

Businesses needed in opioid fight

As awareness of the opioid crisis continues to grow and health and human services leaders try to formulate solutions, we in the business community must also acknowledge the impacts of addiction on our industries and economy. As 76 percent of people with drug or alcohol problems are employed, many of us have already witnessed how substance use disorders can alter the cultural landscape of organizations and disrupt workflows.

Consider that:

- An estimated 500 million workdays are lost annually due to addiction problems.
- Employees with addiction problems function at about two-thirds of their capability.
- The National Safety Council estimates that prescription painkiller abuse alone cost employers almost \$42 billion last year in lost productivity and absenteeism.

It's tempting for business leaders to say, "I'm not going to have any drug addicts or alcoholics working for me" – but chances are you already do.

You're not employing bad people. If I've learned anything from 36 years of addictions treatment, it's that substance use and other mental health disorders don't discriminate. It's just as likely that the 58-year-old grandmother who manages your front desk is addicted to opioids as it is that your clean-cut millennial systems analyst can't get through the day without a drink.

Random drug testing and subsequent firing can be more expensive than providing access to adequate treatment, given that the replacement costs for one employee range from 25-200 percent of annual compensation. That doesn't account for the loss of institutional knowledge and service interruptions. And employees in recovery become more committed to your organization when you've invested in their care, just like



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you invest in their training and support.

In short, your bottom line improves when you provide employees with opportunities to recover.

A comprehensive employer substance use disorder program includes:

- Education
- Confidential screening
- Employee assistance program (EAP) referrals
- Follow-up care

Outside our own doors, we can vote for initiatives that work to systemically eradicate addiction. If providers are required to participate in the Iowa Prescription Monitoring Program, we can stop patients from doctor shopping. If patients request partial dispensing of addictive medications, they should have that option – taking an opioid for five days rather than 30 following a dental surgery, for instance. No one wants to become addicted to opioids and we should allow

people to self-monitor.

And anyone who prescribes pain medication should be required to engage in continuing education on responsible pain management.

A Good Samaritan Law would allow people to call 911 to report an overdose without fear of prosecution. Medication-assisted treatment such as methadone is proven to successfully manage addiction, so insurers should be required to pay for it just like any other medication. And non-violent drug offenders should have access to fully funded drug courts that allow them opportunities to recover and become productive, law-abiding citizens.

We have sensible options to fight and overcome the epidemic of substance use and other mental health disorders. As business and community leaders, we owe it to our businesses, our families and our communities to collaborate toward that end. •