

**WORK IT OUT:
MANAGING CURRENT WORKPLACE RISKS
ASSOCIATED WITH SUBSTANCE ABUSE**

Salem Area Safety Council
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INTRODUCTION



- Consulting & Training
- Risks related to S.A.
- Operations + Legal
- Legal: Littler Mendelson
- Partnership Projects

PAST MONTH ILLICIT DRUG USE

	2002	2004	2006	2010	2012	2013	2014	2015	2016
12 or older	8.3	7.9	8.3	8.9	9.2	9.4	10.2	10.1	10.6
12-17	11.6	10.6	9.8	10.1	9.5	8.8	9.4	8.8	7.9
18-25	20.2	19.4	19.8	21.6	21.3	21.5	22.0	22.3	23.2
26 or older	5.8	5.5	6.1	6.6	7.0	7.3	8.3	8.2	8.9

**70% OF SUBSTANCE ABUSERS
ARE EMPLOYED**

The percentage of American workers testing positive for illicit drugs has increased for the **4th CONSECUTIVE YEAR** in the U.S. workforce.

2013	4.3%
2014	9.3%
2015	2.6%
2016	4.0%

WHEN are they testing positive?

	2011	2012	2014	2015	2016
R.S.	26.8%	26.3	27.7	31.9	32.9
Follow-up	6.6%	6.4	7.1	8.6	8.9
P.A.	5.3%	5.5	6.5	6.9	7.4
Return-2-Duty	5.2%	5.4	6.4	6.3	6.3
Random	5.2%	4.9	5.7	5.5	5.5
P.E.	3.5%	3.7	4.0	4.2	4.4

WHAT ARE THEY TESTING + FOR?

	2002	2012	2015	2016
Marijuana	57.7%	43.4	45.19	45.53
Amphetamines	6.7%	19.3	21.34	22.33
Opiates	5.3%	9.8	9.80	8.74
Benzodiazepines	5.0%	9.6	8.21	7.84
Cocaine	13.9%	4.8	4.85	5.24
Barbiturates	2.9%	3.5	2.83	2.61
Oxycodone		3.0	2.57	2.61
Methadone	1.2%	2.3	2.12	2.05
6-AM (HEROIN)		.09	.16	.15

2016 TRENDS

- Cocaine
 - Increased 4th consecutive year
 - Increased 12% (2015 – 2016)
- Amphetamines
 - Increased 8% (2015-2016)
 - Increase primarily driven by Rx meds (e.g., Adderall®)
 - Meth – 64% increase 2012 - 2016

2016 TRENDS

- Marijuana
 - General workforce – increased 4% (2015-2016)
 - Federally-mandated – increased 10% (2015 – 2016)
 - Oral fluids – increased 75% (2013- 2016)
- Opiates/Opioids
 - Heroin - Holding steady after 4 yr increase
 - Oxycodone – decreased 28% (2012 – 2016)
 - Hydrocodone – decreased for 2nd year

FINANCIAL LOSSES

1. Productivity
2. Absenteeism
3. Medical Claims
4. Theft
5. Accidents and Workers' Comp Claims

MARIJUANA POSITIVES

- 2012 to 2013
 - U.S. workforce: 5%
 - Colorado: 20%
 - Washington: 23%
- 2013 – 2014
 - U.S. workforce: 14.3%
 - Colorado: 14%
 - Washington: 16%
- 2015 – 2016
 - U.S. workforce: 4%
 - Colorado: 11%
 - Washington: 9%

WHAT WE DO KNOW

1. Permits a patient, on the recommendation of a physician, to use marijuana to treat one of 21 "qualifying" medical conditions
2. No smokeable
3. Can vapor the drug
4. Edibles NOT attractive to children are permitted
5. No home grown
6. Maximum amounts of THC are identified
7. Nothing within 500 feet of a school, church, public library, playground or park

EMPLOYERS ...

- Are NOT required to accommodate use, possession or distribution
- CAN refuse to hire, discharge, discipline, and take adverse action
- CANNOT be sued for adverse action based on medical marijuana use
- NO unemployment benefits

EMPLOYERS ...

- DOT testing valid
- Drug-Free Safety Program remains valid
- Rebuttable presumption remains valid
- NOT covered under health insurance

THERE'S NO SUCH THING AS A RX FOR MARIJUANA.

