



*Preventing  
Prescription and  
other Drug  
Misuse in the  
Workplace*

**A Toolkit for Employers**

2018 Edition

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## Why Should I Be Concerned About Opioid Misuse in the Workplace?

The United States is in the midst of an opioid overdose epidemic.

Opioids (including prescription opioids, heroin, and fentanyl) killed more than 42,000 people in 2016, more than any year on record. 40% of all opioid overdose deaths involve a prescription opioid.

Prescription opioids can be  
**addictive** and **dangerous**.  
It only takes a little to lose a lot.



## What is an Opioid Drug? What are the Problems Associated with Opioid Drugs?

Opioids are a class of drugs used to reduce pain.

### Prescription Opioids

Prescription opioids can be used to treat moderate-to-severe pain and are often prescribed following surgery or injury, or for health conditions such as cancer. In recent years, there has been a dramatic increase in the acceptance and use of prescription opioids for the treatment of chronic, non-cancer pain, such as back pain or osteoarthritis, despite serious risks and the lack of evidence about their long-term effectiveness.

### ***The Problem – When the prescription becomes the program***

Providers wrote nearly a quarter of a billion opioid prescriptions in 2013—with wide variation across states. This is enough for every American adult to have their own bottle of pills.<sup>1</sup>

Health care providers in the highest prescribing state, Alabama, wrote almost three times as many of these prescriptions per person as those in the lowest prescribing state, Hawaii.<sup>2</sup>

Studies suggest that regional variation in use of prescription opioids cannot be explained by the underlying health status of the population.<sup>2</sup>

The most common drugs involved in prescription opioid overdose deaths include:

- Methadone
- Oxycodone (such as OxyContin®)
- Hydrocodone (such as Vicodin®)<sup>3</sup>

**To reverse this epidemic, we need to improve the way we treat pain. We must prevent abuse, addiction, and overdose before they start.**

### ***Risk Factors – Risk Factors for Prescription Opioid Abuse and Overdose***

Research shows that some risk factors make people particularly vulnerable to prescription opioid abuse and overdose, including:

- Obtaining overlapping prescriptions from multiple providers and pharmacies.<sup>7,8,9,10</sup>
- Taking high daily dosages of prescription pain relievers.<sup>8,11,12,13</sup>
- Having mental illness or a history of alcohol or other substance abuse.<sup>14</sup>
- Living in rural areas and having low income.<sup>15</sup>

## Medicaid Patients

- Inappropriate prescribing practices and opioid prescribing rates are substantially higher among Medicaid patients than among privately insured patients.
- In one study based on 2010 data, 40% of Medicaid enrollees with prescriptions for pain relievers had at least one indicator of potentially inappropriate use or prescribing:<sup>9</sup>
  - overlapping prescriptions for pain relievers,
  - overlapping pain reliever and benzodiazepine prescriptions,
  - long-acting or extended release prescription pain relievers for acute pain, and
  - high daily doses.



### Risk Factors for Prescription Opioid Pain Reliever Abuse and Overdose



Obtaining overlapping prescriptions from multiple providers and pharmacies.



Taking high daily dosages of prescription opioid pain relievers.



Having mental illness or a history of alcohol or other substance abuse.



Living in rural areas and having low income.

## Addiction and Overdose – Risk Factors for Prescription Opioid Abuse and Overdose

Anyone who takes prescription opioids can become addicted to them. In fact, as many as one in four patients receiving long-term opioid therapy in a primary care setting struggles with opioid addiction.<sup>4,5,6</sup> Once addicted, it can be hard to stop. In 2014, nearly two million Americans either abused or were dependent on prescription opioid pain relievers.

Taking too many prescription opioids can stop a person's breathing—leading to death.

