



Opioids

Managing the Risks of Prescription Pain Medications

Agenda

- What are opioids?
- The risks
- What can you do for yourself? For others?
- Helpful resources



What are opiates?

- Opiates are natural or synthetic chemicals that reduce the “pain signals” in the brain and therefore the feelings of pain.
- The term “opiate” and “opioid” are often used interchangeably.
 - *Opiates* are natural chemicals derived from the Opium plant.
 - *Opioids* are synthetic or manufactured drugs that have the same effect as the natural chemicals.



What are opiates?

- **Opioid analgesics** or **prescription opioids** are medications used to treat pain.
- Categories include
 - **Natural** (e.g., morphine, codeine)
 - **Semi-synthetic** (e.g., oxycodone, hydrocodone, hydromorphone, oxymorphone)
 - **Synthetic** (e.g., methadone, tramadol, fentanyl)
 - **Illegal** (e.g., heroin)
- Opioid drugs sold under brand names include **OxyContin**, **Percocet**, **Vicodin**, **Percodan**, **Demerol**, **Tramadol** and **Fentanyl**, among others.



Pain is a serious concern for patients and their doctors.

- Millions of people experience significant pain due to illness, injury, and medical procedures.
- Pain is the primary complaint for as many as 70% of emergency room visits.
- Physicians are increasingly expected to treat patient reports of pain.
- Prescription opioids are effective at treating moderate-to-severe pain.
- In recent years, there has been a dramatic increase in the acceptance and use of prescription opioids.



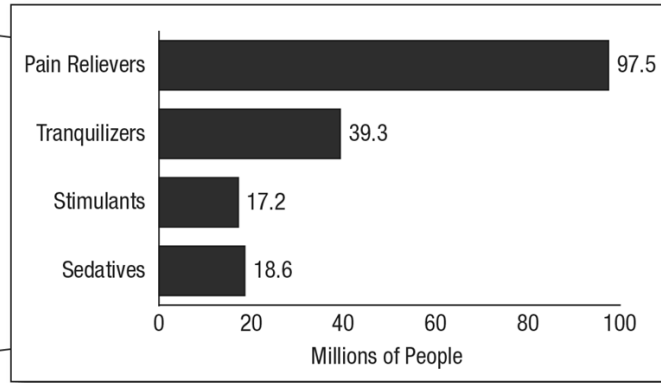
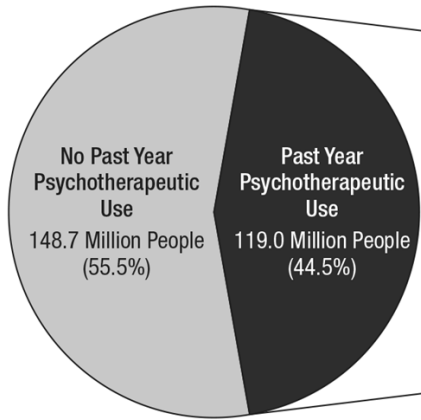
Why all the concern?



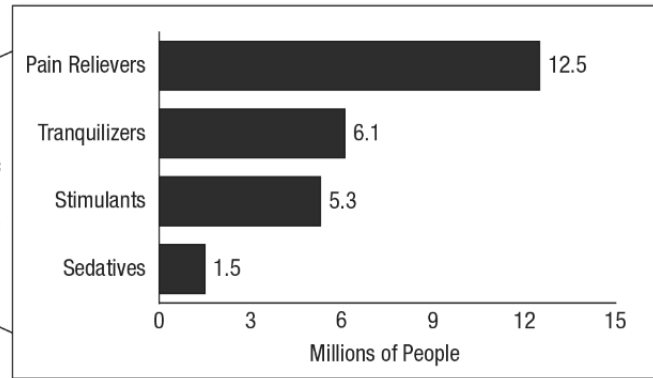
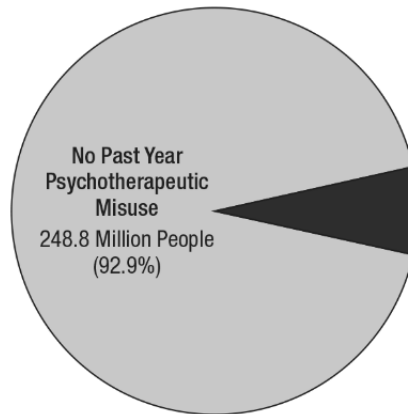
Risk for abuse, addiction, and overdose

Some vocabulary...

- **Use** – Consuming a substance.
- **Abuse** – When use puts you in a dangerous situation, jeopardizing your health or making you neglect important commitments at home, school, or work.
- **Dependence** – Physical response to your use.
 - **Tolerance** – You need more of the substance to get the response.
 - **Withdrawal** – You experience physical symptoms following discontinuation of the substance.
- **Substance use disorder (SUD)** – Use causes clinically and functionally significant impairment, such as health problems, disability, and/or failure to meet major responsibilities at work, school, or home.
- **Overdose** – Taking too much of a substance and experiencing harmful physical reactions as a result of the use.



About **97.5 million** or **36.4%** of Americans use pain relievers each year.



This number includes **12.5 million** or **4.7%** who misuse* pain relievers each year.

**Misuse of these drugs is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor.*

Source: Substance Abuse and Mental Health Services Administration (www.samhsa.gov)

Anyone can become addicted.

