

OPIOIDS AT WORK

EMPLOYER TOOLKIT



Understanding Treatment and Recovery

TREATMENT

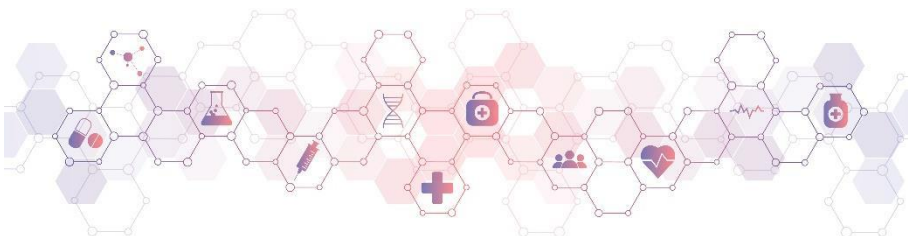
Substance use disorders (SUDs) are complex, with biological, psychological, and social causes and factors that can complicate treatment. However, SUD is a treatable medical condition, and the odds of recovery are remarkable – in fact, more than 10% of Americans live in recovery.¹ Treatment may include medications, behavioral health counseling and other services to help patients reduce or stop alcohol and other drug use, and address related physical or mental health problems. For most people, use of medications in combination with behavioral health treatment is most effective² when recovering from an opioid use disorder (OUD).

Some people who are misusing opioids have a diagnosable OUD. Others simply are misusing opioids recreationally. It can be difficult to tell the difference. To effectively address opioid misuse in the workplace, employers should develop a protocol that refers employees to treatment while understanding that treatment might be different for someone with an OUD and someone simply misusing opioids recreationally.

Employers can dramatically increase accessibility by ensuring their health care plans cover all possible options – methadone, buprenorphine and naltrexone, as well as behavioral therapy. In fact, employer-initiated treatment is more effective than treatment initiated by friends and family.³ Employees should have access to a full range of treatment via their health care plans. Medical professionals should tailor treatment plans to individuals' needs. Employees should not be required to use any one specific form of treatment.

“People can and do recover. Recovery from substance use disorders has had several definitions. Although specific elements of these definitions differ, all agree that recovery goes beyond the remission of symptoms to include a positive change in the whole person. In this regard, “abstinence,” though often necessary, is not always sufficient to define recovery. There are many paths to recovery. People will choose their pathway based on their cultural values, their psychological and behavioral needs, and the nature of their substance use disorder.”

– *Jerome Adams, Surgeon General of the United States*



Medication assisted treatment

Medication assisted treatment (MAT) refers to drugs that help treat opioid use disorder (OUD, a substance-specific subset of SUD). MAT is effective at calming cravings, reducing opioid use and helping people stabilize and lead normal lives. Research shows that MAT significantly increases adherence to treatment and reduces opioid misuse compared with nondrug approaches. People who use MAT are more likely to make and maintain healthy social, psychological and lifestyle changes.

MAT works best when it is combined with other treatment strategies like counseling and social support with fixed, safe, and predictable doses of medications. Each patient will be on MAT for a different length of time – this will be determined by the doctor and the patient. Workplace policy should be flexible to reflect the unknown length of treatment.

Accommodating employees who are being treated with MAT can sometimes be a challenge in the workplace. For example, methadone may cause impairment, posing a safety concern. There is insufficient data to determine whether buprenorphine impairs in a similar way to methadone. Naltrexone has side effects that impact mental health, and there is increased overdose risk if a relapse occurs when compared to other forms of MAT. These challenges must be addressed, because MAT is the most effective way to treat opioid use disorder. Once employees stabilize on MAT, they can rebuild healthy, productive lives while contributing more to the workplace.

Three medications currently qualify as MAT: methadone, buprenorphine and naltrexone.

