



**Statement of the National Safety Council
U.S. House of Representatives Committee on Energy & Commerce
Subcommittee on Health
Hearing on
“Combating an Epidemic: Legislation to Help Patients with Substance Use Disorders”
Tuesday, March 3, 2020**

Thank you for allowing the National Safety Council (NSC) to submit this statement for the record. NSC is a mission-based organization, focused on eliminating the leading causes of preventable death and injury. We focus our efforts and thought leadership on impacting safety through three strategic pillars: Workplace, Roadway and Impairment – until the data tells us otherwise. Our 15,500 member companies represent employees at nearly 50,000 U.S. worksites.

More than 72,000 people died of a drug overdose in 2017 – more than two thirds of those deaths involved opioids. For the first time in U.S. history, a person is [more likely to die](#) from an accidental opioid overdose than a car crash.¹ There is much more we can do as a nation to save these lives, and NSC commends this committee for holding this hearing today.

Last week on Feb. 25, the National Safety Council, in partnership with more than 50 organizations, released a comprehensive, inclusive strategy to address opioid misuse in this country. The [National Plan to Address Opioid Misuse](#)² lays out actions that must be taken to effectively confront each stage of the addiction life cycle, from prevention to recovery.

The National Plan addresses one area that NSC finds is often overlooked by policymakers – the role employers can play to address this epidemic. Opioid use, misuse, and impairment are serious issues facing today’s workplace. In 2017, 95% of people who overdosed were of working age,³ and 75% of adults with a substance use disorder are in the workforce.⁴ The Bureau of Labor Statistics reports that overdoses at work from non-medical use of drugs or alcohol increased by at least 25% annually between 2013-2017.⁵ Although we know employers play a critical role in solving the nation’s opioid crisis, only 17% of employers feel extremely prepared to deal with the situation.⁶ Employers are in a unique position to affect change because they often can spot signs and symptoms of misuse early. In the National Plan to Address Opioid Misuse, employers are urged to create return-to-work policies during and following treatment, accommodate employees who are prescribed opioids and stock naloxone in workplace first aid kits, among other actions.

What is the Cost of Opioid Use Disorder to a Workplace?

¹ <https://injuryfacts.nsc.org/all-injuries/preventable-death-overview/odds-of-dying/>

² <https://www.nsc.org/home-safety/safety-topics/opioids/national-plan-to-address-opioid-misuse>

³ <https://www.cdc.gov/niosh/topics/opioids/data.html>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5671784/>

⁵ <https://www.cdc.gov/niosh/topics/opioids/data.html>

⁶ <https://www.nsc.org/in-the-newsroom/poll-75-of-employers-say-their-workplace-impacted-by-opioid-use>

Impaired employees pose a safety hazard to themselves, their co-workers and their work environment, particularly in safety-sensitive positions.⁷ Even when taken as prescribed, opioid painkillers have the capacity to cause impairment – a significant safety risk that increases the chances of workplace incidents, errors and injury, and may affect employees’ ability to commute to and from work. Opioids can impair thinking and reaction time, which can lead to serious errors when performing tasks that require focus, attention to detail or the need to react quickly.

NSC recommends that employers train supervisors to spot signs of impairment at work in order to avoid potential safety risks. This training also has benefits when thinking of other impairing substances as well as other impairing conditions (fatigue, etc.). Here are some common signs of potential impairment at work:

SIGNS OF POTENTIAL IMPAIRMENT		
Physical	Mental	Performance
<ul style="list-style-type: none"> • Rapid shift in physical appearance (hygiene, weight loss or gain) • Tremors • Unsteady gait, loss in manual dexterity, working in an unsafe manner • Odor of alcohol or other drugs 	<ul style="list-style-type: none"> • Inappropriate verbal or emotional responses or behaviors • Irritability • Memory loss • Unusual isolation from colleagues • Lack of concentration, confusion, forgetfulness • Lying 	<ul style="list-style-type: none"> • Calling in sick frequently • Unexplained tardiness, early departure, extended breaks • Errors in judgment • Deterioration in performance and quality of work • Testing positive on a drug screen

There is an economic cost as well. [The White House Council of Economic Advisors](#)⁸ estimated that the opioid crisis alone cost the U.S. economy \$696 billion in 2018. Opioid misuse impacts a workplace’s bottom line, safety and employee health and wellness. Employers face significant healthcare costs associated with opioid misuse, including opioid prescriptions and treatment for opioid use disorder and overdose. Additionally, people with opioid use disorders frequently have increased absenteeism and reduced productivity, which have a significant impact on business.

