utah Division of Substance Abuse and Mental Health, this campaign provides information and strategies for safely using, storing, and disposing of prescription painkillers; and offers video, audio, and print ads that communities can use to inform the public and begin conversations about prescription pain medication misuse and abuse. To view the campaign, go to: http://useonlyasdirected.org/	General population	Safe use, safe disposal, safe storage	Utah Division of Substance Abuse and Mental Health 195 North 1950 West Salt Lake City, Utah, 84116 Email: useonlyasdirected@utah.gov

State	Campaign	Target Audience	Theme	Contact Information
Vermont	**Parent Up** This media campaign educates parents on identifying the risk factors of substance use among teens. Although not specifically targeted to opioid use, this interactive website is a great example of an engaging campaign that uses various outreach materials such as infographics, interactives tools, and videos to educate parents on assessing risk and understanding the impact of substance misuse. To view the campaign, go to: http://parentupvt.org/	Parents of teenagers	Preventing drug misuse	Vermont Department of Health's Communications Office: (802) 863-7281, Email: AHS.VDHADAP@vermont.gov.
Vermont	**Vermont's Most Dangerous Leftovers** Launched by the Vermont Department of Health, this media campaign created flyers to educate the general population on the safe use, storage, and disposal of prescription drugs. These flyers also provide information on Vermont's biannual National Prescription Drug Take Back Days as well as a list of Vermont's permanent prescription drug disposal sites. To view the campaign, go to: http://www.healthvermont.gov/alcohol-drugs/reports/media-and-marketing-library	General population	Safe use, storage, and disposal of prescription drugs	Vermont Department of Health Alcohol & Drug Abuse Programs Phone: 802-651-1550 AHS.VDHADAP@vermont.gov

State	Campaign	Target Audience	Theme	Contact Information
Virginia	**Sink or Swim** The mission of this campaign is to raise awareness of issues related to drug addiction and be an information resource for individuals and families affected by drug use. To view the campaign, go to: www.drugfreeva.org	General population	Preventing drug use and abuse	Virginia Office of the Attorney General 900 East Main Street Richmond, VA 23219 Phone: (804) 786-2071
Wisconsin	**Wisconsin's Good Drugs Gone Bad PSA** Originally created in 2009 by the Northeast Wisconsin Coalition, this program and toolkit undergoes regular revisions to provide the most up-to-date information about substance misuse. After producing a series of successful public service announcements, the campaign collaborated with filmmakers to create a film for teens about the dangers of prescription drug misuse and abuse. Other materials include customizable posters that community organizations can use to support their prevention efforts, PowerPoint presentations, handouts for prevention practitioners, and a non-fiction book about a former police officer's struggle with prescription drug abuse. To view the PSA's go to: http://www.gooddrugsgonebad.com/?page_id=62	General population	Prescription drug misuse	Northeast Wisconsin Coalition http://newimmunizationcoalition.org/ Contact Page: http://www.gooddrugsgonebad.com/?page_id=42

State	Campaign	Target Audience	Theme	Contact Information
Wisconsin	**Dose of Reality** Dose of Reality is a campaign to raise awareness about Wisconsin's painkiller epidemic and provide education about the risks and dangers of improper use, storage, and disposal of prescription painkillers. Resources are tailored to various populations such as medical providers, students, parents, businesses, educators, and coaches. This campaign uses multi-faced communication efforts involving television, radio, online, print, and outdoor messaging. To view the campaign, go to: http://doseofrealitywi.gov/	General population	Prescription drug misuse	Contact page: http://doseofrealitywi.gov/contact/

Medication-Assisted Treatment (MAT) for Opiate Dependence—It's Not "Giving Drugs to Drug Addicts"

The Food and Drug Administration (FDA) has approved three medications for use in the treatment of opioid dependence: methadone, naltrexone, and buprenorphine.[a]

With an array of medications now available for addressing the emerging prescription painkiller epidemic, it is crucial that providers in both primary and specialty care settings become trained in medication-assisted treatment (MAT), an approach that uses FDA-approved pharmacological treatments, often in combination with psychosocial treatments, for patients with opioid-use disorders (ONDCP, 2012).

More than 10 million people reported using prescription painkillers in 2012 (SAMHSA, 2012). Of these, an estimated 15% are opiate dependent and would benefit from treatment (SAMHSA, 2012). Nevertheless, MAT has been used in fewer than half of treatment facilities (Knudsen, Abraham, & Roman, 2011).

What Is MAT?

MAT is a corrective but not a curative treatment for opiate dependence. The most effective MATs to treat opiate dependence are methadone (Dolophine®, Methadose®) and buprenorphine (Suboxone®, Zubsolv®). These are among the drugs classified as opiates; treatment with these drugs is called *opiate replacement therapy* (*ORT*). These are long-acting medications that, when taken as prescribed, do not get the person high. Like other opiates, they bind to the body's natural opiate receptors, but they are less addictive. Although they can be misused, when taken appropriately they help those in therapy feel normal and live normal lives.

Because methadone and buprenorphine are opiates, some people equate them to "giving drugs to drug addicts." But this is not the case. These drugs relieve narcotic craving, prevent symptoms of opiate withdrawal, and block the euphoric effects associated with heroin and other more powerful narcotic medications (Joseph, Stancliff, & Langrod, 2000). The medications are usually prescribed on an ongoing basis, similar to taking a medication for high blood pressure. Effectiveness of these interventions is currently well documented in literature reviews by established researchers and clinicians (Volkow et al., 2014).

Other medications approved to treat opiate-use disorders include oral naltrexone (ReVia®, Depade®) and naltrexone sustained-release injection (Vivitrol®). Naltrexone binds strongly to the body's opiate receptors, thereby reversing the effects of opiates. This reduces opiate use because people taking these medications do not get high if they do use opiates.[b]

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[a] Therapies that are not medication-assisted are also available. This fact sheet does not describe those therapies.

[b] Naloxone is another opiate receptor blocker that cannot be absorbed through the gastrointestinal tract. It is added to buprenorphine and taken sublingually (under the tongue). This reduces the potential for abuse because, if dissolved and injected, the naloxone blocks the effects of buprenorphine. Naloxone, a potentially life-saving drug, is also used intravenously or as a nasal spray to treat opiate overdose.