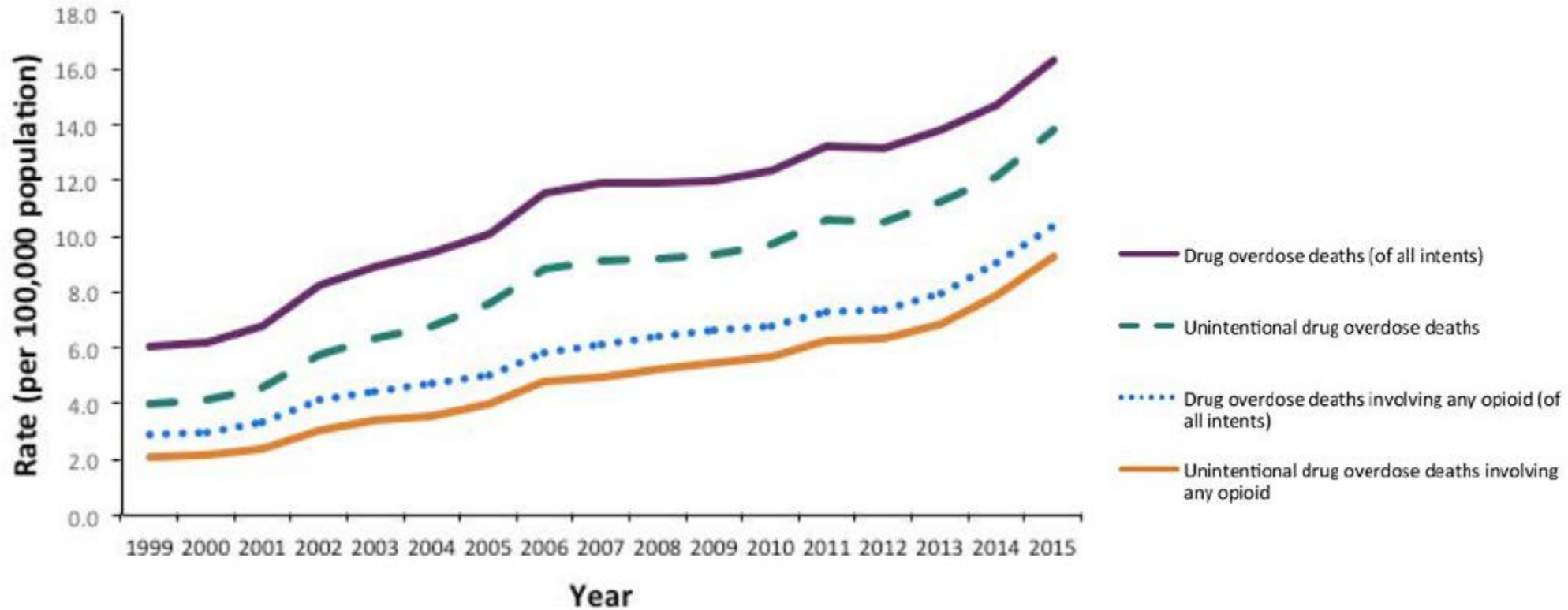
- As many as **35%** of patients receiving long-term opioid therapy in a primary care setting struggle with opioid addiction.
- Approximately **2 million** Americans have a substance abuse disorder involving prescription pain relievers, and almost **600,000** have a substance use disorder involving heroin.
- There are an estimated **15 million** people who suffer from opioid dependence worldwide.





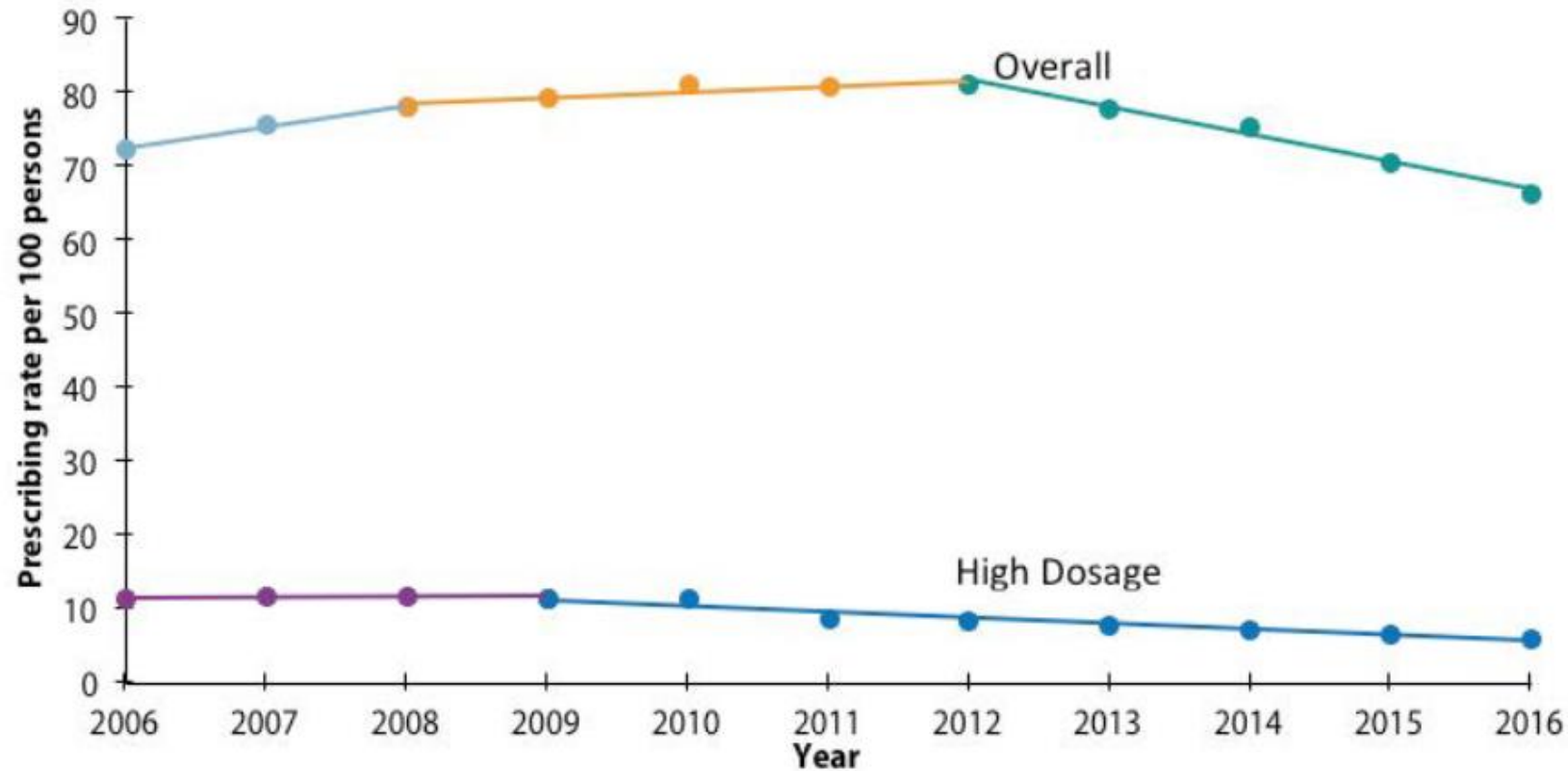
- The CDC estimates more than **40,000** people die due to opioid overdose each year.
- **40%** of all opioid overdose deaths involve a prescription opioid.
- Global estimates range from **69,000 to 190,000** deaths due to opioid overdose annually.

