

The Opioid Crisis in American Workplaces & Communities:

Assessing the Toll of the Epidemic and Policy
Approaches to Stem the Tide of Deaths

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What are Opioids?

- Powerful drugs used for pain relief and for surgical anesthesia, originally derived from opium, but now many are synthetic

Chemical effects of opioids

Opioids bind to opioid receptors on cells in the brain and throughout the body. These cells control a variety of functions including digestion and pain

When ingested, opioid drugs attach to these same receptors, they dull pain and can also cause individuals to feel a euphoric “high”

What are Opioids?

Fentanyl and carfentanil are cheap and used to cut other substances such as heroin and cocaine

Strength of street opiate painkillers compared to morphine



Key Statistics

- Prescribing rates peaked in 2012 at more than 255 million
- Deaths keep rising with 64,070 deaths from drug overdoses in 2016

Economic Cost of this Crisis

Altarum analysis

In billions of USD

\$250.0

A recent report published by Altarum, a health care research organization, estimated the cost for 2016 to be around \$95 billion

The report estimates the economic toll of the crisis since 2001 has exceeded \$1 trillion and predicts that it will cost another \$500 billion by 2020

\$200.0

Projected burden
at current rates

\$150.0

\$95.8

\$100.0

\$48.7

\$60.9

\$50.0

\$29.1

\$0.0

2001

2006

2011

2016

2020

\$199.9

Sources: German Lopez, "White House: one year of the opioid epidemic cost the US economy more than \$500 billion," Vox, November 20, 2017; The Council of Economic Advisers, "The Underestimated Cost of the Opioid Crisis," November 2017.

- The opioid epidemic affects people of all ages, genders, races, incomes, education levels and occupations. It is not just a big city problem. The states with the highest death rates are West Virginia, Ohio and New Hampshire.
- The most common path to opioid addiction is legitimately prescribed pain killers. When the scrips run out, users turn to street drugs.
- Occupational injuries, especially those that lead to chronic pain, are a leading cause.

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Efforts to Combat the Crisis

In the Workplace

- The answer is not to deny workers pain relief.
- First responders should have Naloxone on hand.
- First responders should also have protective gear and training, so they don't become exposed to fentanyl or carfentanil.
- Long-term, the fewer injuries, the less pain medication. The leading cause of workplace injuries, especially chronic injuries, is poor ergonomics.
- Expand access and acceptability of treatment programs that are proven effective for opioid dependency

Insurance Companies

- Limiting coverage for short-acting opioids except for those receiving palliative care
- Retrospective reviews to identify members at risk of developing a dependency
- Research and coverage for non-pharma pain management
- 16 companies in a “National Principles of Care” program

States



Implementing effective public education/awareness campaigns

- Many states have state-sponsored public campaigns to raise awareness



Introducing Prescription Drug Monitoring Programs (PDMPs)

- The overprescribing or inappropriate prescribing of opioid medications profoundly increases the risk of opioid misuse and addiction and overdose deaths



Creating and adopting new prescribing guidelines

- Kentucky, North Carolina, Oregon and Wisconsin have adopted the CDC's guidelines to limit opioid abuse



Increasing access to Naloxone

- Naloxone is a prescription medication that reverses the effects of overdose from illicit and prescription opioids, and is relatively easy to administer



Implementing syringe exchange programs (SEPs)

- These community-based programs are designed to provide individuals with access to clean needles, reduce unsafe needle sharing and help decrease the risk of disease transmission



Improving insurance coverage for addiction care

- A critical means of increasing access to the full spectrum of quality addiction care is the provision of comprehensive insurance coverage

White House Initiative to Stop Opioids Abuse and Reduce Drug Supply and Demand

1. Reduce drug demand
2. Reduce over-prescription
3. Cut off the supply of illicit drugs
4. Help those struggling with addiction

Federal Efforts

- Food & Drug Administration (FDA)
- Substance Abuse & Mental Health Services Association (SAMHSA)
- Veterans Administration (VA)
- Centers for Disease Control (CDC)
- Medicare & Medicaid

Congressional Appropriations

- \$4 billion in 2018
 - Improve law enforcement
 - Support treatment and prevention
 - Stop the flow of illegal drugs
 - Grants to key demographics (rural, vets, Indian Health Service)

Key Legislation

- The Opioid Crisis Response Act (S. 2680)
 - Reallocates federal funds & expands training for first responders in fentanyl response
- The Comprehensive Opioid Recovery Centers Act of 2018 (H.R. 5327)
 - Funds grants under the Public Health Service to create comprehensive opioid recovery centers

Key Legislation (cont.)

- Jessie's Law (S. 581/H.R. 5009)
 - Requires HHS to develop standards for physicians to access consenting patients' histories with addiction
- CARA 2.0 Act of 2018 (S. 2456/H.R. 5311)
 - Reauthorizes CARA programs and limits initial pain prescriptions to 3 days.