Prescription opioid overdose deaths also often involve benzodiazepines. Benzodiazepines are central nervous system depressants used to sedate, induce

sleep, prevent seizures, and relieve anxiety. Examples include alprazolam (Xanax®), diazepam (Valium®), and lorazepam (Ativan®). Avoid taking benzodiazepines while taking prescription opioids whenever possible

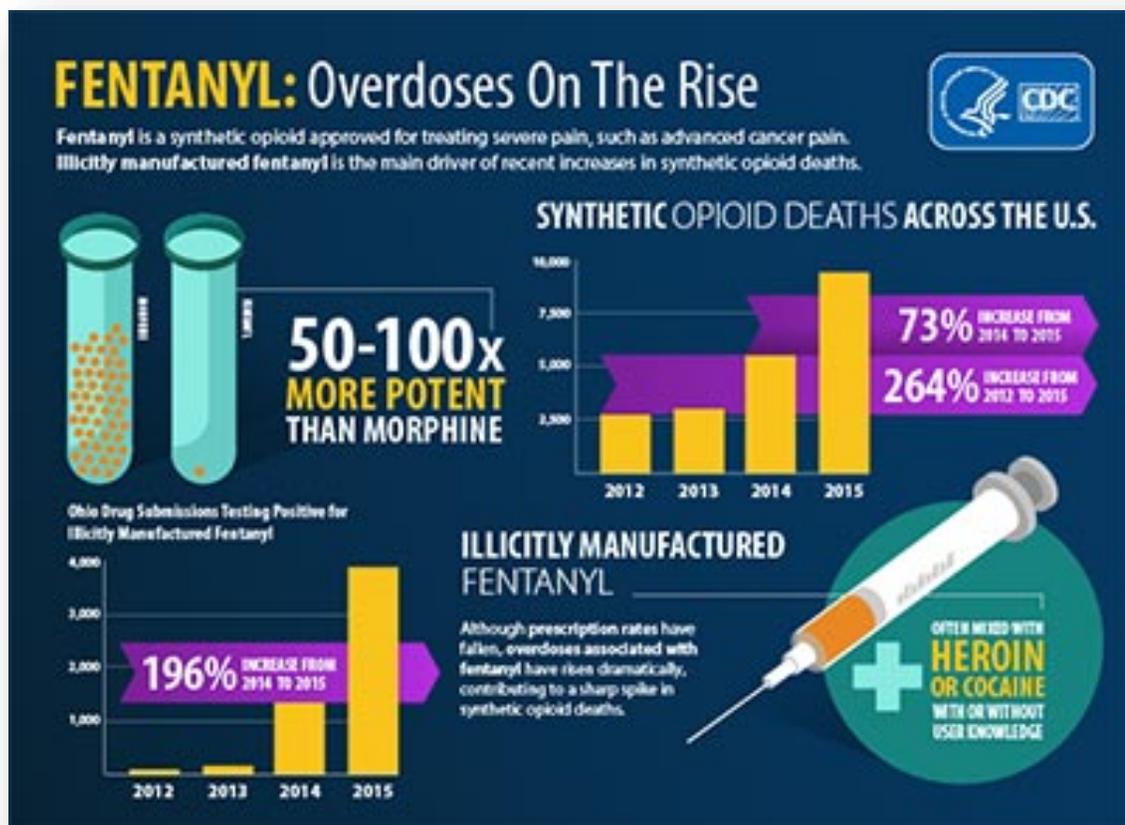
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## Fentanyl

Pharmaceutical fentanyl is a synthetic opioid pain reliever, approved for treating severe pain, typically advanced cancer pain.<sup>1</sup> It is 50 to 100 times more potent than morphine. It is prescribed in the form of transdermal patches or lozenges and can be diverted for misuse and abuse in the United States.

However, most recent cases of fentanyl-related harm, overdose, and death in the U.S. are linked to illegally made fentanyl.<sup>2</sup> It is sold through illegal drug markets for its heroin-like effect. It is often mixed with heroin and/or cocaine as a combination product—with or without the user's knowledge—to increase its euphoric effects.



### **The Problem – Illicitly-made fentanyl use is on the rise.**

The rate of overdose deaths involving synthetic opioids other than methadone, which includes fentanyl, doubled from 2015 to 2016.<sup>3,4</sup> Roughly 19,400 people died from overdoses involving synthetic opioids other than methadone in 2016.<sup>3,4</sup>

Reports from law enforcement indicate that much of the synthetic opioid overdose increase may be due to illegally or illicitly made fentanyl. According to

data from the National Forensic Laboratory Information System, confiscations, or seizures, of fentanyl increased by nearly 7 fold from 2012 to 2014. There were 4,585 fentanyl confiscations in 2014.<sup>5</sup> This suggests that the sharp rise in fentanyl-related deaths may be due to increased availability of illegally made, non-pharmaceutical fentanyl, and not prescribed fentanyl.