Person must stop taking opiates before being prescribed naltrexone. Those who take naltrexone as directed do not relapse, but most either refuse to take it or discontinue use. The sustained-release form of naltrexone is administered once a month, which may increase adherence to treatment. However, 6-month treatment retention rates following treatment with sustained-release naltrexone are lower than 1-year retentions in methadone maintenance (Bart, 2011). Therefore, reviews of controlled studies conclude that more evidence is needed to justify its use. However, those highly motivated to comply with treatment, such as employees under a treatment plan, will do well (Harvard Health Publications, 2005).

Benefits of MAT

MAT has proven effective in helping patients recover from opiate addiction. When prescribed and monitored properly, methadone and buprenorphine are safe, cost-effective, and greatly reduce the risk of overdose (Schwartz et al., 2013). Other benefits include the following:

- increased patients' retention in treatment,
- improved social functioning,
- lower risks of infectious-disease transmission through avoidance of illicitly obtained injectable drugs, and
- reduction in criminal activities, as money is no longer needed to support an addiction.

Underutilization of MAT

Several barriers contribute to low access to and utilization of MATs. These include the following (Volkow et al., 2014):

- A misguided belief by many that MATs merely replace one addiction with another.
- Insufficient numbers of trained prescribers, leading to improper dosing of MAT and treatment failure.
- The challenge that many treatment facility managers and staff favor an abstinence (no-medication) model (Knudsen, Abraham, & Roman, 2011). However, ORT retains patients in treatment and decreases heroin use better than treatments that do not use MAT (Mattick et al., 2009).
- Policy and regulatory barriers imposed by Medicaid programs or their managed-care organizations that reduce use of MATs. These include limits on dosages prescribed, annual or lifetime medication limits, initial authorization and reauthorization requirements, minimal counseling coverage, and "fail first" criteria requiring that other therapies be attempted first (www.asam.org/docs/advocacy/Implications-for-Opioid-Addiction-Treatment).
- While most commercial insurance plans cover buprenorphine treatment, coverage may be limited (Volkow et al., 2014).
- Limited private insurance plans that provide coverage for the long-acting injection formulation of naltrexone; most plans do not cover methadone when provided through opioid treatment programs.

The heads of the National Institute on Drug Abuse, the Centers for Disease Control and Prevention, and the Substance Abuse and Mental Health Services Administration and the medical director of the Centers for Medicare & Medicaid Services recently stated, "Expanding access to MATs is a crucial component of the effort to help patients recover [from opiate use disorders]. It is also necessary, however, to implement primary prevention policies that curb the inappropriate prescribing of opioid analgesics—the key upstream driver of the epidemic—while avoiding jeopardizing critical or even lifesaving opioid treatment when it is needed" (Volkow et al., 2014).

Websites Providing More Information:

U.S. Substance Abuse and Mental Health Services Administration: Medication-Assisted Treatment for Substance Use Disorders: http://www.dpt.samhsa.gov/

U.S. National Institute on Drug Abuse: Topics in Brief: Medication-Assisted Treatment for Opioid Addiction: http://www.drugabuse.gov/publications/topics-in-brief/medication-assisted-treatment-opioid-addiction

References

Bart G. (2011). Promise of extended-release naltrexone is a red herring. *Lancet, 378,* 663–664.

Harvard Health Publications. (2005, May). Treating opiate addiction, Part II: Alternatives to maintenance. *Harvard Mental Health Letter* [serial online]. Retrieved from http://www.health.harvard.edu/newsweek/Treating_opiate_addiction_Alternatives_to_maintenance.htm.

Joseph, H., Stancliff, S., & Langrod, J. (2000). Methadone maintenance treatment (MMT): A review of historical and clinical issues. *Mount Sinai Journal of Medicine, 67,* 347–364.

Knudsen, H. K., Abraham, A. J., & Roman, P. M. (2011). Adoption and implementation of medications in addiction treatment programs. *Journal of Addiction Medicine, 5,* 21–27.

Mattick, R. P., Breen, C., Kimber, J., & Davoli, M. (2009). Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence. *Cochrane Database of Systematic Reviews, 3,* CD002209.

Office of National Drug Control Policy (ONDCP). (2012). *Healthcare brief: Medication-assisted treatment for opioid addiction.* Washington, DC: Executive Office of the President. Retrieved from http://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication_assisted_treatment_9-21-20121.pdf.

Schwartz, R. P., Gryczynski, J., O'Grady, K. E., Sharfstein, J. M., Warren, G., Olsen, Y., . . . Jaffe, J. H. (2013). Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995–2009. *American Journal of Public Health, 103,* 917–922.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). *National Survey on Drug Use and Health: Summary of national findings.* Rockville, MD: Substance Abuse and Mental Health Services Administration.

Volkow, N. D., Frieden, T. R., Hyde, P. S., & Cha, S. S. (2014). Medication-assisted therapies—Tackling the opioid-overdose epidemic. *New England Journal of Medicine, 370,* 2063–2066. Retrieved from http://www.nejm.org/doi/full/10.1056/NEJMp1402780.

The Substance Abuse and Mental Health Services Administration supports the Preventing Prescription Abuse in the Workplace Technical Assistance Center. For more information, contact PAW-TA@PIRE.org. To join the PAW Listserv, visit http://paw.dsgonline.com, or simply scan the QR Code to the right.

OPIOID AND NARCOTIC PAINKILLERS: KNOW THE BENEFITS, UNDERSTAND THE DANGERS

About 2.3 million emergency room visits were made in 2010 because of reactions to drugs. Narcotic pain relievers, also known as opioids accounted for over 400,000, or 17%, of these visits.

Opioids are medications that decrease how much pain you feel. Opioids are also known as narcotics. Your doctor may give you these drugs for many types of pain, the flu, or a cough.

Examples of Opioid-Containing Medicines

Name Brand	Generic Name	Illness Treated
Vicodin	Hydrocodone	injuries and dental pain
OxyContin, Percocet	Oxycodone	Chronic or severe pain
Kadian, Avinza	Morphine	severe pain
Lomotil	Codeine	cough, severe diarrhea
Floricet with Codeine, Phrenilin with Caffeine and Codeine, Ascomp with Codeine	Codeine	headache
Cheratussin AC, Robitussin-AC, Iophen-C NR, Gualatussin AC	Codeine	cough
Phenflu, Maxiflu, Rolatuss, Calcidrine	Codeine	cough

Common Reactions

While opioids are very effective medications, you can have reactions to them. They can make you

- sleepy,
- sick to your stomach,
- constipated,
- feel confused, or
- dizzy.

