



GAINING GROUND

More to Do in Battle Against Opioids

By Symone C. Skrzycki

Enter the mind of someone struggling with a drug use disorder.

Fear: *“What if someone finds out about my drug habit?”*

Desire to stop: *“I can’t go on like this.”*

Helplessness: *“My job performance is suffering, but my boss will fire me if I come clean about my addiction.”*

Now, a reverse scenario. You’re the employer that suspects drug misuse.

Fear: *“What happens if anyone outside the company finds out? How does that reflect on us as an employer?”*

Desire to assist: *“How can I be supportive?”*

Helplessness: *“I don’t know what to do to provide the assistance people need.”*

The burning question – for employers and employees: Where do I go for help?

In early 2018, the Wellness Council of Indiana (WCI) and the Indiana Chamber – in partnership with Gov. Holcomb – launched the Indiana Workforce recovery (IWR) initiative. The goal is to help employers understand how the opioid crisis is impacting them (through education, tools and resources) and how they can best assist their employees.

Reducing the stigma is an essential objective.

“We’re definitely making an impact when it comes to stigma and awareness of what’s going on,” WCI executive director Jennifer Pferrer contends. “But employers are still struggling with, ‘Is it really impacting me?’

... “In order for it to really change, it comes from the culture. The culture is something that is so significant. When we think of our employees as investments and not expenses, we can make a difference in that.”

Our roundtable discussion brings together a quartet of passionate leaders to share their perspectives on progress and potential next steps in tackling the opioid crisis.

Participants:

- Pferrer, Wellness Council of Indiana
- Dr. Kristina Box, commissioner, Indiana State Department of Health (ISDH)
- Mark Michael, president, Fort Wayne Metals Research Products
- Lisa Suttle, regional vice president for Madison and Delaware counties and for clinical services, Meridian Health Services

Steps forward

The biggest improvement, Box contends, is a decrease in opioid deaths.

“We have seen for the first time in the first six months of 2018, as we look at data compared to the first six months of the year before, about an 18% to 20% decline in individuals dying from drug overdoses, and that’s huge. That means that what we’re doing is right.”

She cautions, however, “It doesn’t mean it’s time to take our foot off the gas pedal, and I think that’s really important. It just means that what we’re doing now is working and we need to continue down that road.”

Additional progress in Indiana includes:

- 42% increase in addiction providers across Indiana. “One of the first things that Indiana did



“A lot of the time in the hospitals, we were just giving it (pain medication) automatically (after baby deliveries). It was actually ordered for a while every six hours. ‘This is what this person’s going to get.’ The reality is, if they don’t ask for it, they probably don’t need it.”

– Dr. Kristina Box

was basically establish Medicaid reimbursement so that Medicaid individuals could actually get treatment and get counseling for this. That was hugely important,” Box shares.

- Five new opioid treatment programs across the state, with an anticipated 13 more to come.
- Additional recovery beds in the state. “We still need to add more,” Box emphasizes.
- 12% decrease in the number of opioid prescriptions written and an approximately 23% decrease in the number of pills actually being prescribed.

“Every physician now has to check INSPECT (Indiana’s prescription monitoring program) to make sure that if an individual has recently received a prescription for opioids, we can look at that,” according to Box. “The state has paid for that integration into electronic medical records to make that much easier for providers.”

Suttle points to raising awareness and collaborations among providers, state agencies and community partners.

“I definitely feel like people aren’t afraid to do that anymore – to talk about it. The

past several years people were just kind of quiet about it, but we’re definitely seeing that (change). With all of that, specifically, there’s been a lot of treatment that’s been put into place, different levels, from babies to the elderly, and not trying to leave anybody out within the continuum of what’s going on with the opioid addiction.”

But more work remains.

Dangerous disconnect

According to a statewide survey released by IWR earlier this year, employers are underestimating the impact of drug use in their workplaces.

Of the more than 500 survey respondents, 76% view drug or alcohol use as a problem for their local community. Conversely, only 13% consider it a problem for their organization.

Through the survey, IWR employer opioid strategy events and other public input, an alarming trend has emerged.

“The one thing that we have found is that they (employers) just don’t know,” Pferrer declares. “They don’t know what their benefits cover. They don’t know how many opioid prescriptions are coming out of their place of employment. They don’t know who their community partners are – who to refer to.”

Knowledge is power. One successful approach for employers is to develop a comprehensive strategy that provides meaningful benefits.

“That looks at not just treatment and behavioral health and mental health, but also are they covering acupuncture? Are they covering chiropractic care as an alternative to pain medication, so they (patients) can access different ways of reducing their pain? That’s one of their challenges,” Pferrer emphasizes.

At the core is culture.

“Individuals that are in recovery are viable job applicants and viable employees, so how do we connect those in recovery to the

job vacancies that we have?” she asks. “How do we ensure that that connection is being made? Unfortunately, it goes back to culture. It goes back to are you willing to hire individuals that are in recovery? Are you willing to hire those that have been in the criminal justice system?”

Michael, who has spent 45 years at Fort Wayne Metals, offers his perspective. “And maybe at an economic time where finding that replacement worker is much more difficult than it’s ever been, you start to value the people that you have a little more.”

