Preventing Worker Prescription Drug Misuse:
Time for a New Integrated Approach

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Introduction

Innovative approaches are needed to combat the risks of adult prescription drug misuse and abuse. Most employees are aware of the double-edged sword of prescription technologies. The offer of relief, disease management, enhanced performance, and improved mood are intertwined with a myriad of damaging side-effects as well as the potential for misuse, poisoning, and dependence. Pharmaceutical ads and warning labels try to help, but a recent analysis of U.S. advertising indicates many drugs are over-priced and positive effects are overemphasized.[1] The accelerated use of direct-to-consumer ads even encourage patients to seek out more expensive and, often, inappropriate treatment.[2] And then there are concerns about physician over-prescribing medications (e.g., Avitzur, 2014).[3] To counterbalance these trends, workers have been typically educated on the risks and ways to make more informed choices. Apparently, this is not enough. We believe that workers now also need new, positive-focused, multi-pronged, and engaging well-being programs (based in research) that can train on positive mind-body habits. Such habits can mitigate against the need for drugs in the first place or help deter misuse (e.g., sharing drugs, non-medical use, accidental overdose).

The Problem. The abuse of opioids and the current "Opioid Epidemic"[4] has significant implications for employers as prescription misuse impacts productivity (e.g., Hernandez & Nelson, 2010; Kuhl, 2015),[5-6] absenteeism,[7] and safety

issues.[8] Opioids are not the only problem; stimulant misuse is also a growing concern. Those with Attention Deficit Hyperactivity Disorder (ADHD) symptoms are typically prescribed stimulant drugs. However, workers without ADHD also abuse these stimulants for their performance effects. Workplace drug test statistics show that amphetamine use (e.g. Adderall®) has increased steadily over the past decade.[9] Misuse of stimulants is associated with long working hours[10] and psychological distress.[11] Working professionals also turn to stimulants, such as Adderall®, to keep up with a fast-paced, competitive world.[12]

Current Prevention Approaches. Attempts to address these issues can be categorized as upstream (policy), midstream (organizational), or direct (individual).[13] These approaches are rarely integrated and they focus on risk reduction (not health promotion), on opioids (not the broader problem of the over-use of prescription drugs), and public health and policy initiatives, or on simple messages to encourage consumers to make the right choice. For upstream, consider a recent review of strategies in behavioral health organizations (BHOs),[14] including physician training, abuse-deterrent formularies, prescriber education, Naloxone education, dose limitations, and use of state Prescription Drug Monitoring Programs. For employers, the National Safety Council[15] suggests drug-free workplace policies and programs, management education on policies pertaining to prescription use, employee education on risks, EAP and screening for risks,

prescription benefit management, and informing employees about their rights and treatment options. For direct or worker-based methods, the Federal Food & Drug Administration[16] advises individuals to talk with their doctor, read labels, know medicine, avoid drug interactions, monitor effects, and make the right choices: "You must decide what risks you can and will accept in order to get the benefits you want."

Time for a Different, Positive Approach

The foregoing review suggests that both the problem and methods for addressing prescription drugs (PD) focus predominantly on harm reduction and risk mitigation rather than building protective factors and well-being. This is reminiscent of ways in which drug-testing and policy are used to address worker drug abuse, when there are known wellness approaches that can also be effective (e.g., Bennett & Lehman, 2003).[17] Worker PD misuse is due to a confluence of strong marketing campaigns, lack of policy and regulations, cultural factors, and also psychological motives to reduce symptoms, manage pain, and control sleeplessness, lack of energy, irritability, impatience, and distractibility.

We recently developed a team-based training to educate employees on healthy alternatives for meeting these motives including increased awareness of brain and alternative health.[18] There is a strong theoretical basis for integrating upstream, downstream, and direct approaches by delivering education to work peers in the context of team building, group cohesion, and a healthy work culture.[19] Research shows that this approach can be successful in reducing substance abuse risks.[20] Also, the work group can be the "sweet spot" -- between health protection and health promotion -- for delivery of health education ("The We in Wellness").[21] Moreover, a review of the empirical literature suggests several other work-centric protective factors can now be leveraged to address PD risks. Specifically, Mindfulness and Psychological Capital have an inverse relationship with various symptoms that

drive misuse of PD, especially opioids and stimulants.

Mindfulness. Mindfulness practice is becoming a more prevalent alternative treatment for many ailments[22] and is increasingly being used in work settings.[23] It is possible to increase mindfulness through training (e.g., Baer, 2003; Zylowska, et al., 2008) [24-25] and meditation experience correlates with all five facets of dispositional mindfulness: observing, describing, acting with awareness, nonjudging of inner experience, and nonreactivity of inner experience.[26] Mindfulness-based stress reduction (MBSR) has been shown to decrease the psychological and physical symptoms of stress,[27] while improving mental health and well-being.[28-29] A meta-analysis found that mindfulness corresponded to less risk for substance abuse.[30] Mindfulness practices have been shown to reduce substance use (e.g., Bowen, et al., 2014; Witkiewitz, Lustyk, & Bowen, 2013), [31-32] including PD misuse (e.g., Garland, et al., 2014).[33]

Psychological Capital. Psychological capital (PsyCap) is a higher order construct that measures several individual components of employee experience. These components include self-efficacy, optimism, hope, and resilience.[34] PsyCap has been found to predict many behavioral and attitudinal outcomes when it comes to employees in work-related situations. Specifically, PsyCap has been found to: increase job performance; job satisfaction; organizational citizenship behaviors; and organizational commitment[35-36] as well as productivity (see Sridevi & Srinivasan, 2012 for a review).[37] Inductions of PsyCap have been shown to effectively boost the four key components of PsyCap (Hope, Optimism, Self-Efficacy, and Resilience)[38-43] which reduce risk of substance use and mental health issues.[44] Additionally, research suggests components of PsyCap could help those struggling with concentration and other ADHD-related symptoms. For example, Driggers (2014)[45] found that young adults who successfully managed their childhood ADHD had developed resilience skills.