These reactions can happen suddenly and while taking the usual dose of your medicine that contains opioids. Be careful to follow your doctor's or pharmacist's instructions.

Many opioids will take about 90 minutes to become fully active in your body. Be sure to check the warning labels on the bottle: you may need to be careful going about ordinary activities such as driving.

Serious Reactions

If you take more than prescribed, or combine opioids with alcohol or some other drugs, such as tranquilizers and sedatives, they can cause

- clammy skin,
- weak muscles,
- dangerously low blood pressure,
- slowed or stopped breathing,
- coma, or
- death.

Do Not Share Opioid Painkillers

Never share the medication that your doctor has given you with someone else, even family members. Another person may react differently to the medications. You may be endangering someone's life if you give them your medicine.

Long-Term Problems

If you take opioids for a long time, your body can feel less of their effect. You may feel the need to use more of the drug to feel the effects of the medicine. Do not use more without talking to your doctor. Taking more opioids can increase the chance that you may have side effects or overdose. Opioids can be highly addictive if not managed carefully by a doctor.

What Can I Do To Prevent Problems?

While these drugs are effective for pain, you may want to ask your doctor if you can try a non-opioid drug first.

Also, if you do take opioids, talk to your doctor about limiting the time you take them. Tell your doctor about all other medications and drugs that you take and about how much alcohol that you consume. And be careful when driving. Ask your doctor about how long the medicine will be in your body and whether and when you can drive.

If you have any medicine left over, your local pharmacy has information on medication disposal. You also may go online at the U.S. Food and Drug administration website to learn how to throw away the medicine: http://www.fda.gov/downloads/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/ucm107163.pdf.

Additional Opioid Resources

National Institutes of Health, National Institute on Drug Abuse. What are opioids? Available at http://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids/what-are-opioids

Food and Drug Administration. FDA works to reduce risk of opioid pain relievers. Available at http://www.fda.gov/downloads/ForConsumers/ConsumerUpdates/UCM307834.pdf

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (July 3, 2012). The DAWN Report: Highlights of the 2010 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits. Rockville, MD. Available at http://www.samhsa.gov/data/2k12/DAWN096/SR096EDHighlights2010.htm

The Substance Abuse and Mental Health Services Administration supports the Preventing Prescription Abuse in the Workplace Technical Assistance Center. For more information, contact PAWTArequest@PIRE.org.

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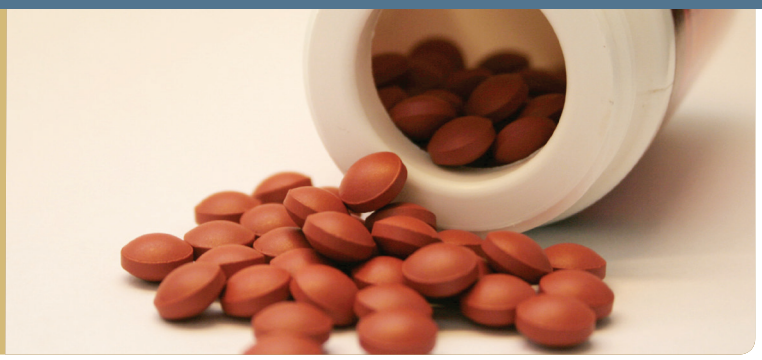
Preventing Prescription Abuse in the Workplace
PAW

Screening for Prescription Drug Use Problems

Screeners are short questionnaires that employees can use on their own to recognize prescription drug use problems that could interfere with their health and safety at home and at work. This Issue Brief introduces the purpose of screeners and describes several tools that employers could easily place in existing wellness materials and messages.



Lyndsey works in a manufacturing plant. Her daughter, Cheryl, just started college and lives at home. Lyndsey has noticed that Cheryl is staying up late at night studying and recently seems jittery and irritable much of the time. This is unlike her usually laid-back daughter. Lyndsey is concerned.

Mike is an auto mechanic. He has had chronic back pain for several months following an incident at work where he "pinched his back" while lifting a tire. His work performance has not been up to par lately, and he often seems sleepy.

Cheryl and Mike are both misusing prescription drugs. Cheryl got a stimulant (amphetamine) from a classmate to help her concentrate and stay awake cramming for a test. She liked the drug so much that she began using it regularly and buys it from a guy she met at a party. Mike was given a prescription for OxyContin by his doctor. It helped a lot for a while, but he found himself craving more and more of the drug and, without his doctor's knowledge, has gone to several other providers for prescriptions. Neither Cheryl nor Mike considers this misuse of prescription drugs to be a problem. Are they abusing these prescription drugs?

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines *nonmedical use of prescription drugs* as the use of prescription pain relievers, tranquilizers, stimulants, or sedatives without a prescription for perceived medical need or for the experience or feeling the drug causes.[1] This definition covers a wide range of behaviors, from using someone else's medication to address a legitimate medical need to misusing prescription medications to stay awake, get to sleep, calm down, or get high. Nonmedical prescription use, or misuse, is especially common among those with chronic pain, teenagers and young adults, and those with a history of addiction or other mental health problems, such as depression and anxiety.[2] A national survey conducted in 2012 shows that prescription drug misuse is a serious public health problem. Approximately 6.8 million Americans age 12 and above (2.6% of those surveyed) admitted to using prescription drugs nonmedically in the past month.[1] Many people at risk for misusing prescription drugs are working adults who may not understand the dangers of misusing drugs either not prescribed for them or not as prescribed by a health professional.

This Issue Brief was written to educate workers, employers, and community health center visitors about brief questionnaires (< 20 questions) called *screeners*. The screeners described here do not involve drug testing of bodily fluids. Instead, these screeners use questions or interviews to detect signs of prescription drug misuse or abuse in apparently healthy individuals so that health care can be provided early (before the problem becomes obvious).[3] Screening for prescription drug misuse is performed for two reasons:

- to identify people at *high risk for developing prescription drug abuse*, and
- to determine whether an individual shows *key indicators of prescription drug abuse*.

