



Office of Inspector General | United States Postal Service

Audit Report

Impact of Prescribed Opioids on Postal Service Employees Under the Federal Workers' Compensation Program

Report Number SAT-AR-19-002 | June 6, 2019



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Highlights

Objective

Our objective was to determine the impact of opioids being prescribed to U.S. Postal Service employees through the U.S. Department of Labor's (DOL) Federal Employees' Compensation Act (FECA) program.

According to the National Institute on Drug Abuse, pharmaceutical companies in the 1990s assured the medical community that opioid pain relievers were not addictive. As a result, healthcare providers prescribed them at greater rates, leading to widespread misuse before it became clear that opioids could be highly addictive.

The most recent Centers for Disease Control and Prevention (CDC) overdose data shows that about 68 percent of the more than 70,200 drug overdose deaths in 2017 involved prescription and illicit opioids. President Trump declared an opioid epidemic public health emergency on October 26, 2017.

“President Trump declared an opioid epidemic public health emergency on October 26, 2017.”

Federal employees injured on the job, including Postal Service employees, can receive benefits through the DOL FECA program. The program provides compensation for lost wages, help in returning to work, medical treatment, and prescription medication.

The DOL reported that almost 18,000 Postal Service employees received over 119,000 opioid prescriptions through the FECA in 2018, at a cost of almost \$22 million. This was almost 3 percent of the Postal Service's 634,000 employees. The risk of misuse is increased because employees can get additional opioid prescriptions outside of the FECA program.

What the OIG Found

Our analysis of FECA program data identified concerns with the level of opioid prescriptions for Postal Service employees as compared with the rest of government and nationally.

Specifically, although the cost of opioid prescriptions for the Postal Service employee FECA population declined from 2016 to 2018, the rate of decline was substantially less than that for other federal agencies. The Postal Service's rate of decline was about 70 percent of the rate of decline for other federal agencies.

Additionally, although the CDC reported the national number of opioid prescriptions decreased from about 247 million in 2013 to about 196 million in 2017 or about 21 percent, the number of Postal Service employee opioid prescriptions declined from about 144,000 to about 132,000 or only about 9 percent. The Postal Service's rate of decline was about 42 percent of the nationwide rate of decline.

We also found that between 2014 and 2017, the average number of prescriptions per Postal Service employee under FECA increased from about 6.2 to about 6.8. The CDC reported the number of opioid prescriptions per patient nationwide decreased from about 3.7 per patient in 2014 to about 3.4 in 2017. An increasing number of prescriptions per employee could indicate an increased risk of opioid misuse.

We found the Postal Service's Human Resources Headquarters office does not use available FECA program data to monitor trends in opioid prescriptions among its workforce. The FECA program data was only used to review employee medical and compensation cost totals for reimbursement to the DOL.

When the Postal Service does not fully utilize the DOL's detailed information it cannot identify how many employees are filling opioid prescriptions through the FECA program, whether the rate of prescriptions is increasing or decreasing, and the number of prescriptions per employee. This data can also be used to identify specific locations, offices, or areas of the country where there may be issues.

It is critical the Postal Service monitor workforce trends in opioid prescriptions because the DOL allows physicians to prescribe opioids to new users for up to 60 days without a letter of medical necessity. This guideline is less restrictive than those of the CDC for three days or less and 25 states for seven days or less. According to a CDC study in 2017, 13.5 percent of people given an opioid prescription for eight or more days were still using them a year later. That rate climbed to 30 percent for those receiving a month-long prescription.

When the Postal Service does not use data analysis, it cannot assess and anticipate any associated workforce issues and take targeted action to help protect its employees and customers from the dangers of prescription drug addiction.

During the audit, the Vice President, Employee Resource Management, said his staff will review processes and the availability of FECA program data.

The Postal Service has not developed a comprehensive prescription drug policy and drug abuse educational program for its employees. Postal Service Handbook EL-814, *Postal Employee's Guide to Safety*, November 2013, requires employees to inform their supervisors if they are taking prescription drugs that could impair their mental or physical abilities. However, it does not include supervisory guidance on effectively managing employees taking prescription drugs, including opioids. This is necessary to ensure staff do not perform activities, such as driving or working around heavy equipment, putting themselves and others at risk.

The Postal Service produced two employee communications about prescription drug abuse and addiction. The December 2017 communication was in the form of flyers that were to be displayed at Postal Service facilities. During the audit, the Postal Service initiated a second communication in the form of three nationwide employee stand-up talks to be given at over 31,000 facilities with the intent of reaching over 400,000 employees between January and March 2019. Each facility was required to certify the completion of the stand-up talks; however, no attendance data was recorded for these talks and the talks were not given at all offices.

The stand-up talks focused on the risks of abusing opioid prescriptions and promoted the availability of the Employee Assistance Program. However, the information provided did not include the Postal Service's current policies regarding prescription drug use in the workplace and questions employees should ask their doctors when prescribed opioids.

The Postal Service could use resources from the CDC and National Safety Council to develop an annual opioid education plan for its employees. For example, the CDC has developed brochures, a podcast, and a short video designed to educate patients on the risks of taking prescribed opioids for acute pain, and the dangers of abusing these pain medications.

The National Safety Council advocates that employers who have strong drug-free workplace policies, education, health benefit programs, and well-trained managers create safe and healthy environments in which both employees and businesses thrive.

