

# Structuring a Health Benefits Package That Is Sensitive to Prescription Drug Misuse Issues



*Prescription drug abuse and misuse significantly impact the workplace. According to the 2013 National Survey on Drug Use and Health (NSDUH), 13.2 million working-age adults used a prescription drug improperly at least once in the past year (HHS/SAMHSA/CBHSQ, 2013).*



Prescription drug misuse is a major driver of insurance fraud (HHS, 2013). It also can affect employee behavioral health (e.g., alertness, attentiveness, psychological perspective, and social interactions), impacting on workplace safety, health, and productivity. Effective health plans and benefits are structured to support and align with drug-free workplace programs and policies. This fact sheet describes key provisions of major medical insurance packages, pharmacy benefit programs, Employee Assistance Programs (EAPs), and workers' compensation that, if included, can help mitigate prescription drug and other substance use problems.

## ■ *The Employer's Role as Purchaser of Health Care Services*

Employers select health plans and other covered medical services for their employees. As purchasers, employers can ensure health plans include comprehensive behavioral health services for prescription drug use problems. A well-structured health plan reinforces the employer's drug-free workplace policy. Responsive health plans include the following.

### A. MAJOR MEDICAL INSURANCE

Medical insurance coverage should include physical and behavioral health services, including substance abuse prevention and intervention strategies and benefits. These benefits can be promoted effectively to employees and their families as part of the company's health/wellness or drug-free workplace program. Ideally, benefits would include prescription drug misuse and abuse prevention, screening, early intervention, treatment, follow-up, and relapse prevention. Covered services can include the following (Slavit, Reagan, & Finch, 2009):

- Education and training on prescription management and safe disposal of unused drugs
- Coverage for non-drug alternatives to pain management
  - » Mindful meditation, acupuncture, and therapeutic massage all can be effective
  - » Covering these alternative therapies reduces the number of employees taking opioids that impair performance and can be addictive
- Confidential screening for prescription drug use problems
  - » Screening seeks to identify potential or actual misuse and abuse as early as possible so that appropriate interventions can be provided
- Brief intervention
  - » Brief interventions provide patients with tools to change their attitude toward themselves and their use of substances
- Outpatient and inpatient treatment
  - » Inpatient treatment or hospitalization is recommended for persons who are at risk for severe withdrawal problems or for persons who have other health conditions, which may make detoxification unsafe
  - » Outpatient treatment is less intensive; however, it should include psychotherapeutic and pharmacologic therapies, when needed



- Medication
  - » Used in conjunction with behavioral therapy, medications are aimed at reducing both the pleasurable effects of substances and the neurological changes that cause craving and relapse
- Peer support groups
  - » A 12-step program or similar supports
- Counseling, psychological therapy, and medical services
  - » Counseling can help individuals modify their substance use behaviors and strengthen healthy life skills
  - » The American Psychological Association suggests counseling/therapy prior to use of psychotropic medications and/or with medications as appropriate

## B. PHARMACY BENEFIT PROGRAM

Comprehensive employer health plans typically include pharmacy benefits, often administered by third parties. The health plan's covered pharmacy formularies need to include drugs approved by the U.S. Food and Drug Administration to treat prescription drug abuse, as well as nicotine, alcohol, and other substance dependence. Additionally, the contracted pharmacy benefit administrator should have a program, such as mandated physician consultation with the state Prescription Drug Monitoring Program (PDMP), in place to identify and control prescription drug misuse and "doctor shopping." For example, the prescriber should be able to identify persons with opiate prescriptions from more than one provider and, when appropriate, ask the administrator to lock the patient into a single opioid prescriber or dispenser to maintain their health insurance coverage. It may be cost-effective to define PDMP verification for opioid prescriptions as a covered procedure with \$5 reimbursement.

Employees and their families can be provided educational and training programs related to prescription drugs, their appropriate use and disposal, and resources about interactions and reactions to prescription drugs.

