

Opioids: The Good, the Bad, and the Ugly

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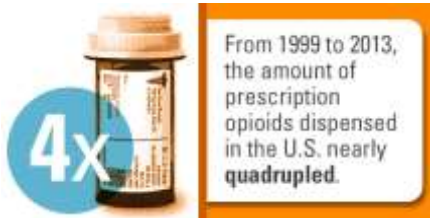
The Good

Relief for acute severe pain

Relief for chronic pain



The Bad: Opioid Painkiller Epidemic



Source: Centers for Disease Control and Prevention (CDC)



Opioid Deaths



More than
40
PEOPLE



die every day from overdoses involving prescription opioids.



The Ugly: United States Drug Overdose Deaths Reached New Heights in 2015



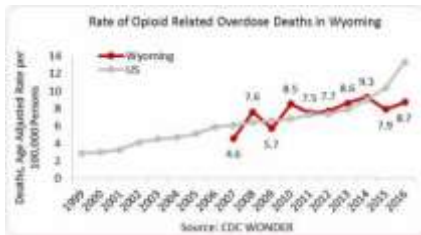
At least
HALF



of all opioid overdose deaths involve a prescription opioid.



Wyoming Statistics



The Physician Connection...

Drug distribution through the pharmaceutical supply chain was the equivalent of 96 mg of morphine per person in 1997 and approximately 700 mg per person in 2007, an increase of more than 600 percent

Source: Centers for Disease Control and Prevention (CDC), 2012



Heroin Connection?



Heroin Connection

- The CDC reports that three out of four heroin users claim to have been prescription opioid users previously.
- Heroin-related deaths in the U.S. tripled between 2010 and 2015, the CDC states.
- The largest increases in overdose deaths, however, which occurred in 2014 and 2015, are linked to fentanyl and methadone.
- The CDC estimates one in four patients currently prescribed opioids is addicted.



What Are Opioids?

All substances, natural and synthetic, that bind to opioid receptors in the brain.

“Opiate” means a drug derived from opium, which is, in turn, derived from the poppy.



Poppy Plant



What Are They?

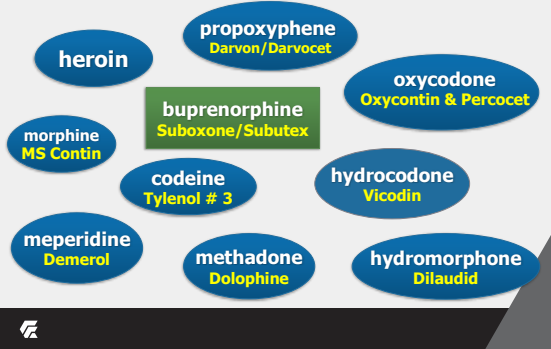
“Natural” Opioids: morphine, codeine

Semi-Synthetic Opioids:
heroin, hydromorphone, hydrocodone, oxycodone, oxymorphone

Fully Synthetic Opioids:
fentanyl, sufentanil, methadone, tramadol, dextropropoxyphene



Some Opioids



Facts About Opioids

- May be taken by mouth, through the skin (patch), or by a needle into the fat, muscle, or vein.
- They attach to opioid receptors in the brain where they help to relieve pain.
- Some opioids cause euphoria ("high") and sleepiness or, if taken in large amounts, unconsciousness that may progress to death (OD).
- Other side effects include itching, headache, nausea, constipation, confusion, slow pulse and slow breathing.
- Some opioids last a few hours and some more than a day.