What the OIG Recommended

We recommended management:

- Develop a quarterly data analysis process to monitor opioid prescription data trends in the workers compensation program.
- Request the DOL reduce the opioid prescription length allowed under the FECA program.
- Update the appropriate supervisory policy to provide clear guidelines for supervisors who are informed that an employee is taking prescription drugs that could impair their mental or physical abilities and develop related annual training for supervisors.
- Develop a comprehensive, ongoing drug abuse and addiction educational program based on CDC and National Safety Council guidance with, at a minimum, annual distribution to all Postal Service employees.


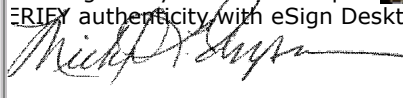
Transmittal Letter



OFFICE OF INSPECTOR GENERAL
UNITED STATES POSTAL SERVICE

June 6, 2019

MEMORANDUM FOR: ISAAC CRONKHITE, ACTING CHIEF HUMAN
RESOURCES OFFICER AND EXECUTIVE
VICE PRESIDENT

E-Signed by Michael Thompson 
with eSign Desktop


FROM: Michael L. Thompson
Deputy Assistant Inspector General
for Planning and Operations

SUBJECT: Audit Report – Impact of Prescribed Opioids on
Postal Service Employees Under the Federal Workers'
Compensation Program (Report Number SAT-AR-19-002)

This report presents the results of our audit of the Impact of Prescribed Opioids on Postal Service Employees Under the Federal Workers' Compensation Act (Project Number 18POG005SAT000).

We appreciate the cooperation and courtesies provided by your staff. If you have any questions or need additional information, please contact Matt Hartshorn, Strategic Assessment Team, or me at 703-248-2100.

Attachment

cc: Postmaster General
Corporate Audit Response Management

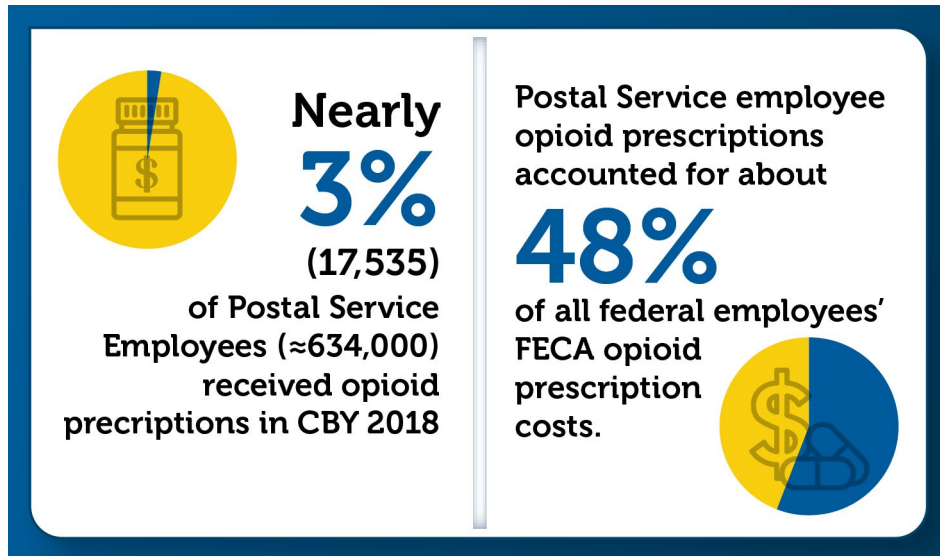
Results

Introduction/Objective

This report presents the results of our self-initiated audit of the impact of prescribed opioids on U.S. Postal Service employees under the federal workers' compensation program (Project Number 18POG005SAT000). Federal employees injured on the job, including those employed by the Postal Service, can receive benefits through the U.S. Department of Labor's (DOL) Federal Employees' Compensation Act (FECA) program. The program provides compensation for lost wages, help in returning to work, medical treatment, and prescription medication. Our objective was to determine the impact of opioids being prescribed to Postal Service employees through the DOL's FECA program. See [Appendix A](#) for additional information about this audit.

Background

Opioids are a class of drug used to treat pain. According to the National Institute on Drug Abuse, in the 1990s, pharmaceutical companies assured the medical community that opioid pain relievers were not addictive. As a result, healthcare



providers prescribed them at greater rates, leading to widespread misuse before it became clear that opioids could be highly addictive. The most recent Centers for Disease Control and Prevention (CDC) overdose data shows that about 68 percent of the more than 70,200 drug overdose deaths in 2017 involved prescription or illicit opioids. President Trump declared an opioid epidemic public health emergency on October 26, 2017.

For Chargeback Years (CBY)¹ 2013 to 2018, the DOL billed² the Postal Service for an average of about 137,000 opioid prescriptions costing about \$25.3 million (see Table 1).

Table 1. Postal Service Employee Opioid Prescriptions

CBY	Number of Claimants	Number of Prescriptions	Cost
2013	23,832	144,377	\$26,715,548
2014	22,106	137,469	25,891,359
2015	21,712	144,653	27,138,328
2016	21,438	143,573	26,341,820
2017	19,531	131,867	23,942,539
2018	17,535	118,976	21,638,824
Total			\$151,668,418

Source: DOL FECA program data.

Nearly 3 percent (17,535) of the almost 634,000 Postal Service employees received opioid prescriptions in CBY 2018. Postal Service employee opioid prescriptions accounted for about 48 percent of all federal employees' FECA opioid prescription costs. In addition, Postal Service employee costs accounted

¹ The FECA program's CBY begins on July 1 of the preceding year and ends on June 30. For example, CBY 2013 began on July 1, 2012, and ended on June 30, 2013.