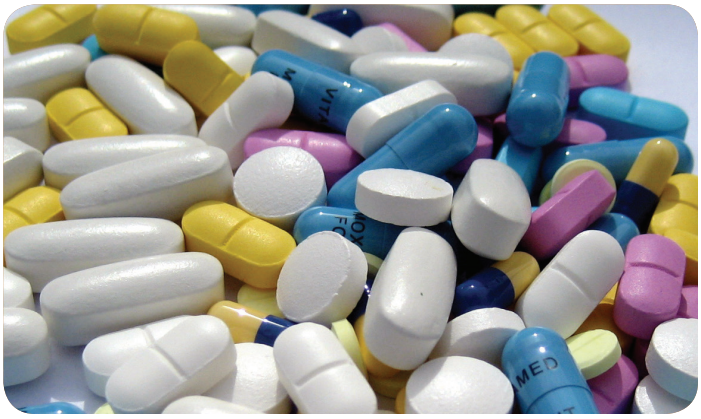
Screening can help prevent misuse of prescription drugs, identify those at risk, discover a potential addiction problem, or point to a need for further evaluation and treatment. This is relevant for employers because early identification of prescription misuse symptoms may prevent prescription drug abuse and costly problems related to worker safety risks, reduced productivity, and medical treatment for substance abuse.

Screening Instruments in the Workplace

Traditionally, workplaces have relied on biological drug testing to detect drug users. Few question-based screeners have been developed specifically for use in the workplace, yet they could be very useful in helping employees, such as Lyndsey or Mike, to recognize the signs of prescription drug abuse by loved ones or to recognize and deal effectively with their own prescription drug misuse. Screeners for prescription drug abuse are needed to evaluate risk for the three classes of medications that are most often abused: 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).

To address prescription drug abuse in the workplace, SAMHSA established the Preventing Prescription Abuse in the Workplace (PAW) program. This program provides technical assistance to workplaces across America to reduce prescription drug abuse. The SAMHSA PAW program is facilitating the development of a number of occupation-specific screeners for prescription drug abuse, such as the one developed for flight attendants to help them recognize potential abuse (see sidebar). Screeners geared to other workplace settings and occupations are in development.

While more studies are needed in this area, screeners such as the one developed for flight attendants may prove to be effective prevention tools for employees and their supervisors in the effort to reduce injuries and deaths.



Example Screener: Flight Attendant Drug Use Screening Test

Take the six-question drug use screening tool designed just for flight attendants. Routinely evaluate your drug use just as you would other health issues. Should you answer "yes" to two or more of the below questions, it means that your use may have moved into risky use. Please follow up with your flight attendant peer with the Flight Attendant Drug and Alcohol Program (FADAP). Your conversations are confidential.

1. I have not shown up for a trip because of my use of a drug or medication one or more times in the past 12 months.
2. I have used a flying partner's prescription medication one or more times in the past 12 months.
3. I have shared my prescription medication with a flying partner one or more times in the past 12 months.
4. I have used a prescription pain medication while performing my flight duties one or more times in the past 12 months.
5. I have bid my flying schedule to avoid a drug test one or more times in the past 12 months.
6. I have bid my flying to have access to a drug or medication one or more times in the past 12 months.

Available at

http://www.fadap.org/FlightAttendantDrugScreeningTool.

Screeners Should Be Scientifically Sound

Screeners are developed based on their ability to identify correctly people with and without a condition. The two measures that determine a screener's accuracy are *sensitivity* and *specificity*.[4] The *sensitivity* of a test refers to the ability of the test to identify correctly those patients with a given condition (in this case, prescription drug abuse). For example, a test with 90% sensitivity correctly identifies 90% of those who are at risk for prescription drug abuse. The *specificity* of a screener refers to the ability of the screener to identify correctly those patients not at risk for prescription drug abuse. It is desirable to have a test that is both highly sensitive and highly specific. Screeners with a solid research base are recommended (see Table 1) because they have scientific evidence supporting their accuracy.

Currently Available Screeners

Screeners for substance abuse 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 abuse detection typically are used for universal health screening (see Table 1). Most were developed to be administered by medical professionals but could be adopted for use by employees as self-administered, "take-home" flyers, or as part of wellness, health education, or workplace prescription drug abuse 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 abuse. A 37-item questionnaire has been developed to identify risks for stimulant abuse among college students.[5;6] Several brief screeners are being developed to detect prescription drug abuse risk among patients seeking opiate medications to control pain. Screeners are also available to monitor behaviors that may indicate medication abuse in patients being prescribed opiates (see Table 2).*

This effort is in response to the widespread use of opiate medications that has led to high rates of overdose deaths in the United States.[13] Opiates are especially dangerous when taken with other commonly used substances, such as alcohol and anti-anxiety agents.[14] If providers are considering prescribing opiates, they can begin the process by using a screener to help guide them in developing a treatment plan.[15;16] Screeners shown in Table 2 also could be adapted for use in workplaces or community health settings.

*Longer screeners were recommended in a recent review;[7] these screeners included the Screener and Opioid Assessment for Patients with Pain–Revised,[8] Addiction Behaviors Checklist,[9] Prescription Drug Use Questionnaire,[10] and the Patient Assessment and Documentation Tool.[11;12]

Response to a Positive Screen for Prescription Drug Abuse

No screener is 100% accurate. While science-based screeners are useful for predicting who is at risk for prescription drug abuse, they cannot be used to confirm a diagnosis. Screeners can miss people who have the condition, and people with a positive screen should be evaluated further.[4] If someone screens positive, it is important that he or she seeks professional support. The first step is to schedule an appointment with a health care provider to talk about the problem or seek help from an Employee Assistance Program.

