

# *Painkiller Abuse Is Costing Your Company*

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over \$25 billion a year:  
What's your gameplan to keep  
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## OPIOIDS: THE PROBLEM

Opioid medications, commonly known as prescription painkillers, are effective in easing chronic pain, especially in people battling cancer. However, while Americans constitute less than 5% of the world's population, they consume 80% of the global opioid supply.<sup>1</sup> Misuse, abuse, and dependence on opioid drugs is a growing concern as 4.9 million people in the U.S. reported non-medical use of prescription opioids in 2012.<sup>2</sup>

Employees with health problems such as post-traumatic stress disorder, moodiness, anxiety, or personality disorders are more likely to use opioid drugs.<sup>2</sup>

And opioid use is associated with increased disability, medical costs, surgeries, and continued abuse or dependence.<sup>3</sup> In fact, the Washington State Department of Labor and Industries found that receiving more than a one-week supply of opioids soon after an injury doubles a worker's risk of disability one year later.<sup>4</sup>



Opioid drugs not only affect physical and mental health of employees in the workplace, but are increasingly responsible for unintended deaths in the U.S. Between 1999-2008, drug overdose deaths quadrupled, and in 2010, opioid analgesics were involved in 16,651 deaths - nearly 50 people per day. To put this in perspective, that's just over half of the 32,788 deaths due to motor vehicle traffic crashes that same year.<sup>2</sup>

Nationwide, the misuse of opioid drugs causes an annual economic burden of \$55.7 billion, with nearly half (\$25.6 billion) of that total falling on employers in the form of missed days at work and lost productivity.<sup>6</sup> In addition to widespread government action, it is beneficial for employers to take proactive steps in addressing the issue of opioid abuse.<sup>6</sup>



## Population Health Insights Show You Who To Help

Healthentic reviewed four years of population data (2011-2014) from our database. It was remarkably consistent that most people with an opioid prescription do not have a chronic or abuse problem. In fact, 87% of those prescribed an opioid in those four years didn't show a cause for concern in the claims data. However, for the remaining 13%, there were three indicators/signs that raised potential cause for concern:

1. 10 or more opioid prescriptions
2. A prescribed supply for 120 days or more
3. A week or more of overlapping opioid or benzodiazepine prescriptions

People with these factors are at risk. 13% of the population with an opioid prescription have one or more of these issues. These people—just 13%—are responsible for 92% of employer's costs. And if you break it down even further, the 7% of the population with an opioid prescription that have two or more issues account for over 80% of the cost. This doesn't include lower productivity from lost work days and more.

Bottom line – chronic pain is a real problem for employers and patients. By identifying the specific people

most at risk, employers can personalize outreach and more effectively support people who may have chronic opioid pain issues that could be treated more effectively to promote more health and productivity for less money.

## ECONOMIC IMPACT OF OPIOID USE ON EMPLOYERS

Not only do opioid abusers self-report disability and poorer function at higher rates than non-users, but the economic impact opioid misuse has on employers is two-fold.<sup>3</sup> First, employees who abuse opioid drugs use significantly more healthcare resources than non-opioid users. Second, lost earnings from absenteeism, lower job function, and productivity impacts employers financially.<sup>6,7</sup> Absenteeism and lost wages alone cost employers upwards of \$10 billion nationwide.<sup>7</sup> In a study performed by Birnbaum et al., comparing diagnosed opioid-abusing patients to comparable patients, abusers had significantly higher healthcare costs – \$10,627 annually. Additionally, opioid abusers had \$1,244 in excess costs from missed days of work due to sickness, disability, and other medical reasons when compared to non-abusers. The study by Birnbaum et al. implied an employer burden for diagnosed abuse of \$1.71 per member per month.<sup>6</sup>

## APPROPRIATE USE AND ALTERNATIVES TO OPIOID DRUGS

Opioid drugs are often prescribed and recommended for improving chronic pain and function, most commonly in people battling cancer. But there is a lack of evidence to prove opioid therapy improves chronic pain and function.<sup>8</sup> Opioids are often prescribed for acute pain, and are also associated with common side effects including: nausea, sedation, euphoria, dysphoria, constipation, and itching.<sup>3</sup>

For pain related to common workplace injuries such as soft-tissue injuries and musculoskeletal problems, opioids are no more effective at reducing pain than alternatives such as Tylenol, Advil or generic ibuprofen. Drugs such as ibuprofen and naproxen are a more affordable and safer option.<sup>4</sup> While opioids are



widely-prescribed for back injuries and chronic back pain, they should not be the first line of treatment. In fact, long-term use of opioids may increase an individual's sensitivity to pain – a phenomenon called hyperalgesia.<sup>4</sup> Since non-opioids are shown to be just as effective as opioid medications for most pain, non-opioid pain medications should be encouraged whenever possible to treat employee pain.<sup>4</sup>

When considering potential misuse of opioid medications, the current body of research is unclear as to what defines non-medical use of prescription opioids (NMPO). In a systematic review of peer-reviewed research articles that have defined and measured NMPO within administrative claims databases, the behaviors that constitute NMPO were ultimately judged to be ambiguous and too varied across studies to reach any definitive conclusions.<sup>9</sup> The authors found contrasting definitions of NMPO with limited consistency in conceptualization and operationalization. It is against this backdrop of uncertainty and need for further research in which any evaluation of inappropriate or overuse of opioid medications should be carefully taken.