² The DOL bills the Postal Service for expenses its employees incur through the FECA program. Each time a prescription is filled it is billed individually. The bills do not include detailed information such as dosage level and length of the prescription.

for about 43 percent of total FECA program benefit expenses³ and about 56 percent of FECA program medical expenses in CBY 2018. The risk of misuse is increased because employees can get additional opioid prescriptions outside of the FECA program.

Finding #1: Monitoring Opioid Prescription Data and Trends

Our analysis of FECA program data identified concerns with the level of opioid prescriptions for Postal Service employees as compared with the rest

of government and nationally. Specifically, from CBYs 2016 to 2018, the cost of Postal Service employee FECA program opioid prescriptions declined by about 18 percent. During the same period, the cost for other federal agencies' employee prescriptions declined by about 26 percent. The Postal Service's rate of decline was about 70 percent of the rate of decline for other federal agencies. Specifically, Postal Service opioid prescription costs went from about \$26.3 million in CBY 2016 to about \$21.6 million in CBY 2018, while the costs for other federal agencies' employee prescriptions went from about \$31.8 million to about \$23.7 million (see Table 2).

Table 2. Opioid Prescription Costs

CBY	Postal Service Costs	Percentage Change from CBY 2016 Costs	Rest of Federal Government Costs	Percentage Change from CBY 2016 Costs
2016	\$26,341,820	N/A	\$31,770,284	N/A
2017	23,942,539	(9)	28,327,009	(11)
2018	21,638,824	(18)	23,654,519	(26)

Source: DOL FECA program data.

Nationally, the CDC reported the number of opioid prescriptions went from about 247 million in 2013 to about 196 million in 2017, while the number of Postal Service opioid prescriptions declined from about 144,000 in CBY 2013

to about 132,000 in CBY 2017.⁴ The Postal Service's rate of decline of about 9 percent was about 42 percent of the nationwide rate of decline (see Table 3).

Table 3. National Opioid Prescriptions Percentage Change Compared to Postal Service Employee Opioid Prescriptions Percentage Change

Calendar Year	Number of National Prescriptions (in millions)	Percentage Change in Number of National Prescriptions from Calendar Year 2013	CBY	Number of Postal Service Prescriptions	Percentage Change in Number of Postal Service Prescriptions from CBY 2013
2013	247.1	N/A	2013	144,377	N/A
2014	240.9	(3)	2014	137,469	(5)

³ Total FECA program benefit expenses included compensation for lost wages and medical expenses.

⁴ We were unable to obtain the number of opioid prescriptions for other federal agency employees through the FECA program. Therefore, we compared the Postal Service data to CDC data.

Calendar Year	Number of National Prescriptions (in millions)	Percentage Change in Number of National Prescriptions from Calendar Year 2013	CBY	Number of Postal Service Prescriptions	Percentage Change in Number of Postal Service Prescriptions from CBY 2013
2015	226.8	(8)	2015	144,653	0
2016	214.8	(13)	2016	143,573	(1)
2017	196	(21)	2017	131,867	(9)

Source: National opioid prescription data from the CDC and Postal Service employee prescription data from the DOL's FECA program data.

We also found that between CBYs 2014 and 2017, the average number of prescriptions per Postal Service employee increased from about 6.2 to about 6.8 (see Table 4). While the number of prescriptions per Postal Service employee increased, the CDC reported the number of opioid prescriptions per patient nationwide decreased from about 3.7 per patient in 2014 to about 3.4 prescriptions in 2017. An increasing number of prescriptions per employee could indicate an increased risk of misusing opioids.

Table 4. Opioids Prescribed to Postal Service Employees

CBY	Number of Claimants	Number of Prescriptions	Average Number of Prescriptions per Claimant
2014	22,106	137,469	6.2
2015	21,712	144,653	6.7
2016	21,438	143,573	6.7
2017	19,531	131,867	6.8

Source: DOL FECA program data.

CDC officials said private and government organizations are beginning to assess and address risks to employees and the costs associated with employees receiving opioid prescriptions. According to the Massachusetts Health Policy Forum,⁵ increased employer engagement is necessary to address the opioid crisis and employers need targeted tools and resources to do so.

The New Jersey Department of Health has developed a dashboard that uses interactive data visualizations to display opioid prescription indicators that can be used by public health practitioners, researchers, policy makers, and the public.⁶ In addition, Washington state, which was the first state in the nation to develop guidelines to help healthcare providers treat pain, has developed strategic metrics to monitor opioid prescriptions using data from the state's prescription monitoring program. These metrics include the number of patients that were:

- Prescribed any opioid;
- Prescribed chronic⁷ opioids; or
- Prescribed chronic concurrent opioids and sedatives.

⁵ Issue Brief, *Opioids in the Workforce*, copyright 2018.

⁶ www.state.nj.us/health/populationhealth/opioid/

⁷ A chronic opioid prescription is a 60-day or more supply of opioids prescribed in a calendar quarter.

Washington state uses these metrics to monitor opioid prescribing practices and effectively implement prescribing guidelines. The state has also created a variety of educational resources to help their residents and providers understand the risks of opioid misuse. In addition, a top ten⁸ property and casualty insurance company used aggregated data from its prescription benefits management program, health plan claims, disability claims, and employee assistance program to develop a regional scorecard to focus employee outreach and education efforts.

The Postal Service receives detailed FECA program data from the DOL on a biweekly basis for medical expenses that employees incur from work-related injuries. This information includes bills for prescriptions that employees receive and a National Drug Code (NDC) that identifies specific medications. However, the Postal Service's Human Resources Headquarters office (HR-HQ) did not use these NDC codes to monitor trends in opioid prescriptions among its workforce and only reviewed employee medical and compensation cost totals for reimbursement to the DOL.