More people are dying from opioid overdoses in general.



Source: Centers for Disease Control (www.cdc.gov)

While fewer people are getting prescription opioids...



Source: Centers for Disease Control (www.cdc.gov)

...those who do are getting more (in days' worth).



Source: Centers for Disease Control (www.cdc.gov)

Restricting access may not be the answer.

Risk factors for addiction and overdose:

- Multiple scripts from different doctors
- Chronic pain or surgery
- Polypharmacy – use of benzodiazepines
- High doses
- Lengthy prescriptions at the start
- History of addictions or mental illness
- Rural and low-income populations

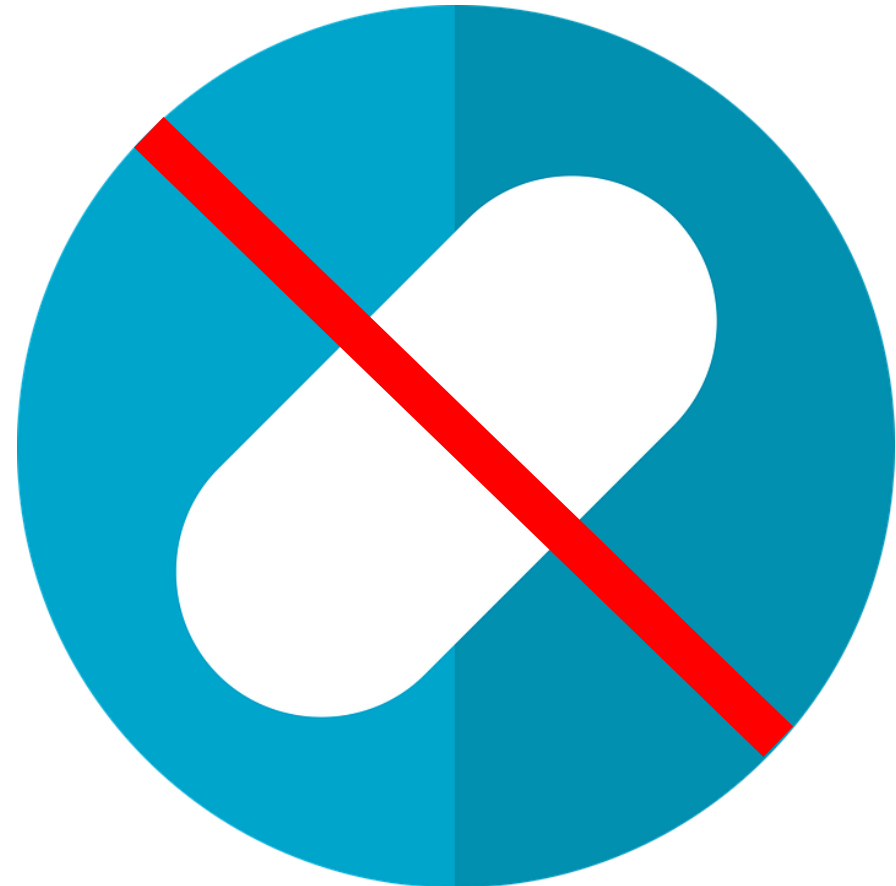
1-day script – 6% still using 1 year later, and 3% still using 3 years later