The number of states reporting 20 or more fentanyl confiscations every six months is increasing. From July to December 2014, 18 states reported 20 or more fentanyl drug confiscations. By comparison, six states reported 20 or more fentanyl drug confiscations from July to December 2013.

## References

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## Heroin

Heroin use has increased sharply across the United States among men and women, most age groups, and all income levels. Some of the greatest increases occurred in demographic groups with historically low rates of heroin use: women, the privately insured, and people with higher incomes.

### **How is heroin harmful?**

Heroin is an illegal, highly addictive opioid drug.<sup>4</sup>

A heroin overdose can cause slow and shallow breathing, coma, and death.<sup>4</sup>

People often use heroin along with other drugs or alcohol. This practice is especially dangerous because it increases the risk of overdose.<sup>5</sup>

Heroin is typically injected but is also smoked and snorted. When people inject heroin, they are at risk of serious, long-term viral infections such as HIV, Hepatitis C, and Hepatitis B, as well as bacterial infections of the skin, bloodstream, and heart.<sup>4</sup>

From 2010-2016, heroin-related deaths increased by more than **five times**.....



**5x**



**The Problem – How big is the problem of heroin overdoses?**

Not only are people using heroin, they are also abusing multiple other substances, especially cocaine and prescription opioid pain relievers. Nearly all people who use heroin also use at least 1 other drug.<sup>1</sup>

As heroin use has increased, so have heroin-related overdose deaths. Between 2010 and 2016, the rate of heroin-related overdose deaths increased by a factor of 5 – more than 15,469 people died in 2016.<sup>2, 3</sup>

**Risk Factors – Who is most at risk of heroin addiction?**

- People who are addicted to prescription opioid pain relievers
- People who are addicted to cocaine
- People without insurance or enrolled in Medicaid
- Non-Hispanic whites
- Males
- People who are addicted to marijuana and alcohol
- People living in a large metropolitan area
- 18 to 25 year old

**Heroin use is part of a larger substance abuse problem.**

Nearly all people who used heroin also used at least 1 other drug.  
Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and death for users.

**People who are addicted to...**

ALCOHOL	MARIJUANA	COCAINE	Rx OPIOID PAINKILLERS
are	are	are	are
<b>2x</b>	<b>3x</b>	<b>15x</b>	<b>40x</b>

**...more likely to be addicted to heroin.**

Vital**signs**<sup>™</sup>

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## What Other Drugs Should I Be Concerned About?

Have Daria help include recreational marijuana, polysubstance use and over-the-counter drug information as addressed in the CVMC Drug Trends Presentation.

## How Can I Prevent My Employees from Misusing Prescription Drugs?

According to the National Safety Council's website <https://www.nsc.org/work-safety/safety-topics/drugs-at-work>, healthcare costs for employees who misuse or abuse prescription drugs are three times higher than for an average employee. Employers can take simple steps to protect themselves and their employees:

- Recognize prescription drugs impact the bottom line
- Enact strong company drug policies
- Expand drug panel testing to include opioids
- Train supervisors and employees to spot the first signs of drug misuse
- Treat substance abuse as a disease
- Leverage employee assistance programs to help employees return to work

The annual cost of untreated substance use disorder ranges from \$2,600 per employee in agriculture to more than \$13,000 per employee in information and communications.

**FREE employer resources are available at <http://safety.nsc.org/rxemployerkit>.**



### Begin addressing prescription drug use in your organization

**Free Employer Kit contains:**

- A guide "The Proactive Role Employers Can Take: Opioids in the Workplace"
- Tools to examine and update your drug free workplace and employee benefit programs
- Fact sheets and handouts with helpful information to educate your employees
- 5-minute safety talks
- Poster series focused on home safety and disposal



**After sign-up, you will receive an email from [customerservice@nsc.org](mailto:customerservice@nsc.org) with a link to view and download the kit.** If you do not receive the email within a few minutes, first check your junk mail folder or email us at [rxsafety@nsc.org](mailto:rxsafety@nsc.org). Sometimes our emails get blocked or caught by your spam filter. Remember to add this email address to your safe sender list through your email provider to avoid updates being blocked or going to your junk mail.