It is critical the Postal Service monitor workforce trends in opioid prescriptions because the DOL allows physicians to prescribe opioids to new users for up to 60 days without a letter of medical necessity.⁹ These guidelines are less restrictive than those of the CDC and some states. Specifically, the CDC states that when opioids are used for acute pain, clinicians should prescribe the lowest effective dose of opioids and in no greater quantity than needed for the expected duration of pain. A prescription for three days or less is considered sufficient and for more than seven days should be rare.¹⁰ In addition, as of September 30, 2018, 25 states limited all opioid prescriptions to seven days or less for acute pain. According to a CDC study in 2017, 13.5 percent of people given an opioid prescription for eight or more days were still using them a year later. That rate

climbed to 30 percent for those receiving a month-long prescription.¹¹ The DOL set a FY 2019 goal to reduce both the percentage of initial opioid prescriptions and the duration of new opioid prescriptions for federal employees with work-related injuries from FY 2016 levels by 30 percent.

The DOL Office of Inspector General (OIG) recently recommended¹² the DOL's Director of Office of Workers' Compensation Programs work with stakeholders to develop better guidelines to shorten the 60-day grace period for first fill opioid prescriptions. In response, the director said the DOL is anticipating introducing new time limitations later this year. Specifically, initial fills will be limited to a 7-day supply and prior approval will be required to extend continued opioid use beyond 30 days. The Postal Service should work with DOL to ensure these more restrictive guidelines are put in place.

We evaluated Postal Service workers compensation data and identified employees who had received significant numbers of opioid prescriptions during the last six years. We found 64 Postal Service employees received 200 or more opioid prescriptions through the FECA program during CBYs 2013 to 2018 (see [Table 5](#)). During this timeframe, four employees received over 400 prescriptions each. We were not able to determine whether the employees were working while receiving their prescriptions. Also, we were not able to determine the dosage level or length of the prescription because the DOL prescription data was limited.

“We found 64 Postal Service employees received 200 or more opioid prescriptions through the FECA program during CBYs 2013 to 2018.”

⁸ Rankings issued by A.M. Best Rating Services, Inc. based on 2017 premiums.

⁹ FECA Bulletin 17-07, *Opioid Prescribing Guidelines*, June 6, 2017.

¹⁰ *CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016*, March 18, 2016.

¹¹ *Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Use – United States, 2006 – 2015*, March 17, 2017.

¹² *OWCP Must Continue Strengthening Management of FECA Pharmaceuticals, Including Opioids* (Report Number 03-19-002-04-431, May 14, 2019).

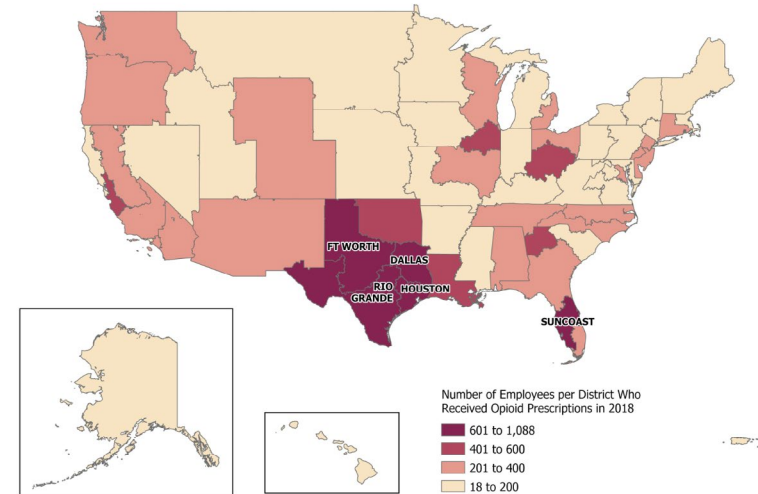
Table 5: Opioids Prescribed to Postal Service Employees During CBYs 2013 to 2018

Number of Prescriptions	Number of Claimants	Average Number of Prescriptions Per Claimant
200 +	64	248
150 - 199	307	164
100 - 149	1,278	125
50 - 99	3,721	67
25 - 49	4,037	36
2 - 24	26,324	7
1	20,807	1

Source: DOL FECA program data.

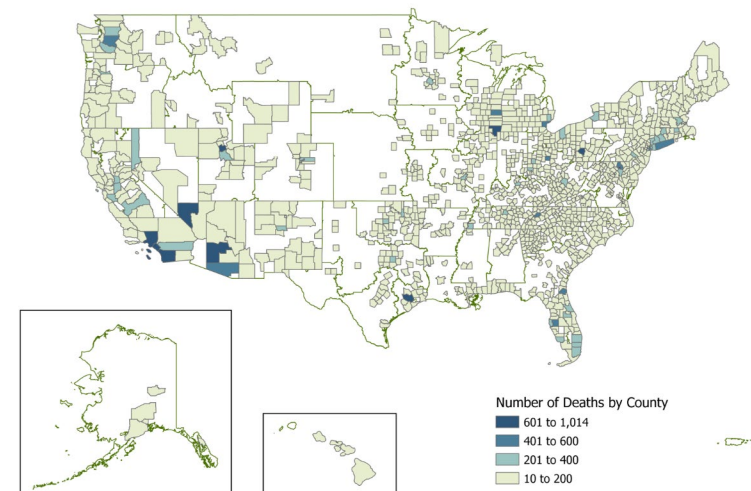
We also used this data to identify the number of Postal Service employees per district who received opioid prescriptions in CBY 2018 (see Figure 1). This example of opioid prescription mapping identified five districts that have over 600 employees receiving opioid prescriptions, four of which were in Texas. For comparison, we also mapped CDC data on deaths caused by prescription opioid overdose from 2013 to 2017 (see Figure 2). The mapping identified areas with high overdose death rates that also have a high number of employees receiving opioid prescriptions, such as areas in the states of Arizona and New Mexico. During the audit, the Vice President, Employee Resource Management, said his staff will review processes and the availability of FECA program data.

