

Carolyn Lamparella, LPC 610 433-8550 800-327-8878 www.preferredeap.org

A PASSION FOR BETTER MEDICINE."



LEHIGH VALLEY HEALTH NETWORK

Carolyn Lamparella Ed.S. L.P.C. Program Director
Preferred EAP



My educational background includes an Ed.S. in Counseling Psychology from James Madison University and a specialized certification in Infant and Young Child Mental Health from the Washington School of Psychiatry. I became a Licensed Professional Counselor in 1994 and have grown as a clinician and manager through my work with numerous non-profit organizations and private practices over the years. In 2002, I returned to the Lehigh Valley and two years later, joined Preferred EAP as a counselor and trainer. During my tenure at Preferred EAP, I have developed and conducted numerous seminars on stress management, emotional eating, managing emotions, understanding adolescents and coping with change in addition to providing counseling services for individuals, families, children and adolescents.

As Clinical Manager at Preferred EAP, I introduced Feedback Informed Treatment, an innovative clinical approach for evaluating and improving the quality of our counseling, coaching and consultation services. More recently, I assumed the role of Program Director and continue with my personal mission of increasing access to high quality EAP services through innovative approaches such as Virtual Counseling and Feedback Informed Treatment

A PASSION FOR BETTER MEDICINE."



# The Opioid Crisis and the Role of the Employee Assistance Program



47,000 American soldiers died in the Vietnam War

42,000 opioid overdose deaths in 2016



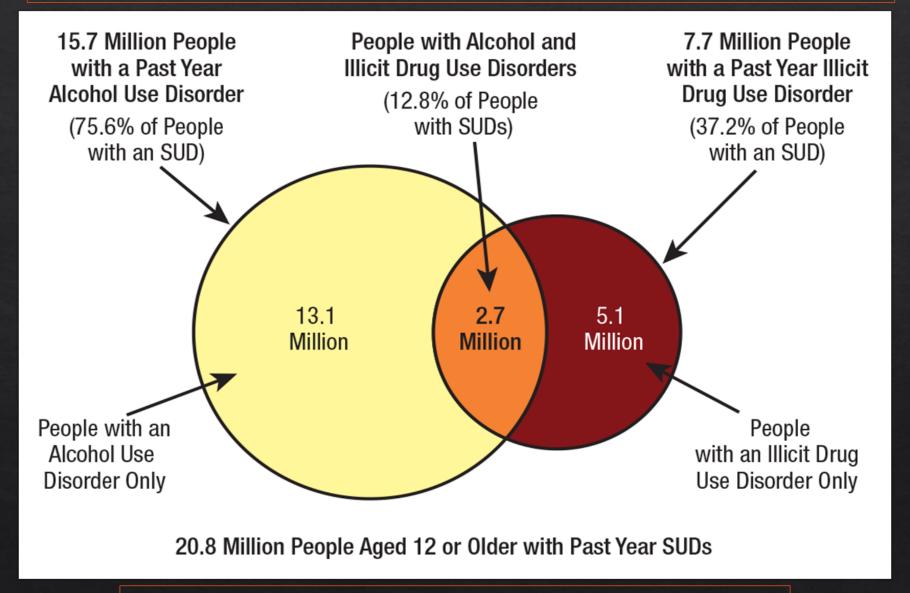


291,000 American soldiers died in battle in World War II

351,602 Americans have died from opioid overdose since 1999



#### Aged 12 or Older with a Past Year Substance Use Disorder 2016



2016 National Survey on Drug Use and Health (NSDUH).

#### The Opioid Problem

2000 - 61.8 opioid prescriptions/100 Americans



2010 - 81.2 opioid prescriptions / 100 Americans

2012-2016 - State laws regarding prescribing practices

2016 - 66.5 opioid prescriptions / 100 American

61 million Americans, 19% of the population, received one or more prescriptions, with the average patient receiving 3.5 prescriptions

