

Grayway

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OPIOIDS IN MANUFACTURING: FINDING ANSWERS, TAKING ACTION

WELCOME



The focus of the GrayWay is intended to pinpoint matters facing the manufacturing industry. We typically don't cover social concerns, but when death tolls rise and manufacturing workplaces struggle to meet production as a result of opioids, the crisis can't be ignored.

In this issue of the GrayWay, we take a closer look at the drug epidemic wreaking havoc across the U.S. While intervention is happening at a national level, steps can be taken immediately to mitigate the calamity and help keep manufacturing operations alive.

Stephen Gray
President &
Chief Executive Officer

*Gray practices methods
which protect our environment.*



OPIOIDS IN MANUFACTURING

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DEFINING THE OPIOID CRISIS

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The national health emergency of drug addiction, especially the opioid crisis, is reshaping the American manufacturing workplace. Amid shocking statistics and persistent problems, pioneering workplace leaders, support organizations and state and local policymakers are offering plans for action that raise hopes of turning the tide.

Defining Terms

According to the *New York Times*, drug overdose deaths in 2016 in the United States exceeded 59,000 and showed the largest annual increase ever recorded. Drug overdose is now the leading cause of death for men under 50, and opioids account for 80 percent of overdose deaths. While the numbers are staggering, Dr. Andrew Kolodny, who recently joined Brandeis University's Heller School as co-director of the Opioid Policy Research Collaborative, believes that viewing the problem of addiction through the narrow lens of overdose deaths misses the point — and limits ideas about potential solutions.

“While it’s true that some people developed an addiction from recreational use, many also became addicted taking opioids exactly as prescribed by doctors,” Kolodny stated. “Once addicted, they need to keep using opioids to avoid feeling awful.”



Dr. Andrew Kolodny
Co-Director
Opioid Policy Research
Collaborative

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–Dr. Andrew Kolodny

Co-Director, Opioid Policy Research Collaborative

Becoming Proactive

Manufacturing workplaces face unique concerns especially when two million manufacturing jobs are expected to go unfilled over the next decade. Opioid use and declining labor force participation for prime-age men and women are inextricably linked. Recent Princeton University research says survey evidence indicates that almost half of prime-age non-labor-force (NLF) men take pain medication on a daily basis, and that as a group, prime-age men who are out of the labor force spend over half of their time feeling some pain. A follow-up survey finds that 40 percent of NLF prime-age men report that pain prevents them from working on a full-time job for which they are qualified, and that nearly two thirds of the men who take pain medication report taking prescription medication. Since 2007, women’s labor force participation has edged down almost in parallel with men’s.

Research by business insurer CNA indicates that among manufacturing industry workers, 6.5 percent engaged in illegal drug use. What remains to be seen is the extent to which prescription painkillers play a role in the manufacturing industry.

In this environment, a clearly established drug- and alcohol-free workplace policy is only the beginning. Effective employee intervention programs for manufacturers also include:

- **Helping employees work with their doctors:** Employees should know to discuss their concerns about taking an opioid painkiller as soon as a healthcare provider recommends it and determine whether a non-opioid can be prescribed instead.
- **Better supervisor training:** Managers need education about the difference between dependency and addiction and how to intervene before employees develop serious addiction.
- **Support for confidential access to treatment:** Emphasis on firm workplace policies needs to be balanced with promotion of employee-assistance programs.
- **Drug testing:** According to the [National Safety Council](#), drug-free workplace policies supported by drug tests were more easily enforced when illegal drugs were the only drugs banned. Because legally prescribed opioids can affect shop floor performance and endanger employees, manufacturing companies need an array of drug-testing policies. Alliances with health insurers, workers’ compensation plan providers, educational institutions and training organizations can improve testing as well as access to treatment.

Slowdown Ahead?

While researchers and policymakers are pushing for solutions to the opioid addiction crisis, there isn’t yet a good understanding of what will work. Lawmakers are trying to find effective strategies while avoiding ideas that might have negative unintended consequences. Meanwhile, researchers such as those at Heller School’s Opioid Policy Research Collaborative are working to provide policymakers with much better information. “The problem is they’re dealing with an emergency, and in an emergency, you’re often shooting in the dark,” Kolodny pointed out. Better information means everyone involved can aim more carefully.

“You definitely have policymakers at the state and local level who realize, due in some part to the work of Heller, that the opioid issue was fueled by aggressive prescribing,” Kolodny stated.

Recent reports show there might be slowdowns ahead in the opioid supply chain. The [U.S. Drug Enforcement Administration](#) is taking steps to [reduce the manufacturing of controlled substances by 20 percent](#) in 2018 compared to 2017.

Under the proposed notice published in the Federal Register, the targeted Schedule II painkillers to be reduced include oxycodone, hydrocodone, morphine, codeine, meperidine and fentanyl.