8-day script – 13.5% still using 1 year later

30-day script – 30% still using 1 year later

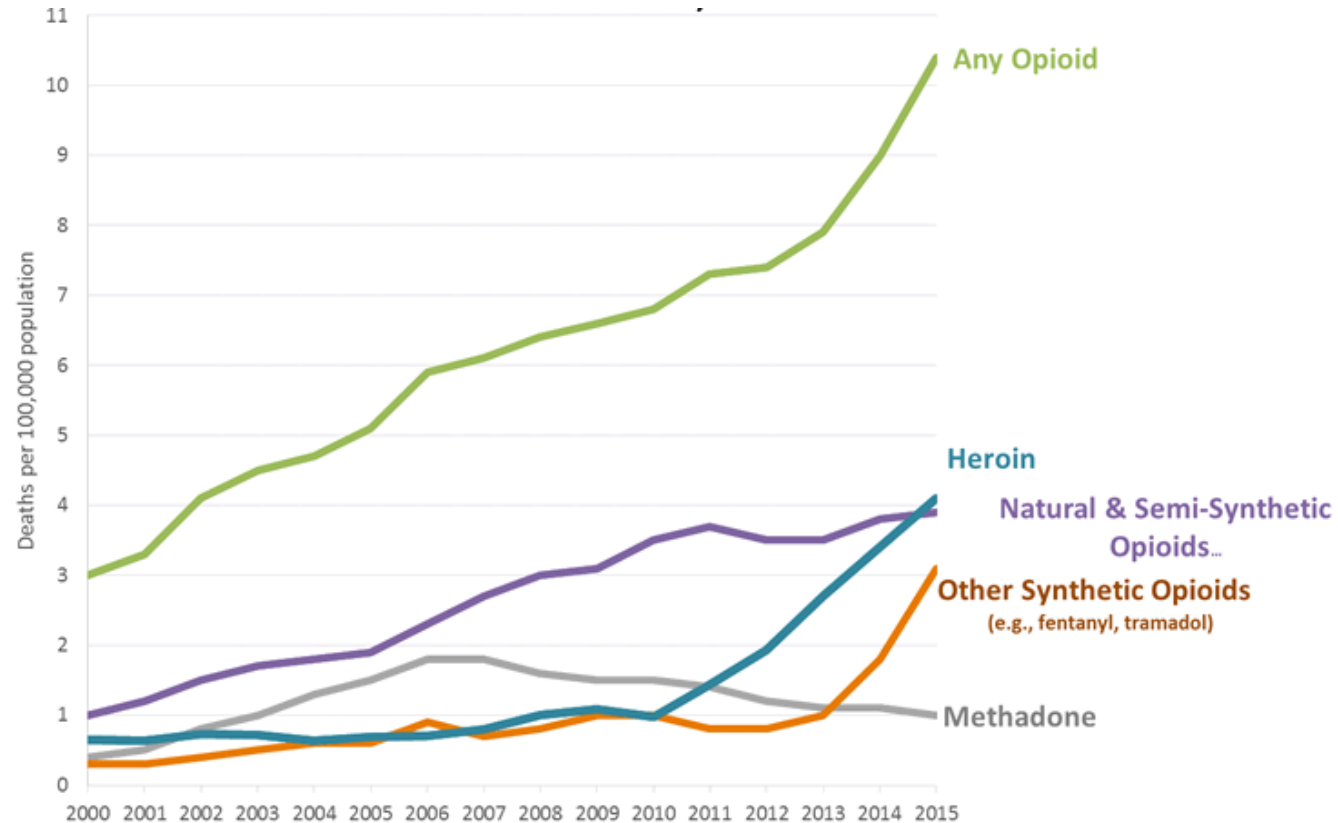
Why not legalize?

- Physicians are under continued scrutiny to address chronic pain and avoid “pseudo addiction.”
- Opioids have clinical value.
- Blanket prohibitions in the workplace may be illegal.
- While prescription opioid deaths have stabilized, heroin and illicit fentanyl use have shot up.
 - 4 out of 5 heroin users started with prescription opioids.



Reducing the rate of prescriptions may be leading to heroin.

Age-adjusted rates of drug overdose deaths, by drug or drug class and year — United States, 1999–2015



Source: Centers for Disease Control (www.cdc.gov)

What can we do to help?

Are you at risk?

- Recent surgeries, ER visits, procedures, or treatments in which opioids were prescribed
- History of addictions, mental illness, or chronic pain
- High doses and long-term or open-ended prescriptions
- Multiple prescriptions from different doctors
- Taking opioids with other medications, such as sleeping pills (e.g., Ambien) or sedatives
- Rural and low-income populations

What can we do to help?

Self-check:

The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) defines Opioid Use Disorder as...

- Taking more for a longer period than was intended.
- A desire and failure to use less or stop use.
- A lot of time spent to obtain, use, or recover from the use.
- Craving, or a strong desire to use.
- Failure to fulfill major role obligations at work, school, or home because of use.
- Continued use in spite of social or interpersonal problems.
- Quite important social, occupational, or recreational activities are given up or reduced because of opioid use.
- Use causes risk or harm to self/others.
- Continued use in spite of knowledge that it's a problem.
- Tolerance (using more to get the effect)
- Withdrawal (symptoms occurring when use is stopped)

Lifetime prevalence of nonmedical opioid use is 11.3%.

2.1% will have an Opioid Use Disorder

What can we do to help?

