

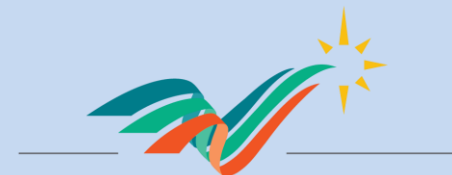


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The Opioid Crisis in the Workforce: Cost Analysis and Treatment

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THE COUNCIL
ON RECOVERY

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325 Million



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What's the problem???

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- **97 million** people are using opiates
- **11 million** Americans misused an opioid pain reliever in the last year (samhsa, 2017)



Opioid Epidemic – THE NUMBERS

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42,000 Americans died from opioid overdose in 2016
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49,000 (estimated) Americans died from opioid overdose
in 2017
(Hedegaard, Warner, & Miniño, 2017).



Opioid Epidemic – THE NUMBERS

- **70 percent** of employers are impacted by prescription drug misuse
- **48 percent** identified a negative business impact
 - Lower productivity
 - Missed work
 - Increase in near-miss/close call events
 - Increase in workplace injuries
- **33 percent** reported workers had a family member affected by opioid abuse
- **20 percent** of companies reported knowledge of employees selling or borrowing medications or having drug-related arrests
- **10 percent** of companies reported an employee overdose



Opioid Epidemic – THE NUMBERS

- **Analyzing the cost**
 - Lost time
 - Job turnover
 - Retraining
 - healthcare
- Workers in recovery from addiction use less healthcare and takes less unscheduled leaves (**\$3200-\$13,000**)
- 200 employee agricultural company estimates **\$28,124**
- 200 employee construction company estimates an annual costs of **\$76, 280**



STIGMA

- *social stigma* is characterized by prejudicial attitudes and discriminating behaviour directed towards individuals a result of the label they have been given.
- *perceived stigma* or *self-stigma* is the internalizing by the mental health sufferer of their perceptions of discrimination (Link, Cullen, Struening & Shrout, 1989), and perceived stigma can significantly affect feelings of shame and lead to poorer treatment outcomes (Perlick, Rosenheck, Clarkin, Sirey et al., 2001).



Changing Perspectives

- Moral
- Spiritual
- Psychological
- Medical
- Socio-Cultural
- Bio-Psycho-Social



Conceptualization for Understanding The Moral Model (1820's)

- Addiction is viewed as a set of behaviors that **violate religious, moral, or legal codes of conduct.**
- **Lack self-discipline and self-restraint**
- Assumes **individuals create suffering for themselves and others**
- Substance misuse and abuse **are irresponsible and intentional** actions that **deserve punishment** (Wilbanks, 1998)



Conceptualization for Understanding Psychological Model (1860's)

- Addiction results from **deficits** in learning, emotional **dysfunction**, or **psychopathology**
 - Dynamic Perspective
 - Use of substances is an attempt to compensate for vulnerabilities
 - Addiction can also be a symptom of an underlying mental disorder
 - Behavioral Perspective
 - Substance use is a learned behavior
 - Drug use is reinforced
 - Cognitive Perspective
 - Addictive behaviors are seen as a result of excessive reliance on external structures to maintain a physical and psychological balance



Conceptualization for Understanding

The Spiritual Model (1930's)

- Addiction is caused by **disconnection** from God or Higher Power
- Substance use is viewed as an attempt to fill spiritual **emptiness and meaninglessness**
- Focuses on the importance of spiritual path to recovery
- 12 steps to restore faith



Conceptualization for Understanding

The Medical Model (1970's)

- Addiction is a chronic and progressive **disease**
- Emphasizes a **dichotomy between “normal” and “addicts”**
- Focuses on genetics, neurochemical changes
- Treatment focuses on pharmacological therapies in a hospital or clinic setting using pharmacological therapies



Conceptualization for Understanding Social Cultural Model (1970'S)

- Addiction is result of **socialization** processes
 - Socioeconomic status
 - **Cultural and ethnic beliefs**
 - Availability of substances
 - **Laws and penalties**
 - Norms of families and other social groups
- Treatment focuses on building new norms



A **Holistic** Model of Understanding

Bio-Psycho-Social Model (current)

- Emphasizes multiple perspectives on addiction
- Posits that all chronic disease are best treated by collaborative and comprehensive approach
- Overarching model retains proven elements and techniques while eliminating false assumptions



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Clinical Diagnosis of Substance Use Disorders (DSM-5)

Features and criteria

Impaired control

Social impairment

Risky use

Pharmacological



How can employers make a difference?