### Request the Kit

First name*	Last name*
<input type="text"/>	<input type="text"/>
Please complete this required field.	Please complete this required field.
Company*	Job title
<input type="text"/>	<input type="text"/>
Email address*	Zip Code
<input type="text"/>	<input type="text"/>
Please complete this required field.	
<input type="checkbox"/> I agree to receive communications from NSC.	

You can also provide employees with information on how to safely dispose of unused medications.

## Here are 3 ways to safely dispose of prescription and over-the-counter medications in our community:

### 1) Local Drop-Boxes

There are drop-boxes spread throughout Douglas County that you can use year-round, Monday through Friday from 8AM - 5PM. These boxes are located at:

**Carson Valley Medical Center**  
Emergency Room Lobby  
1107 U.S. HWY 395 N.  
Gardnerville, NV  
Available 24/7

**Douglas County Sheriff's Office**  
1038 Buckeye Rd, Minden, NV

**Lake Tahoe Law Enforcement Building**  
175 HWY 50 Stateline, NV

### 2) Drug "Round-Up" Events

Partnership Douglas County works with Douglas County Sheriff's Office, East Fork Fire, & Walgreens to host semi-annual (April and October) Prescription Drug Round-Up events at various locations throughout Douglas County. These events are part of a National Drug Take Back campaign. Look for our flyers that look like the one pictured (right).

**Prescription Drug Round-Up**

Proper disposal of medications protects teens, children, pets and the environment.

10am - 2pm

SAT—April 28, 2018	LOCATIONS:	CRUSH. DON'T FLUSH!
<b>Unused or expired prescription drugs</b>	Walgreens 1342 N. Hwy 395 Gardnerville	Unable to drop by on April 28th? Dispose of unused drugs by crushing them in a seal-tight plastic bag, add kitty litter or coffee grounds, seal the bag and dispose in the trash.
<b>Over-the-counter pills</b>	Sheriff's Tillman Substation 1281 Kimmering Rd., Gardnerville	
<b>Prescription liquids</b>	East Fork Fire Station #4 1476 Albite Rd., Wellington	
<b>Pet medications</b>	Safeway 212 Elks Point Rd., Round Hill	
<small>Leave in original container and mark out patient name on bottle.</small>	<b>Wal-Mart North</b> 3770 Hwy 395, Carson City	

Partnership Walgreens Douglas County SHERIFF

### 3) Dispose at Home

**Do not flush medicines down the sink or toilet unless the prescription labels instruct you to do so.**

- 1) Mix with kitty litter, coffee grounds, or dirt.
- 2) Place the mixture in a sealed bag, can or other container to prevent leakage.
- 3) Throw into household trash.
- 4) Scratch out all identifying information on drug labels to make it unreadable.
- 5) Also, throw into household trash.

## Alternative At-Home Disposal Methods include:

### Deterra

The Deterra® System deactivates drugs, rendering them inert, unavailable for misuse and safe for the environment in your home. You can purchase Deterra in small pouches or up to 5 gallon containers.

*Available at Partnership Douglas County office (while supplies last)*



### DisposeRx

A simple home waste disposal solution that uses non-toxic substances to permanently deactivate dangerous prescription drugs. DisposeRx® works for powders, pills, tablets, capsules, liquids and patches. It is also environmentally friendly.