Self-check:

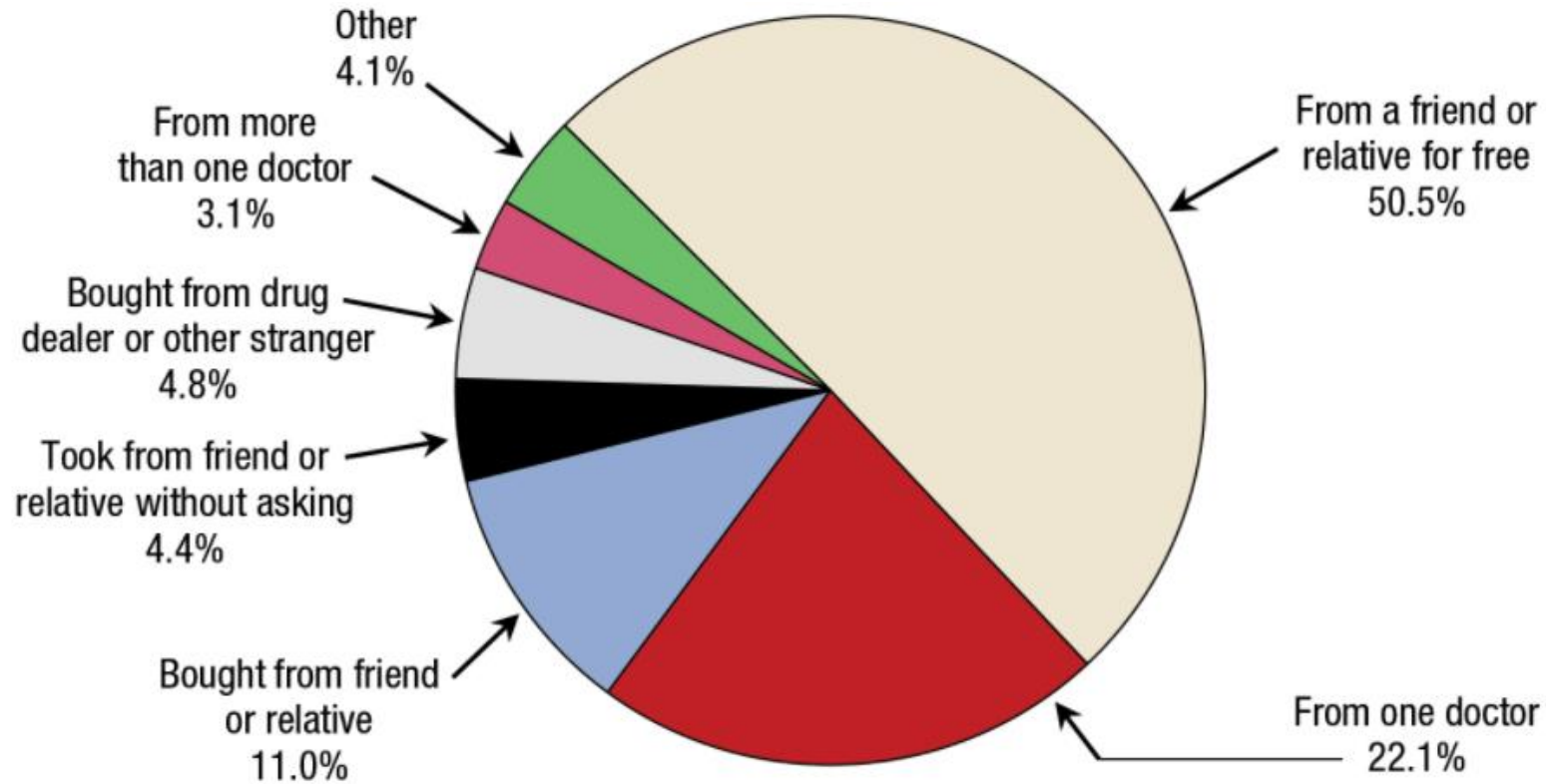
- Are you taking opioids even though you think you may have a problem?
- Have you taken greater amounts over time or taken them in ways other than prescribed?
- Are you taking more than you planned?
- Do you at times crave the medication?
- Have you tried and failed to stop?
- Have you gone to extra effort to get the medication, such as seeing multiple doctors, using others' medication, or buying from non-reputable sources?
- Have you had problems at home, work, or school, or conflicts with others, related to your use?
- Have you kept taking the medication in spite of these problems?
- Have you stopped doing important or pleasurable things?
- Has your use of the medication placed you at a safety risk, such as driving or working while using?
- Would you feel "sick" if you stopped?
- Have you ever used heroin or illegally obtained pain medication?

What you can do: Talk with your doctor

Consider asking...

- Why do I need this medication—is it right for me?
- Are there non-opioid or non-pharmaceutical alternatives to treat my pain?
- How long should I take this medication? When and how should I stop?
- How can I reduce the risk of potential side effects from this medication?
- What if I have a history (or family history) of addiction with tobacco, alcohol, or drugs?
- Can I take more than prescribed if needed?
- Could this drug interact with my other medications?
- Can I drink alcohol with this medication?
- What if I'm already prescribed pain medication by another doctor?
- Can I share this medication with someone else? Can I just take my spouse's medication?
- How should I store my medication to prevent other people from taking it?
- What should I do with unused opioid medicine?

Nonmedical-use opioids: How do people get them?



Source: Substance Abuse and Mental Health Services Administration (www.samhsa.gov)

What you can do: Safe storage and disposal

- *Diversion* is the use of another person's prescribed medication, with or without permission.
- Many with substance abuse and addictions will “divert” others' pain medication for their own use.
- Diversion is against the law—and dangerous.
- Store medications so they can't be accessed by others, **including children, family, and visitors.**



What you can do: Safe storage and disposal



- Some pharmacies will accept unused medication.
- The U.S Drug Enforcement Agency has established a website to locate safe disposal locations.
- National Prescription Drug Take Back Day
– **April 28, 2018**
- Many medications can be thrown away in the garbage or flushed.
 - FDA guidelines for throwing medications in the trash.
 - FDA guidelines for flushing unused medications.

