



Opioids in Hampton Roads: Evidence and Issues

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Presentation Agenda

A Primer on Opioids

What the Data Tell Us

Policy Options



Opioids- A Quick Primer

Opioids are the leading cause of accidental death in both the United States and the Commonwealth of Virginia.

The Most Common Opioids

<i>Methadone</i>	<i>Vicodin, Lorcet, Lortab (hydrocodone)</i>	<i>Dilaudid (Hydromorphone)</i>
<i>Percocet, Percodan, OxyContin, Oxycodone</i>	<i>Demerol (Pethidine)</i>	<i>Duragesic (Fentanyl)</i>



- Opioids can be obtained legally with a prescription, or illegally via a wide variety of means.
- Medications such as *oxycodone*, *hydrocodone* and *morphine* are commonly prescribed to treat pain.

The Rise of Opioid Synthetics

- During this decade, many drug users increasingly have turned to *fentanyl*, sometimes called “*manufactured death*” because it’s cheaper than heroin and 50 times as potent.
- A significant proportion of illegally obtained opioids come from the PRC and are delivered by the U.S. Post Office.
- Opioids often are used with other drugs such as cocaine and alcohol. This increases the probability of an overdose.





Opioid Treatment

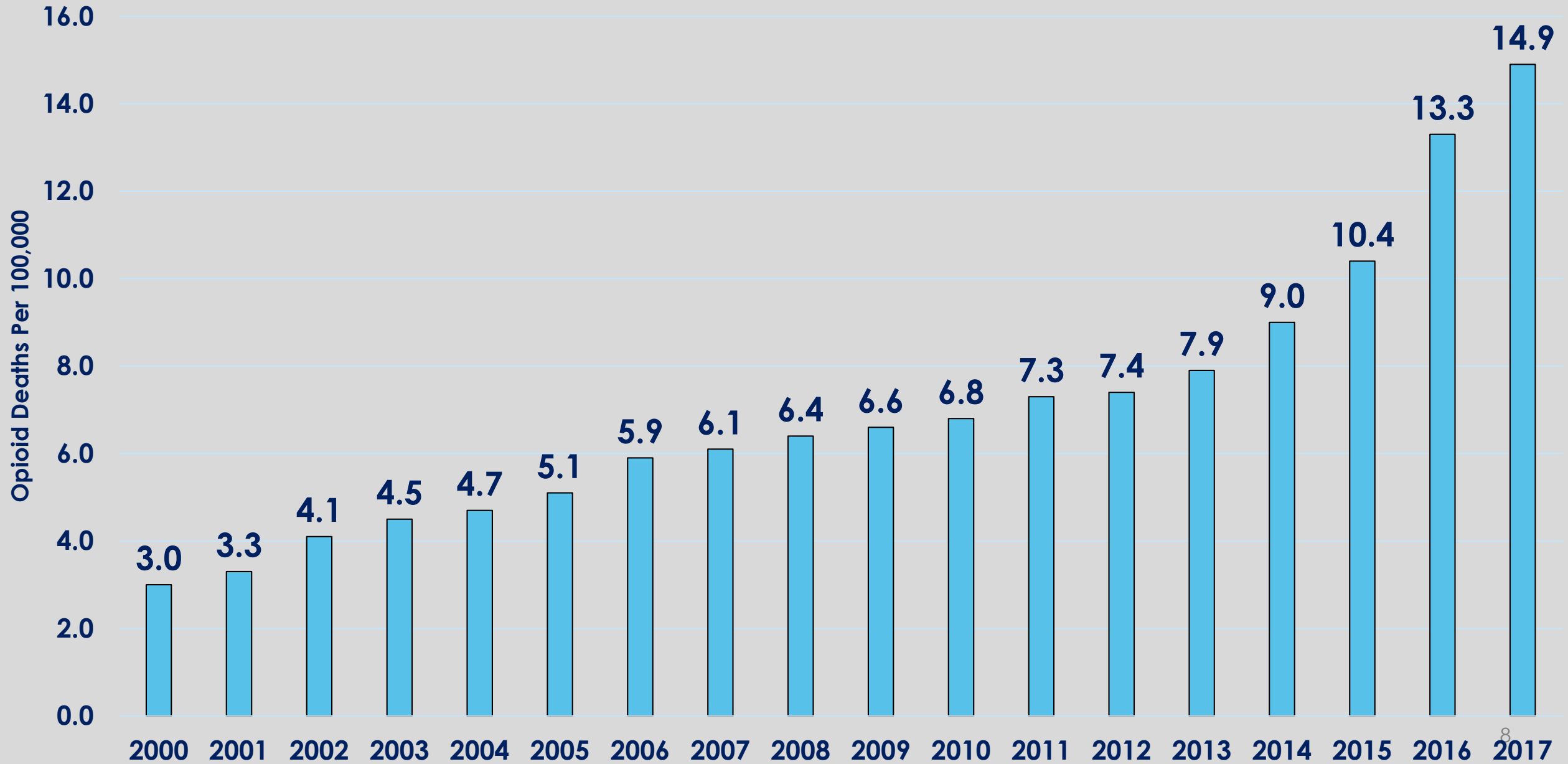
One common treatment option for an Opioid Use Disorder (OUD) is medication-assisted treatment (MAT), a treatment combining the use of medications with counseling and behavioral therapies. The Food and Drug Administration (FDA) has approved three medications for use in the treatment of opioid dependence: methadone, naltrexone, and buprenorphine.



