

Vitality!

Your EFAP Newsletter

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Prescription drug abuse has a staggering price—to employees, family members, employers, and society.

The epidemic of prescription drug abuse.

No matter what you might have thought of all the media coverage, the death this summer of pop icon Michael Jackson resulted in media outlets around the world shining a much needed light on prescription drug abuse. Addiction experts interviewed on radio and television talk shows frequently used the word “epidemic” to describe what they see happening with regard to prescription drug use and abuse in North American society.

There’s no question prescription drug sales have skyrocketed. Consider: Canadian household spending on prescription drugs jumped more than 70% between 1992 and 2002, according to Statistics Canada. While most of this increase may reflect a legitimate need for doctor-prescribed medications, there is no doubt a significant percentage that reflects abuse.

Prescription drug abuse is generally defined as a pattern of use that deviates from accepted medical practice, or taking a drug for purposes which are not medically necessary. Virtually any prescription drug can be consumed for reasons other than its medical purpose; however, it is usually drugs with psychotropic properties (capable of affecting the mind, emotions, and behavior) that are the focus of abuse. Some of the more popular abused prescription drugs include: opiate-based drugs for pain relief, tranquilizers, stimulants and amphetamines, and sedatives and barbiturates.



Dr. Bob Wilson, President and CEO of Human Solutions™, believes the problem is much bigger than people realize. “We’re becoming a drug-obsessed society—prescription drug abuse is indeed epidemic—and a much greater concern than illicit drugs. The implications for workplaces are enormous.

“In one way or another, employers end up paying and the cost can be staggering. Pharmaceuticals account for roughly 80% of extended health benefit costs. There’s research to show that a large number of these medications are not necessary [see sidebar] because there are other more effective treatments (psychotherapy, exercise, change of diet, etc.), and therefore some of the medications covered by employer health plans may be unnecessary. In addition, some prescription drugs, particularly psychotropic drugs, have side-effects which can cause a person in a safety-sensitive position to be a hazard at work, possibly putting their own life and the lives of others at peril. Productivity is impacted as a result of foggy thinking and an inability to make quick decisions,” he says.

Paying for unnecessary prescriptions

What really concerns Dr. Wilson is the fact that pharmaceutical firms now advertise directly to the public, resulting in self-diagnosis and requests for specific medications. Ian Morrison, in his book *Health Care in the New Millennium* agrees, reporting that in the 1990’s, direct-to-consumer advertising by pharmaceutical firms increased at a compounded annual rate of 30 percent. And in his book, *Death by Prescription*, Ray D. Strand says, “Surveys reveal that when a patient comes into a doctor’s office and requests a specific drug that he has seen advertised in the media, the doctor writes the exact prescription the patient requested more than 70 percent of the time.”

“What this means,” says Dr. Wilson, “is that some people are convinced they have illnesses when they don’t; others are looking for a quick fix—a magic pill to take away their problems, and so they pressure their doctor to give it to them. Most physicians don’t want to engage in arguments about medications. Therefore it’s possible that some of the medications covered by employer health plans are unnecessary.”

In early 2008 two reports were released that questioned the track record of widely prescribed antidepressants, causing a flurry of media attention¹. Both reports examined a multitude of studies and found that antidepressants work only marginally better in clinical trials than sugar pills. The only clinically significant effect was observed in severely depressed patients. While these studies have been disputed by the American Psychiatric Association, pharmaceutical firms, and others, it does raise the issue of whether such medications are necessary in the first place.

The numbers tell the story

A study by the Centre for Addiction and Mental Health (CAMH) found that 11% of admissions to substance abuse treatment programs in Ontario in 1999-2000 were for prescription drugs.

Unnecessary prescriptions of non-steroidal anti-inflammatory drugs or other drugs were written 41.7% of visits — *Annals of Internal Medicine*, September 15, 1997, 127(6).

According to the *Psychiatric Times* at least 50% of all emergency room visits for drug-related problems are connected to prescription drug misuse or overdose.

IMS Health, a worldwide pharmaceutical-tracking company estimated that Canadians spent \$21.4 billion on prescription medications in 2008, up from \$20.2 billion in 2007.

Dr. Wilson feels strongly that in many, if not most cases, there is no need for people with mild to moderate depression to take psychotropic medications. “There is no question that properly administered pharmaceuticals can have a dramatic effect on severe or hormonally-based depression such as postpartum. But in most instances of mild to moderate depression, people are treating their symptoms rather than the underlying problem – the psychological issues.” The better solution for mild to moderate depression is, therefore, to acquire the skills and perspective to work through these issues, not medicate them.

Accidental addicts

Some prescription medications, particularly painkillers such as OxyContin® (oxycodone hydrochloride controlled-release), are highly addictive. People don’t think about becoming addicted because the drugs were prescribed by a medical professional, but that doesn’t mean the properties of these medications are any different to the brain than those of illicit drugs. The problem is so widespread some addiction specialists say five times as many Canadians are addicted to medications than are hooked on heroin or cocaine².

It is not unusual for people to develop a tolerance for a drug and as a result feel they need larger doses to achieve the effect originally obtained by a smaller dose. Sometimes people end up visiting several doctors in order to get additional prescriptions, and some, out of desperation, end up buying drugs on the street. People who suffer from chronic pain are often put in a difficult position—narcotics may be necessary to allow them to have any quality of life, but they risk the possibility of addiction.

For Employees

Reduce your risk of prescription drug abuse and addiction

- Before taking any medication, ask a physician or pharmacist how long you should take it, if there are any possible side effects, and if it can be addictive.
- Let the doctor know if you take other medications, use alcohol or illicit drugs, and if there is a family history of addiction.
- Find out if there are any alternative treatments other than drug therapy.
- Follow the directions for taking the drug.
- Avoid drinking alcohol when taking painkillers or sedatives.