What can we do to help?

Identifying problem use:

At Work and Home

- Absenteeism, presenteeism, tardiness
- Difficulties with team members or accepting feedback from supervisors
- Lower productivity, mistakes, poor quality
- Fluctuations in performance
- Mood changes, negativity
- Social withdrawal
- Abandoning responsibility, quitting hobbies and other pleasurable activities

Symptoms of Intoxication and Overdose

- Appearing sedated or drowsy, sleeping more
- Dizzy or poor coordination
- Slurred speech, “nodding” or intermittently dozing
- Impaired memory or decision-making
- Mood changes from normal to euphoric
- Appearing depressed, jittery, or anxious
- Constricted pupils
- Lower motivation

Treatment options:

- Detoxification – often inpatient
- Intensive outpatient or partial outpatient counseling
- Inpatient residential treatment
- Medication replacement or medication assisted therapies (MATs)
 - Methadone, Buprenorphine, Suboxone, Naltrexone

Sometimes taking action is simple.

RUOK?TM

A conversation could change a life.

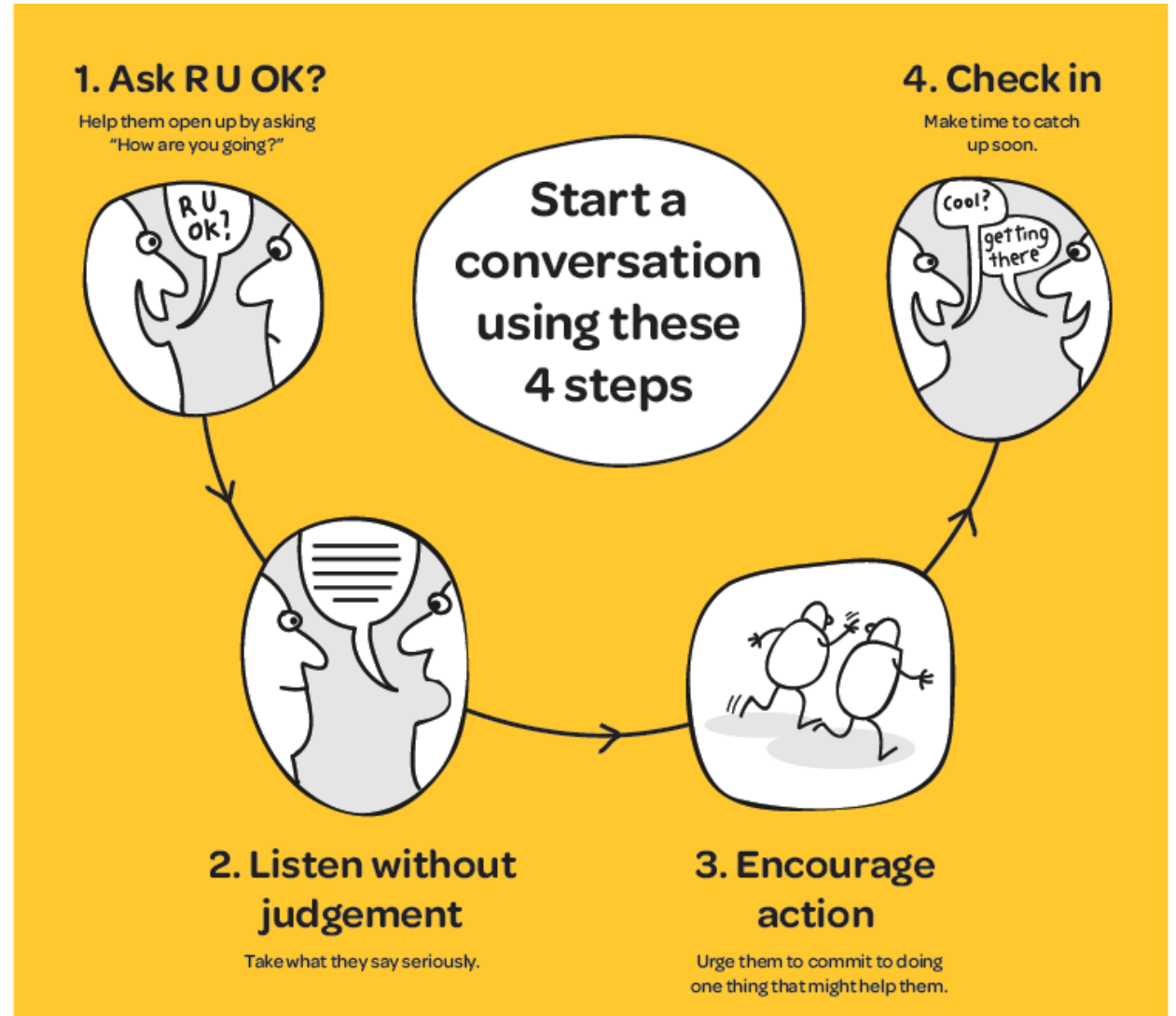
Caterpillar EAP: 1-866-228-0565

- We can significantly impact culture and employee engagement by simply staying tuned into our employees' behaviors.
- It shows we care, we are supportive, and we are willing to help.
- Intervening at the earliest indication of employee problems can help prevent more serious issues, like health problems, performance problems, and even workplace violence.
- Sometimes it's no more complicated than asking "Are you OK," finding a quiet place to talk, listening, and making an EAP referral.

Start a conversation.