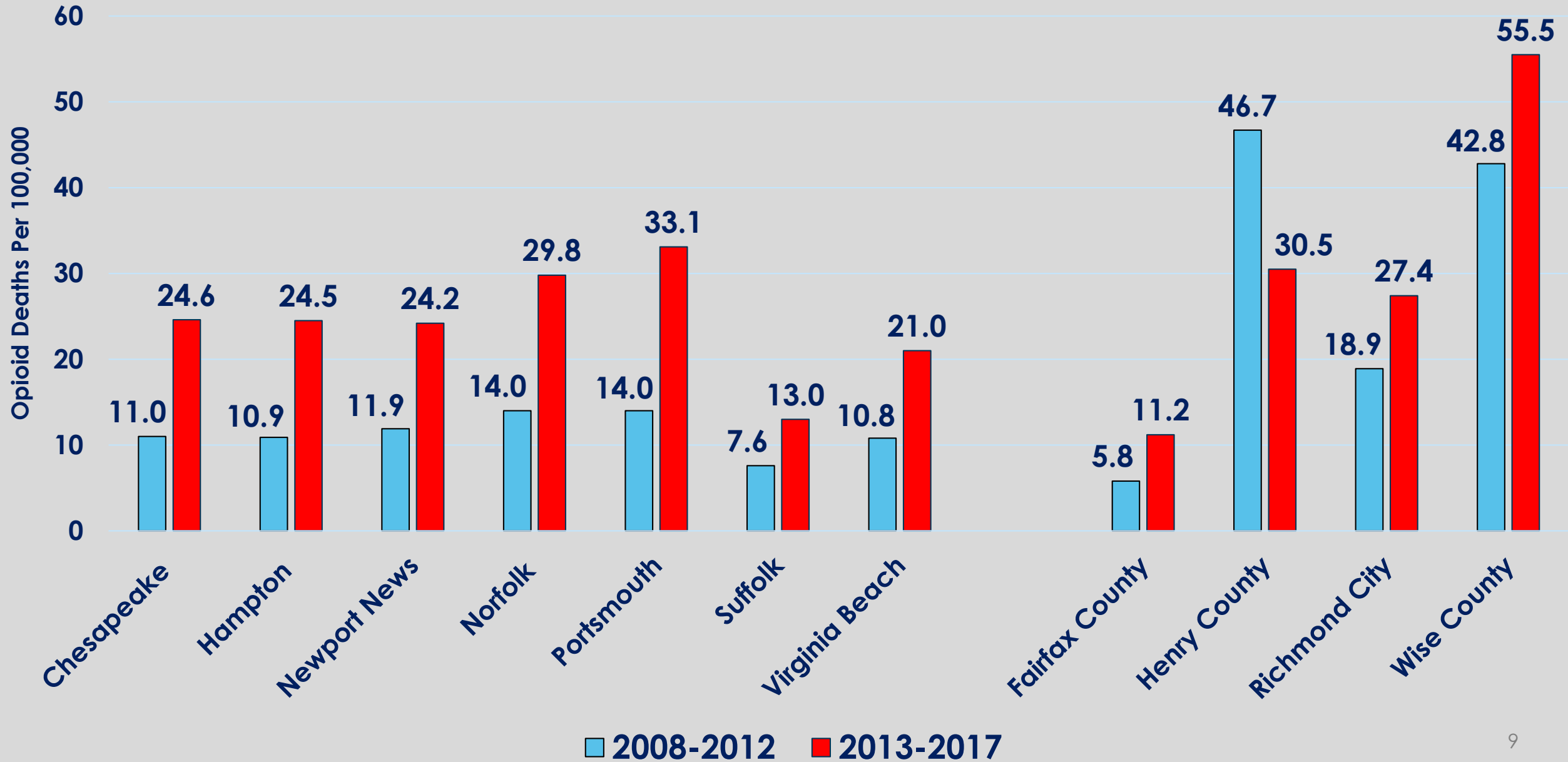
A medical syringe with a red plunger and needle is lying horizontally in the foreground. Behind it, a glass vial of Xylocaine (lidocaine HCl) injection is visible. The vial has a white label with green and black text. The text on the vial includes 'NDC 63323-485-27', 'Xylocaine®', '(lidocaine HCl Injection, USP)', '1.0% 200 mg (20 ml)', 'For infiltration and nerve block', 'Not for Caudal or Epidural Use', 'Rx only', and 'Dose Vial'. The syringe has markings from 1 to 10 ml. The background is blurred, showing what appears to be a medical setting.