Table 1. 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)[17]	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 [17-22]
CAGE–Adapted to Include Drugs (CAGE-AID)[23]	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[22-27]
CRAFFT[28]	Adolescents	Alcohol and other drugs	Available from the Center for Adolescent Substance Abuse Research at http://www.ceasar-boston.org/CRAFFT/index.php.	6	Strong support[28-31]
Drug Abuse Screening Test (DAST-10)[32]	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 http://archives.drugabuse.gov/diagnosis-treatment/dast10.html. Copyright 1982 by Harvey A. Skinner, PhD, and the Centre for Addiction and Mental Health, Toronto, Canada.	10	Strong support[22;32-40]
Drug Use Disorders Identification Test (DUDIT)[41]	Adults	Cannabis, amphetamines, cocaine, opiates, hallucinogens, inhalants, GHB/other, sleeping pills/ sedatives, painkillers	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[22;41-44]
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[17-22]
NIDA Quick Screen		Alcohol, tobacco, prescription drugs for nonmedical use, illegal drugs	The NIDA Quick Screen was adapted from the single-question screen for drug use in primary care by Smith et al.[45] 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 at http://www.drugabuse.gov/nmassist/?q=nida_questionnaire.	1	Moderate/limited support[45]
RAFFT[46]	Adolescents	Alcohol and other drugs	The assessment is available in the source reference.	5	Moderate/limited support[46;47]

*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)[48]	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 http://www.painknowledge.org/physiciantools/ORT/ORT%20Patient%20Form.pdf.	5	Strong support[16;48-50]
Diagnosis, Intractability, Risk, Efficacy (DIRE)[51]	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 http://www.opioidrisk.com/node/1202.	7	Moderate/limited support[49;51]
Current Opioid Misuse Measure[52]	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	Moderate/limited support[53;54]
The Chabal 5-Point Opiate Abuse Checklist[55]	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.	5	Moderate/limited support[55]

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

For More Information

- **Screening in Medical Settings:**
  - National Coalition Against Prescription Drug Abuse: www.ncapda.org provides a list of the signs of prescription drug abuse.
  - National Institute on Drug Abuse quick screen:
    - http://www.drugabuse.gov/nmassist/?q=nida_questionnaire
    - http://www.drugabuse.gov/sites/default/files/resource_guide.pdf
    - http://www.drugabuse.gov/sites/default/files/sensitive-topics.pdf
  - Clinician's Screening Tool for Drug Use in General Medical Settings:
    - http://www.drugabuse.gov/nmassist/
  - Substance Abuse and Mental Health Services Administration:
    - http://store.samhsa.gov/product/A-Guide-to-Substance-Abuse-Services-for-Primary-Care-Clinicians/SMA09-3740
- **Screening Adolescents:**
  - Substance Abuse and Mental Health Services Administration:
    - http://store.samhsa.gov/product/TIP-31-Screening-and-Assessing-Adolescents-for-Substance-Use-Disorders/SMA12-4079
  - National Institute on Drug Abuse:
    - http://www.drugabuse.gov/news-events/meetings-events/2010/05/adolescent-drug-abuse-screening-in-general-medical-settings-resources-clinicians

References

1) Substance Abuse and Mental Health Services Administration. *Results from the 2011 National Survey on Drug Use and Health: Summary of national findings*. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2012. NSDUH Series H-44, HHS Publication No. SMA 12-4713.
2) Compton WM, Volkow ND. Abuse of prescription drugs and the risk of addiction. *Drug Alcohol Depend*. 2006;83:S4-S7.
3) O'Toole MT. *Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health*, 7th Ed. 2005. New York: Elseiver Health Sciences.
4) Akobeng AK. Understanding diagnostic tests 1: Sensitivity, specificity and predictive values. *Acta Paediatr*. 2007;96:338-341.
5) Bavarian N, Flay BR, Ketcham PL, Smit E. Illicit use of prescription stimulants in a college student sample: A theory-guided analysis. *Drug Alcohol Depend*. 2013;132:665-673.
6) Bavarian N, Flay BR, Ketcham PL, Smit E. Development and psychometric properties of a theory-guided prescription stimulant misuse questionnaire for college students. *Subst Use Misuse*. 2013;48:457-469.
7) Frankel GEC, Intrater M, Doupe M, Namaka M. Opioid misuse in Canada and critical appraisal of aberrant behavior screening tools. *World J Anesthesiol*. 2014;3:61-70.
8) Butler SF, Fernandez K, Benoit C, Budman SH, Jamison RN. Validation of the revised Screener and Opioid Assessment for Patients with Pain (SOAPP-R). *J Pain*. 2008;9:360-372.
9) Wu SM, Compton P, Bolus R et al. The Addiction Behaviors Checklist: Validation of a new clinician-based measure of inappropriate opioid use in chronic pain. *J Pain Symptom Manage*. 2006;32:342-351.
10) Michna E, Ross EL, Hynes WL et al. Predicting aberrant drug behavior in patients treated for chronic pain: Importance of abuse history. *J Pain Symptom Manage*. 2004;28:250-258.
11) Passik SD, Kirsh KL, Whitcomb L et al. A new tool to assess and document pain outcomes in chronic pain patients receiving opioid therapy. *Clin Ther*. 2004;26:552-561.
12) Nuckols TK, Anderson L, Popescu I et al. Opioid prescribing: A systematic review and critical appraisal of guidelines for chronic pain. *Ann Intern Med*. 2014;160:38-47.
13) Centers for Disease Control and Prevention. CDC grand rounds: Prescription drug overdoses—A U.S. epidemic. *Morb Mortal Wkly Rep*. 2012;61:10-13.
14) Stephens E, Tarabar A. Toxicity, Opioids. 2010; Available from: Medscape Reference: Drugs, Diseases and Procedures. Accessed May 14, 2012.
15) Bohn TB, Levy LB, Celin S, Starr TD, Passik SD. Screening for abuse risk in pain patients. *Adv Psychosom Med*. 2011;30:113-124.
16) Chou R, Fanciullo GJ, Fine PG, Miaskowski C, Passik SD, Portenoy RK. Opioids for chronic noncancer pain: Prediction and identification of aberrant drug-related behaviors: A review of the evidence for an American Pain Society and American Academy of Pain Medicine clinical practice guideline. *J Pain*. 2009;10:131-146.
17) WHO ASSIST Working Group. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Development, reliability and feasibility. *Addiction*. 2002;97:1183-1194.
18) Humeniuk R, Ali R, Babor TF et al. Validation of the Alcohol, Smoking And Substance Involvement Screening Test (ASSIST). *Addiction*. 2008;103:1039-1047.
19) Newcombe DA, Humeniuk RE, Ali R. Validation of the World Health Organization Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Report of results from the Australian site. *Drug Alcohol Rev*. 2005;24:217-226.
20) Humeniuk, R, Ali, R. *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; 2006.

References (cont)

21) Hides L, Cotton SM, Berger G et al. The reliability and validity of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) in first-episode psychosis. *Addict Behav*. 2009;34:821-825.

22) Mdege ND, Lang J. Screening instruments for detecting illicit drug use/abuse that could be useful in general hospital wards: A systematic review. *Addict Behav*. 2011;36:1111-1119.

