



Penn  
Human Resources



OPIOID  
ADDICTION

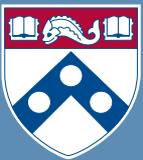
Penn is  
*committed to help*

*Look Inside*

for important information that  
could make a big difference in the  
life of someone you love.

*Penn is committed to helping build a healthy workforce, and supporting Penn families in enjoying healthy lives. The benefits we offer provide important preventive services, and are there for you and your family in the event of a challenging diagnosis or medical issue.*

*As you read in the paper and see on the news nearly daily, opioid addiction is a serious issue impacting families across the U.S. If you or a loved one are dealing with dependence on opioids, if you are interested in learning more about what it really means and how to help someone who is addicted, Penn benefits and resources can help.*



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The information contained in this brochure is intended to provide a brief summary of certain features of Penn's benefit plans. The highlights in this guide are based on Plan documents that govern the operation of the Plans. To obtain additional information please see the summary plan descriptions available at <https://www.hr.upenn.edu>.



## What's Inside:

The current opioid crisis | Tips to prevent opioid dependence

Signs of opioid addiction | Resources for treatment and support

### SOURCES:

<sup>1</sup>"Understanding the Epidemic." Centers for Disease Control (CDC). March 2017. <https://www.cdc.gov/drugoverdose/epidemic/>

<sup>2</sup>"Opioid Painkiller Prescribing." The Centers for Disease Control and Prevention. July 2014. <http://www.cdc.gov/vitalsigns/opioid-prescribing/>

<sup>3</sup>"Heroin." National Institute on Drug Abuse. <https://www.drugabuse.gov/publications/research-reports/heroin/how-heroin-linked-to-prescription-drug-abuse>

<sup>4</sup>"Rates of opioid misuse, abuse, and addiction in chronic pain: a systematic review and data synthesis." Vowles KE, McEntee ML, Julnes PS, Frohe T, Ney JP, van der Goes DN. *Pain*. 2015.

<sup>5</sup>"Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States." Muhuri PK, Gfroerer JC, Davies MC. *CBHSQ Data Rev*. August 2013.

<sup>6</sup>"The Changing Face of Heroin Use in the United States: A Retrospective Analysis of the Past 50 Years." Cicero TJ, Ellis MS, Surratt HL, Kurtz SP. *JAMA Psychiatry*. 2014.

<sup>7</sup>"Predictors of transition to heroin use among initially non-opioid dependent illicit pharmaceutical opioid users: A natural history study." Carlson RG, Nahhas RW, Martins SS, Daniulaityte R. *Drug Alcohol Depend*. 2016.

<sup>8</sup>"Signs and Symptoms of Substance Abuse." Phoenix House. [http://www.phoenixhouse.org/prevention/signs-and-symptoms-of-substance-abuse/#section\\_three](http://www.phoenixhouse.org/prevention/signs-and-symptoms-of-substance-abuse/#section_three)

# Opioid Abuse in the U.S. – *An Epidemic*

In order to combat the epidemic of widespread abuse of prescription painkillers, known as opioids, in the U.S., we all must do our part to understand the scope of the problem. It begins with the increasing rate of opioids prescribed for pain-related diagnoses, which have quadrupled since 1999. The U.S. has quickly become the leader in consumption of these types of medication. This has led to overwhelming misuse of prescribed opioids and, in turn, street drugs like heroin. While labels on these prescribed drugs warn patients of their addictiveness, it is clear more needs to be done to increase public awareness around the opioid crisis we face today.

## Why Opioids are Addictive

Opioids are powerful prescription medications, they are widely prescribed to relieve pain for everything from teens who are having their wisdom teeth removed to adults with chronic back pain or cancer. While these medications do relieve pain as intended, they also mimic the effects of endorphins in a

patient's brain, a chemical that is produced when a person experiences something enjoyable. When a patient is prescribed opioids for chronic pain, the body may begin to build up a tolerance for the medication. When this happens the patient will need increased doses to achieve the same level of pain relief. If the medication is cut off, users can experience withdrawal and face symptoms like depression and physical illness, caused by the body getting used to having the medication in the system. The only immediate option for relief is to take more opioids.

This can cause misuse of prescriptions through taking increased strength or quantity of the medication. If a patient doesn't have access to more prescription medication or if it is very expensive to obtain, some patients turn to

illegal drugs. Street drugs, such as heroin, can oftentimes be cheaper and easier to obtain for users who have developed an addiction to opioids. They are also much more dangerous, as a user has no way of knowing their purity, which can lead to accidental overdose.