METHADONE ⁴	BUPRENORPHINE ⁵	NALTREXONE ⁶
<p>Methadone is a synthetic opioid that replaces other opioids with milder effects. It diminishes the effects of physical dependence on opioids, withdrawal symptoms, and cravings. Methadone does not cause euphoria.</p>	<p>Buprenorphine (commonly known as Suboxone) is a semisynthetic opioid that diminishes the effects of physical dependence on opioids, withdrawal symptoms, and cravings. Buprenorphine works differently in the brain than methadone – after a certain dosage, it has a “ceiling effect” where the patient doesn’t experience any other opioid effects, including euphoria.</p>	<p>Naltrexone (commonly known as Vivitrol) works differently than methadone and buprenorphine because it actively blocks opioids and their effects. If a person on naltrexone uses opioids, it blocks the euphoric and sedative effects of the opioid. However, there are several medical complications that may make naltrexone unsuitable for many people.</p>

Behavioral health treatment

Behavioral health treatment is recommended in conjunction with all medication therapies for OUD. People receiving a combination of therapies have better outcomes than those who do not. While there are many types of behavioral health therapies, common goals are to:⁷

- Modify underlying behaviors that may have led to OUD
- Encourage patients to adhere to their prescribed medications
- Treat other existing psychiatric or psychological disorders
- Participate in counseling as needed to rebuild relationships and build new support mechanisms

The social components of treatment frequently have a longer duration than the medical components. Given the unknown duration of both medical and behavioral health treatments, employees in treatment may need flexible schedules or additional sick time to access needed treatment components, which also act as relapse prevention.

RECOVERY

Recovery begins when a person regains control over their opioid or substance use disorder and begins to live a healthy, productive life. It is important to remember that:

- Recovery is a personal journey, and is just as unique as individual substance use disorders. One person's recovery may differ dramatically from another's recovery.
- Relapse is natural a part of recovery. Recovering from an OUD or SUD may include making significant lifestyle changes that may be difficult to maintain.

Employers and Employees Alike Will Benefit

One component of a successful recovery is gainful employment. Being employed offers the opportunity to make progress toward realization of goals, improved familial and social relationships, rebuilt financial stability, restoration of self-confidence, and a contribution to society among many other benefits.

Employers play a very important role in helping employees in recovery by embracing people with SUDs. Doing so prevents feelings of stigma and isolation, and greatly improves employee's chances of recovery. A supportive workplace environment can also help prevent relapse.

Employers must balance helping employees, maintaining safety and productivity during treatment, and respecting employees' privacy as mandated by HIPAA and medical privacy acts. Different policies, such as return-to-work agreements and [drug testing](#) protocols, help navigate the situation.

Employees who are in recovery have equal or lower health care costs, absenteeism and job turnover compared to employees who never report an SUD⁸. Employers who help employees complete treatment are likely to see a high return on investment when working with employees throughout treatment to achieve recovery. Supporting employees in recovery creates clear reasons and culture for job satisfaction and loyalty in the workforce.



Medical advice and information in this document was approved by NSC physicians who advise the Council on our substance use harm initiatives. These doctors also are members of the [NSC Physician Speakers Bureau](#).

¹ Kelly, J. F., Bergman, B., Hoepfner, B. B., Vilsaint, C., & White, W. L. (2017). Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug and Alcohol Dependence*, 181, 162-169.

doi:10.1016/j.drugalcdep.2017.09.028

² Substance Abuse and Mental Health Services Administration. (2015, June 15). Medication and Counseling Treatment. Retrieved February, 2019, from <https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat>

³ Weisner, C., Lu, Y., Hinman, A., Monahan, J., Bonnie, R. J., Moore, C. D., . . . Appelbaum, P. S. (2009). Substance Use, Symptom, and Employment Outcomes of Persons With a Workplace Mandate for Chemical Dependency Treatment. *Psychiatric Services*, 60(5), 646-654.

doi:10.1176/ps.2009.60.5.646

⁴ Substance Abuse and Mental Health Services Administration. (2015, June 16). Methadone. Retrieved February, 2019, from <https://www.samhsa.gov/medication-assisted-treatment/treatment/methadone>

⁵ Substance Abuse and Mental Health Services Administration. (2015, June 15). Buprenorphine. Retrieved February, 2019, from <https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>

⁶ Substance Abuse and Mental Health Services Administration. (2015, June 16). Naltrexone. Retrieved February, 2019, from <https://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone>

⁷ Substance Abuse and Mental Health Services Administration. (2019, January 14). Behavioral Health Treatments and Services. Retrieved February, 2019, from <https://www.samhsa.gov/find-help/treatment>

⁸ Goplerud, E., Hodge, S., & Benham, T. (2017). A Substance Use Cost Calculator for US Employers With an Emphasis on Prescription Pain Medication Misuse. *Journal of Occupational and Environmental Medicine*, 59(11), 1063-1071. doi:10.1097/jom.0000000000001157