### Some states have more opioid prescriptions per person than others.

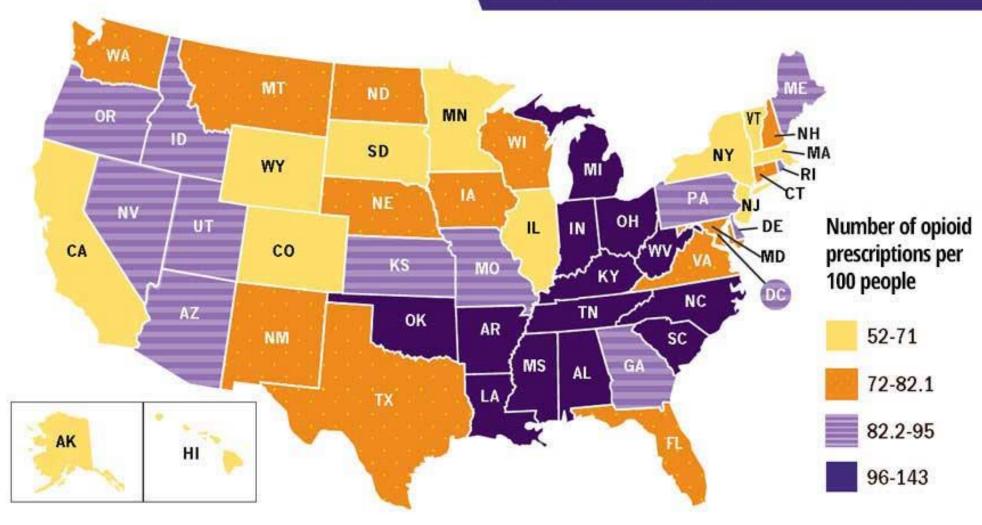
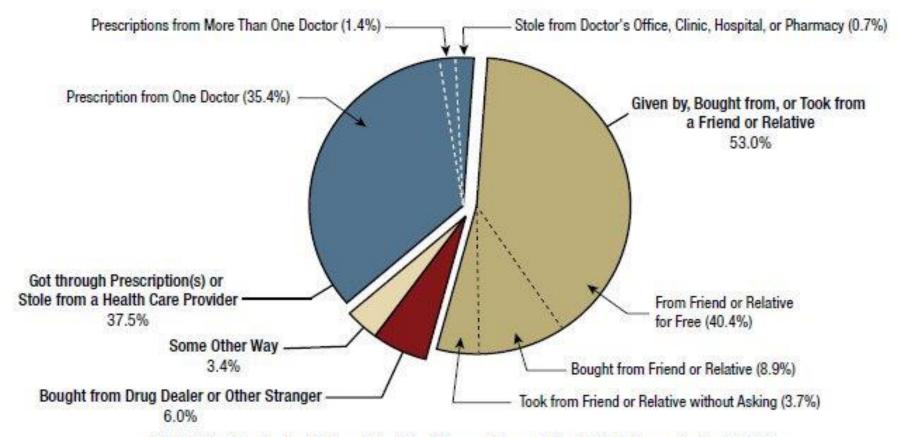


Figure 34. Source Where Pain Relievers Were Obtained for Most Recent Misuse among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year: Percentages: 2016

