

# 2015 Risk Outlook: Construction

Prescription Opioid Abuse: Risk Factors and Solutions



**CNA**

We can show you more.®



SALES OF PRESCRIPTION  
PAINKILLERS  
HAVE INCREASED BY

**300%**

SINCE 1999.<sup>1,2</sup>

## Overview

Prescription opioid abuse is a public health epidemic in the United States, and since 1990, drug overdose death rates have tripled. In parallel, the sales of prescription painkillers have increased by 300 percent since 1999.<sup>1,2</sup> 2.4 million Americans used prescription drugs non-medically (without a valid prescription) for the first time, with an average of approximately 6,600 new users per day in 2010.<sup>3</sup>

In addition, the opioid abuse epidemic is taking a toll on many aspects of the U.S. economy, including construction businesses' workers' compensation losses. The National Council on Compensation Insurance (NCCI) found that prescription costs per claim are continuing to rise in the U.S., with an alarming 25 percent of costs attributed specifically to prescription opioids.<sup>4</sup>

The issue is two-fold in the sense that injuries leading to opioid abuse are:

- Cost-drivers for businesses
- Create an increased probability that injured employees who abuse opioids can lead to increased injuries to themselves and others that will ultimately negatively impact productivity and profitability

Similarly, the delay of return to work can affect operations and therefore negatively impact a company's bottom line.

Workers in the construction industry are especially at risk for prescription opioid abuse. It is estimated that 15.1 percent of construction workers across various specializations have engaged in illicit drug use, including both illegal and legal

prescription drugs.<sup>5</sup> While there is limited data illustrating the incidence of opioid abuse among injured construction workers, analysis of CNA claim data indicates the cost of opioid use is greater in construction than in other industries.

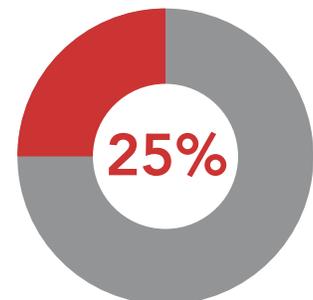
This Risk Outlook highlights the prescription drug abuse epidemic, utilizing records from multiple sources in addition to CNA claim data specific to the construction industry. Opioid abuse is a real and emerging risk for businesses to consider, and through this Risk Outlook, clients and producers will learn solutions to avoid return-to-work pitfalls.

## What are Opioids?

Prescription opioids are medications typically used to relieve pain and are prescribed by a practicing physician. When used according to prescription, they are meant to reduce the intensity of pain signals by attaching to opioid receptors in the brain, spinal cord and other organs. Side effects of opioid use include drowsiness, mental confusion, nausea, constipation and in some cases, reduced respiration. Common prescription opioids include hydrocodone, oxycodone, morphine and codeine. Common proprietary names for these opioids include Vicodin, OxyContin, Percocet and Kadian.<sup>6</sup>

Use of opioids can cause dependence or addiction, such as a physical dependence that occurs when there are normal adaptations to chronic exposure of the drug. However, addiction, which includes dependence, is distinguished by compulsive drug seeking even when the person knows the consequences.<sup>6</sup> Research also indicates that opioid abuse is associated with patients experiencing chronic pain with injuries often impacting three or more areas of the body.<sup>7</sup>

Prescription costs per claim  
are rising in the U.S.

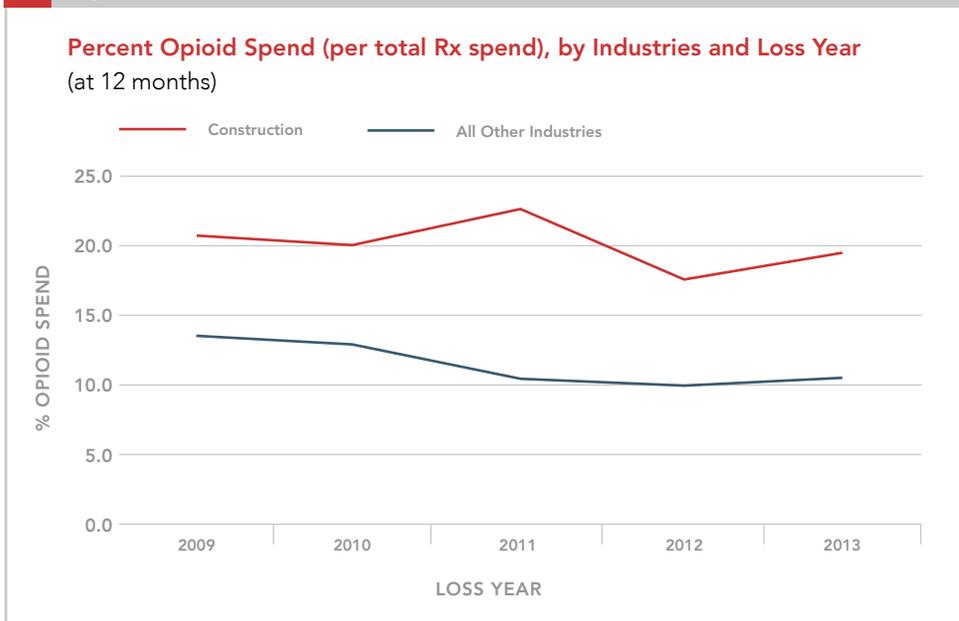


of claim costs are attributed  
specifically to prescription opioids.<sup>4</sup>

## CNA Claim Data Validates Opioid Abuse Trends

Analysis of CNA claim data indicates that prescription opioid spend in construction is problematic. From 2009 to 2013, the percent of opioid spend of the total prescription drug spend in construction remained relatively stable at about 20 percent (Figure 1). In addition, compared to the average of other CNA recognized industries combined, the opioid spend in construction is consistently 5 to 10 percent higher.