*Available at all Walmart Pharmacies—Free with Prescription*



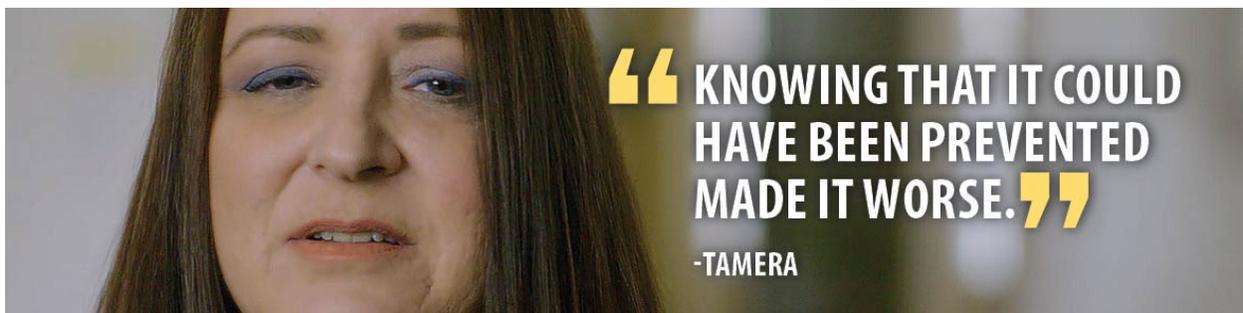
### Stericycle Bags

Follow the instructions on the bag to send your unused or unwanted medication away to be disposed of.

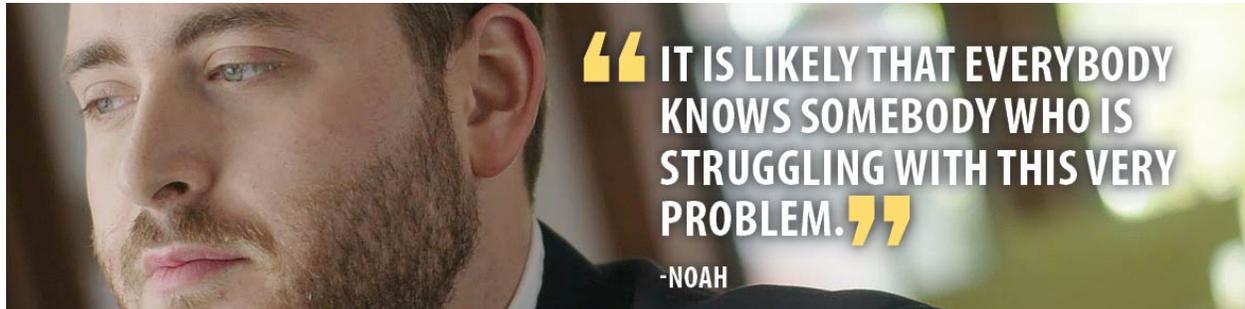
*Available Free at the National Safety Council's website—  
<http://safety.nsc.org/stop-everyday-killers-supplies>*



**When in doubt about disposal, talk to a pharmacist, doctor, or contact Partnership Douglas County at (775) 782-8611.**



## How Can I Prevent My Employees from Misusing and/or Abusing Other Drugs?



**Noah's Story** - Noah has fond memories of his childhood and the close relationship he shared with his father, Rick. His dad lived life to the fullest and he was a loved and respected member of the beauty and personal care industry. He worked hard and enjoyed his leisure time entertaining colleagues and friends. Noah describes a belt that his dad used to wear that was inscribed with the phrase, "Too fast to live, too young to die," as a way to describe his father's passion for life. Noah was aware that his father's social lifestyle involved drinking and cigarettes, but it never seemed to be in excess. Noah and his brother felt no cause for concern at first, but they began to notice pills missing from their own opioid prescriptions for their back pain and dental work. Noah and his brother weren't sure their father was to blame, and they didn't feel that they could address the missing pills with him. In addition, they didn't think that he was showing outward signs of drug abuse or addiction.

Rick also suffered from an autoimmune disease called scleroderma, which negatively impacts the functioning of the kidneys, lungs, and heart. He was hospitalized in his mid-fifties after suffering minor strokes, and although the doctors weren't sure what had caused his stroke and collapse, opioids were found in his system while at the hospital. He received further treatment for the autoimmune disease, which seemed to be a turning point for a healthier lifestyle. However, two years later, Rick was found unconscious in his home with opioids in his system. This time he would not recover. Rick died in the hospital at age 58.

Noah regrets not challenging his father about his addiction and wishes he and his family had known about the risks of prescription opioids and had spoken up sooner.

This story and others are available on the Centers for Disease Control and Prevention's website <https://www.cdc.gov/rxawareness/>.