EMPIRICAL EVIDENCE

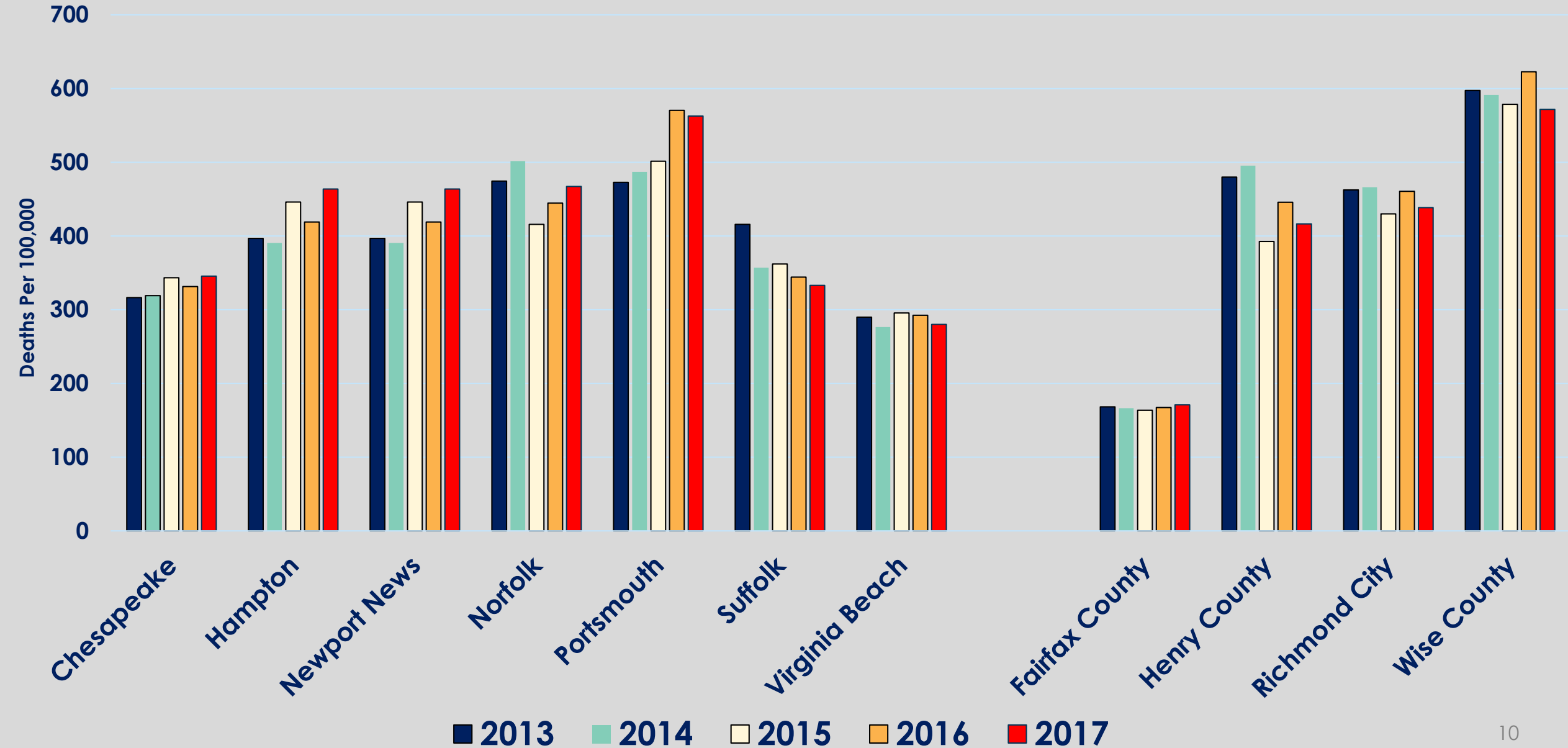
U.S. Opioid Death Rates Per 100,000: 2000-2017



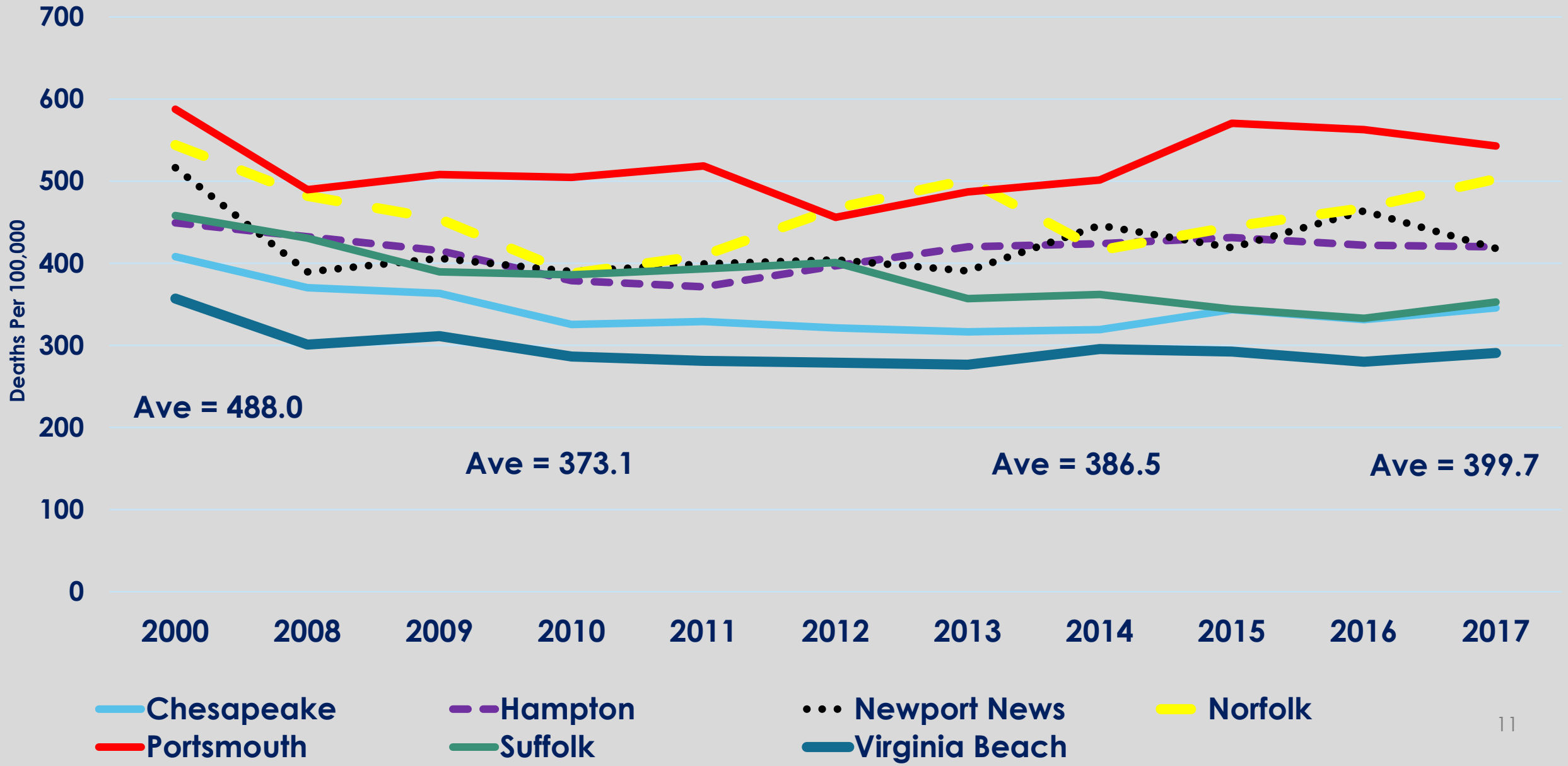
Opioid Death Rates Per 100,000: 2008-2012 and 2013-2017