Business leaders can understand more about the cost of substance use (including prescription drug use and misuse, alcohol use and misuse, opioid and heroin use and misuse, marijuana use and misuse, as well as use and misuse of other illicit drugs) in their workplace via the NSC [substance use cost calculator](#).⁹

How Employers Can Make a Difference

Having an integrated, proactive approach is essential to preventing opioid misuse and supporting employees who have an opioid use disorder in seeking treatment and recovery. NSC offers a free, comprehensive online [toolkit](#)¹⁰ for employers to begin addressing opioids in their organizations, with specific materials for human resource professionals, supervisors, environmental health and safety professionals, and employees themselves. From a variety of educational tools to a step-by-step guide

⁷ “Safety-Sensitive” refers to jobs that impact safety of the employee and the safety of others as a result of performing that job. For example, 49 CFR §382.107 defines safety sensitive for commercial motor vehicle operators.

⁸ <https://www.whitehouse.gov/articles/full-cost-opioid-crisis-2-5-trillion-four-years/>

⁹ <https://www.nsc.org/forms/substance-use-employer-calculator>

¹⁰ <https://www.nsc.org/pages/prescription-drug-employer-kit>

for getting started, the toolkit will help engage employees on the risks of opioid use, develop drug-related human resource policies, recognize signs of impairment and support employees who are struggling with opioid misuse. NSC will hold a [workshop](#)¹¹ in Pittsburgh on June 5 to help employers understand how to implement these tools, and we welcome an opportunity to more widely distribute these resources.

NSC also recommends that employers evaluate their benefits to ensure they have an employee assistance program (EAP) for employees. Additionally, employers should advertise this benefit and help employees understand how and why to use it, and the fact that it is confidential, to increase historically low utilization rates.¹² Workers compensation is another way employers can take a role in initial prevention and utilizing other evidence-based methods of pain treatment.

Employers should also evaluate their health insurance plans to determine if alternative, including non-pharmacological, pain treatment is available. Similarly, employers should ensure that their health insurance plans cover medications for addiction treatment and other evidence-based treatment options for substance use disorders.

NSC also recommends employers:

- Provide robust employee education (e.g., a substance-free awareness program, comprehensive communications on substance use and impairment)
- Help the organization understand the varying factors that impact addiction (e.g., understanding how addiction differs from person to person and how those behaviors may manifest in the workplace, reduction of stigma, cultural changes and differences, industry challenges, etc.)
- Develop policies and procedures for dealing with impaired workers both in the immediacy of impairment, as well as follow-up policies and procedures post-impairment
- Provide assistance for those who voluntarily seek help for impairment issues
- Make provisions for early intervention and rehabilitation and assistance for employees with a substance use disorder (e.g., peer advocacy programs, EAPs, Member Assistance Programs [MAP], benefits available through employer group health policies, benefits available through union health and welfare funds, etc.)
- Communicate and consistently enforce steps of disciplinary actions for violations of the substance use policy
- Develop clearly defined return-to-work policies (both after an injury, and during / after treatment for a substance use disorder)

NSC has heard from employers the positive impact of helping their employees get into treatment and through recovery. [Workers in recovery](#)¹³ have lower turnover rates and are less likely to miss work days, less likely to be hospitalized and have fewer doctor visits. An NSC survey [found](#):¹⁴

- Employers were most concerned about the costs of benefits (86%), ability to hire qualified workers (90%) and costs of workers' compensation (86%) than misuse of opioids (79 – 83%, depending on the type of opioids) and illegal drug sale or use (75%)

¹¹ <https://safety.nsc.org/opioids-workshop>

¹² <https://www.workforce.com/news/sector-report-eaps-valuable-underused>

¹³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5671784/>

¹⁴ <https://www.nsc.org/Portals/0/Documents/NewsDocuments/2017/Media-Briefing-National-Employer-Drug-Survey-Results.pdf>

- Over 75% of employers know they have been affected in some way by employee opioid use, with 38% experiencing impacts related to absenteeism or impaired worker performance
- Only 17% believe their organization is extremely well prepared to deal with opioid use in the workplace

While employee training and education are main drivers of preparedness, only 28% offer opioid-specific training and education to their workforce.