## What are Opioids?

Here is a list of commonly prescribed opioid medications:

- Hydrocodone (Vicodin)
- Oxycodone (OxyContin)
- Methadone
- Fentanyl
- Percocet

## What We Can Do, Together

Recovery from substance abuse is a long journey. The success of the patient relies on many factors, including support from loved ones, and Penn is here to help. When clinically appropriate, and with prior authorization, our prescription program through CVS covers certain prescription medications that, when coupled with counseling, can prevent relapse to opioids after completing detox.

If someone you know is suffering from opioid dependence, Penn wants to help. For Penn faculty, staff and family members participating in one of the Penn benefits programs, there are a variety of resources available to you. Refer to pages 8 - 9 for more detailed information on how Penn benefits can help. But even if you know – and want to help – someone suffering from opioid addiction who is not a Penn benefit participant, there are still things you can do. Below is a list of free resources available from PA, NJ and DE state governments.

### **FOR MORE INFORMATION IN PENNSYLVANIA:**

log onto <http://www.pa.gov/collections/opioid-epidemic/>

Or Call the Hotline 1-800-662-HELP

Are you or someone you know suffering from a prescription drug or heroin problem? We can help. Call 1-800-662-HELP (4357) for information about treatment resources. Your call is completely confidential.

### **FOR MORE INFORMATION IN NJ:**

A call to 1.844.ReachNJ (1.844.732.2465) will connect you with organizations that provide:

- Inpatient and outpatient substance abuse services
- Support services for those recovering from addiction from alcohol or substance abuse
- Family support services

### **FOR MORE INFORMATION IN DELAWARE:**

see the *Help is Here* website

To learn how to access treatment resources in Delaware, visit the Help is Here website: [www.helpisherede.com](http://www.helpisherede.com). Go to the “I am Here” tab and click on ‘Resources.’ There you will find treatment resources and education. Persons without computers can call the 24/7 Crisis Hotline at:

**New Castle County:** 800-652-2929

**Kent and Sussex Counties:** 800-345-6785

# THE OPIOID



1999

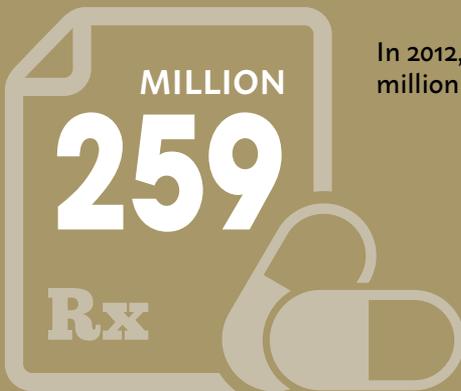


Since 1999, the amount of prescription opioids sold in the U.S. quadrupled<sup>1</sup>



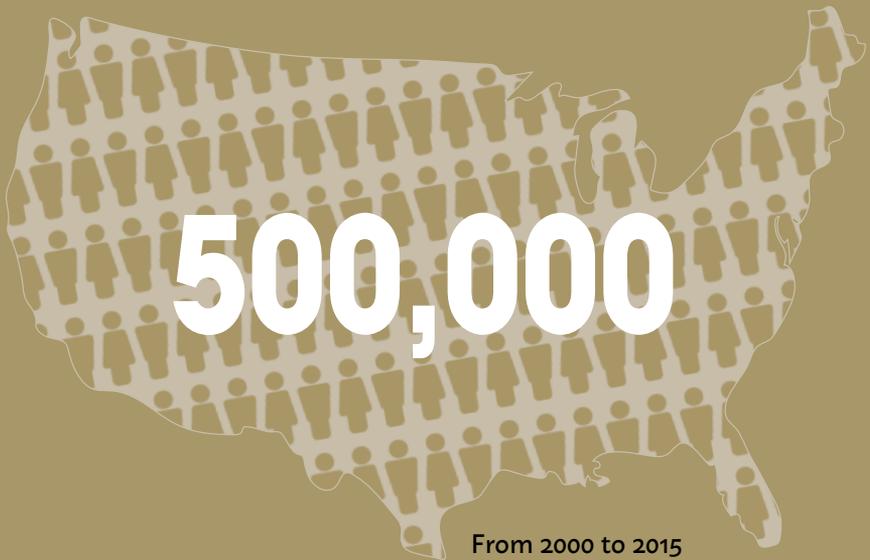
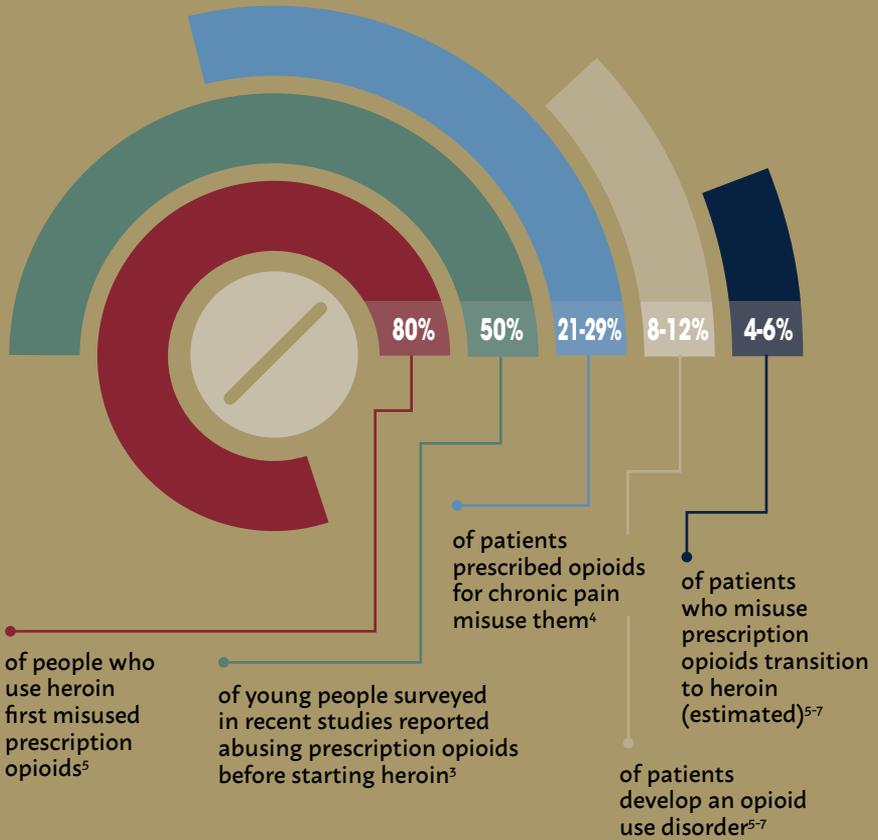
1999