He adds, “Unfortunately, even once you realize that you’ve got an employee that has an issue, all too often the employer is like, ‘Well, we have an EAP (employee assistance program). Here’s a card. Call this person and go get help. ... With the way the opioid treatment has gone, there’s not a good understanding of how individual programs need to be crafted in order to help someone recover without relapse. The chances of success on the first go-round are very low.

“... And let’s talk about the other side. As an employer, you’ve got the HR system that is trying to find the best solution for the patient. You’ve got a legal regulatory system that’s saying, ‘How do we protect other employees, and now that we’re aware of this problem, how do we make sure that we’re behaving according to our liability?’

“So, there’s all kinds of litigation that says walk them to the door – because if



“Don’t give up on your employees. Find out what your culture is and invest in them because many of them can make it.”

– Lisa Suttle



Indiana Workforce Recovery is the Indiana Chamber and Wellness Council of Indiana initiative to help combat the opioid epidemic in the workplace.

Learn more at www.wellnessindiana.org.

This is the fifth in a yearlong series on the drug and addiction issues facing Indiana, as well as efforts to combat the crisis.



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– Jennifer Pferrer

they’re not here they’re not going to hurt our people and we’re not going to be liable.”

Suttle interjects with her thoughts on the dangers of individual setbacks. Customizing treatment, she says, is crucial.

“Each person is an individual. So to have a blanket (method) saying, ‘This is what we’re going to do for everybody,’ it doesn’t work for everybody. There are different drugs that they use, different mixtures, different lengths of time they’ve been using, different reasons they use. All of those kinds of things. Partnering with agencies to have that person that you send them directly to, that you follow up with, that they know they’re following up with, is very important.”

Lifelong journey

Prior to assuming her current role at ISDH in 2017, Box was a private practicing obstetrician-gynecologist. She saw the destruction of drug addiction (specifically related to pregnancy and neonatal abstinence syndrome) as the women’s service line lead at Community Hospitals.

“There was a huge stigma associated with it in the medical community,” she asserts. “I think that we had to overcome that. It’s still (the case that) a lot of people out there see this as a moral failing, and the reality is it’s a chronic disease and we need to treat it just like we do diabetes and high blood pressure and anything else.”

Suttle points to addicted mothers whose shame is magnified when they give birth to addicted babies.

“Those mothers have so much guilt when those babies are born and dependent upon those drugs. More treatment around that area would be very beneficial, as well, to help

those mothers while they’re pregnant, but also after they deliver and that’s ongoing. Again, with addiction, it’s lifelong. It’s not, ‘We can fix it.’ It’s lifelong of just supporting them.”

Box seconds that, passionately asserting the need to remove judgement.

“That has been a first step for obstetrical providers, to get over that, to get beyond what you’re doing to yourself and your baby, and see them compassionately and to work with them. ... We (Indiana) got caught with not near enough providers for opioid abuse disorder in pregnancy.”

It’s also important to keep early life trauma in mind when seeking solutions.

“We’ve got to start with our children,” Pferrer declares. “The number of individuals that are living today with one of the adverse childhood experiences is only growing. How do we understand what happens to our children when they see individuals with addiction, when they see drug use in the home or violence in the home, and they’re living in an unsafe, insecure (environment)? We’re growing a generation of individuals that will deal with addiction and mental health issues and a lot of other chronic diseases.”

Box chimes in, “That’s an excellent point. This is a two-generational thing. Someone pointed out to me the other day, which is something I’d never thought of, we have a lot of grandparents out there right now that are raising their grandchildren, because there’s a generation of people who have checked out, are in prison or who have died from this.

“And pretty soon we aren’t going to have a set of grandparents to raise those children.

“We are working to try to figure out how we can help give more resources to grandparents and families that are raising children that are not their own, that are stepping in for someone under these circumstances.”

Building trust

An element of trust is vital for recovery.

It starts at the workplace. Fort Wayne Metals emphasizes education and treatment – and trust. It’s a growing company, adding more than 100 employees each year to its team.

“If you don’t have a culture that allows that person to say, ‘I’ve got a problem or my spouse has a problem,’ then you’re really not getting to the root of it,” Michael emphasizes. “So you’re going to manage all these behaviors, and they’re subject to all the rules that you currently have and the disciplinary measures.

“And all the while that’s accelerating and going on, nobody’s getting help. You’re marching towards an end that nobody wants to go to. And so with the awareness and with a strong culture, you can get to at least the heart of the problem.”

Box points to syringe service programs in places such as Scott County.

“They actually make a meal each day. So that draws people back to a warm meal that they’ve put in crock pots for them, and they can get their treatment and testing for hepatitis and for HIV. They can get their immunizations to try to help. They can get their HIV treatment or their Hepatitis C treatment, and we know they’re five times more likely to get into actual substance abuse disorder treatment and therapy if they are in a trusting relationship like their syringe service program.”

Dealing with the opioid crisis never will “be over.” But there are steps employers and others can take to continue to move in a positive direction.



“The people who are addicted to opioids, it’s through no fault of their own. They had a tooth extracted and they had an infection. ... It’s not a ‘bad’ person that’s addicted.”

– Mark Michael