**+ Figure 1**



CNA claim data could also categorize employees into three groups by their probability of painkiller abuse (low, medium and high). Table 1 illustrates the relative spend for potential opioid abusers versus non-opioid abusers for three years post-accident. Potential abuse was calculated utilizing a number of factors, including opioid drug spend and number of prescriptions filled over time.

In all cases, the incurred costs for injured employees flagged for potential painkiller abuse was much higher compared to employees for low probability of abuse. After three years of follow up, claimants flagged for high probability of opioid abuse resulted in 36 percent higher costs compared to claimants who were not flagged for abuse.

## Where Do the Drugs Come From?

Most prescription drugs involved in abuse and overdose come from legally obtained prescriptions. However, once the drug is prescribed, they are frequently diverted. Drug diversion is the process of either sharing drugs with people who do not have prescriptions or are illegally selling them on a secondary market.<sup>3</sup>

Most prescription opioids come from primary care and internal medicine doctors and dentists. They are rarely prescribed by specialists.<sup>8</sup> However, an emerging area of concern is the practice of physicians dispensing narcotics. Physician dispensing is when a patient obtains a drug from the physician office directly instead of a pharmacy. NCCI indicates that increased physician dispensing is associated with increased utilization and drug costs per claim.<sup>4</sup>

**+ Table 1**

### Percent Difference Paid Loss Ratios by Opioid Abuse Category Compared to No Opioid Use\*

Loss Years: 2009-2011

|                | Low/Medium Potential Opioid Abuse | High Potential Opioid Abuse |
|----------------|-----------------------------------|-----------------------------|
| <b>Open</b>    |                                   |                             |
| <b>1 year</b>  | 11%                               | 24%                         |
| <b>2 years</b> | 24%                               | 31%                         |
| <b>3 years</b> | 30%                               | 36%                         |

\*Reference: CNA claim with no opioid use

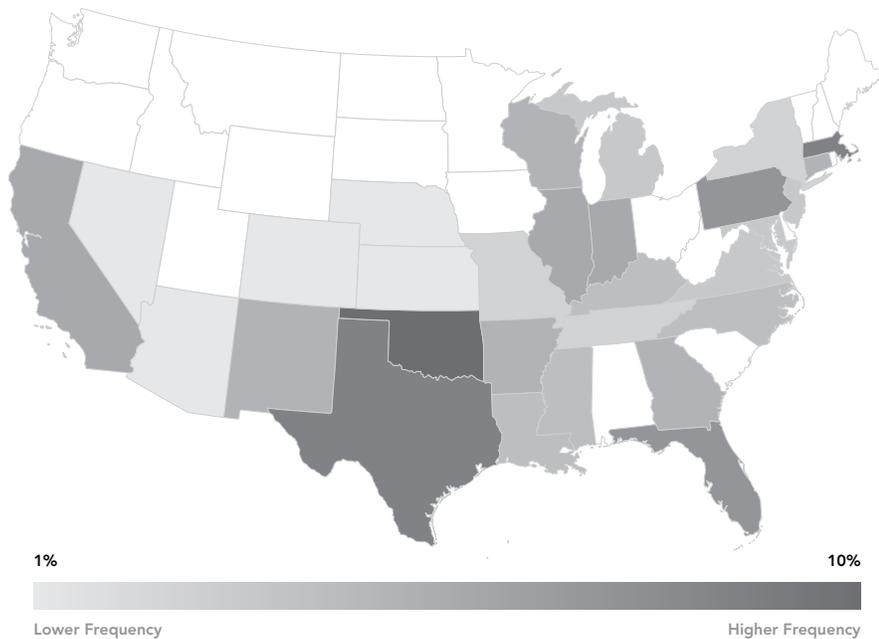


According to the heat map in Figure 2, the frequency of injured employees with a high probability of painkiller abuse can be depicted by state. In general, the darker areas indicate higher frequencies of painkiller abuse among injured construction employees.

**+ Figure 2**

**Construction Heat Map: Frequency of Painkiller Abuse\***

Loss Years: 2009-2011



\*Reference: CNA claim data

Table 2 presents the top-billed drugs for injured construction employees from 2009 to 2013 listed alphabetically, as many of these are typically what are linked to abuse.