The annual Quest Diagnostics Drug Testing Index reveals some hopeful signs. Prescription opiate positivity – including hydrocodone, hydromorphone and oxycodones – declined in testing among the general U.S. workforce. Oxycodones have exhibited four consecutive years of declines, dropping 28 percent from 0.96 percent in 2012 to 0.69 percent in 2016. Hydrocodone and hydromorphone both showed fractional declines in both 2015 and 2016; 0.92% in 2015 to 0.81% in 2016 and 0.67% in 2015 to 0.59% in 2016, respectively.

And after four straight years of increases, positive testing for heroin held steady in the general U.S. workforce last year and declined slightly among federally-mandated, safety-sensitive workers.

Increased awareness, combined with improved workplace policies and partnerships with support organizations, is showing the way for manufacturing companies to attack the opioid crisis.

STRATEGIES FROM THE FRONT LINES

How Manufacturers Combat Opioid Addiction

Manufacturing companies find themselves in a unique position. To attract skilled workers for precision tasks, manufacturers offer attractive prescription benefits – but those benefits can make manufacturers vulnerable during the opioid crisis.

According to a [story in *Crain's Detroit Business*](#), [Nexteer Automotive's Steering Gear plant in Saginaw, Michigan](#), worked with an investigative firm to place an undercover agent on the shop floor to investigate an increase in suspected workers' compensation scams. A few hours into the agent's first shift, the agent was approached to buy prescription opioids.

The scam, which has spread to a number of manufacturing facilities, goes something like this: A worker falls off a forklift and will get a prescription for, say, 50 Percocet tablets. Then, a number of employees take turns becoming injured to get prescriptions filled and supply each other. Selling pills on the side soon follows. The employer pays out workers' comp and pays for the medication.

In short, the employer becomes the supplier.

At Nexteer, the investigation led to the firing of six employees and a switch from a fully insured health plan to a self-insured plan, *Crain's* reported.



“The only power I have over this is to keep drugs out of our company by remaining a certified ‘Drug-Free Workplace’ from the State of Ohio.”

—Regina Rebhan Mitchell
Co-Owner, Warren Fabricating & Machining



Regina Rebhan Mitchell
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Warren Fabricating & Machining

Assertive Apprenticing

At Warren Fabricating & Machining in Hubbard, Ohio, where at least four out of 10 applicants test positive for drug use, Regina Rebhan Mitchell, a co-owner, is fighting back by setting up an apprentice program that de-emphasizes experience and existing skills.

“We need to get a handle on the opioid epidemic for the health and safety of our community,” she said. “The only power I have over this is to keep drugs out of our company by remaining a certified ‘Drug-Free Workplace’ from the State of Ohio.”

Training her own apprentices helps her do that, she said, by allowing her to choose solid candidates who want to learn their craft and improve their livelihood. They do not tend to miss work, come in late or leave early. At the same time, they are grateful for both the job and the training.

“Every once in a while, an employee will leave to work for a competitor after we’ve spent time and money on their training,” Mitchell said. “The main problem with the apprentice program is that it is expensive to run. Often I pay two people to do one person’s job because our on-the-job training is so extensive. This makes it harder for us to compete for skilled workers, as we may pay \$1 or \$2 lower than other fabricating shops in our area.”

Remaking Manufacturing Education

Learning responsibility related to drug usage is not isolated to a manufacturing workplace. It actually begins with education. Leading a student-run business that provides commercial work gives high-school teacher Craig Cegielski a chance to mold teenagers into ideal manufacturing employees. He makes a point of teaching the teens that a fulfilling career in manufacturing leaves no room for drug abuse.

Cegielski runs Cardinal Manufacturing, a student-run job shop in Wisconsin’s Eleva-Strum school district focusing on ready-made apprenticeships and manufacturing career success. According to him, business is growing. “We now start the students in 7th grade so I get to see them for 6 years, which is even better,” he says. “Employers do not have 6 years to mold an employee. Schools have the time and need to prioritize working on soft skills and employability skills first, including the importance of drug-free workplaces. Then come the technical skills.”

Every year delivers a different group of students. What they need from Cegielski varies, he said. “But there have been years when developing soft skills accounts for 25 percent of what we spent our time on.”



Craig Cegielski
Teacher
Cardinal Manufacturing



Craig Cegielski works with student workers at Cardinal Manufacturing.



SOURCES AND SUPPORT

CRISIS RESPONSE FOR MANUFACTURERS

For further research and strategies on opioid use in the workplace, see the following organizations and search suggestions:

NIDA (National Institute on Drug Abuse)

www.drugabuse.gov

National and state initiatives combatting drug abuse.

National Safety Council

www.nsc.org

Proactive plans for employers.

Opioid Policy Research Collaborative

www.heller.brandeis.edu/opioid-policy

Scholarship and policy examples targeting opioid use.

Society for Human Resources Management

www.shrm.org

How to craft workplace policies covering prescription medications.

Substance Abuse and Mental Health Services Administration

<http://dpt2.samhsa.gov/treatment/directory.aspx>

Where to find opioid treatment programs in your state.

Workers Compensation Research Institute

www.wcrinet.org

State-by-state overview and variations in opioid use and legislative responses.