- Get ready
 - Be ready yourself (emotionally)
 - Be prepared with information
 - Pick your moment
- Ask R U OK?
- Listen without judgment
- Encourage action (like EAP)
- Follow up and check in

* Always consult with HR if you have concern an employee or coworker is struggling with an addiction or medical problem.



Caterpillar EAP

- Caterpillar's Employee Assistance Program (EAP) is a voluntary, **confidential, FREE** benefit helping you* and your family resolve a variety of personal issues before they impact your wellbeing, health, or productivity.
- Offers traditional counseling benefits and work-life resources to help in many areas of our lives.
- Provides services that support nearly every dimension of health.

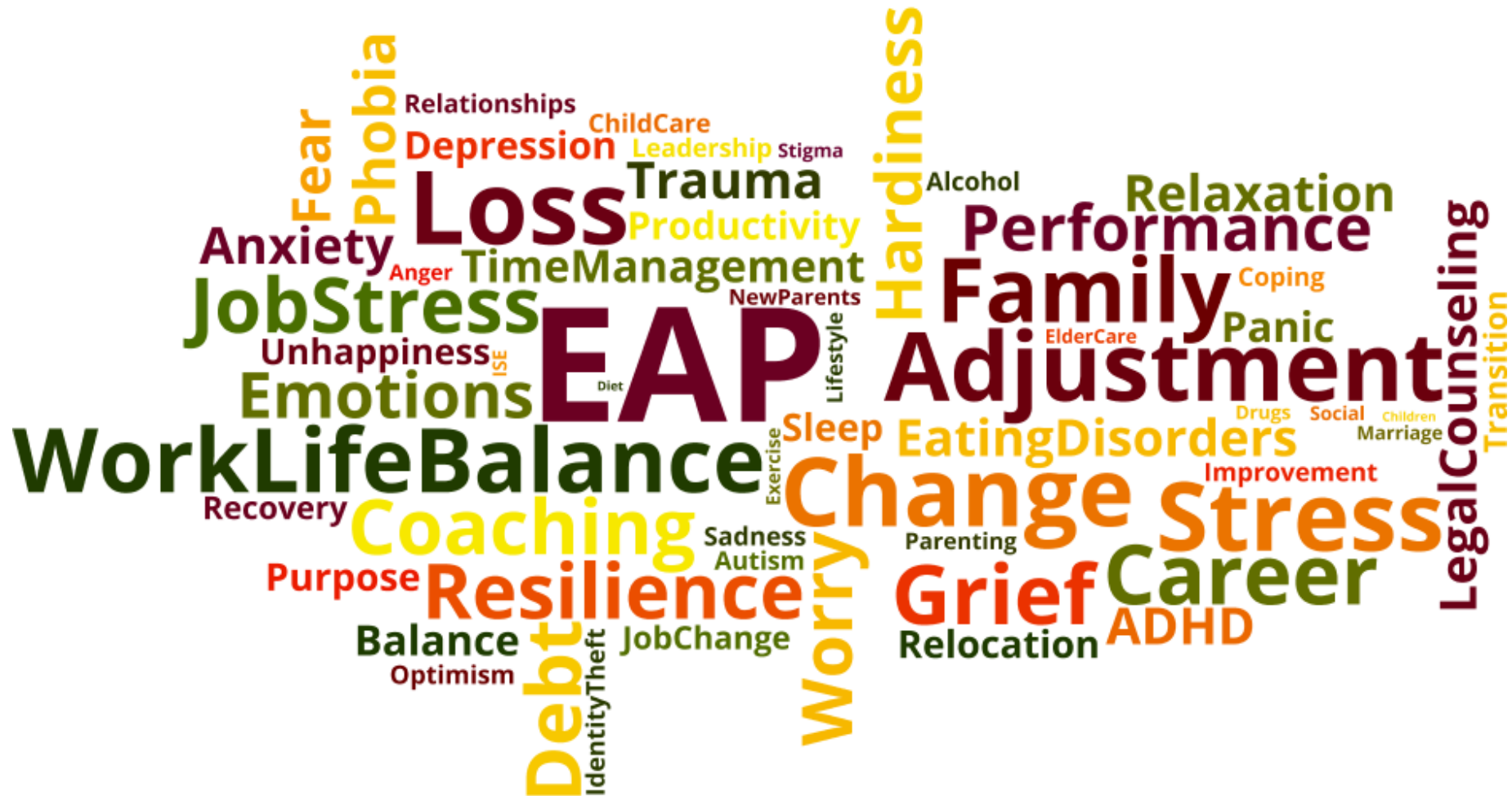


Employee Assistance Program

Providing personal support and resources for Caterpillar employees and their families to help make life more manageable.
For 24-hour assistance, call 866-228(CAT)-0565 or visit [benefits.cat.com>EAP](https://benefits.cat.com/EAP).

