

The Opioid Crisis Hits Close to Home; A Family's Story

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9.18.2018*

Drug abuse, even inadvertently, has claimed the lives of people whose names are household words: Michael Jackson, Prince and Tom Petty are well-known examples. But the opioid scourge is hitting inside ordinary homes, too. A person in my social circle, Susan (not her real name), is a Gen-X'er who was prescribed the time-release version of oxycodone (OxyContin) to manage pain following a leg fracture she had suffered in a car accident. The broken leg required two surgeries, and her pain was intense. Before her release from the hospital, Susan was given a month's prescription for OxyContin to take every 12 hours. While she viewed the prescription as appropriate for her condition, she soon developed reservations about the drug.

"It made me nauseated and light-headed so I stopped taking it after two doses," she said. "I asked for and received a prescription for a non-steroid anti-inflammatory, which worked better for me because it had no woozy side-effects."

She put the unused OxyContin bottle in her medicine cabinet. "I forgot about it," she said.

Over the next few months she noticed that her teenage son Jake was getting home later and later

after school and he looked either "absolutely buzzed" or lethargic at the dinner table. "He was euphoric and then depressed, a see-saw of emotions," Susan said. "I thought he might have undiagnosed bi-polar disorder, which runs in our family."

Earlier that year she had caught him drinking a few times but didn't suspect he was abusing drugs. "I walked past Jake's bedroom and saw a tablet on the floor next to his bed," she said. Susan picked up the pill and thought it looked familiar. Then she checked her medicine cabinet. "At first I was relieved when I picked up the OxyContin prescription bottle and saw that it was full. But then I looked inside and found it contained aspirin." She said she knew then that Jake had switched out the OxyContin for aspirin.

The opioid crisis is alive and well, according to a new preliminary estimate released by the Centers for Disease Control and Prevention (CDC).¹ In a recent CDC report, drug overdose deaths increased last year by a jarring 10% over the previous year. Drug abuse (in particular the misuse of prescription opioids and the highly dangerous fentanyl, a synthetic opioid that's 50 times more potent than heroin²) is deemed by the CDC as the most

consequential preventable public health threats facing the nation.³

Drug abuse persists despite the warnings that are seemingly everywhere. The prescription opioid called oxycodone carries vivid cautions on a government drug-education website⁴: "Oxycodone may be habit-forming... Oxycodone may cause serious or life-threatening breathing problems... Do not allow anyone else to take your medication... Oxycodone may harm or cause death to other people who take your medication, especially children."

Considering Jake's recent behavior and mood swings, Susan thought he was likely using the medication, but she didn't know how much he had taken of the drug or for how long.

Susan's son had become another statistic in the opioid crisis.

One study found that 75% of opioid misuse starts with people using medication that wasn't prescribed for them, but rather obtained from a friend, family member or drug dealer.⁵ Susan was an unwitting contributor to that statistic. "I sat on the edge of the bathtub and cried," she said.

That evening she confronted Jake, who denied knowing anything about the missing OxyContin. Despite his protests, Susan took him to their primary care physician the next day. The physician conducted a drug screen, and Susan was shocked that Jake tested positive for opiates, marijuana and traces of

alcohol. "Jake stole the OxyContin from my medicine cabinet, and I could kick myself for not disposing of it," Susan said.

In an emotional conversation following the drug test, Jake admitted that he had used most of Susan's OxyContin prescription. He refused to say where he'd gotten the alcohol and marijuana.

Susan jumped into action. She found options for Jake through her employer's employee assistance program (EAP), which put her in touch with mental health and drug abuse treatment resources in her community. "I never paid much attention to my employer's EAP until this happened with Jake," Susan said.

She entered Jake in a month-long drug and alcohol treatment program, but he relapsed with an alcohol binge almost immediately upon his release, Susan said. She placed him in a second round of treatment and arranged for him to be seen by a psychiatrist, who diagnosed the teen with depression. "Jake has been seeing a psychiatrist as part of ongoing treatment, and he's doing better," Susan said. He is also taking medication for depression.

Given the danger of combining opioids and alcohol, Jake is far more fortunate than the 72,000 Americans who died from drug overdoses last year. The estimate from the CDC⁶ reports that overdose deaths in 2017 increased by 10% from the previous year, and surpassed the peak annual death totals from HIV/AIDS, vehicular accidents or gun deaths. Analysts have cited two major reasons for the

increase: more people are turning to synthetic opioids, and these drugs are becoming deadlier.

Jake is also more fortunate than most other drug and alcohol abusers because he got into treatment sooner rather than later (or not at all). Another report by the Substance Abuse and Mental Health Services Administration revealed that 19.9 million Americans needed substance use treatment in the past year. But only 10.8% (2.1 million) received treatment at a specialty facility, meaning that 17.7 million drug abusers who needed treatment did not receive it.⁷

People who misuse prescription pain relievers are [40 times](#) more likely to become addicted to heroin than those who don't, according to the CDC. Susan expressed relief that Jake's opioid abuse hadn't escalated to heroin or fentanyl. She said she is also grateful for her employer's EAP, which gave her access to confidential help for her son's drug abuse.

What can HR do to help? I asked my colleague, [John Crable, who is Senior Vice President at Corporate Synergies](#), for suggestions on employee benefit plan design components that address opioid use and abuse, drug and alcohol addiction, and mental health issues. In addition to establishing an EAP, John said there are several ways employers can offer assistance to employees and families:

- On pharmacy plans, limit opioid dispensing amounts
- Cover medications associated with the management of opioid addiction

- Add mental health services to the benefits plan
- Offer incentives for other types of treatments for pain management, such as physical therapy or acupuncture; many networks have a robust alternative care network
- Incorporate more care or case management that targets opioids
- Conduct lunch and learns on the opioid crisis and how to use an EAP
- Use EAP resources to train managers to understand the signs of drug abuse

At home, dispose of expired, unwanted or unused medicines as quickly as possible to help reduce the chance that others accidentally take or intentionally misuse the medicine. The Food and Drug Administration provides these [safe disposal guidelines](#).

As for Susan and Jake, things are looking up. "Jake has been clean and sober for over 18 months, but I'm always wary," she said. She added that her medicine cabinet is now free of unused prescriptions.

¹ [Centers for Disease Control](#), "Provisional Drug Overdose Death Counts"

² [National Institute on Drug Abuse](#), "Emerging Trends and Alerts"

³ [JAMA Network](#), "Reframing the Opioid Epidemic as a National Emergency"

⁴ [NIH/U.S. MedlinePlus](#), "Oxycodone"

⁵ [National Survey on Drug Use and Health](#), "Detailed Tables"

⁶ [Centers for Disease Control and Prevention](#), "Provisional Drug Overdose Death Counts"

⁷ [Substance Abuse and Mental Health Services Administration](#), "Findings from NSDUH Reveal that Only a Subset of Individuals Receive Services for Substance Use and Mental Health Issues"

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