Legislation

Congress can do more to help employers understand the important role they play. Last Congress, the National Safety Council supported bipartisan legislation, H.R. 5892, which would have established an advisory committee on opioids in the workplace. NSC encourages Congress to re-introduce similar legislation.

Additionally, Congress should lead in providing resources to state labs for toxicology testing to gain a better understanding of the opioid epidemic and other drug problems in the United States. By allowing funding for opioid use disorder to be used to upgrade labs to the National Safety Council model guidelines that have already been adopted in several states,¹⁵ policymakers can see and evaluate data from multiple states using the same parameters and make better policy decisions. These guidelines provide recommendations for the toxicological investigation of suspected impaired driving fatalities. People with substance use disorder are often operating on our roadways, and too often with deadly results.

Conclusion

Today, we have nearly 21 million Americans living with substance use disorder, according to the U.S. Surgeon General. That's more than the total number of people living with cancer and more than the population of the state of New York. Federal leadership is needed to ensure the safety and wellbeing of every one of these constituents.

Thank you for your leadership on the opioid crisis. We must work together to put an end to these needless deaths and help those who have been affected by this epidemic.

¹⁵ <https://www.nsc.org/Portals/0/Documents/NewsDocuments/2019/NSC-Model-Guidelines-for-Toxicological-Investigation-of-Drug-Impaired-Driving.pdf?ver=2019-12-02-172252-037>

A network diagram consisting of approximately 15 grey circular nodes connected by thin grey lines, forming a complex web-like structure. The nodes are scattered across the page, with some larger than others. Two horizontal bars, one dark blue and one dark green, are overlaid on the network, containing the title text.

A NATIONAL PLAN TO

ADDRESS OPIOID MISUSE



February 2020

In partnership with:



525 Foundation
Ad Council
Advocates for Opioid Recovery
American Association for Psychoanalysis in Clinical Social Work
American College of Occupational and Environmental Medicine
American College of Osteopathic Emergency Physicians
Arizona Chapter of the National Safety Council
Brady's Hope
California Consortium of Addiction Programs & Professionals (CCAPP)
Captive Resources
Chesapeake Region Safety Council
Citizens for Effective Opioid Treatment
Connecticut Certification Board
Cory's Cause
Davis Direction Foundation
Firmenich
Fletcher Group
FOA Families of Addicts
Houston Area Safety Council
International Certification & Reciprocity Consortium (IC&RC)
Iowa-Illinois Safety Council
Liver Health Initiative
LTM Foundation
Matt Adams Foundation
Minnesota Safety Council
National Association for Behavioral Health
National Health Care for the Homeless Council
National Safety Council ArkLaTex Chapter
National Safety Council of Northern New England
National Safety Council Ohio Chapter
Nebraska Safety Council
North Dakota Safety Council
Northeastern New York Safety and Health Council
Oklahoma Safety Council
Operation RX
Parkdale Center for Professionals
Students Against Destructive Decisions (SADD)
Safe States Alliance
Safety and Health Council of North Carolina
Safety Council of Western New England
Save the Michaels of the World
Shatterproof
Society for Public Health Education
South Dakota Safety Council
Southeastern Chapter - National Safety Council
Southwest Airlines
Tennessee Safety and Health Council
The Kennedy Forum
U.S. Steel
Utah Safety Council
Wisconsin Safety Council
Wyoming-Montana Safety Council

Authored by:





A NATIONAL PLAN FOR ADDRESSING OPIOID MISUSE

For the first time in U.S. history, a person's lifetime odds of dying from an accidental opioid overdose (1 in 96) have eclipsed the odds of dying from a motor vehicle crash (1 in 103). The opioid crisis takes more than 130 lives each day and requires a coordinated, immediate response from various stakeholders including federal and state governments, public health agencies, health and safety organizations, community-based organizations and non-profits, youth-focused organizations, medical professionals and centers, employers and an educated public willing to advocate for its own medical decisions.