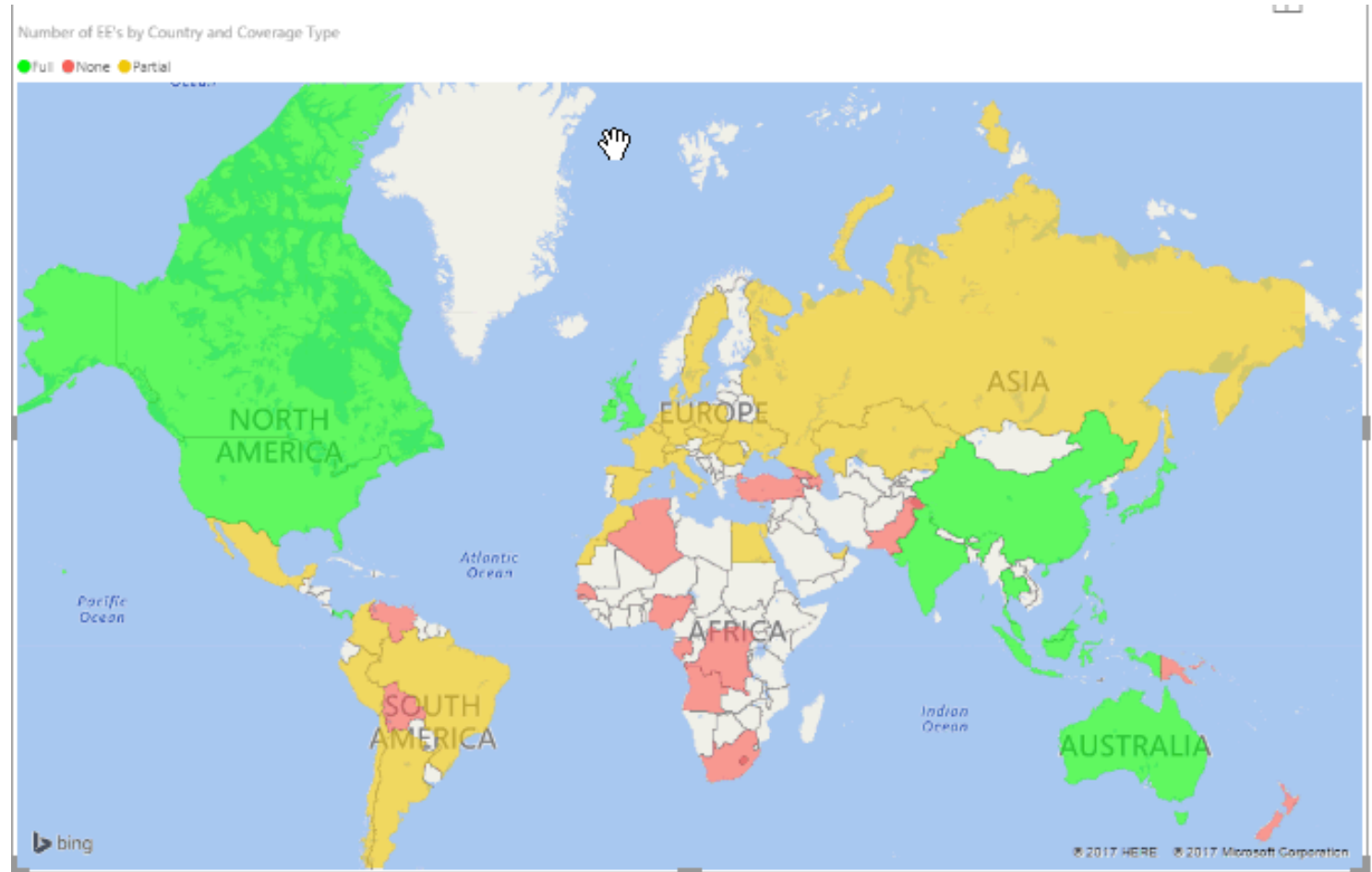
**In the U.S., EAP is available to all benefit-eligible employees and covered dependents. Contact your HR manager for EAP availability outside the U.S.*

How can EAP help?



Caterpillar EAP

- Full coverage: North America, UK, AP Region, CFPD, and all ISEs
- Intermittent coverage elsewhere
- Single global contract with Chestnut Global Partners
- Highly engaged regional and local providers



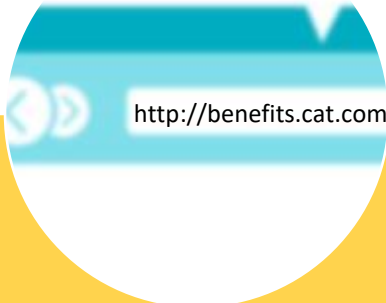
- Full coverage - 16 countries
- Partial coverage - 30 countries
- No coverage - 16 countries

Access EAP



By Phone

1.866.228.0567
1.309.820.3604



Online

benefits.cat.com>EAP
chestnutglobalpartners.org/cat



Onsite

EAP counselors are available onsite in many Caterpillar locations.

Accessing Onsite EAP

Peoria, IL (AB)	Dr. John Pompe	309-675-6263
Mossville, IL (Tech Center)	Rob Peters	309-578-3189
East Peoria, IL (SS/AD)	Rob Peters	309-578-3189
Morton, IL	Rob Peters	309-266-3442
Mapleton, IL	Dennis Crowell	309-633-8657
Decatur, IL	Chris Morrell	217-475-4312
Pontiac, IL	Diana Brandt	815-842-6115
Aurora, IL	Kelly Long	630-859-5958
Joliet, IL	Katie Valentino	815-729-6281
Lafayette, IN	Susannah Devault	765-448-5550
Corinth/Prentiss, MS	Linda Laney	662-286-7407



Any Questions?

Sources

- American College of Emergency Physicians (www.acep.org)
 - American Society of Addiction Medicine (www.asam.org)
 - Centers for Disease Control and Prevention (www.cdc.gov)
 - National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)
 - Substance Abuse and Mental Health Services Administration (www.samhsa.gov)
 - United Nations Office on Drugs and Crime (www.unodc.org)
 - U.S. Drug Enforcement Agency (www.dea.gov)
 - U.S. Food and Drug Administration (www.fda.gov)
 - The White House (www.whitehouse.gov)
 - World Health Organization (www.who.int)
-
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Total health



Emotional



Financial



Physical



Purpose



Social