## What are the State of Nevada and other Partners Doing to Prevent Opioid Misuse?

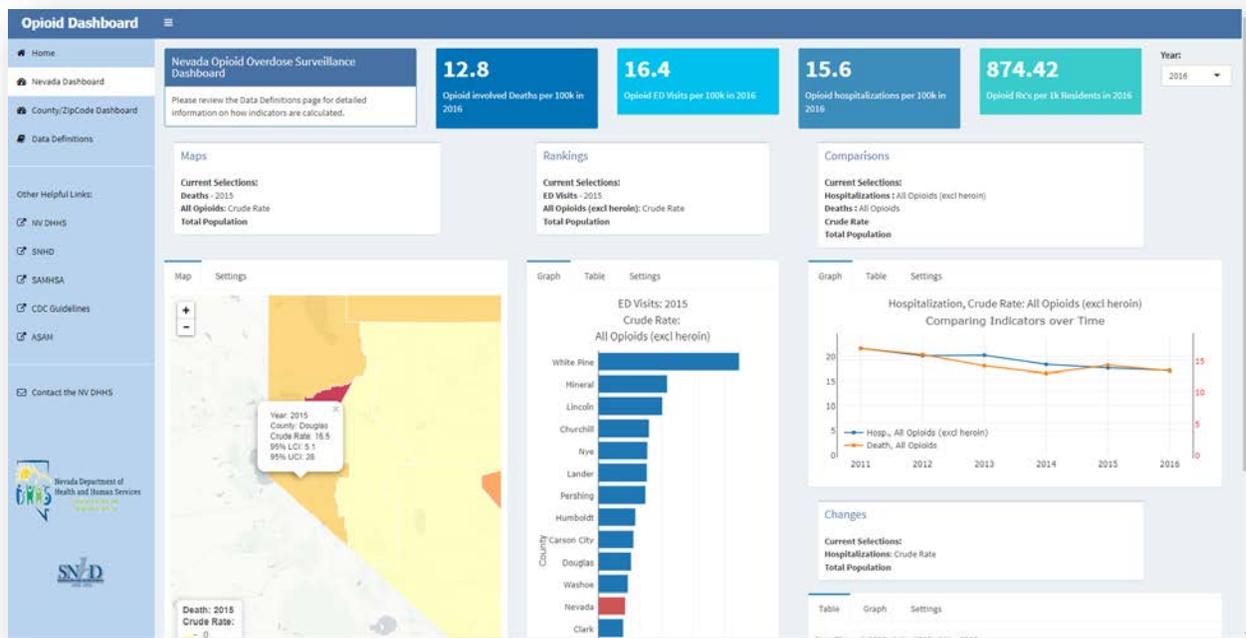
Increasing Awareness of new Prescriber Laws: AB474 - [prescribe365.nv.gov](https://www.prescribe365.nv.gov)

<http://healthierv.org/> - Statewide Substance Use Prevention Coalition (of which Partnership Douglas County is a member) efforts

<https://www.ralinv.org/> - The Rx Abuse Leadership Initiative (RALI) of Nevada is an organization of leaders from across our state working to combat prescription opioid abuse and ensure communities have access to effective resources to fight addiction.

<https://opioid.snhd.org/> - Nevada Opioid Dashboard – Hospitalization Data

Providing trainings to educate families on the administration of naloxone, a drug that reverses the symptoms of overdoses. For a training at your workplace, contact the Partnership Douglas County office.



Promoting National Drug Takeback days and other prescription drug disposal methods.

## What if I Find Out an Employee and/or their Family Member is Misusing Prescription and/or Other Drugs?

Refer to your company's policy regarding drug use. Some companies are exploring policies that connect employees suffering from substance use disorders to treatment. Other companies are reaching out to their insurance providers for expanding coverage options. For additional support with policies and procedures, contact Partnership Douglas County.