- Understand that drug abuse impacts the bottom line
- Educate employees on the dangers of substance use
- Enact strong company drug policies
- Train supervisors and employees to recognize signs of drug abuse
- recognize addiction is a treatable illness
- Reduce stigma associated with substance use and other illnesses
- Leverage employee assistance programs to help employees get treatment and return to work



Principles of Effective Treatment

- No single treatment is right for everyone.
- Effective treatment addresses all of the patient's needs, not just his or her drug use. Treatment should address other possible disorders.
- **Supportive groups** can provide additional motivation, knowledge, an support
- **Counseling and other behavioral therapies** are the most commonly used forms of treatment (Individual, Group, Intensive Programs).
- **Medications** are often an important part of treatment, especially when combined with behavioral therapies.
- Medically assisted detoxification is only the first stage of treatment.



Levels of Care

Detox

Residential

Partial Hospitalization (PHP)

Intensive Outpatient (IOP)

Supportive Outpatient (SOP)

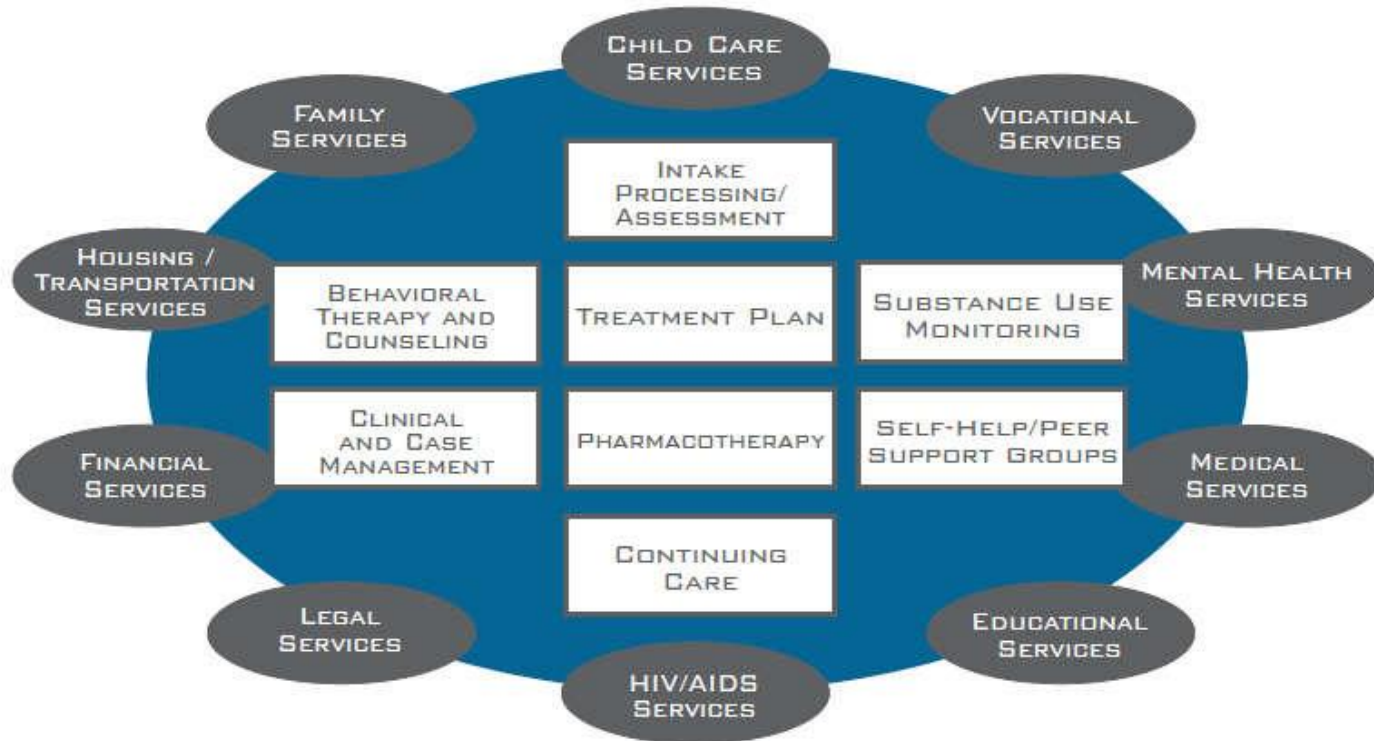
Aftercare

General outpatient services



Treatment components

Components of Comprehensive Drug Abuse Treatment



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.



What leads to the best outcomes?

Good outcomes are contingent upon adequate treatment length and stepping down appropriately in terms of levels of care



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