The National Safety Council has assembled a comprehensive plan – endorsed by the organizations listed on page 2 of this paper – that any candidate for President of the United States could adopt to ensure opioid misuse in the U.S. is addressed thoroughly, thoughtfully and effectively. The organizations supporting this plan urge all presidential candidates to examine their existing strategies and close gaps, or adopt this plan in full for the safety and wellbeing of the constituents they are vying to represent and protect.

These needs and actions are intertwined and interdependent – one tactic cannot be effective without another. The recommendations in this plan are laid out based on the life cycle of addiction – from inception to recovery – and take into account societal factors and influences such as employment, data collection, enforcement and pharmaceutical litigation. We must ensure that targeted, appropriate and sensitive interventions throughout the life cycle of opioid use and misuse are designed, implemented and evaluated.

PREVENTION EFFORTS

- **Expand and enhance research and development of evidence-based prevention programs**
 - Screen upon prescribing for familial or individual history of addiction and substance use disorders
 - Develop early intervention programs, such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) and other evidence-based interventions
 - Expand drug take-back programs to include safe disposal sites at pharmacies, police stations and municipal buildings, and increase presence of secure, free-standing drop-boxes in the community
 - Expand access to in-home drug deactivation and disposal technologies
- **Reduce the availability and supply of illicit drugs in the U.S.**
 - Disrupt, dismantle and defeat drug traffickers and their supply chains
 - Work with international partners
 - Combat illicit internet drug sales
 - Focus federal government effort against illicit drug delivery through the mail and express consignment networks
 - Interdict the flow of drugs across physical borders and into the U.S.
 - Disrupt and dismantle the illicit drug production infrastructure
 - Leverage the full capabilities of multi-jurisdictional task force programs
 - Enhance law enforcement capacity
- **See “Prescriber and Medical Community Efforts” for detailed strategies for addressing prescriber role in reducing supply and enhancing prevention efforts**

PUBLIC EDUCATION AND STIGMA REDUCTION EFFORTS

- **Enhance understanding of how community, environmental, individual factors and other social determinants of health increase the risk of developing a substance use disorder and impact its treatment. Some of these complicating factors and circumstances include:**
 - Socio-economic status
 - Mental health conditions
 - People who have experienced trauma (including Adverse Childhood Experiences [ACEs])
 - Women
 - LGBTQ people
 - People of color
 - Native Americans
 - Veterans
 - Rural Americans
 - Incarcerated persons
- **Increase accessibility of evidence-based, youth- and teen-focused education initiatives and interventions**
- **Support organizations launching public education campaigns aimed at increasing public understanding of the risks of opioids and how to ask prescribers for alternatives**
- **Increase awareness of the myriad of impacts the opioid crisis has on families, their experiences and familial structure**
- **Initiate actions to reduce stigma including increasing education and altering language to remove derogatory, stigmatizing and judgmental words and phrases**
- **Implement contact-based strategies – messaging between people with substance use disorders, people in recovery and those without – when possible, humanizing the disease and emphasizing treatment effectiveness**
 - Normalize recovery in public discourse through a nationwide public education campaign elevating survivors of substance use disorders
- **Publicly recognize institutions for implementing actions that reduce stigma**
- **Increase research on stigma**