**+ Table 2**

**Construction: Top-Billed Painkillers\*\***

Loss Years: 2009-2013

| Top Billed Drugs                            | Generic Name                             |
|---|--|
| <b>Acetaminophen with Codeine Phosphate</b> | Acetaminophen with Codeine Phosphate     |
| <b>Avinza</b>                               | Morphine Sulfate                         |
| <b>Balacet</b>                              | Acetaminophen and Propoxyphene           |
| <b>Demerol</b>                              | Meperidine Hydrochloride                 |
| <b>Embeda</b>                               | Morphine Sulfate                         |
| <b>Endocet</b>                              | Oxycodone and Acetaminophen              |
| <b>Fentanyl</b>                             | Fentanyl                                 |
| <b>Kadian</b>                               | Morphine Sulfate                         |
| <b>Lortab</b>                               | Acetaminophen and Hydrocodone            |
| <b>Opana</b>                                | Oxymorphone Hydrochloride                |
| <b>OxyContin</b>                            | Oxycodone                                |
| <b>Percocet and Roxicet</b>                 | Oxycodone and Acetaminophen              |
| <b>Vicodin</b>                              | Hydrocodone Bitartrate and Acetaminophen |

\*\*Reference: CNA claim data of billed drugs by name-brand and generic opioid analgesics

# What Can an Employer Do?

Combating potential prescription opioid abuse in the construction industry involves, but is not limited to, the following prevention strategies:



## 1 Educate

Educate employees about responsible prescription opioid use. When used responsibly, opioids are potentially an effective tool to mask acute pain for the worker. It's also important to educate workers about the potency of these drugs, how they work, how they interact with other drugs and how they can become addictive.

## 2 Understand risk factors of opioid abuse

Understanding and communicating the risk factors for opioid abuse is vital for prevention in the construction industry. Employees should learn about doctor shopping, physician dispensing and other risk factors supported by evidence.

## 3 Provide support and safe return to work to injured employees

If a worker is injured, it is important to provide strong social support from fellow workers, especially the immediate supervisor, and management so that they may safely return to work. The most important person in returning an employee back to work is the immediate supervisor. A strong social support system can help the worker and prevent any further injury to themselves or others. Research indicates strong social networks are positively beneficial to combat alcohol and drug problems.<sup>9</sup> When implemented, a program of key steps can result in fewer lost days and decreased wage loss for employees, and will redirect the focus from the injured worker's disability to promoting work ability, leading to greater employee morale.

## 4 Communicate treatment options

If treatment is necessary, it is important to educate the worker on options, including counseling and pharmaceutical treatment. Drug addiction is a brain disease that can be treated effectively.<sup>6</sup> Treatment options include behavior modification and/or pharmacological interventions. Behavioral treatments help the addict deal with cravings, avoid situations where drugs are present and strengthen social support. Pharmacological interventions include the use of addiction medications. Research indicates a combined approach may be best.<sup>6</sup>

## 5 Ask the right questions

Lastly, it's important to ask yourself and your physician questions. The American College of Occupational and Environmental Medicine (ACOEM) suggests a number of guidelines.

### + ACOEM Sample Questions

1 Is the physician using evidence-based treatment guidelines?

2 Are physicians using principles of informed choice with their patients while advising them of the risks and benefits?

3 Does the physician set expectations for discontinuation with limiting quantities of opioids to treat acute pain?

4 Are functional goals outlined at every visit?



## Successful Case Study and Future Efforts

While opioid abuse is a serious problem, there are many successful outcomes. A recent story chronicled a 39 year-old construction worker with back pain. When offered prescription opioids, the employee refused the medications and indicated a past history of abuse.<sup>11</sup> This sort of recognition and insight about the dangers of prescription opioids can help the construction industry and its workers avoid unnecessary risks to stay safe, productive and profitable. Furthermore, leadership in the construction industry is well aware of the issue and will continue to take proactive steps for a safe work culture.

## How Can CNA Risk Control Help?

CNA is committed to helping clients develop and implement a viable, robust and effective return-to-work program with a powerful suite of services. The return-to-work process focuses on getting the employee back to work, rather than the injury. Our experienced risk control consultants can help develop a return-to-work strategy that involves collaboration between the company, the injured employee and the medical provider. They can help identify transitional work options that allow an employee to be productive during the recovery process.

CNA also has the tools, services and solutions to assist companies in addressing issues related to drug and alcohol abuse in the workplace. To help our customers, CNA has partnered with the Substance Abuse Program Administrators Association (SAPAA). Whether it's effectively screening job applicants, documenting a drug screening program, developing an employee awareness program, training managers and supervisors or more, CNA's Risk Control professionals can help combat the threat substance abuse can present to a company's bottom line.

**For more information on reducing and managing risks, please visit [www.cna.com/returntowork](http://www.cna.com/returntowork).**

“Partnering with our 10 leading construction associations, we have seen increased concern about prescription opioid abuse, as well as how it increases worker injuries and losses. Many associations are developing programs to educate their members about the issue in order to provide the tools, training and resources they need to address opioid abuse in their own workplaces.”

— **John Tatum**  
CNA Senior Vice President  
of Middle Market



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