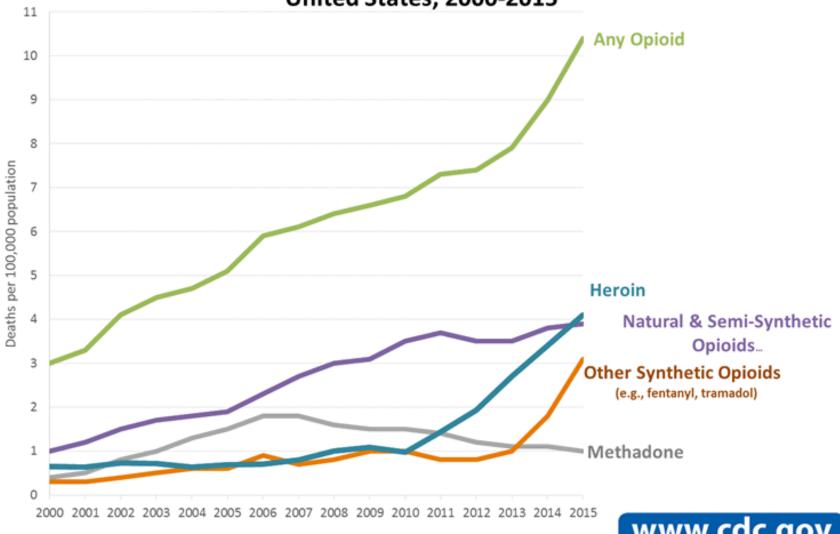


11.5 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

Note: Respondents with unknown data for Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.

Note: The percentages do not add to 100 percent due to rounding.

#### Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2015



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. https://wonder.cdc.gov/.





## 50,000 Americans died from HIV in 1995





6,700 Americans died from HIV in 2014

#### Physical signs of opiate abuse

Noticeable elation/euphoria

Marked sedation/drowsiness

Confusion

Constricted pupils

Slowed breathing



Constipation



#### Other signs of opiate abuse



Doctor shopping

Shifting or dramatically changing moods.

Extra pill bottles turning up in the trash.

Social withdrawal and isolation.

Sudden financial problems.



https://drugabuse.com/library/opiate-abuse/#signs-and-symptoms

#### Withdrawal symptoms can mimic flu symptoms

Headache Nausea and vomiting Diarrhea **Sweating** Fatigue Anxiety Inability to sleep



https://drugabuse.com/library/opiate-abuse/#signs-and-symptoms

#### Impact on Employers

National Safety Council - 7 out of 10 employers say they have been affected in some way by employee abuse of prescription drugs, including opioids.



(http://www.nsc.org/NewsDocuments/2017/Media-Briefing-National-Employer-Drug-Survey-Results.pdf)

Absenteeism, increased healthcare and lost productivity – estimated to be over \$442 billion dollars



https://forms.nsc.org/substance-use-employer-calculator/index.aspx

#### Six Key Actions

Mandating prescriber education (34 states and D.C.)

Implementing opioid prescribing guidelines (33 states and D.C.)

Integrating Prescription Drug Monitoring Programs

into clinical settings (39 states and D.C.)

https://www.nsc.org/in-the-newsroom/just-13-states-and-dc-are-adequately-addressing-the-opioid-crisis-says-national-safety-council

#### Six Key Actions

Improving data collection and sharing (seven states)

Treating opioid overdose (37 states and D.C.)

Increasing availability of opioid use disorder treatment

(36 states and D.C.)

https://www.nsc.org/in-the-newsroom/just-13-states-and-dc-are-adequately-addressing-the-opioid-crisis-says-national-safety-council





(2009) Substance use, symptoms, and employment outcomes of persons with a workplace mandate for chemical dependency treatment. Psychiatric Services, 60(5), 646-654

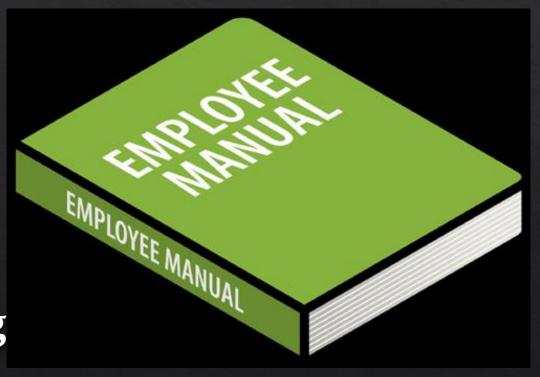
## What can an Employer Do?