23) Brown RL, Rounds LA. Conjoint screening questionnaires for alcohol and other drug abuse: Criterion validity in a primary care practice. *Wis Med J*. 1995;94:135-140.

24) Couwenbergh C, Van Der Gaag RJ, Koeter M, De RC, van den Brink W. Screening for substance abuse among adolescents validity of the CAGE-AID in youth mental health care. *Subst Use Misuse*. 2009;44:823-834.

25) Leonardson GR, Kemper E, Ness FK, Koplin BA, Daniels MC, Leonardson GA. Validity and reliability of the audit and CAGE-AID in Northern Plains American Indians. *Psychol Rep*. 2005;97:161-166.

26) Hinkin CH, Castellon SA, Dickson-Fuhrman E, Daum G, Jaffe J, Jarvik L. Screening for drug and alcohol abuse among older adults using a modified version of the CAGE. *Am J Addict*. 2001;10:319-326.

27) Brown RL, Leonard T, Saunders LA, Papasouliotis O. A two-item screening test for alcohol and other drug problems. *J Fam Pract*. 1997;44:151-160.

28) Knight JR, Shrier LA, Bravender TD, Farrell M, Vander BJ, Shaffer HJ. A new brief screen for adolescent substance abuse. *Arch Pediatr Adolesc Med*. 1999;153:591-596.

29) Knight JR, Sherritt L, Shrier LA, Harris SK, Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. *Arch Pediatr Adolesc Med*. 2002;156:607-614.

30) Knight JR, Sherritt L, Harris SK, Gates EC, Chang G. Validity of brief alcohol screening tests among adolescents: A comparison of the AUDIT, POSIT, CAGE, and CRAFFT. *Alcohol Clin Exp Res*. 2003;27:67-73.

31) Dhalla S, Zumbo BD, Poole G. A review of the psychometric properties of the CRAFFT instrument: 1999-2010. *Curr Drug Abuse Rev*. 2011;4:57-64.

32) Skinner HA. The Drug Abuse Screening Test. *Addict Behav*. 1982;7:363-371.

33) Yudko E, Lozhkina O, Fouts A. A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. *J Subst Abuse Treat*. 2007;32:189-198.

34) Cassidy CM, Schmitz N, Malla A. Validation of the alcohol use disorders identification test and the Drug Abuse Screening Test in first episode psychosis. *Can J Psychiatry*. 2008;53:26-33.

35) Grekin ER, Svikis DS, Lam P et al. Drug use during pregnancy: Validating the Drug Abuse Screening Test against physiological measures. *Psychol Addict Behav*. 2010;24:719-723.

36) Maisto SA, Carey MP, Carey KB, Gordon CM, Gleason JR. Use of the AUDIT and the DAST-10 to identify alcohol and drug use disorders among adults with a severe and persistent mental illness. *Psychol Assess*. 2000;12:186-192.

37) Skinner HA, Goldberg AE. Evidence for a drug dependence syndrome among narcotic users. *Br J Addict*. 1986;81:479-484.

38) Bohn MJ, Babor TF, Kranzler HR. 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.

39) Staley D, El-Guebaly N. Psychometric properties of the Drug Abuse Screening Test in a psychiatric patient population. *Addict Behav*. 1990;15:257-264.

40) Gavin DR, Ross HE, Skinner HA. Diagnostic validity of the Drug Abuse Screening Test in the assessment of DSM-III drug disorders. *Br J Addict*. 1989;84:301-307.

41) Berman AH, Bergman H, Palmstierna T, Schlyter F. Evaluation of the Drug Use Disorders Identification Test (DUDIT) in criminal justice and detoxification settings and in a Swedish population sample. *Eur Addict Res*. 2005;11:22-31.

42) Berman AH, Palmstierna T, Kallmen H, Bergman H. The self-report Drug Use Disorders Identification Test: Extended (DUDIT-E): Reliability, validity, and motivational index. *J Subst Abuse Treat*. 2007;32:357-369.

43) Durbeej N, Berman AH, Gumpert CH, Palmstierna T, Kristiansson M, Alm C. 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. *J Subst Abuse Treat*. 2010;39:364-377.

44) Voluse AC, Gioia CJ, Sobell LC, Dum M, Sobell MB, Simco ER. Psychometric properties of the Drug Use Disorders Identification Test (DUDIT) with substance abusers in outpatient and residential treatment. *Addict Behav*. 2012;37:36-41.

45) Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. A single-question screening test for drug use in primary care. *Arch Intern Med*. 2010;170:1155-1160.

46) Bastiaens L, Francis G, Lewis K. The RAFFT as a screening tool for adolescent substance use disorders. *Am J Addict*. 2000;9:10-16.

47) Bastiaens L, Riccardi K, Sakhrani D. The RAFFT as a screening tool for adult substance use disorders. *Am J Drug Alcohol Abuse*. 2002;28:681-691.

48) Webster LR, Webster RM. Predicting aberrant behaviors in opioid-treated patients: Preliminary validation of the Opioid Risk Tool. *Pain Med*. 2005;6:432-442.

49) Passik SD, Kirsh KL, Casper D. Addiction-related assessment tools and pain management: Instruments for screening, treatment planning and monitoring compliance. *Pain Med*. 2008;9:145-166.

50) Butler SF. 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.

51) Belgrade MJ, Schamber CD, Lindgren BR. The DIRE score: Predicting outcomes of opioid prescribing for chronic pain. *J Pain*. 2006;7:671-681.

52) Butler SF, Budman SH, Fernandez KC et al. Development and validation of the Current Opioid Misuse Measure. *Pain*. 2007;130:144-156.

53) Butler SF, Budman SH, Fanciullo GJ, Jamison RN. Cross validation of the current opioid misuse measure to monitor chronic pain patients on opioid therapy. *Clin J Pain*. 2010;26:770-776.

54) Meltzer EC, Rybin D, Saitz R et al. Identifying prescription opioid use disorder in primary care: Diagnostic characteristics of the Current Opioid Misuse Measure (COMM). *Pain*. 2011;152:397-402.

55) Chabal C, Erjavec MK, Jacobson L, Mariano A, Chaney E. Prescription opiate abuse in chronic pain patients: Clinical criteria, incidence, and predictors. *Clin J Pain*. 1997;13:150-155.