Age-Adjusted Premature Death Rates: Virginia Cities and Counties, 2013-2017



Age-Adjusted Premature Death Rates Per 100,000: 2000 to 2017



Explanations

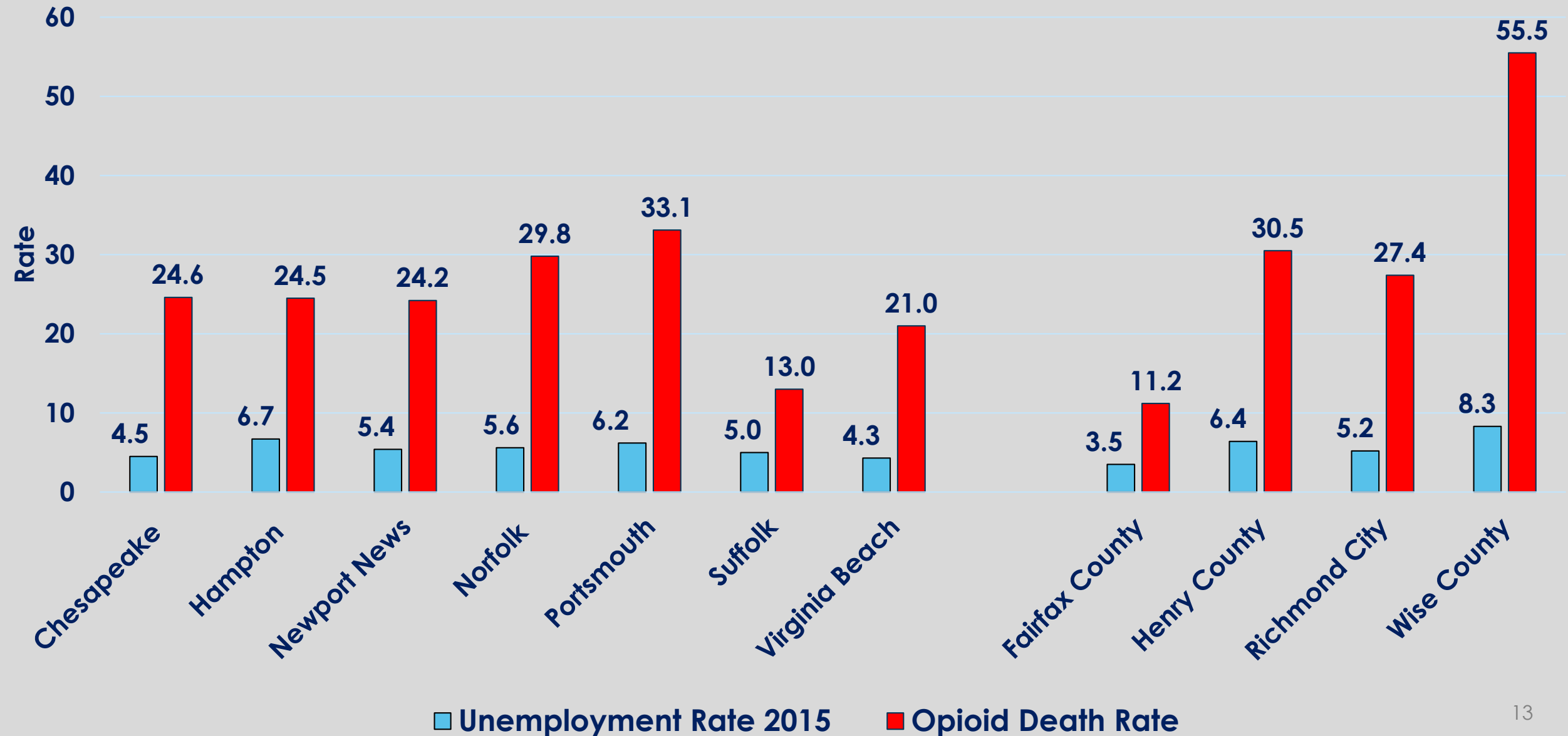
(1) Economic Misery (unemployment, lack of opportunity)