WHAT'S MISSING?

- Dosage & administration
- Drug interactions
- Storage directives
- Adverse reactions
- Warnings

EVEN IF IT'S RECOMMENDED ...

- Hand/eye coordination
- Other vision issues like depth perception, tracking
- Cognitive judgment – time & space
- Divided attention
- Reaction time
- Ability to perform complex tasks
- Tracking
- Balance & coordination

MARIJUANA IMPAIRMENT

- Cognitive vs. motor
- THC accumulates
- Impairments linger even after the buzz is gone
- Need more research!!

In every state, the responsibility for verifying the validity of a “recommendation” falls on the employer.

EMPLOYER WILL NEED TO VERIFY ...

- Is the card legit?
- It is being used according to doctor’s recommendation?
- When is the employee going to use?
- Is he/she safe to work or do I need to adjust job duties?
- If so, for how long?
- Is there anything else they can use?

AT BEST ... AWKWARD.

FOR FUTURE ... CONTEMPLATE APPROACH

1. Prohibit?
2. Not sure?
3. Considering accommodation?

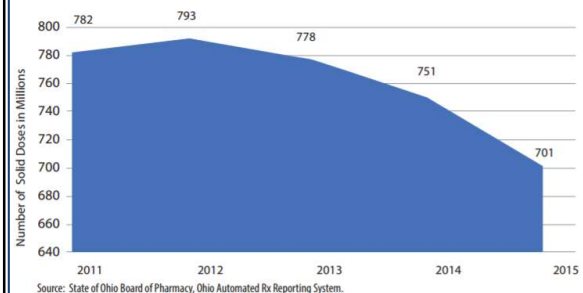
THE STATS

- 4.5% of employees who have received opioid Rx are abusers.
- Employees who abuse opioids cost employers almost 2x as much in healthcare expenses compared with workers who don’t
- Employees who are prescribed even 1 opioid have average total WC claim costs 4x greater than those who are not prescribed such meds.

GOOD NEWS!

- 2011 -- 20% of employees getting meds funded by OBWC were dependent.
- OBWC put pain management plan into affect.
- 2015 -- daily doses of opiates dropped 41%
- Employees addicted
 - 2011 - 9,343
 - 2015 - dropped to 4,723

Opioid Doses Dispensed to OH Patients



BUT THEN THERE'S HEROIN ...

- Whack-a-mole
- Same plant
- Cheaper
- Accessible
- Potent yet unpredictable
- Addiction to opioids is nasty
- Does not discriminate

WHERE ARE WE SEEING THE GREATEST INCREASE OF HEROIN USERS?

- Females 100%
- 18–25 year old 109%
- White 114%
- \$20 – 50,000 77%
- Insurance 63%

AND THERE'S MORE ...

- Fentanyl – 50x
- Carfentanil
- “Gray Death”
 - Fentanyl + Carfentanil + Heroin + U-47700

EXPANDED OPIATE TESTING

- | | | |
|-----------------|--------------------|-------------------|
| 1. AMPHETAMINES | 6. BARBITURATES | 11. HYDROCODONE |
| 2. COCAINE | 7. METHADONE | 12. HYDROMORPHONE |
| 3. CANNABINOIDS | 8. BENZODIAZEPINES | 13. OXYCODONE |
| 4. PCP | 9. PROPOXYPHENE* | 14. OXYMORPHONE |
| 5. OPIATES | 10. METHAQUALONE* | 15. FENTANYL |

NEARLY ½ OF BUSINESSES
DON'T KNOW
WHAT THEY'RE TESTING FOR

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THE WORKPLACE IS A POWERFUL PLACE TO PREVENT & RESPOND TO THE OPIATE EPIDEMIC!

CONSIDER: 4 of 5 new heroin users started out misusing prescription painkillers!

(Let's EDUCATE employees when they have an accident & are prescribed meds.)

CONSIDER: Kids of parents who talk to them about drugs are up to 50% less likely to use.

(Let's meet parents where they are [at work] and give them tools to talk!)

DRUG-FREE WORKPLACE BEST PRACTICE

1. Policy & Operations
2. Employee Education
3. Supervisor Training
4. Testing
5. Assistance for Employees

1 IN 3 BUSINESSES DON'T
ADMINISTER
ANY COMPONENT
OF A BEST-PRACTICE
DFWP PROGRAM

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