Figure 1. Postal Service Employees Receiving Opioid Prescriptions in CBY 2018



Source: DOL FECA program data.

Figure 2. Deaths Caused by Prescription Opioid Overdose - 2013 to 2017



Source: CDC data.

When detailed information from the DOL is not fully utilized, the Postal Service is unable to identify:

- The number of employees filling opioid prescriptions through the FECA program;
- If the number of prescriptions per employee are increasing or decreasing; and
- Trends to find locations/indicators of potential opioid problems.

If Postal Service management used the detailed FECA program opioid prescription data, they could perform analyses to help put a strategic focus on drug abuse education and develop drug policies and training efforts. With this analysis, the Postal Service can assess and anticipate any associated workforce issues and take targeted action to help protect its employees and customers from the dangers of prescription drug addiction.

Recommendation #1

The **Acting Chief Human Resources Officer** and **Executive Vice President** develop a quarterly data analysis process to monitor opioid prescription data trends in the workers compensation program.

Recommendation #2

The **Acting Chief Human Resources Officer** and **Executive Vice President** request the Department of Labor reduce the opioid prescription length allowed under the Federal Employees' Compensation Act program.

Finding #2: Comprehensive Prescription Drug Policy and Drug Abuse Educational Program

The Postal Service has not developed a comprehensive prescription drug policy and drug abuse educational program for its 634,000 employees. Postal Service policy requires employees to inform their supervisors if they are taking prescription drugs that could impair their mental or physical abilities.¹³ However, it

does not include supervisory guidance on effectively managing employees taking prescription drugs, including opioids. A separate instruction¹⁴ provides supervisory guidance for obtaining fitness-for-duty medical assessments to determine if an employee is medically capable of meeting the requirements of their job. However, the instruction has not been updated since September 2000 and does not specifically address prescription drugs, including opioids, or provide HR-HQ contact information for supervisors needing further guidance. This is needed to ensure staff taking prescription drugs that could impair their mental or physical abilities do not perform activities, such as driving or working around heavy equipment, putting themselves and others at risk.

The Postal Service has produced two employee communications about prescription drug abuse and addiction. The first, in December 2017, was in the form of flyers from the Postal Service's Employee Assistance Program (EAP)¹⁵ that were to be displayed at Postal Service facilities. The flyers instructed employees about the risks associated with abusing prescription pain medications, how to safely dispose of leftover medications, and recommended using the EAP for help with overcoming addiction.

During the audit, the Postal Service initiated a second communication in the form of three nationwide employee stand-up talks to be given at over 31,000 facilities with the intent of reaching over 400,000 employees between January and March 2019. Each facility was required to certify the completion of the stand-up talks. However, no attendance data was recorded for these talks and they were not required to be given at facilities that do not process mail, such as Headquarters and Area offices. Each stand-up talk provided information on the risks of abusing opioid prescriptions, statistics on the number of people addicted to opioids, and how employees struggling with addiction could contact the Postal Service's EAP. The posting of flyers and the three stand-up talks were positive initiatives; however, the Postal Service has not developed an ongoing and comprehensive drug abuse and addiction educational program. A strategic, long-term plan is necessary to reduce potential risks to the Postal Service and its employees and customers. For example, the Postal Service did not provide information

¹³ Handbook EL-814, *Postal Employee's Guide to Safety*, Section 1(A), General Rules, November 2013.

¹⁴ Management Instruction EL-860-2000-7, *Fitness-for-Duty Examinations*, September 28, 2000.

¹⁵ A free, voluntary, confidential program that offers assessment, referral, short-term counseling, and work and life consultation to Postal Service employees and their families.

to employees about its current policies regarding prescription drug use in the workplace; and the stand-up talks did not cover key topics, such as questions employees should ask their doctors when prescribed opioids, alternative treatments for pain, or how to safely dispose of leftover prescriptions.

The National Safety Council offers a Prescription Drug Employer Kit and advocates that employers who have strong drug-free workplace policies, education, health benefit programs, and well-trained managers create safe and healthy environments in which both employees and businesses thrive.

National Safety Council Prescription Drug Employer Kit

The National Safety Council offers a free prescription drug employer kit that provides resources that employers can use to develop workplace policies and educate their employees about the risks of using prescription opioids. It includes information about questions employees should ask their doctor when they receive a prescription, alternative treatments for pain, and a tool to find a safe place to dispose of leftover prescription medication.

The National Safety Council also developed an educational video about the dangers of prescription opioids and offers “warn me” labels that employees can attach to their insurance card to remind them to ask their doctor questions when they are given a prescription.

- Managers should be current on their workplace policy for prescription drug use and understand potential signs of impairment. Managers should also communicate this information to employees regularly.