(2) Overly Generous Prescriptions

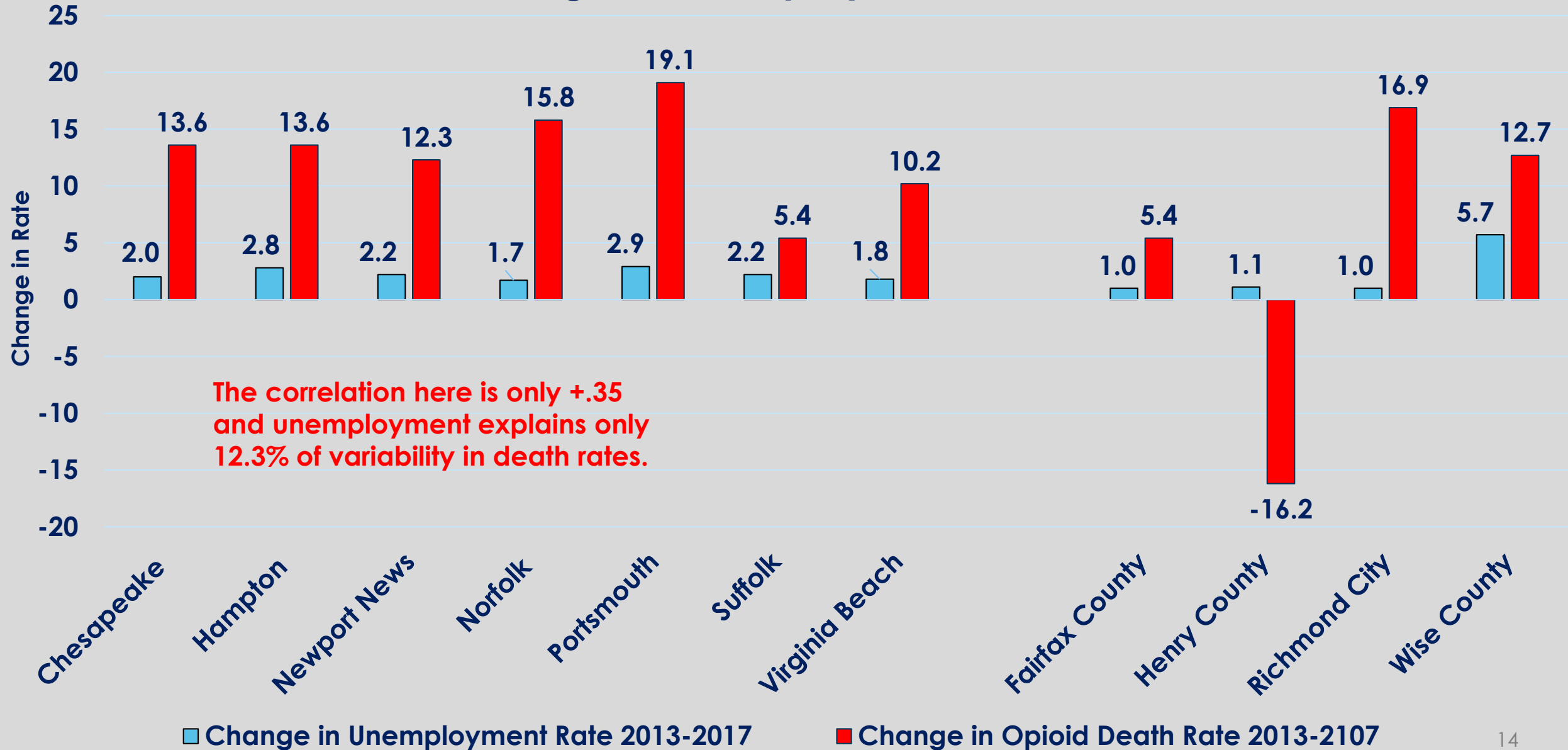
(3) Overly Generous Social Safety Net

(4) Culture

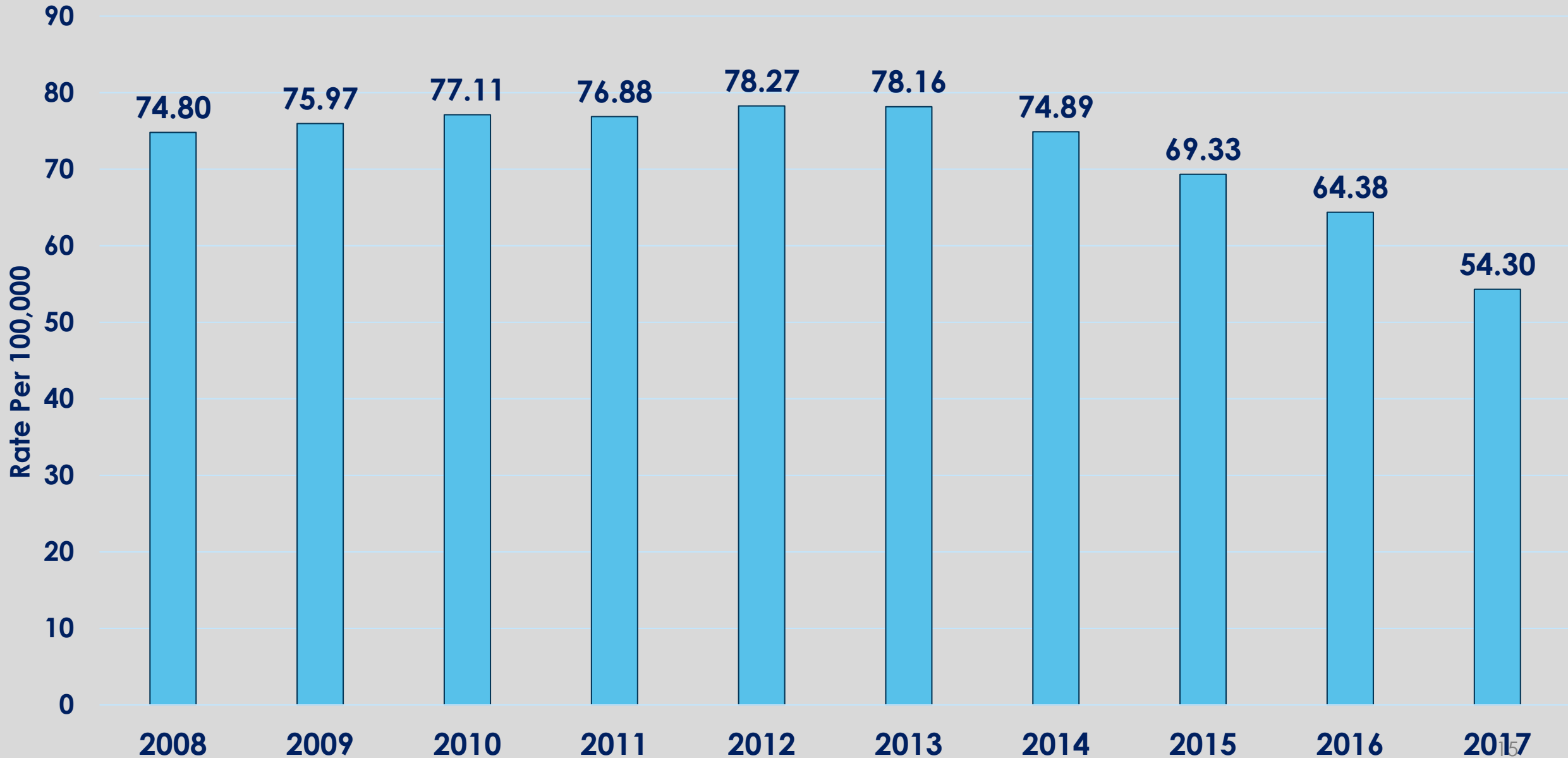
Opioid Death Rates Per 100,000 Versus Unemployment Rates: 2013-2017



