



Addiction to Prescription Pain Medications and the Risk Factors


Everyone is susceptible to prescription pain medication misuse regardless of age, gender, race, or occupation. Certain groups, however, are at a higher risk to misuse prescription pain medications or become addicted to opiates as a result of larger trends like provider prescribing practices and more physically taxing working conditions.

1. In 2015, 4.7% of Americans reported misusing prescription pain relievers.¹
2. Young people between 20 and 25 are at highest risk of misusing prescription pain medications.²
3. Back pain is frequently treated with prescription pain medication. If the injury progresses into chronic pain, the person may end up taking high doses of medications for a long time. Taking opioids for a long time, even under the care of a doctor, is a risk factor for dependence and addiction.³
4. In 2014, prescription pain medications containing opioids accounted for 29% of the total amount of workers' compensation claims paid in the United States.⁴
5. People working in heavy labor occupations like truck drivers, freight, stock, and material movers, and nursing assistants are more likely to be injured on the job.⁵ Musculoskeletal injuries are often treated with prescription pain medications.

How to Address Opioid Use in the Workplace

1. Employers and Employee Assistance Programs (EAP) should offer services and information tailored to high-risk populations such as young people, women etc. taking into account some of the unique factors and concerns of these groups. Employers' human resources, EAPs and disability management vendors should particularly attend to the needs and risks of employees with musculoskeletal injuries for opioid dependence and challenges of re-entry.
2. Managers should receive training on signs of impairment, workplace policies, and resources. They should communicate this information regularly to employees during meetings⁶.
3. Work with your health plan, pharmacy benefits management vendor, or third party administrator of health benefits to actively monitor the "rule of 3" for signs of misuse: 3 or more prescriptions of opioids from 3 or more physicians filled by 3 or more pharmacies. Make sure that they provide feedback to prescribing physicians.
4. Employers should support and monitor employee treatment. Research shows that employer supported and monitored treatment yields better sustained recovery rates than treatment initiated by friends or family⁷.
5. Employers, especially those in heavy labor occupations, should revisit drug-testing policy and scope of testing to incorporate prescription drug use as part of the Drug-Free Workplace Program.⁶

Employers and EAPs should offer services and information tailored to high-risk populations.



¹U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

²U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

³Edlund MJ, Martin BC, Russo JE, Devries A, Braden JB, Sullivan MD. The role of opioid prescription in incident opioid abuse and dependence among individuals with chronic non-cancer pain: The role of opioid prescription. Clin J Pain 2014; 30: 557-564.

⁴Howard J, Wurzelbacher S. A NIOSH role in prescription drug abuse prevention. NIOSH Science Blog. <https://blogs.cdc.gov/niosh-science-blog/2014/05/14/opioid-abuse/> Published 2014. Accessed December 7, 2016.

⁵Bureau of Labor Statistics. Nonfatal occupational injuries and illnesses requiring days away from work, 2015. http://www.bls.gov/news.release/archives/osh2_11102016.pdf Published 2016a. Accessed December 7, 2016.

⁶National Safety Council. (n.d.) The proactive role employers can take: Opioids in the Workplace. <http://www.nsc.org/RxDrugOverdoseDocuments/proactive-role-employers-can-take-opioids-in-the-workplace.pdf>. Accessed February 17, 2016.

⁷Weisner C, Lu Y, Hinman A, Monahan J, Bonnie RJ, Moore CD., Chi, FW, Appelbaum B. (2009) Substance use, symptoms, and employment outcomes of persons with a workplace mandate for chemical dependency treatment. Psychiatric Services, 60(5), 646-654.



National Safety Council
1121 SPRING LAKE DRIVE
ITASCA, IL 60143-3201
(800) 621-7619
nsc.org

0517 900011722

©2017 National Safety Council