For Employers

Signs that an employee may be abusing drugs

- Higher rates of absenteeism, missing appointments, and tardiness.
- Repeats mistakes, loss of interest in work.
- Complaints of anxiety, depression, disorientation, paranoia.
- Severe mood changes and panic attacks.
- Talking incessantly, weight loss.
- Slowed reaction times, impaired coordination.
- Talks about experiencing family problems.

According to many experts, ten to 15 percent of the population is at risk for developing substance dependency in order to satisfy physical, emotional, and psychological needs. Most people who become addicted to prescription drugs started out taking a drug for valid medical reasons. Somewhere along the line, however, the drug takes over and their lives spiral out of control. People can be addicted to drugs for years without those closest to them being aware of it.

Eventually everyone ends up paying the price—the individual, the family, the workplace, and society. If someone is high on painkillers, it is as serious as being drunk: the person loses the ability to focus, and maintain control over their movements and reaction time. Accidents are bound to happen. Unfortunately, workplaces with drug testing policies don't test for prescription drugs – in fact employees hooked on illegal drugs will resort to taking prescription drugs because of this.

Just as in the case of alcoholics and illicit drug addicts, prescription drug addicts adopt certain behaviours in order to ensure an ample supply of their drug of choice. These include lying, keeping secrets, hiding pills and obsessively counting them, making unnecessary emergency room visits, and constantly 'doctor shopping'. As the addiction escalates, engaging in such illegal activities as stealing prescription pads, committing forgery, and buying drugs off the street are also common behaviours.

What can workplaces do?

The high price workplaces pay as a result of the safety and productivity implications of prescription drugs, is challenging to quantify, and many employers do not have the ability to accurately track these costs. Fortunately there are steps that can be taken. Employers can provide information to employees across the board, not just to those taking medication. This would include how to recognize the signs of drug abuse and how to reduce your risk for prescription abuse and addiction.

In addition, Dr. Wilson says employers can get an expert review to help sort out whether their extended health benefits are paying for unnecessary prescriptions. "Larger employers, or those in pooled groups, can dictate that a tighter screening process and limits on the quantity be put in place. This would eliminate a lot of the abuse and misuse of prescribed medications paid for by extended benefits."

At the end of the day it makes good business sense that workplaces implement a basic alcohol and drug (legal and illegal) program that includes having a policy, training supervisors, educating employees, providing employee assistance, and where appropriate, drug testing.

"There is no question that properly administered pharmaceuticals can have a dramatic effect on severe or hormonally-based depression such as postpartum. But in most instances of mild to moderate depression, people are treating their symptoms rather than the underlying problem—the psychological issues!"

— Dr. Bob Wilson,
Human Solutions™ President and CEO

1. Scorbia, Alan. *Effectiveness of antidepressant medication: Implications of recent meta-analytic findings*. Canadian Psychological Association paper, March 25, 2008.

Kirsch, Irving, et al. *Initial Severity and Antidepressant Benefits: A Meta-Analysis of Data Submitted to the Food and Drug Administration*. *PLoS Medicine*, 5, 260-269(e45).

2. Source: CBC news story November 11, 2000.

New Developments

Program Integration. What Does It Really Mean?

This is the title of a workshop to be presented at this year's *Health Work and Wellness Conference* by Bob Bayles, Director of Human Resources at the University of Saskatchewan and Dr. Marie-Helene Pelletier, Human Solutions™ Vice-President of Professional Services.



For the past two decades benefit consultants have advised organizations to break down the silos in their benefit programming. The purpose of this workshop is to discuss what this really means, with a specific focus on the University of Saskatchewan's fully integrated EAP, Disability Management, Health, Safety and Wellness model.

The healthcare system in North America first began experimenting with an integrated model made up of multidisciplinary teams in the 1960's (mostly psychologists and social workers). Today the integrated healthcare model is well entrenched in everyday medicine throughout the country, and is considered a best practice approach to managing patient care.

Four decades ago our concept of workplace health was a purely medical one. Later, prevention became part of the model when issues of safety on the job became a practical matter in terms of prevention and response. The first EAPs started out dealing strictly with alcohol abuse, but soon expanded to include counselling support for a broad range of psychological issues. Human Resources departments pushed to provide support to help employees improve their physical health and well-being. Disability Management programs were established to help injured and ill employees recover and return to work. The health of an employee is now being considered in a more holistic sense, and involves a focus on their health status, health risks, and the health impact of their workplaces.

Just as the healthcare system has an integrated model of care, it makes sense to take an integrated approach to employee health and safety to ensure the whole story is available in order that an optimal course of prevention or intervention can be brought to bear. However, instituting an integrated model of health and wellness practices is more easily planned than implemented.

Humans Solutions™ and the University of Saskatchewan have defined five levels of integration to guide employers through the process of integration. This workshop will look at those levels of integration with a focus on the University of Saskatchewan's fully integrated model.

If you plan to attend this year's Health Work and Wellness Conference be sure to check out the workshop on Thursday, October 1st at 2:00 PM. If you can't make it, but you are interested in organizing a similar session at your workplace, please contact Lorene Beckett, Vice President Customer Relations at 1-888-689-8604.

Want to know more about these new developments? Contact your Human Solutions™ Account Manager.

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The logo for Human Solutions Humaines. It features the word 'Human' in blue, 'Solutions' in green, and 'Humaines' in blue. To the right of the text is a stylized leaf design with three leaves in yellow, green, and blue.