The National Safety Council also said that effective drug-free workplace programs include supervisor training and employee education. For example:

- Employers should address several areas when sharing information with employees about opioid medications. These include how to discuss concerns with their doctor about taking opioid medications, possible alternative treatments, and how these medications could affect their performance on the job. Employers should also address the potential impact on driving or using heavy equipment while taking these prescriptions and the safe storage and disposal of leftover medications.

We also found that while the Postal Service’s EAP website contained educational information about prescription drug abuse and addiction, it also included one article with statements contradicting CDC prescription opioid studies and guidance. The article stated, “Many healthcare providers under prescribe opioid pain relievers, such as morphine and codeine, because they overestimate the potential for patients to become addicted” and “although these drugs carry a risk for addiction in their patients, the likelihood of patients with chronic pain becoming addicted to opioids is low.” After we discussed the article with the EAP program administrator, it was removed from the EAP website.

CDC Patient Education Materials

The CDC has developed brochures, a podcast, and a short video designed to educate patients on the risks of taking prescribed opioids for acute pain, and the dangers of abusing these pain medications. This information can be found [here](#).

The Postal Service could use resources such as the National Safety Council’s Prescription Drug Employer Kit and the CDC’s patient education materials to develop an annual opioid education plan for its employees. The annual plan should consist of a schedule of sessions to educate employees about Postal Service policies for taking prescription opioids in the workplace,

how to talk to a doctor about the risks associated with taking opioid prescriptions, resources available to employees struggling with addiction, and alternative pain management options. The program should also include ongoing training for supervisors on how to identify employees who may be under the influence of a

“The Postal Service could use resources such as the National Safety Council’s Prescription Drug Employer Kit and the CDC’s patient education materials to develop an annual opioid education plan for its employees.”

prescription drug and what to do when an employee informs their supervisor that they are taking prescription opioids.

According to a paper issued by the Connecticut Department of Public Health, 22 percent of patients perceive opioid pain relievers to be very safe and 55 percent somewhat safe, even though there is evidence of side effects and risks, including misuse, addiction, and overdose.¹⁶ The paper also stated that although 70 percent of employers feel that prescription drugs have impacted them, 76 percent do not offer training to identify misuse. Postal Service employees could benefit from additional education about the risks of using opioids, the Postal Service policy for using prescriptions that could impair a user's ability, potential signs of impairments, and resources available to employees struggling with addiction. Without a comprehensive and ongoing drug abuse and addiction educational program, the Postal Service is missing an opportunity to play a proactive role in reducing prescription opioid abuse within its workplace.

Recommendation #3

The **Acting Chief Human Resources Officer** and **Executive Vice President** update the appropriate supervisory policy to provide clear guidelines for supervisors who are informed that an employee is taking prescription drugs that could impair their mental or physical abilities and develop related annual training for supervisors.

Recommendation #4

The **Acting Chief Human Resources Officer** and **Executive Vice President** develop a comprehensive, ongoing drug abuse and addiction educational program based on Centers for Disease Control and Prevention and National Safety Council guidance with, at a minimum, annual distribution to all Postal Service employees.

Management's Comments

Management agreed with recommendations 1 and 2, disagreed with recommendations 3 and 4, and did not state whether they agreed with the findings. Management said the DOL is responsible for administering the FECA program and, as such, will have to implement any meaningful changes

to program procedures. Changes cannot be implemented unilaterally by the Postal Service.

Management disagreed with the use of statistics to compare Postal Service employees' opioid prescriptions to those of employees of other federal agencies and the private sector. Management said that differences between the Postal Service's opioid costs and those of other government agencies is more likely attributable to the nature and type of Postal Service employees' work. Management also stated their belief that the private sector is better positioned to implement best practices to control the circumstances under which opioids are prescribed. Finally, management said that it was not clear how we concluded the Postal Service's rate of decline for the cost of opioid prescriptions was one and a half times slower than the rate of decline for other federal agencies.

Regarding recommendation 1, management stated they will request a list of NDCs from the DOL by May 31, 2019, and assess the ability and cost to reprogram the Injury Compensation Performance Analysis System to provide a quarterly data analysis based on the DOL response.

Regarding recommendation 2, management stated that by June 30, 2019, they will send a letter to the Director, Office of Workers' Compensation Programs, recommending the DOL reduce the opioid prescription length allowed under the FECA program.

Regarding recommendation 3, management disagreed that revisions to policies are needed. Management said that Publication 518, *Supervisors Guide – Employee Assistance Program*, already outlines the role of management and guidance on making referrals to the EAP. However, management agreed that they can provide additional guidance to supervisors specific to identifying and managing risks related to prescription opioids. They plan to develop and implement supervisory communications in FY 2020.

Regarding recommendation 4, management disagreed that they need to develop a comprehensive, ongoing drug abuse and addiction education program based on CDC and National Safety Council guidance. Management said that they

¹⁶ *The Opioid Crisis and Connecticut's Workforce*, November 28, 2018.

already have such a program within the EAP and that they recently provided three stand-up talks to employees addressing the dangers of opioids in general and treatment options. However, management also said that in addition to the supervisory communications described in response to recommendation 3, they will provide guidance and communication to employees about the dangers of prescription opioids in FY 2020.

See [Appendix B](#) for management's comments in their entirety.

Evaluation of Management's Comments

The OIG considers management's comments responsive to recommendations 1 and 2 and management's proposed alternative corrective actions should satisfy the intent of recommendations 3 and 4.