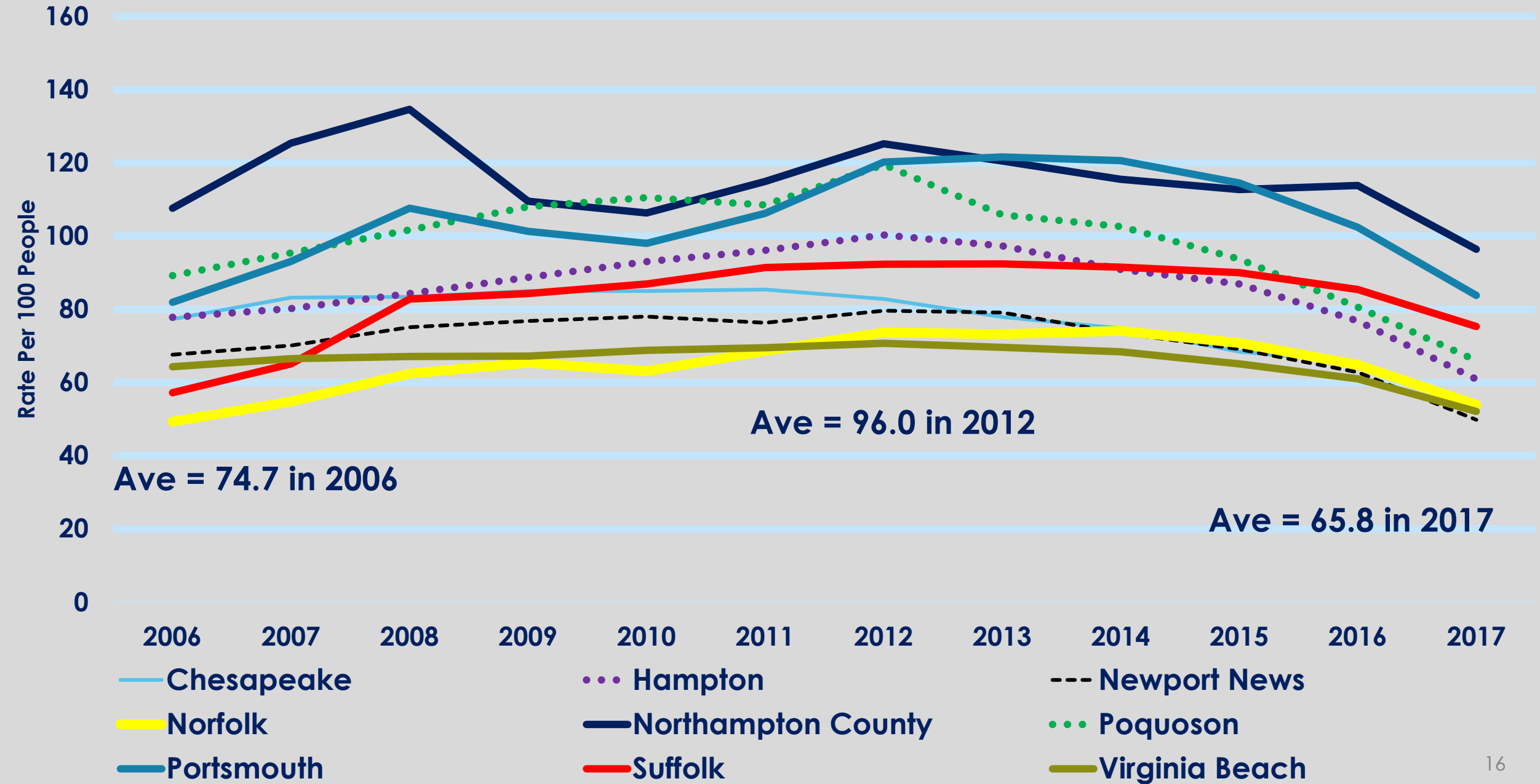
Change in Opioid Death Rates Per 100,000 2013-2017 Versus Change in Unemployment Rates 2013-2017