*Visit the section titled **Is helping my employees address opioid and other drug misuse good for business?** for more information on the benefits of connecting employees to treatment compared to "zero-tolerance" policies.*

**Include example policy language here, if available on National Safety Council's website.**

## What Other Resources are Available for Our Employees and Their Families?

Other ways to support employees and families affected by substance use include:

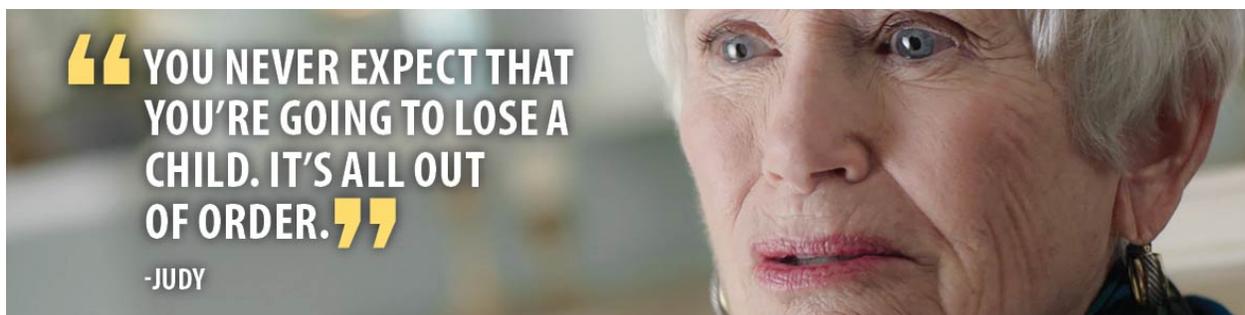
- Negotiate healthcare coverage to include Medication Assisted Treatment (MAT) and non-pharmacological pain management.\*
  - Physical Therapy
  - Cognitive Therapy
  - Osteopathic Manipulation
  - Other Pain Management programs

\*Here are a couple Private Insurance Providers working to expand coverage and reduce prior authorization requirements:



**Speak to your insurance provider today to learn more about increasing coverage.**

- Engage Human Resources and Employee Wellness Departments
  - Implement Harm-Reduction Strategies such as offering trainings on how to administer naloxone, the drug that reverses opioid overdose symptoms.



**Judy's Story** - Judy's son Steve was a loving son, fiancé, brother, uncle, cousin, nephew, and friend. Steve, a gifted musician, also excelled in sports. He earned Dean's List status in college, and a degree in economics that led to a successful career as a financial advisor. Steve suffered a back injury as an adult that left him with severe constant pain that doctors were unable to successfully treat. He became depressed due to the impact of the pain on his way of life. He was prescribed antidepressants which helped, but did not eliminate his symptoms. Steve was then given a prescription for opioids.

Steve was thrilled that a medication finally seemed to be working, but he quickly became addicted to the prescription opioids. Within three years, he was seeking out multiple doctors to fill new prescriptions. Steve eventually acknowledged his addiction and tried hard to get well. He enrolled in rehabilitation and treatment programs, but the grip of his addiction had taken an incredibly strong hold. Following

completion of a 28-day addiction treatment program, Steve relapsed and died of an overdose at the age of 43.

After the loss of her son, Judy found a note he had written about his experience with prescription opioids: "At first they were a lifeline. Now they are a noose around my neck." Since his passing, Judy founded the Steve Rummier Hope Network <https://steverummierhopenetwork.org/> to raise awareness of the dilemma of chronic pain and the disease of addiction, and to improve the associated care process.

This story and others are available on the Centers for Disease Control and Prevention's website <https://www.cdc.gov/rxawareness/>.

## Is helping my employees address opioid and other drug misuse is good for business?

The National Safety Council found Construction, entertainment, recreation and food service sectors have twice the national average of employees with substance use disorders. NSC also found:

- Industries dominated by women or older adults had a two-thirds lower rate of substance abuse
- Industries that have higher numbers of workers with alcohol use disorders also had more illicit drug, pain medication and marijuana use disorders
- Employers were most concerned about the costs of benefits (95%), the ability to hire qualified workers (93%) and the costs of workers' compensation (84%) – but less concerned over drug misuse (67%) and illegal drug sale or use (61%)
- Workers in recovery have lower turnover rates and are less likely to miss work days, less likely to be hospitalized and have fewer doctor visits<sup>1</sup>