Regarding management's disagreement with the use of statistics to compare Postal Service employees' opioid prescriptions to those of employees of other federal agencies and in the private sector, we believe the comparisons are useful to identify potential problem areas. We also believe management's reasons for the disagreement are why it is critical they monitor opioid prescription data trends, update supervisory guidance, and develop a comprehensive, ongoing drug abuse and addiction educational program. After reviewing management's comments, we revised the comparison of the Postal Service's cost of prescriptions to those of other federal agencies.

All recommendations require OIG concurrence before closure. Consequently, the OIG requests written confirmation when corrective actions are completed. The recommendations should not be closed in the Postal Service's follow-up tracking system until the OIG provides written confirmation that the recommendations can be closed.

Appendices

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Appendix A: Additional Information

Scope and Methodology

The scope of our audit included the DOL FECA program's opioid prescription data for CBYs 2013 to 2018; and the Postal Service's policies, procedures, and programs for addressing employee prescription drug use. We did not review any Postal Service employee opioid prescription data outside of the FECA program.

To accomplish our objective, we:

- Used DOL FECA program data as of February 6, 2019, to determine the number of Postal Service employees who received opioid prescriptions in CBYs 2013 to 2018, the number of prescription bills, and the cost of the prescriptions.
- Analyzed opioid prescription bill data for the Postal Service and rest of the federal government received from the DOL OIG for CBYs 2016 to 2018.
- Reviewed national opioid prescription data compiled by the CDC for 2013 to 2017.
- Interviewed employees to understand the Postal Service's process for obtaining DOL FECA program data; and the Postal Service's policies, procedures, and educational and EAP programs for addressing prescription drug use by its employees.
- Reviewed the Postal Service's policies, procedures, and programs for addressing employee prescription drug use.
- Reviewed DOL information about FECA program data that is sent to the Postal Service.

- Interviewed CDC and National Safety Council staff, and personnel working for WA and CT states and a top ten property and casualty insurance company to obtain and review information about best practices used by organizations to address employee prescription drug use.
- Reviewed publicly available best practices information that various organizations use to address employee prescription drug use.

We conducted this performance audit from September 2018 through June 2019, in accordance with generally accepted government auditing standards and included such tests of internal controls as we considered necessary under the circumstances. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. We discussed our observations and conclusions with management on April 24, 2019, and included their comments where appropriate.

We assessed the reliability of the DOL FECA program data we used in our analyses by comparing it to the data we received from the DOL OIG. We compiled our opioid prescription data by identifying those drugs classified as an opioid agonist¹⁷ by the Food and Drug Administration. The DOL OIG compiled their opioid prescription data by using a list from the DOL's FECA program office. The different methodologies resulted in immaterial differences and we determined that the data we used in our analysis were sufficiently reliable for the purposes of this report.

¹⁷ Opioid agonists activate the opioid receptors in the brain.

Prior Audit Coverage

Report Title	Objective	Report Number	Final Report Date	Monetary Impact
<i>Workers' Compensation Compound Drug Costs</i>	Assess the Postal Service's workers' compensation compound drug costs.	HR-MA-16-003	3/14/2016	\$1,352,889,071

Appendix B: Management's Comments

ISAAC S. CRONKHITE
ACTING CHIEF HUMAN RESOURCES OFFICER



May 29, 2019

LAZERICK POLAND
DIRECTOR, AUDIT OPERATIONS

SUBJECT: Impact of Prescribed Opioids on Postal Service Employees Under
the Federal Workers' Compensation Program
SAT-AR-19-DRAFT

Thank you for the opportunity to review and comment on the above mentioned draft audit report (Draft Report) prepared by the Office of Inspector General (OIG), and to address the findings and recommendations contained therein. As discussed, the national opioid epidemic is of great concern to the United States Postal Service (Postal Service) and its employees. The Postal Service agrees it will continue to communicate to its employees regarding the dangers and risks associated with the use of prescription opioids.

However, as we have discussed, it is important to note that the Postal Service has no involvement with the prescriptions that its employees, who are covered by the Federal Employee Compensation Act (FECA), receive from their doctors, or that the Office of Workers Compensation Program (OWCP) approves and covers from a payment standpoint. The Department of Labor (DOL) is responsible for the administration of FECA. Where appropriate, the Postal Service can press the DOL for changes in the OWCP practice and policy. Indeed, as the OIG knows, the Postal Service strongly objected to ballooning costs associated with compound drugs, and pushed the DOL to make changes to reduce those costs, which the DOL eventually did. Similarly, the Postal Service can continue to press the DOL for changes to its opioid prescription approval procedures. However, any meaningful changes to such procedures will have to come from the DOL, and cannot be implemented unilaterally by the Postal Service.

For the same reason, the Postal Service disagrees with the Draft Report's reliance on statistics regarding the Postal Service's rate of decline in opioid prescriptions as compared to other federal agencies. The OWCP, not the Postal Service, is primarily responsible for reducing the number of opioid prescriptions approved for Postal Service employees who have approved FECA claims.¹ Moreover, any difference between the Postal Service's opioid costs as compared to other government agencies is more likely attributable to the nature and types

¹ The Postal Service also notes that the Draft Report states the Postal Service rate of decline is "one and a half times, or about 31 percent slower than the rate of decline for other federal agencies." It is not clear to the Postal Service how the Draft Report concluded that the Postal Service's rate of decline is "one and a half times" slower based on that stated percentage.