Since 1999, the number of overdose deaths involving opioids quadrupled<sup>1</sup>



In 2012, providers wrote 259 million opioid prescriptions<sup>2</sup>

# EXPLOSION



From 2000 to 2015 more than 500,000 people died from drug overdoses<sup>1</sup>

# Tips for Prevention in Your Household

*We all have a role in preventing opioid addiction; whether you are covered by Penn benefits or not.*

The first step to preventing addiction is understanding the danger in using opioids. If you are prescribed an opioid for pain-relief, stick to your prescribed dosage. Talk to your health care provider about alternative medications or therapies. You can also research other methods of pain management, such as acupuncture, massage therapy or chiropractic treatment, and discuss them with a medical professional to see if they may be right for you.

Unused prescription medication can be easily abused if left accessible. Many pharmacies and law enforcement locations have designated drop-off locations to collect leftover prescription medications and properly dispose of them. Do your part by finding the location nearest you and dispose of any extra prescription opioid medications you may have.

## Know Your Options

*Talk to your health care provider about other ways to manage your pain, including:*

- Pain relievers like acetaminophen, ibuprofen, and naproxen
- Some medications that are also used for depression or seizures
- Physical therapy and exercise
- Cognitive behavioral therapy — a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral and emotional triggers of pain and stress.

## Concern for *loved ones*

The most telling sign of drug abuse is any significant changes to a person's behavior. This could include changes in attitude, personality or physical appearance. If you are concerned for a loved one, be vigilant in noticing these changes.<sup>8</sup>

Common physical signs of heroin and/or opioid abuse:<sup>3</sup>

- Needle marks
- Vomiting
- Loss of appetite
- Sleeping at unusual times
- Coughing and sniffing
- Contracted pupils
- Sweating
- Twitching
- No response of pupils to light



## *Questions and Answers* about Opioid Dependence and Getting Help

### **Can my Penn benefits help me and/or my family with opioid addiction issues?**

Absolutely. If you or a family member are struggling with addiction and are enrolled in a Penn medical plan, addiction treatment is available. Look on pages 8 and 9 of this brochure for more information.

You can also reach out to Penn's Employee Assistance Program, or EAP, to get help or guidance on how to cope with a loved one's or a friend's addiction. When someone close to you is dealing with opioid issues, it can impact entire families; help is just a phone call away. See pages 8 - 9 for more information.

### **What help is available for family members?**

If a family member is in treatment at a drug and alcohol facility, there should be family participation and family therapy as a component of the overall treatment. Substance abuse treatment is a long journey and the success of the patient is based on many factors, including family support. Additionally, family members who are eligible for the EAP can call to access up to eight free EAP supportive counseling sessions regarding their loved one's substance abuse issues.

### **Is prior approval or pre-certification necessary for addiction treatment?**

Yes. Pre-certification and on-going authorization is needed for treatment. For best service and coordination, once a member chooses a facility, they should call the facility to arrange an evaluation time.