PRESCRIBER AND MEDICAL COMMUNITY EFFORTS

- **Address the role prescribers and prescribing play in the opioid crisis:**
 - Mandate use of Prescription Drug Monitoring Programs (PDMP)
 - Continue to assess and evaluate long-term impacts of PDMPs on the opioid crisis; ensure PDMP use and best practice evolves accordingly
 - Mandate prescriber education on opioids and their use for acute and chronic pain
 - Mandate addiction education for prescribing medical professionals
 - Continue to evaluate and update prescriber guidelines including the CDC Guideline for Prescribing Opioids for Chronic Pain, and standardize use for anyone who prescribes opioids
 - Ensure that individuals with chronic pain for whom usage of opioids is the appropriate pharmacotherapy are not denied access to these medications, and that accompanying risks are not ignored and are mitigated as much as possible
- **Increase research on pain and addiction**
 - Enhance research into non-opioid pain management methods for both acute and chronic pain
 - See “Treatment Efforts” for detailed research suggestions
- **Improve training and education of the non-addiction specialist medical workforce – including but not limited to primary care, emergency department, acute care, and mental health professionals – on addiction science and assessing for substance use disorders (SUDs)**

HARM REDUCTION EFFORTS

- **Expand and enhance research and development of evidence-based harm reduction services and programs, including but not limited to:**
 - Syringe exchange services
 - Community based take-home naloxone distribution programs for people who use opioids
 - Supportive housing and other services built on harm reduction philosophies for people living with addiction

NALOXONE EFFORTS

- **Expand and enhance research and development of evidence-based naloxone education and distribution programs, prioritizing those at highest risk of experiencing or witnessing an opioid overdose**
 - Ensure every state has comprehensive Good Samaritan laws in place to protect those who use naloxone to treat someone suspected of overdosing from negative legal consequences, regardless of legal status
 - Support community based take-home naloxone distribution programs for people who use opioids
- **Ensure naloxone is covered by insurance co-pays**
 - Make naloxone available with every opioid prescription received at a pharmacy
- **Expand access to naloxone to above groups, first responders and other community members and settings – including entities such as libraries, hotels and public transit stations, among others – with higher incidence of opioid overdose**
- **Support education campaigns for the general public to recognize signs and symptoms of an opioid overdose, understand how to access naloxone and how to use it**

EMPLOYER EFFORTS

- **Urge employers to enhance existing drug-free workplace policies to include policies for employees with opioid use and other substance use disorders so they can, among other strategies:**
 - Support employees to return to work during and following treatment
 - Have the flexibility to accommodate employees if they are prescribed opioids
- **Urge employers to educate supervisors and managers about the signs of opioid misuse so they can spot early symptoms**
- **Ensure all workplaces have naloxone on-site and that emergency response staff members are trained on how to administer it**
- **Expand Employee Assistance Programs (EAP) to provide barrier-free preventive services, screening and early identification services, short-term counseling, referral to specialty treatment and other behavioral health interventions**
- **Expand insurance plans to ensure coverage of non-opioid pain treatment options including but not limited to non-opioid pharmacology, physical and occupational therapy. Ensure coverage of evidence-based treatment for opioid use disorders and address other disparities and gaps in healthcare benefits.**
- **Support a stigma-free, recovery-friendly workplace culture**

DATA COLLECTION EFFORTS

- **Require states to screen for and identify all drugs present in overdose fatalities**
- **Require hospitals, EMTs, law enforcement, coroners and medical examiners to promptly report drug overdoses to the appropriate jurisdictional authority or authorities**
 - Require said jurisdictional authority to report out on data points including but not limited to: drugs present during toxicology screen, de-identified demographic data and other points as determined
- **Expand and enhance reporting on non-fatal opioid overdoses**
 - Support and expand capacity at State and local public health laboratories to detect and identify opioids and novel fentanyl analogues associated with non-fatal overdoses with the aim of informing and maximizing the impact of public health interventions
 - Require hospitals, EMTs, law enforcement, coroners, medical examiners and other entities to promptly report non-fatal drug overdose reversals to the appropriate jurisdictional authority
- **Expand and enhance other reporting systems such as those developed by the CDC, HHS, CMS, and AHRQ**

INSURANCE PROVIDER EFFORTS

- **Increase coverage of non-opioid pain management methods**
- **Increase coverage of medications for addiction treatment and other therapies – including but not limited to behavioral health and other cognitive therapies – that support people seeking recovery, including in government-sponsored insurance plans**
- **Enforce and prioritize the Mental Health Parity Act**
 - Ensure that all insurance plans are compliant with federal and state parity laws