475 L'ENFANT PLAZA SW, ROOM 9021
WASHINGTON, DC 20260-4000
202-268-2028
WWW.USPS.GOV

of work activities performed by Postal Service employees, which due to their physical nature, are more likely to lead to injuries that may require opioid prescriptions as compared to injuries sustained by employees of other agencies. It is similarly misleading to compare the Postal Service to the private sector because the private sector is better positioned to implement best practices to control the circumstances under which opioid medications are prescribed to their employees along with the associated costs that are incurred as a result of these prescriptions. Examples of these best practices include the use of Pharmacy Benefit managers and letters of medical necessity. Both the OWCP and DOL are familiar with both of these control measures from their work with the Postal Service a couple of years ago related to the explosive use of compound drug prescriptions by Postal Service employees with approved FECA claims.

Notwithstanding its limited ability to directly affect opioid prescriptions, and their associated costs, the Postal Service agrees that it can continue to press the DOL for changes to its practices that would reduce the use of prescription opioids among its employees, and consequently reduce associated costs as well. The Postal Service also agrees that it can explore how it can better utilize opioid prescription data, and provide additional communication to its supervisors and employees about the dangers of and risks associated with opioid prescriptions.

Management responds to the specific recommendations contained in the Draft Report as follows:

Recommendation #1:

We recommend the **Acting Chief Human Resources Officer and Executive Vice President** develop a quarterly data analysis process to monitor opioid prescription data trends in the workers compensation program.

Management Response/Action Plan:

Management agrees with this recommendation within the confines described below. Specifically, Human Resources does not presently have all National Drug Codes (NDCs) identifying opioids, nor does it presently have the ability to extract this data from the DOL data feed. Accordingly, Human Resources will explore the possibility of obtaining these codes, and assess its ability to, and the cost of, reprogramming the Injury Compensation Performance Analysis System (ICPAS) to provide a quarterly data analysis.

Target Implementation Date:

Letter to the DOL requesting list of NDC codes will be completed and sent by May 31, 2019. System changes to be determined based on response from the DOL.

Responsible Official:

Gary Vaccarella, Manager, Injury Compensation and Medical Services

Recommendation #2:

We recommend the **Acting Chief Human Resources Officer and Executive Vice President** request the Department of Labor reduce the opioid prescription length allowed under the Federal Employees' Compensation Act program.

Management Response/Action Plan:

Management agrees with this recommendation. Management is preparing a letter to the Director, Office Workers' Compensation Programs recommending that the Department of Labor reduce the opioid prescription length allowed under the FECA.

Target Implementation Date:

The letter will be completed and sent by June 30, 2019.

Responsible Official:

Gary Vaccarella, Manager, Injury Compensation and Medical Services

Recommendation #3:

We recommend the **Acting Chief Human Resources Officer and Executive Vice President** update the appropriate supervisory policy to provide clear guidelines for supervisors who are informed that an employee is taking prescription drugs that could impair their mental or physical abilities and develop related annual training for supervisors.

Management Response/Action Plan:

Management disagrees that revisions to policy need to be updated. Specifically, Publication 518 "Supervisors Guide—Employee Assistance Program" already outlines the role of management and guidance on making referrals to the Employee Assistance Program (EAP) when unacceptable behavior, or a pattern of deteriorating attendance, job performance or other behavior may indicate personal problems, whether caused by prescription opioids or not. EAP also offers coaching services to help supervisors overcome challenges by providing tools and resources to increase workplace performance.

However, Management agrees that it can provide additional guidance to supervisors specific to identifying and managing risks related to prescription opioids. However, the Postal Service cannot "manage employees taking prescription drugs" differently simply because they may be taking an opioid prescription. Rather, any guidance provided to supervisors about how to manage employees must be based on an employee's ability to perform the duties of his or her position, or any safety threat they may pose to themselves or other employees, and cannot be based solely on the fact that an employee may be taking a prescribed opioid.

Target Implementation Date:

Supervisory communications will be developed and implemented in FY2020.

Responsible Official:

Gary Vaccarella, Manager, Injury Compensation and Medical Services

Recommendation #4:

We recommend the **Acting Chief Human Resources Officer and Executive Vice President** develop a comprehensive, ongoing drug abuse and addiction educational program based on Centers for Disease Control and Prevention (CDC) and National Safety Council (NSC) guidance with, at a minimum, annual distribution to all Postal Service employees.

Management Response/Action Plan:

Management disagrees that it needs to develop a comprehensive, ongoing drug abuse and addiction education program based on the CDC or the NSC. The Postal Service already has a comprehensive drug abuse and addiction educational program as part of our contracted vendor services with EAP, managed by New Directions Behavioral Health. Employees and supervisors have access to information WWW.EAP4YOU.COM or 1-800-EAP-4-YOU 24/7. The site contains a section specifically dealing with drug dependency. It provides guidance, articles, assessment tools, frequently asked questions, videos, documents, and a means for locating treatment facilities. Contained in this information are documents specific to prescription medications and fentanyl related drugs. The site is updated and maintained by New Directions Behavioral Health. The Postal Service also provided three stand-up talks to employees earlier this year addressing the dangers of opioids in general and treatment options.

However, Management does agree as noted in recommendation #3, that it will provide additional guidance and communication to supervisors specific to identifying and managing risks related to prescription opioids, and also to employees regarding the dangers of prescription opioids.

Target Implementation Date:

Communication will be developed for implementation in FY 2020.

Responsible Official:

Gary Vaccarella, Manager, Injury Compensation and Medical Services



Isaac S. Cronkhite

cc: Mr. Storey
Ms. Haring
Mr. Vaccarella



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1735 North Lynn Street
Arlington, VA 22209-2020
(703) 248-2100

For media inquiries, contact Agapi Doulaveris
Telephone: 703-248-2286
adoulaveris@uspsoig.gov