NIXON BENEFITS
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News & Notes
Winter 2023

Navigating the Holiday Season When Saying No to Alcohol!

Alcohol has become a symbol for festivity. From wine at the office party to the requisite bubbly on New Year's Eve, drinking can feel inextricably tied to holiday merrymaking. That's why saying "no" to alcohol can prompt uncomfortable reactions, awkward questions, or subject you to increased peer pressure. People sometimes react as if you're turning down the celebration, not just the alcohol itself. It's like you're saying "No, I don't want to celebrate."

If you are "sober-curious," recovering from addiction, abstaining for health or religious reason, or you simply don't feel like drinking — the holidays can feel like a minefield. But with some forethought and planning, a fun, alcohol-free season is doable. Here are some ideas for putting a plan in place:

- Rehearse your "no." Mentally prepare for a possibly awkward response.
- Embrace the mocktail.
- Recognize in advance that you will not have alcohol as a social lubricant. Plan for ways to have fun and promote social bonding without alcohol, like playing games, caroling or karaoke.

The New York Times https://bit.ly/3NmREkE

FDA Study Finds Biosimilars Are Interchangeable

A new, major research paper has concluded what many doctors had long believed was true – that patients can be switched between name brand (also called "reference") biologics and biosimilars with no issues involving the safety profiles or rates of immunogenicity (the ability to provoke an immune response) between the two drugs.

Biosimilars, lower cost alternatives to brand name biologics, are increasingly available for the treatment of many serious diseases and disorders. However, some concerns had been theorized about switching a patient whose condition had been stabilized while using the reference biologic to a biosimilar. These theoretical concerns have now been laid to rest in the first systematic review using statistical methods to assess the risk of switching patients. This review found no differences in the safety profiles or immune response rates between patients who were switched and those who remained on the reference biologic.

Under the 2009 Biologics Price Competition and Innovation Act (BPCIA), FDA only allows an interchangeable classification to be added to a biosimilar's labeling if extensive (and expensive) switching and alternating studies were submitted in the Biosimilar approval application. This has greatly stifled the development of biosimilars. The new study published in PLOS One finds that these extensive studies are essentially unnecessary and redundant.

Since the interchangeable labeling classification is currently included in the BPCIA, legislative action would be needed to remove this classification; however, given the conclusions in this study, the FDA could use its authority to declare that all biosimilars are interchangeable with their name brand counterparts. *The National Law Review* https://bit.ly/3GChxca

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Life Course Patterns of Prescription Drug Use

This study, comparing data from 1996 to 2019, demonstrates the prevalence and expansion of prescription drug use in the U.S. In addition, the authors raise a few red flags regarding the potential impact of this increasing use of prescription drugs in the U.S.

The study found that newborn girls and boys in 2019 can now expect to spend about half their lives—47.5 and 36.8 years, respectively—taking prescription drugs. In other words, a newborn girl in 2019 can be expected not to take drugs for only approximately 40% of her life. Over the study period the years Americans can expect to spend taking drugs increased at most ages.

High levels of use begin early in life. The majority of women older than 15 take prescription drugs; the corresponding age for men is 40. The study also found that the nature of drug use has shifted considerably over time. The share of Americans' lives spent simultaneously taking large numbers of drugs expanded dramatically from 1996 to 2019. Men above age 50 can expect to take 5 or more drugs for 36% to 53% of their remaining life expectancy. Women above age 50 can expect to take 5 or more drugs for 40% to 58% of their remaining years.

Most notably this expansion has implications for health care spending. In 2018 prescription drug expenditures were roughly a tenth of national health expenditures. By 2026, prescription spending is projected to increase to 15.4% of national health expenditures. Per capita drug spending is already higher in the U.S. than in all other high-income countries.

In addition to their fiscal impacts, trends in prescription drug use exert complex influences on health and mortality. On the one hand, prescription drugs are a cornerstone of disease management and contributed to health and life expectancy improvements. On the other hand, the opioid epidemic, which has resulted in over 1 million drug overdose deaths as of 2021, constitutes one of the starkest manifestations of the unintended consequences. The risks of drug interactions and adverse drug events increase with the number of drugs taken. Each year, adverse drug events result in approximately 1.3 million emergency department visits, with blood thinners, diabetes medications, heart medications, seizure medications, and opioid painkillers most commonly implicated.

The environmental impacts of prescription drug use pose additional concerns. As early as the 1970s there were reports documenting the presence of heart medications, analgesics, and contraceptives in wastewater and other water resources in the U.S. A 2000 study estimated that 80% of streams sampled in 30 states contained pharmaceuticals. Prescription drugs can make their way into the environment through manufacturing, residential and commercial sewage and wastewater systems, and improper disposal of unused or expired medicines. Because wastewater treatment plants do not entirely eliminate pharmaceuticals, people can be exposed to residues in drinking water and food. Studies indicate that environmental levels present are below the thresholds that would pose health risks to humans. However, these studies generally study one substance at a time rather than capturing joint or interactive impacts of exposure, are typically of short duration, and rarely examine the effects of long-term, low-level exposure.

Duke University Press https://bit.ly/3t4ASjr

Lost Sleep Costs Companies and Employees

Employers and organizations experience losses when their workforce is overtired. The National Safety Council estimates that fatigued employees are less productive, resulting in $1,200 - $3,100 in losses per employee every year. That means a U.S. employer with 1,000 workers can expect an annual loss of $1 million or more due to fatigue—with about 25% attributed to absenteeism and 75% attributed to presenteeism (where an employee is at the job but not fully functioning).

According to a sleep expert, sleep is crucial to a person's performance. "It's like food, water, air. All aspects of your performance—your reaction time, your decision making and vigilance, all of those things are going to be degraded. And not by a little bit—we're talking 20 to 70%."

Improving your workforce's sleep is one of the very few things that gives an organization an advantage in safety, health, performance and productivity. What can employers do to ensure their workforce is at peak production and performance?

- Educate your organization on the importance of sleep.
- Implement travel risk policies that consider when and how to book flights, when employees should self-drive and when they should use a ride sharing service.
- Support schedules and practices that can promote healthy sleep or mitigate sleep loss. *SHRM* https://bit.ly/3t6gYVc