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Preventing Prescription Abuse in the Workplace
PAW

The Substance Abuse and Mental Health Services Administration supports the Preventing Prescription Abuse in the Workplace Technical Assistance Center. For more information, contact PAWTArequest@PIRE.org.

Structuring a Health Benefits Package That Is Sensitive to Prescription Drug Misuse Issues

Prescription drug abuse and misuse significantly impact the workplace. According to the 2013 National Survey on Drug Use and Health (NSDUH), 13.2 million working-age adults used a prescription drug improperly at least once in the past year (HHS/SAMHSA/CBHSQ, 2013).

Prescription drug misuse is a major driver of insurance fraud (HHS, 2013). It also can affect employee behavioral health (e.g., alertness, attentiveness, psychological perspective, and social interactions), impacting on workplace safety, health, and productivity. Effective health plans and benefits are structured to support and align with drug-free workplace programs and policies. This fact sheet describes key provisions of major medical insurance packages, pharmacy benefit programs, Employee Assistance Programs (EAPs), and workers' compensation that, if included, can help mitigate prescription drug and other substance use problems.

The Employer's Role as Purchaser of Health Care Services

Employers select health plans and other covered medical services for their employees. As purchasers, employers can ensure health plans include comprehensive behavioral health services for prescription drug use problems. A well-structured health plan reinforces the employer's drug-free workplace policy. Responsive health plans include the following.

A. MAJOR MEDICAL INSURANCE

Medical insurance coverage should include physical and behavioral health services, including substance abuse prevention and intervention strategies and benefits. These benefits can be promoted effectively to employees and their families as part of the company's health/wellness or drug-free workplace program. Ideally, benefits would include prescription drug misuse and abuse prevention, screening, early intervention, treatment, follow-up, and relapse prevention. Covered services can include the following (Slavit, Reagan, & Finch, 2009):

- 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 and abuse 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

B. PHARMACY BENEFIT PROGRAM

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 to treat prescription drug abuse, 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 $5 reimbursement.

Employees and their families can be provided educational and training programs related to prescription drugs, their appropriate use and disposal, and resources about interactions and reactions to prescription drugs.

C. EMPLOYEE ASSISTANCE PROGRAM (EAP)

EAPs offer information, resources, referrals, and counseling on a range of issues, including prescription drug misuse, substance abuse, behavioral health, and a wide range of work and family programs to address significant life problems. Confidential services may include substance use screening, education, treatment referral, and support in recovery and relapse prevention. Employers benefit from having an EAP as these programs can help prevent a variety of workplace difficulties including workplace violence, work-family conflict, physical and behavioral health issues, declining employee morale, and turnover. Successful EAPs encourage self-referral to covered services. This is particularly true for substance abuse issues and related litigation or job loss concerns (Lashley-Giancola, 1996). Coupled with health benefits, EAPs play a vital role in encouraging employee wellness while reducing substance use and other health risks (Slavit, Reagin, & Finch, 2009).

To be effective, EAPs must be promoted, recommended by leadership (management and/or unions), and used by employees. Clients must be convinced of confidential consultation. Employers can promote EAPs and educate staff regarding these benefits by including flyers in letters, hanging posters, sending documents as email attachments, including articles in employee newsletters, and running features on your intranet (Friends Life, 2014).

D. 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 (NCCI, 2012). 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 dependence

and abuse, 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 and abuse 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. Importantly, due to privacy laws, employers often legally cannot be notified of misuse or abuse situations.

Conclusion

Prescription drug abuse is a growing concern in the country. Numerous sound strategies can reduce prescription drug abuse by workers and their covered dependents. Workplaces should ensure that programs (e.g., health plans, workers' compensation, the Drug-Free Workplace Program, health/wellness programs, EAP) have language, policies, and benefits that are compatible and consistent.

References

Friends Life. (2014). *Promoting your EAP.* Bristol, United Kingdom: Author.

Lashley-Giancola, W. (1996). Promoting employee assistance program services to employees. *Employee Assistance Quarterly, 12*, 33–46.

National Council on Compensation Insurance (NCCI). (2012). Workers Compensation Prescription Drug Study: 2011 Update (p. 27). *Workers compensation 2012 Issues Report*. Boca Raton, FL: Author. https://www.ncci.com/Documents/IR_2012.pdf

Slavit, 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.

U.S. Department of Health and Human Services, Behavioral Health Coordinating Committee, Prescription Drug Abuse Subcommittee (HHS). (2013). *Addressing prescription drug abuse in the United States: Current activities and future opportunities*. Washington, DC: Author.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (HHS/SAMHSA/CBHSQ). (2013). *National Survey on Drug Use and Health, 2013* (ICPSR 35509). Ann Arbor, MI: Inter-university Consortium for Political and Social Research. http://doi.org/10.3886/ICPSR35509.v1

The Substance Abuse and Mental Health Services Administration supports the Preventing Prescription Abuse in the Workplace Technical Assistance Center. For more information, contact PAW-TA@PIRE.org. To join the PAW Listserv, visit http://paw.dsgonline.com, or simply scan the QR Code to the right.

What Can Employers Ask Employees About Prescribed Drug Use?

What can an employer ask an employee about prescription drug use? What can they ask a job applicant? Employers are free to ask about use of prescription drugs that were not prescribed for you.

The Americans with Disabilities Act (ADA) restricts what employers can ask about use of drugs prescribed for you. The ADA applies to all employees.

Pre-Employment Inquiries

Under the ADA, employers **cannot** ask potential new hires:

- Questions about their history of prescribed drug use, 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 the 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 on 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 from a third party that an employee’s job functions will be impaired due to prescribed drug use or be a direct threat to safety.
- To take a medical examination.
  - Employers do not get access to employee’s 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. An employee's prescribed drug use history **can** be shared with the employee's supervisor **if** there are work-related restrictions due to the use.

Source: United States Equal Employment Opportunity Commission. (1990). Enforcement guidance: Disabilityrelated inquiries and medical examinations of employees under the Americans with Disabilities Act (ADA). http://www.eeoc.gov/policy/docs/guidance-inquiries.html. Accessed on December 4, 2012.