#### Strong Workplace Policies

Prescription drugs and safety sensitive positions

Referral guidelines for EAP

Include opioids in drug testing



#### Education for employees, supervisors and managers

- · Understand workplace policies
- · Potential signs of impairment
- · Reasonable suspicion and referral procedures
- · Discuss policies with employees routinely
- Americans with Disability Act (ADA)
   reasonable accommodations for employees
   who on are prescription pain medication

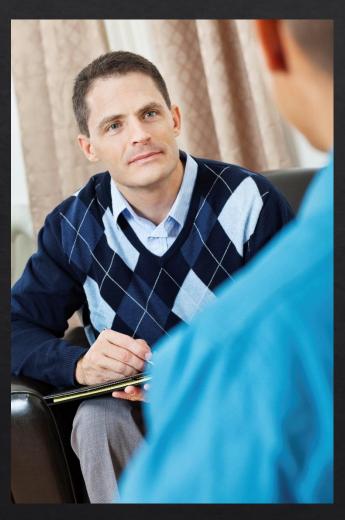


#### Partnering with an EAP

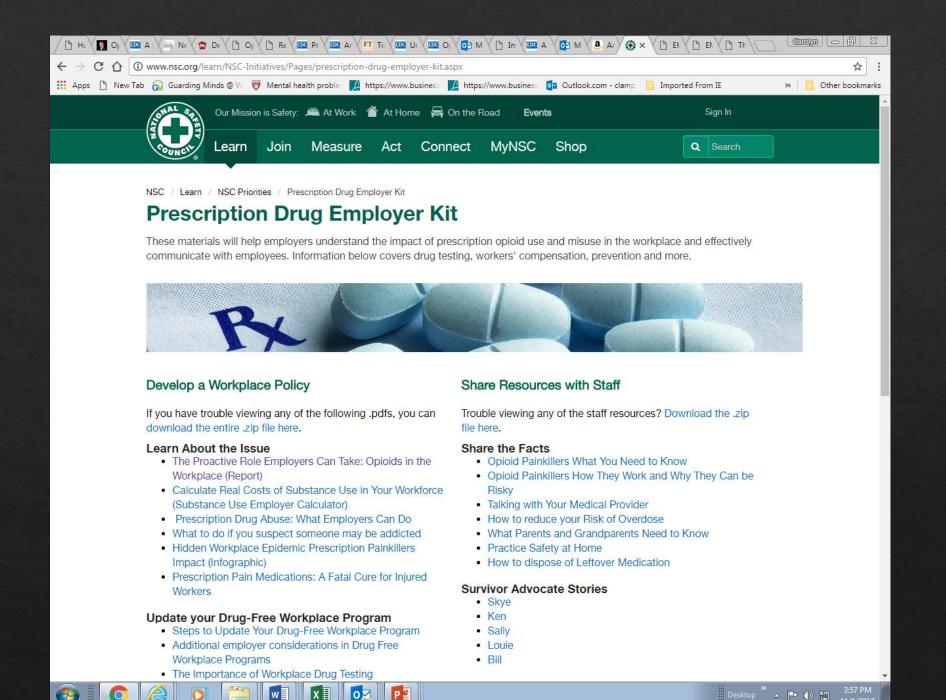
- Inform employees, supervisors and managers about the services available
- Provide education on-site to increase comfort level
- Emphasize confidentiality of EAP services
- Routinely discuss EAP services to reduce stigma
- · Don't wait to refer a troubled employee



#### After an Employee Tests Positive



- · EAP conducts a Drug and Alcohol Assessment
- Makes recommendations
- · Facilitates treatment connections
- · Monitors progress
- Evaluates readiness to return to work
- · Participates in return-to work meetings
- Follows employee for 1 year after return to work to ensure success





Carolyn Lamparella, LPC 610 433-8550 or 800-327-8878 www.preferredeap.org

#### Thank You!

A PASSION FOR BETTER MEDICINE."