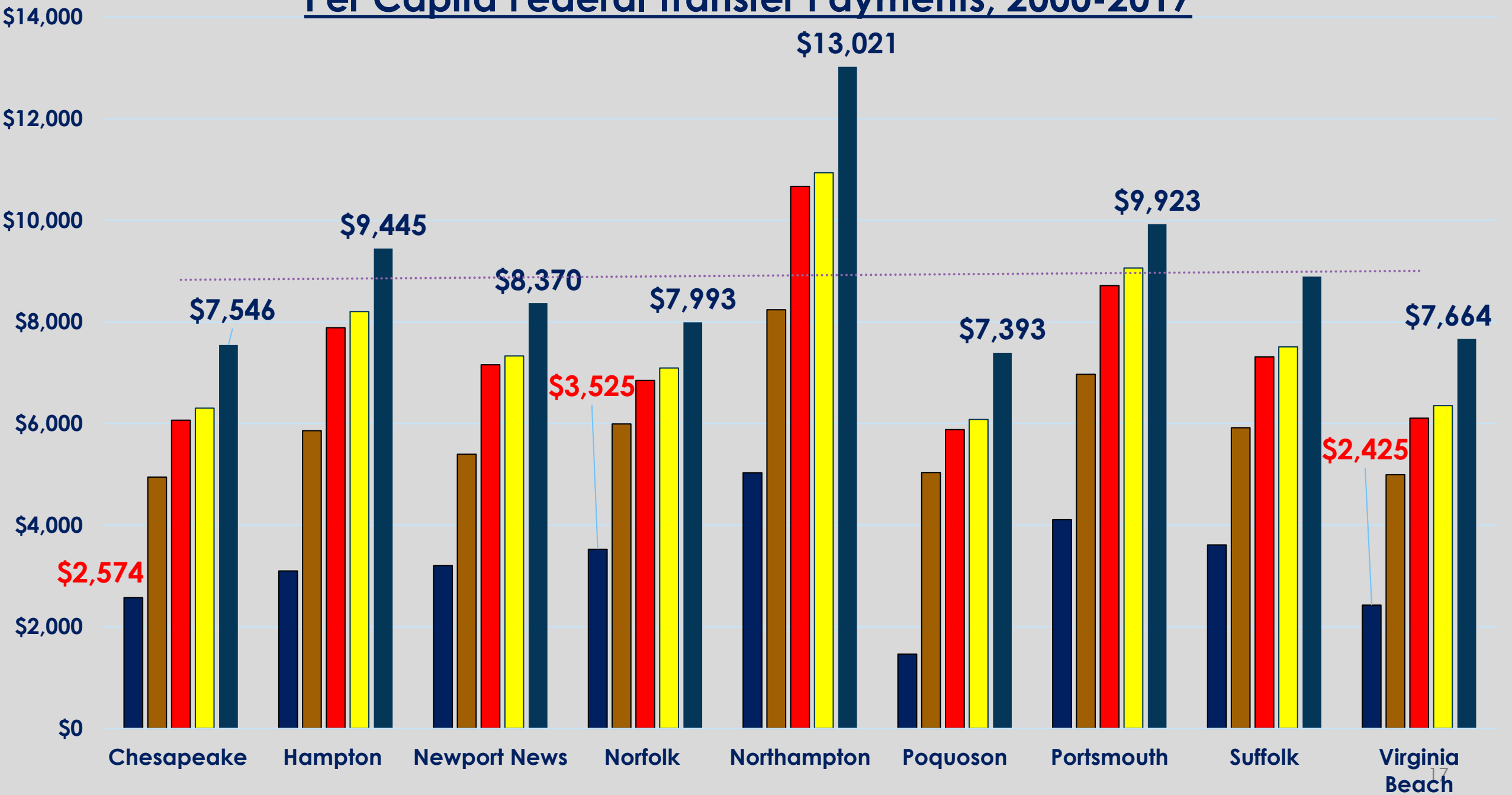
Average Annual Prescription Rates Per 100,000 People: Virginia, 2008-2017