For further details, see the PAW issue brief Monitoring Prescription Drug Use in the Workplace: What employers Can Ask, available at http://publichealth.hsc.wvu.edu/media/3329/paw_what_employers_can_ask_2_email_no-samhsa-logo.pdf

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Fact Sheet

Taking Opioid Medicine for Chronic Pain

Talk to Your Doctor About What's Right for You

Doctors prescribe opioids to help control some types of pain. Common examples of opioids are:

- hydrocodone
- oxycodone
- morphine

These medicines are better known by their brand names: Vicodin, Percocet, Oxycontin, MS Contin.

Not all opioids are taken by mouth. For example, fentanyl (Duragesic) can be delivered through a skin patch.

When patients use opioids as their doctor tells them to, these drugs can reduce pain in some people. But they may not work for everyone or work over the long term. In some cases, they lose their effectiveness over time or stop working altogether.

Scientists do not yet understand why opioids work for some people but not for others. Research is underway to try and understand this better.

While opioids may be helpful for **acute pain** *(pain that lasts no more than a few weeks)*, there is no strong evidence that they work consistently for **chronic pain** *(pain that lasts over 3 months)*. More research needs to be done to understand why.

If you have moderate or severe pain, taking opioids may help you do the things you like to do or need to do every day. But opioids don't treat what's causing your pain. They just help you to feel less pain. Most experts agree that completely getting rid of pain is not a realistic goal.

Many people have side effects from opioids. Some of these side effects are more serious than others. Also, some side effects may become less severe or go away after a short time. Tell your doctor about how opioids affect you.

Side effects and risks

What are possible side effects of taking opioids?

- Constipation (almost everyone will experience this)
- Sleepiness
- Sleep disturbance (non-refreshing "dream-like" sleep)
- Feeling confused
- Itching
- Nausea
- Feeling "high"
- Low blood pressure
- Slow or stopped breathing

What are some of the risks of taking opioids?

- **Tolerance.** It is likely that you will develop tolerance over time. *This means your body needs more of the drug for the same pain relief.*
- **Dependence.** It is also likely that you will become physically dependent if you take opioids for more than a few weeks. *This means your body has become used to the drug and you can experience unpleasant symptoms (diarrhea, muscle aches, nausea) if you stop taking it suddenly.*

  This is called **withdrawal**. It does not mean that you are addicted. Getting off of opioids once you become dependent may be difficult and must be done gradually. But it can be done. There are medicines that can help you get off opioids if you become dependent. Your doctor can help you.

- **Addiction.** You may become addicted. Addiction is different than dependence. *It means that you are obsessed with taking opioids*. You can't stop taking the drug even though it may be having bad effects on you and your life. You crave the drug and make bad life decisions in order to obtain it.

  People who are addicted may spend all their money and sacrifice relationships at home and work to satisfy their craving. Even after withdrawing from the drug, the cravings persist. Treatment of addiction usually requires counseling and medication.

- **Hyperalgesia.** Sometimes, people taking opioids to treat their pain become even more sensitive to certain kinds of pain. It may be the type of pain that's being treated or a different type of pain. Why this happens is not well understood.
- **Overdose and Death.** If you take too much of an opioid you could suffer a fatal overdose. Combining opioids with alcohol or certain other drugs is very dangerous and increases the risk of fatal overdose.

What factors can increase a person's risk of problems when taking opioids?

- Taking more of your opioid medicine than your doctor tells you to take.
- Taking opioids and also drinking alcohol.
- If you take other medicines, like anxiety medicine (for example, Xanax) or some types of sleeping medicine (for example, Ambien) or some types of allergy medicine (for example, Benadryl).
- It's hard to know how much of an opioid is needed to control pain and just how much a person would have to take to cause an overdose. Talk to your doctor about starting on a low dose. If you need to increase the dose, work with your doctor to do it slowly. Taking higher doses of opioids over longer periods of time may increase your risk of having problems.

Talking to your doctor

What should I tell my doctor to help us decide on the right treatment for my pain?

- ✔ Important details about your pain:
  - How strong is your pain?
  - When is your pain the worst?
  - When does your pain bother you the least?
  - In what ways does your pain interfere with everyday activities?
  - In what ways does your pain interfere with you enjoying life?
  - What helps your pain?
  - What makes your pain worse?
- ✔ What other medicines (prescription and over-the-counter), vitamins, or herbal remedies or supplements you take.
- ✔ If you have any chronic diseases (like heart or lung disease) or infectious diseases (like HIV).
- ✔ If you, or a family member, has a history of addiction with tobacco, alcohol, or other drugs.

You and Your Doctor Can Make a Decision about Treatment

1. Ask about your options
2. Talk about what's important to you
3. Discuss your decision

What questions should I ask my doctor if I'm prescribed opioid medicine?

- ✔ What are the side effects?
- ✔ Should I be prescribed a drug called Narcan that can be given if opioids cause me to stop breathing?
- ✔ What should I do if I have a side effect?
- ✔ Can I drink alcohol while taking this medicine?
- ✔ Can I drive while taking this medicine?
- ✔ What should I do if I forget to take this medicine when I'm supposed to?
- ✔ What happens if I run out of the medicine?
- ✔ How long will I need to take this medicine?
- ✔ Can I safely stop taking this medicine?
- ✔ Are there other medicines that I shouldn't take while taking this medicine?

Pain treatment options

How do I know if taking an opioid medicine is the right choice to treat my pain?

- If your pain levels decrease enough to allow you to be more productive in your daily life at work and home.
- If the side effects do not interfere with your ability to achieve your activity goals.

After you consider these factors, discuss them with your doctor who can help you decide whether opioids are right for you.

Are there other ways to treat pain?

Yes. Opioids are not for treating every type of pain. They may not be the best way to treat some types of long-term pain, such as arthritis pain, low back pain, or frequent headaches. But there are other options that may work.

Other Ways to Help Treat Pain that Don't Involve Taking Opioids

Here are some other things that might help keep your pain under control:

- Heating pads or cold packs
- Over-the-counter medicine: acetaminophen (Tylenol), ibuprofen (Advil, Motrin), naproxen (Aleve)
- Prescription medicine: antidepressants, anti-seizure medications
- Exercise and stretching
- Sleep
- Meditation or relaxation training
- Physical therapy
- Massage
- Acupuncture
- Seeing a chiropractor
- Counseling or cognitive behavioral therapy

Ask your doctor if these, or other options, could work for you on their own or in addition to taking opioids.

This fact sheet is not a substitute for professional medical advice.

This fact sheet was prepared by RTI International.
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