### **What if I am out of area, or my child is out of area but needs treatment, whom should I call to get help?**

Care is always available for your dependent who is out of the area, but the cost of the service may differ from using in-network services and you may be responsible for a greater share of the cost. See the chart on pages 8 - 9 to determine where to call if you need out-of-area services.

## *Where to go for help*

*Treatment for opioid addiction is provided through the behavioral health component of your health plan.*

All Penn benefits-eligible participants have 24/7 access to masters-level intake counselors via the Employee Assistance Program (EAP). The EAP offers an array of confidential counseling services to help you manage challenges you may face. The EAP can be accessed at 866-799-2329. Once contacted, a care manager will determine whether support will be best received via EAP services, or if accessing Behavioral Health Services directly is recommended.

If you or a family member need assistance for treatment of Opioid addiction, the following information provides an at-a-glance summary of our health plans and how to access care.

### **Step 1:**

Identify which plan you are enrolled in

### **Step 2:**

Understand what your plan will pay for and what you may be responsible for

### **Step 3:**

Call your provider at the number shown in the following charts.

*Penn, and your Penn  
benefits are here to help.*

<b>Penn Care PPO</b> <i>Quest Behavioral Health Network</i>	<b>MENTAL HEALTH CARE (IN NETWORK)</b>		To find a network provider or facility or for authorization  <b>1-800-364-6352</b>
	<i>Inpatient</i>	\$150 (indv) or \$450 (family) deductible and then 10% after deductible. Up to OOP max	
	<i>Outpatient</i>	\$20 copay for PBH providers	
	<b>SUBSTANCE ABUSE (IN NETWORK)</b>		
	<i>Inpatient</i>	\$150 (indv) or \$450 (family) deductible and then 10% after deductible. Up to OOP max	
	<i>Outpatient</i>	\$20 copay unlimited visits	
	<i>Detoxification</i>	\$150 (indv) or \$450 (family) deductible and then 10% after deductible. Up to OOP max	
	<b>OUT-OF-NETWORK OUT-OF-AREA</b>	40% of charges after deductible	
<b>Actna POS II</b> <i>Aetna Network</i>	<b>MENTAL HEALTH CARE (IN NETWORK)</b>		To find a network provider or facility or for authorization  <b>1-800-424-4047</b>
	<i>Inpatient</i>	\$300 (indv) or \$900 (family) deductible and then 10% after deductible. Up to OOP max	
	<i>Outpatient</i>	\$30 copay for PBH providers	
	<b>SUBSTANCE ABUSE (IN NETWORK)</b>		
	<i>Inpatient</i>	\$300 (indv) or \$900 (family) deductible and then 20% after deductible. Up to OOP max	
	<i>Outpatient</i>	\$30 copay unlimited visits	
	<i>Detoxification</i>	\$300 (indv) or \$900 (family) deductible and then 10% after deductible. Up to OOP max	
	<b>OUT-OF-NETWORK OUT-OF-AREA</b>	40% of charges after deductible	
<b>Keystone HMO</b> <i>Magellan</i>	<b>MENTAL HEALTH CARE (IN NETWORK)</b>		To find a network provider or facility or for authorization  <b>1-800-688-1911</b>
	<i>Inpatient</i>	\$100 (indv) or \$200 (family) deductible and then 10% after deductible. Up to OOP max	
	<i>Outpatient</i>	\$25 copay for PBH providers	
	<b>SUBSTANCE ABUSE (IN NETWORK)</b>		
	<i>Inpatient</i>	\$100 (indv) or \$200 (family) deductible and then 20% after deductible. Up to OOP max	
	<i>Outpatient</i>	\$25 copay unlimited visits	
	<i>Detoxification</i>	\$100 (indv) or \$200 (family) deductible and then 10% after deductible. Up to OOP max	
	<b>OUT-OF-NETWORK</b>	No coverage	
<b>AETNA HDHP</b> <i>Aetna Network</i>	<b>MENTAL HEALTH CARE (IN NETWORK)</b>		To find a network provider or facility or for authorization  <b>1-800-424-4047</b>
	<i>Inpatient</i>	\$1500 (indv) or \$3,000 (family) deductible and then 10% after deductible. Up to OOP max	
	<i>Outpatient</i>	10% after deductible	
	<b>SUBSTANCE ABUSE (IN NETWORK)</b>		
	<i>Inpatient</i>	\$1500 (indv) or \$3,000 (family) deductible and then 10% after deductible. Up to OOP max	
	<i>Outpatient</i>	10% after deductible.	
	<i>Detoxification</i>	\$1500 (indv) or \$3,000 (family) deductible and then 10% after deductible. Up to OOP max	
	<b>OUT-OF-NETWORK</b>	40% of charges after deductible	