Health Consciousness: Awareness of Alternatives to Manage Symptoms. There is growing consumer awareness of effective alternatives to PD to help those at risk.[46] Indeed, as described above, people use these drugs outside of medical advice to deal with symptoms such as pain, sleeplessness, lack of energy, etc. Proactively informing those who struggle with these symptoms of healthy alternatives can help them make better choices. A psycho-educational intervention ("Empowered Health Consciousness") was designed and piloted by the authors to help employees identify and, if appropriate, take action toward these alternatives. The brief classroom/webinar training uses fun, interactive exercises to educate employees on well-being, brain health, various approaches to dealing with symptoms (e.g., massage, acupuncture for pain) and included case studies and a mini-lecture on upstream and downstream efforts. A pilot study found that health educators perceived the approach to be helpful and needed (Neeper, et al., 2016).[18]

A Synthesized Model for Employee Assistance

The three approaches described above -- Mindfulness, PsyCap, and Health Consciousness -- may serve as a map to help educators in behavioral health navigate a prevention strategy. Instead of just focusing on risk reduction, it is possible to build protective health factors while also helping employees (and employers) improve productivity and performance (as shown with PsyCap), enhancing well-being (as shown with mindfulness), and encourage employees to use effective alternative health services (often offered through EAP or other human resource benefits). The optimal strategy would be some synthesis of all three approaches because different employers, occupations, and employees will be attracted to different methods.

First, it is possible that the majority of workers only need some universal prevention and basic

education on alternatives; this may be sufficient without the need for more in-depth training. Second, not everyone benefits from mindfulness therapies.[47] Third, research suggests PsyCap may be more useful in the service sector,[35] that human resource strategies may resonate with only one of the four different aspects of PsyCap (e.g., resilience; Avey, Luthans, & Jensen, 2009),[48] while
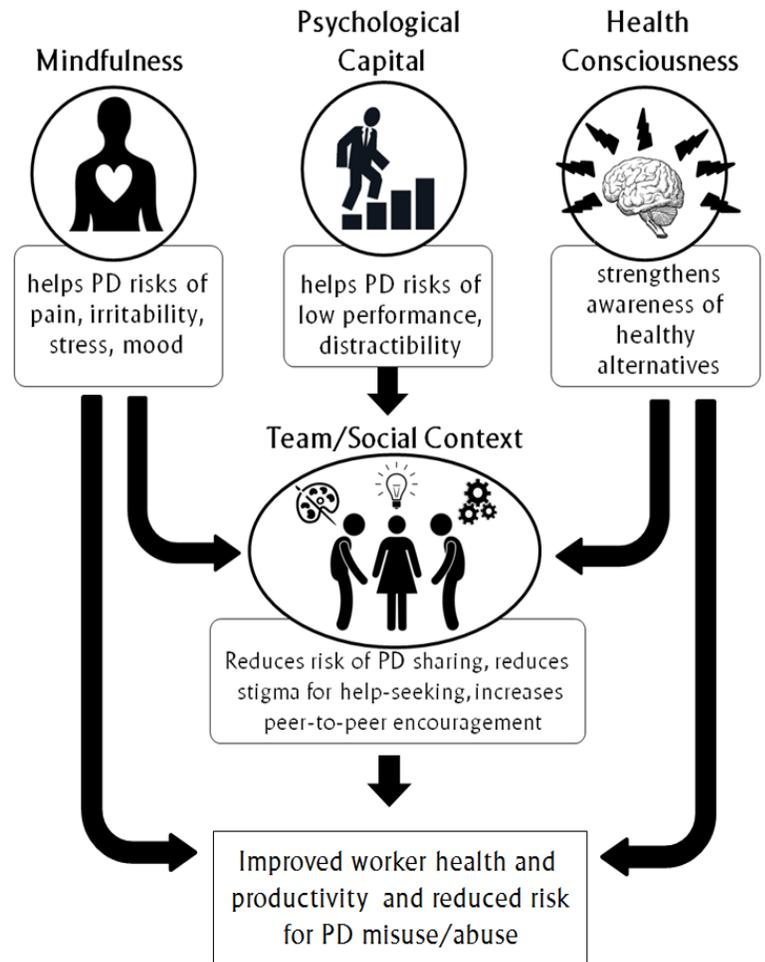
other factors (hope and optimism) might be most suitable for addressing mood-related risks for PD abuse. Hence, PsyCap's multi-dimensional approach can be appealing in different contexts. The diagram shows how elements of the model, combined with a team approach or used in a social context, can address a different psychosocial risk factor for PD misuse.

However, the model proposed here is utilized, we believe that there is sufficient evidence to warrant employers to incorporate some type of prevention strategy that brings more positive psychology and well-being messages to employees. The sole focus on risk reduction may not only be limited, it could be ineffective. Now that more companies are using well-being programs, there is an opportunity to piggy-back PD education into those programs without diluting their message. EAPs are ideally suited to deliver these programs because when someone identifies as misusing, at-risk, or dependent, that individual can receive a warm referral to treatment.

Also, many EAPs are already using mindfulness, resilience, or well-being trainings or informational communications. Any one of these can be used to further highlight how EAPs can be an important resource for employers. That is, such programs convey important messages to employees, such as "We are here to prevent these problems," and, as appropriate, "If we cannot help you to prevent them, we are here to identify those at risk or who need help now and get them the help they need." By placing these messages in a broader context of positive health and productivity, we hope the model here serves to give EAPs a way to further show their integral role in organizational wellness.

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