## C. EMPLOYEE ASSISTANCE PROGRAM (EAP)

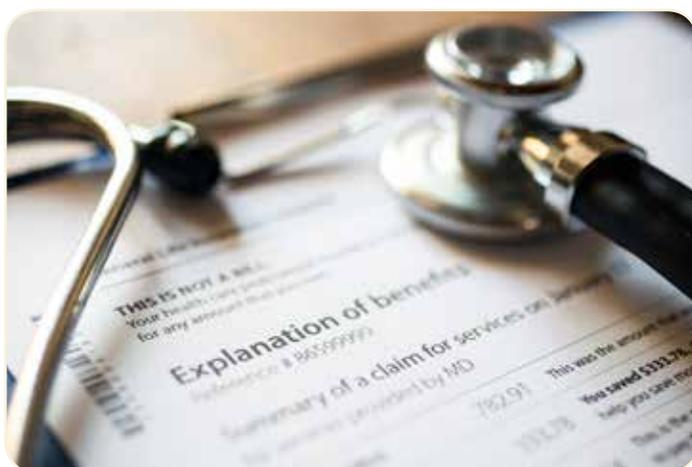
EAPs offer information, resources, referrals, and counseling on a range of issues, including prescription drug misuse, substance abuse, behavioral health, and a wide range of work and family programs to address significant life problems. Confidential services may include substance use screening, education, treatment referral, and support in recovery and relapse prevention. Employers benefit from having an EAP as these programs can help prevent a variety of workplace difficulties including workplace violence, work-family conflict, physical and behavioral health issues, declining employee morale, and turnover. Successful EAPs encourage self-referral to covered services. This is particularly true for substance abuse issues and related litigation or job loss concerns (Lashley-Giancola, 1996). Coupled with health benefits, EAPs play a vital role in encouraging employee wellness while reducing substance use and other health risks (Slavit, Reagin, & Finch, 2009).

To be effective, EAPs must be promoted, recommended by leadership (management and/or unions), and used by employees. Clients must be convinced of confidential consultation. Employers can promote EAPs and educate staff regarding these benefits by including flyers in letters, hanging posters, sending documents as email attachments, including articles in employee newsletters, and running features on your intranet (Friends Life, 2014).

## D. WORKERS' COMPENSATION

Workers' compensation insurers provide education and resources related to employee rights, possible hazards, and generalized health and safety requirements and knowledge. For occupational injury and illness, they provide medical benefits, compensation for lost wages, retraining, and return to work assistance. In helping to manage return to work, the workers' compensation insurer needs to be attentive to pain and depression management.

Employees recovering from occupational injuries may be at risk of addiction to opioid pain medication. Moreover, the National Council on Compensation Insurance estimates that prescription drugs account for one-fifth of workers' compensation medical costs (NCCI, 2012). Diversion of prescription drugs into the illegal market by those receiving workers' compensation is a source of concern for employers and workers' compensation insurance agencies. To help address risks associated with opioid dependence



and abuse, health plan and workers' compensation providers need to coordinate their monitoring of prescription drug usage directly or through prescriber use of PDMP data. Providers' contracting language typically requires updating to create adequate controls for identifying misuse and abuse of prescription medications. Finally, workers' compensation and health plan vendors should specify the procedures they will follow if misuse is identified—that is, who is notified, and how these situations are resolved. Importantly, due to privacy laws, employers often legally cannot be notified of misuse or abuse situations.

## ■ Conclusion

Prescription drug abuse is a growing concern in the country. Numerous sound strategies can reduce prescription drug abuse by workers and their covered dependents. Workplaces should ensure that programs (e.g., health plans, workers' compensation, the Drug-Free Workplace Program, health/wellness programs, EAP) have language, policies, and benefits that are compatible and consistent.

## ■ References

- Friends Life. (2014). *Promoting your EAP*. Bristol, United Kingdom: Author.
- Lashley-Giancola, W. (1996). Promoting employee assistance program services to employees. *Employee Assistance Quarterly*, 12, 33–46.
- National Council on Compensation Insurance (NCCI). (2012). Workers Compensation Prescription Drug Study: 2011 Update (p. 27). *Workers compensation 2012 Issues Report*. Boca Raton, FL: Author. [https://www.ncci.com/Documents/IR\\_2012.pdf](https://www.ncci.com/Documents/IR_2012.pdf)
- Slavit, W., Reagin, A., & Finch, R. A. (2009). *An employer's guide to workplace substance abuse: Strategies and treatment recommendations*. Washington, DC: Center for Prevention and Health Services, National Business Group on Health.
- U.S. Department of Health and Human Services, Behavioral Health Coordinating Committee, Prescription Drug Abuse Subcommittee (HHS). (2013). *Addressing prescription drug abuse in the United States: Current activities and future opportunities*. Washington, DC: Author.
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (HHS/SAMHSA/CBHSQ). (2013). *National Survey on Drug Use and Health, 2013* (ICPSR 35509). Ann Arbor, MI: Inter-university Consortium for Political and Social Research. <http://doi.org/10.3886/ICPSR35509.v1>



The Substance Abuse and Mental Health Services Administration supports the Preventing Prescription Abuse in the Workplace Technical Assistance Center. For more information, contact [PAW-TA@PIRE.org](mailto:PAW-TA@PIRE.org). To join the PAW Listserv, visit <http://paw.dsgonline.com>, or simply scan the QR Code to the right.



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