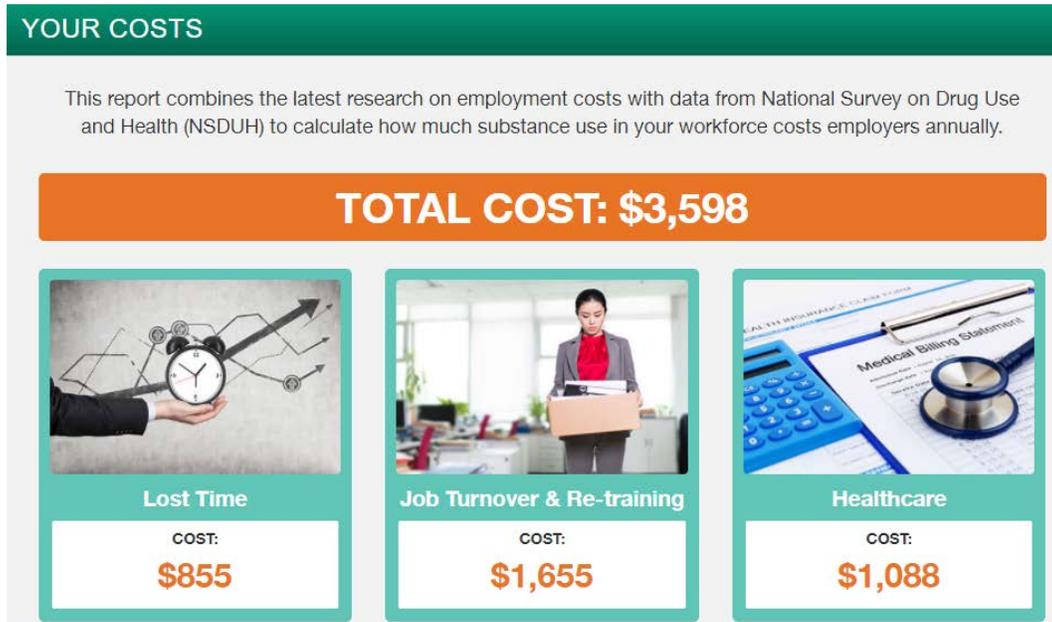
In 2006, the estimated total cost in the United States of nonmedical use of prescription opioids was \$53.4 billion, of which \$42 billion (79%) was attributable to lost productivity, \$8.2 billion (15%) to criminal justice costs, \$2.2 billion (4%) to drug abuse treatment, and \$944 million to medical complications (2%). Five drugs--OxyContin, oxycodone, hydrocodone, propoxyphene, and methadone--accounted for two-thirds of the total economic burden.<sup>2</sup>

### *Calculate Your Costs of Substance Use in Your Workplace*



The National Safety Council and national nonprofit Shatterproof have collaborated with an independent research institution, NORC at the University of Chicago to design "The Real Cost of Substance Use to Employers" tool, an authoritative, easy-to-use tool providing business leaders with specific information about the cost of substance use (including prescription drug misuse, alcohol misuse, opioid and heroin addiction as well as misuse of other illicit drugs and marijuana) in their workplace based on size of employee base, industry and state. Learn more at

(Figure 1) Example Report – State: Nevada | Industry: Education, Health, Social Services | Number of Employees: 10



(Figure 2) Example Report – State: Nevada | Industry: Manufacturing (Durable) | Number of Employees: 500



**(Figure 3) Example Report – State: Nevada | Industry:**  
**Manufacturing (Durable) | Number of Employees: 500**

**WHO'S AFFECTED?**

Your employees and their family members can struggle with substance dependence. These graphics illustrate how many people in your organization may be affected, broken out by group.



**RECOVERY IS GOOD FOR BUSINESS**

Substance misuse and substance use disorders (SUDs) can be an expensive problem for employers. However, providing resources to assist workers with their SUD can be a very good investment.

Workers in recovery help employers **AVOID \$1,626** in turnover & replacement costs

Workers in recovery miss **5 DAYS LESS WORK** per year than workers with a SUD

Each employee who recovers from a substance use disorder saves a company **MORE THAN \$3,200 PER YEAR**

Learn Why

**References**

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