Morphine

- "Natural opioid"
- Comes directly from the poppy
- 70% goes toward the production of other opioids, such as oxycodone, hydromorphone, and heroin.
- Widely available in multiple forms: oral pill and liquid, injectable
- Used to be considered "gold standard"
- Marketed by Merck in 1827
- Rozanol, Doltard, many others

Oxycodone

- Synthetic "cousin" to morphine
- Potency is 1.5-2X morphine
- OxyContin, Percocet, Percodan
- Developed in Germany in 1917



Hydromorphone

- Synthesized by Knoll in Germany in 1922
- Synthetic "sister" of morphine
- Potency is 5X morphine
- Widely available in multiple forms: oral pill and liquid, pills, parenteral
- Dilaudid



Fentanyl

- Synthesized by Paul Janssen in 1960 (now a subsidiary of Johnson & Johnson)
- Most widely used opioid in medicine
- 80-100X potency of morphine
- Rapid onset and very short half-life – needs to be delivered as parenteral infusion or transdermal patch for constant analgesia
- Duragesic, Abstral, Actic



Sufentanil

- 5-10 times more potent than fentanyl
- Onset is 5-10 minutes, lasts 30 minutes
- Excellent for incident pain
- Practitioners must be prepared with naloxone
- Sufenta



Why is it important?

- Employing someone impaired by opioids can result in poor performance or even danger
- When reasons for drug tests are poorly documented, employees may file civil rights charges
- Opioids are *legal*



Health Effects: Opioids

Opioids have an immediate effect on the central nervous system:

- Depress body functioning
- Increased tolerance – more for same effect
- Mental and physical dependency
- Possible overdose



Possible Opioid Abuse Issues for Employers Include:

- Additional disciplinary procedures,
- Increase in health care costs,
- Possible legal liabilities, and
- Increased workers' compensation costs.



Drug Testing

- DOT inspires all drug testing
- For decades, DOT tested for "opiates"
- About a decade ago, DOT added 6-acetylmorphine
- Add hydrocodone, oxycodone, oxymorphone and hydromorphone effective Jan. 1, 2018



Types of Drug Testing

- Pre-employment
- Post-Accident
- Random
- Return-to-work/Follow-up
- Reasonable Suspicion



What is Reasonable Suspicion?

An articulable belief that someone uses drugs based on observable signs and symptoms, such as behavior, nystagmus, changes in pupil size, odor, etc.



Opioids: Physical Signs and Symptoms

- Sedation
- Impaired mental functioning and alertness
- Constricted pupils
- Intermittent nodding off
- Impaired coordination
- Fatigue and drowsiness
- Constipation



Opioid Withdrawal: DSM-V Criteria

- Unhappy mood
- Muscle aches
- Tearing/runny nose
- Pupillary dilation
- Goose bumps or sweating
- Nausea/Vomiting
- Diarrhea - Fever - Yawning



The Supervisor's Role

- Identify observable phenomena
- Engage with the employee
- Direct employee to undergo testing
- Explain consequences of refusal
- Provide transportation



Opioids Are Legal

- If an applicant or employee tests positive, a Medical Review Officer will ask them whether the drug has been *prescribed*
- If the employee has a *valid prescription*, the MRO will report to you that the test result is *negative*
- MROs don't typically opine on drug levels in someone's system



Americans with Disabilities Act

- The current illegal use of a controlled substance is not a disability.
- Alcoholism may be a disability if it substantially limits a major life function.
- Prior drug use/addiction may also be a disability.
- Employees may be disciplined for poor performance, or use of illegal drugs or alcohol in the workplace.



Public Employers: Employees in Safety Sensitive Jobs

Employer must make an individual assessment if that employee can:

- Perform essential job functions, with or without reasonable accommodations, and
- Without posing direct threat of harm to health or safety of employee or others



Strategies

Drug and Alcohol testing policies:

- What to include
- How to address prescription and OTC drugs
- Steps to follow



Strategies

- Don't ask test subject to:
 - disclose underlying medical conditions for taking medications, or
 - to provide lists or copies of the prescriptions used
- Use independent, third-party MROs
- Avoid "regarded as" disabled for dependencies



Strategies

Educate your workforce

- Educate your workforce on your policy
- Supervisor training
- Have an Employee Assistance Program (EAP)
Inform and remind workers that confidential help is available through EAP
- Workplace safety training



FMLA

Addiction can be a serious health condition

If substantiated, entitled to 12 weeks of leave if employer covered and employee eligible



Thank you!

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