One way of approaching this complicated issue may be to examine chronic and long-term opioid use. Long-term use of opioids may be suggestive of NMPO, and thus could be used as a surrogate marker given a lack of clear definition for NMPO. In a study by Von Korff et al., the authors described characteristics of opioid use episodes for non-cancer pain and defined thresholds for the transition into De Facto Long-term Opioid Therapy.<sup>10</sup> They found that De Facto Long-term Opioid Therapy was defined by opioid use episodes lasting longer than 90 days with at least 10 prescriptions and/or at least 120-day supply dispensed. Using this threshold may provide a possible checkpoint for physicians and health plans to ensure patients receiving opioid medications long-term are managed according to a treatment plan that is documented and appropriately monitored. This finding may suggest that patients exceeding this threshold are at risk of potential opioid overuse and dependency.

Another approach is to examine dosage of opioid medications to assess potential NMPO. The US Department of Health & Human Services' Agency for Healthcare Research and Quality issued a guideline (Guideline Summary NGC-7902) to clinicians and healthcare providers for initiating, transitioning, and maintaining oral opioids for chronic non-cancer pain.<sup>11</sup> The hallmark of the guideline was a recommendation not to prescribe more than an average daily morphine equivalent dose (MED) of 120 mg without either the patient demonstrating improvement in function and pain or first obtaining a consultation from a pain management expert. Furthermore, the guideline noted that risk of overdose substantially increases at doses at or above

100 mg, emphasizing the need to be attentive early on to the 120 mg MED benchmark. Ultimately, given the 120 mg MED benchmark, which is the dosing threshold for pain consultation, this dosage may be indicative of potential future risks, which may include opioid misuse and dependency.

In addition to the length and dose of opioid use as possible predictors of NMPO, there are other indicators that should be evaluated when assessing for inappropriate use of opioid medications. A relative contraindication to the use of opioids is current or past alcohol or other substance abuse, including nicotine.<sup>11</sup> Caution should be taken when using opioids with conditions that may potentiate opioid adverse effects, such as chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), sleep apnea, history of alcohol or substance abuse, advanced age, or history of renal or hepatic dysfunction.<sup>11</sup> Furthermore, opioids are not recommended to be combined with sedative-hypnotics, benzodiazepines, or barbiturates for chronic non-cancer pain, unless there is a specific medical or psychiatric indication for the combination and increased monitoring is initiated.<sup>11</sup> Currently, there is no evidence to support opioid combinations.

## **ADDRESSING OPIOID ABUSE AND DEPENDENCE:**

### **WHAT EMPLOYERS CAN DO**

To ensure long-term health of employees and save on productivity and employment costs, employers benefit from taking a multi-pronged approach in addressing opioid abuse. While much of the burden of opioid control and abuse treatment falls on the healthcare system and individuals themselves, employers can take a number of actions to control this issue, including:

1. **Understand and insist upon conservative prescribing guidelines for pain treatment for all participating providers in their medical, workers' compensation, and occupational health programs.**<sup>4,12</sup> By partnering with company health care providers, employers can advocate for more conservative opioid prescribing practices and help ensure providers understand how medications can be misused and the dangers of this misuse.<sup>4,13</sup>
2. **Evaluate and know who is at risk in your specific covered population.** Use a tool that allows you to review claims data and identify potential issues (people receiving multiple prescriptions, too many milligrams on their dosage, prescriptions for more than 120 days and opioids prescribed at the same time as benzodiazepine.) Then because you can target the individuals who may be at risk (like the 7% with 2 or

more areas of concern and more than 80% of the costs), you can run a very effective and cost-effective HIPAA-compliant campaign to understand the issues and get people the help they need.

3. **Educate employees about the risks of opioid drug use to avoid misuse in the first place, and increase understanding about proper disposal of unused medications.** Employers should be proactive in educating employees about the dangers of opioid use and abuse and the limitations of opioid use, without being accusatory. Education should include information about options available for medication disposal such as "take back" programs.<sup>13</sup>
4. **Increase and ensure confidential access to help and treatment when an employee finds that they are dependent upon opioids.** Help needs to be clear and accessible to any employee that finds they have a problem with opioid abuse, and employee-sponsored treatment is often more effective than treatment recommended by family or friends. Treatment programs will save employers money down the road that may otherwise be lost in reduced productivity. Ensure employees that their health is important and that they provide value to the company. This is good for morale, and retaining employees is beneficial to employers.<sup>4</sup>

## CONCLUSION

Opioid use and abuse is of growing concern in the U.S. as increasingly more people die from opioid overdose every day. Employers are feeling the effects of opioid abuse economically through lost productivity and employment. Employers have a unique opportunity to address this growing problem through relationships with medical providers, employee education, and availability of confidential treatment programs. By implementing conservative prescription guidelines and supporting specific employees at risk, employers create a safe environment where employees thrive and are supported throughout any hardships they may encounter with opioid use.

## About Healthentic

Healthentic, an innovative analytics platform, is the easiest way to measure population health. Healthentic's Population Health Dashboard (PhD) gives businesses critical insights using the power of whole health informatics to make changes to their plans and programs in order to lower costs while improving overall

employee health and productivity. Healthentix works with more than 10,800 enterprises, and covers more than 38.7 million lives. To learn more, visit [www.healthentix.com](http://www.healthentix.com).

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