LAW ENFORCEMENT, FIRST RESPONDER AND CRIMINAL JUSTICE SYSTEM EFFORTS

- **Require all first responders, including law enforcement, to carry naloxone and be trained on how to administer it**
- **Train first responders on using appropriate PPE and other tactics to prevent accidental exposure to high-potency opioids (including fentanyl and its analogues), recognizing symptoms of exposure to these substances, how to handle accidental exposure and how to administer first aid and naloxone if exposed in the line of duty**
- **Encourage law enforcement agencies that allow local residents to turn in illicit substances without fear of legal retribution**
- **Research the link between substance use, criminal justice system involvement, and barriers to treatment and recovery**
- **Expand the use of specialty courts – including but not limited to drug courts and mental health courts – and other interventions to prioritize treatment over incarceration for individuals involved in the criminal justice system**
- **Ensure individuals in correctional facilities have access to evidence-based treatment methods**
 - Provide medications for addiction treatment (MAT) in correctional facilities
 - Research and implement naloxone provision programs for people with an opioid use disorder as they experience re-entry. People who are re-entering and have a history of opioid use are 40 times more likely to experience a fatal overdose than people using opioids who were never incarcerated.
- **Expand the training and use of Drug Recognition Experts (DRE)**
- **Provide culturally sensitive and linguistically appropriate crisis intervention services and provide training for all first responders**

TREATMENT EFFORTS

- **Expand and enhance research and development of evidence-based treatment programs and other programming to treat and manage opioid use disorders**
 - Increase access to MAT – methadone, buprenorphine and other opioid agonist therapies; Vivitrol and other opioid antagonist therapies
 - Encourage adoption of payment models that ensure collaborative, integrated care, and provide full coverage for treatment medications and therapies
 - Incentivize providers to get the DATA 2000 waiver to prescribe buprenorphine for opioid use disorder
 - Eliminate the cap on the number of patients that providers with the DATA 2000 waiver can treat with buprenorphine
- **Expand and enhance research and development of specialized evidence-based treatment programs for vulnerable populations (such as those previously mentioned under “Public Education and Stigma Reduction Efforts”)**
- **Support community-based programs that assist individuals in treatment such as housing services, and job training, among other initiatives**
- **Expand the SUD workforce, especially professionals credentialed in the diagnosis of substance use disorders**
 - Ensure focus on cultural competencies and communication in order to effectively serve diverse populations (such as those previously mentioned under “Public Education and Stigma Reduction Efforts”)
 - Concentrate on recruiting credentialed professionals by using incentives such as loan repayment programs as well as retention
 - Examine and prioritize reimbursement rates, improving working conditions, preventing burnout, and removing bureaucratic obstacles and other factors that cause current professionals in the field to leave
- **Expand and enhance the public reporting of quality measures for all addiction treatment programs to guide individuals in locating evidence-based treatment**
- **Expand treatment capacity by removing barriers to telemedicine for addiction treatment**

RECOVERY EFFORTS

- **Expand and enhance research and development of evidence-based and promising recovery services and programs, such as peer-to-peer support programming and others**
- **Increase employment programs for people in recovery to ensure employees can return to work after successful completion of a treatment program**
- **Expand access to transitional housing, job training, employment and social services for people in recovery**

USE OF THE PHARMACEUTICAL COMPANY SETTLEMENT FUNDS

- **Ensure that pharmaceutical company settlement funds are used to support all efforts and players listed above, and amounts are driven by local injury and fatality data trends**
- **Hospitals, bound both by their missions and by federal law, have a responsibility to stabilize and treat any patient, regardless of their ability to pay, so they have borne much of the financial burden of addressing the nation’s opioid crisis**
- **Hospitals are vital community resources and have both the expertise and infrastructure needed to care for patients, other persons with opioid use disorder and others impacted, and help alleviate the opioid crisis**
- **Proceeds from the lawsuits against opioid manufacturers must be directed toward hospitals and other entities including but not limited to health and safety organizations, and community-based organizations and non-profits, with the ability to address patient needs, the needs of other persons with an opioid use disorder, and the needs of others impacted, rather than allowing political entities to make funding decisions**



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