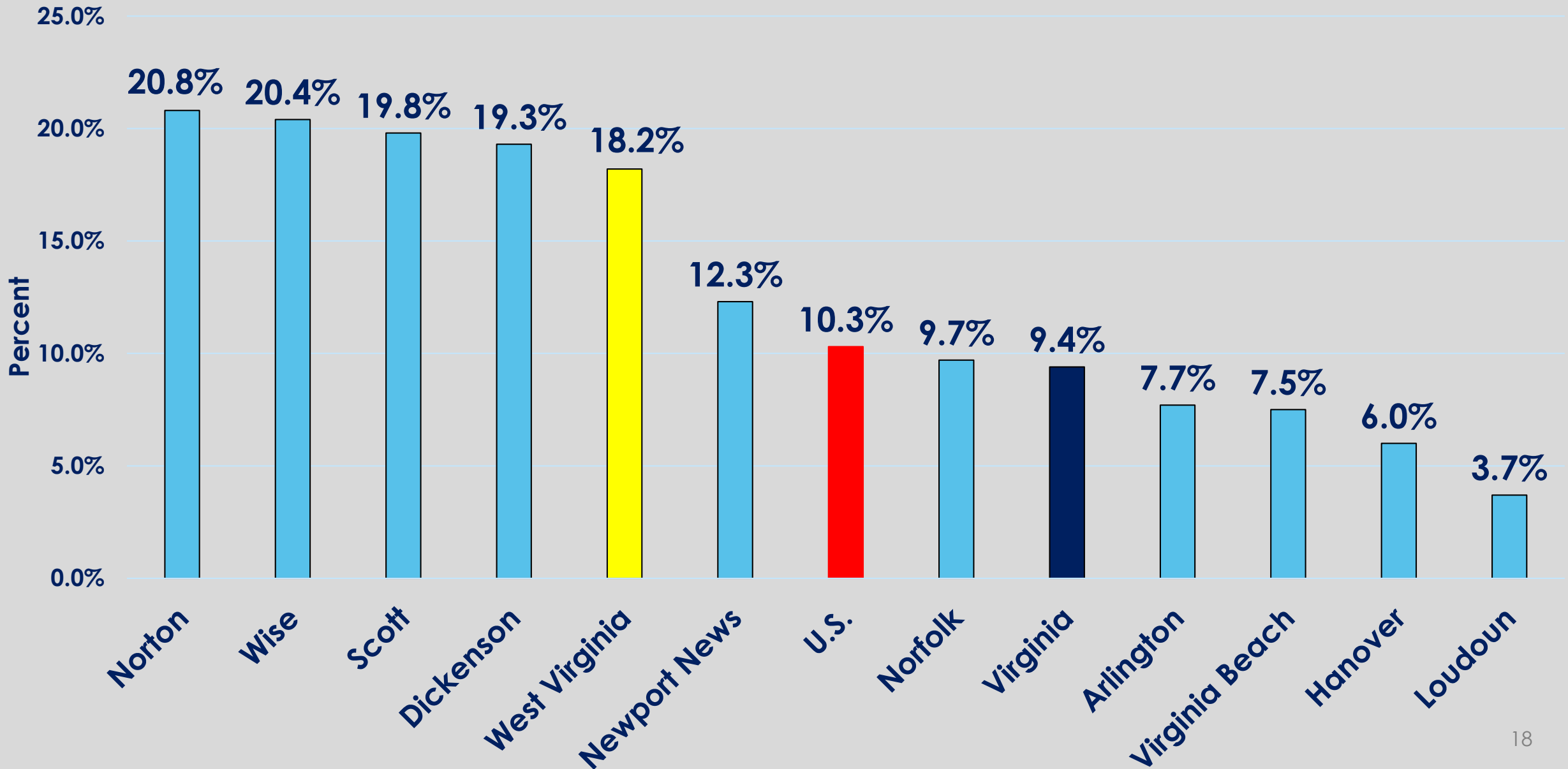
Prescription Rates Per 100 People: 2006-2017



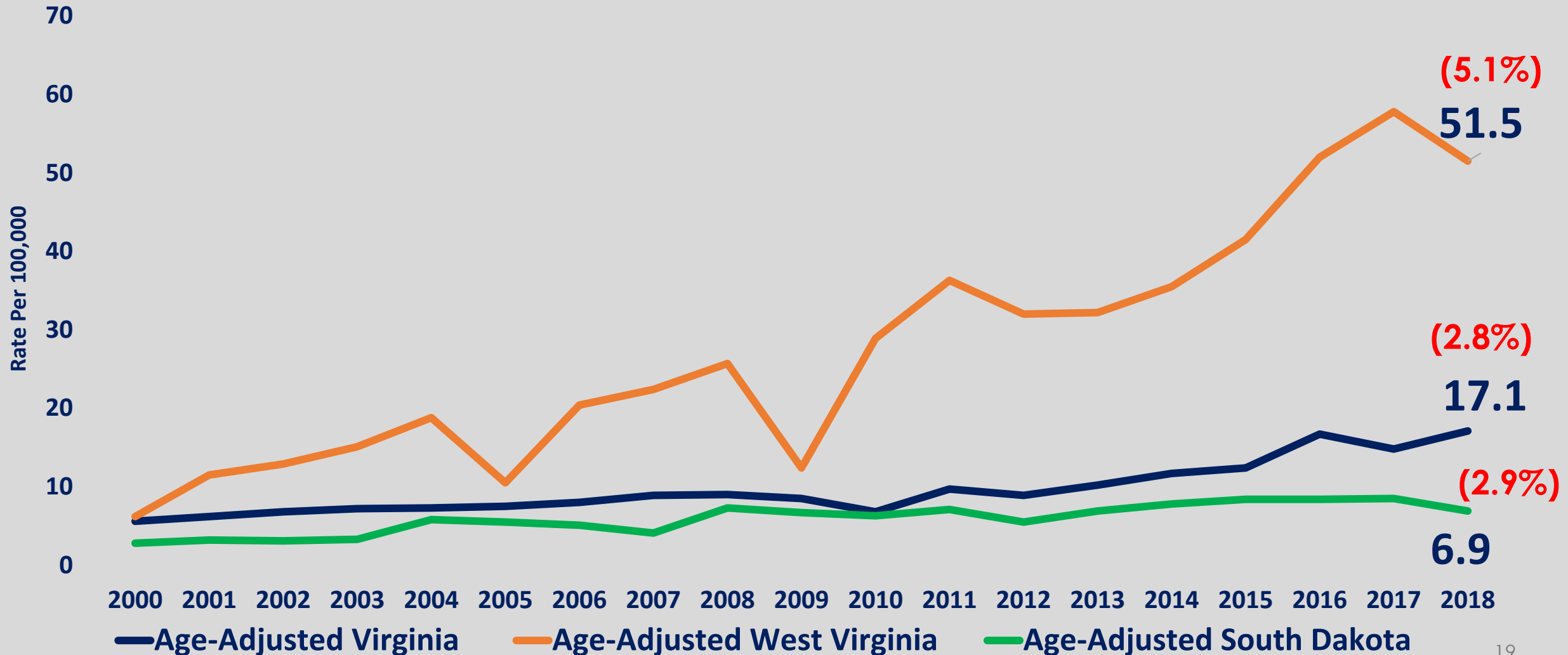
Per Capita Federal Transfer Payments, 2000-2017



Percent of Individuals Below Age 65 on Disability: Virginia Cities and Counties, 2014-2018



Local Conditions and Culture Play Important Roles: Age-Adjusted Premature Death Rates Per 100,000 and Unemployment Rates



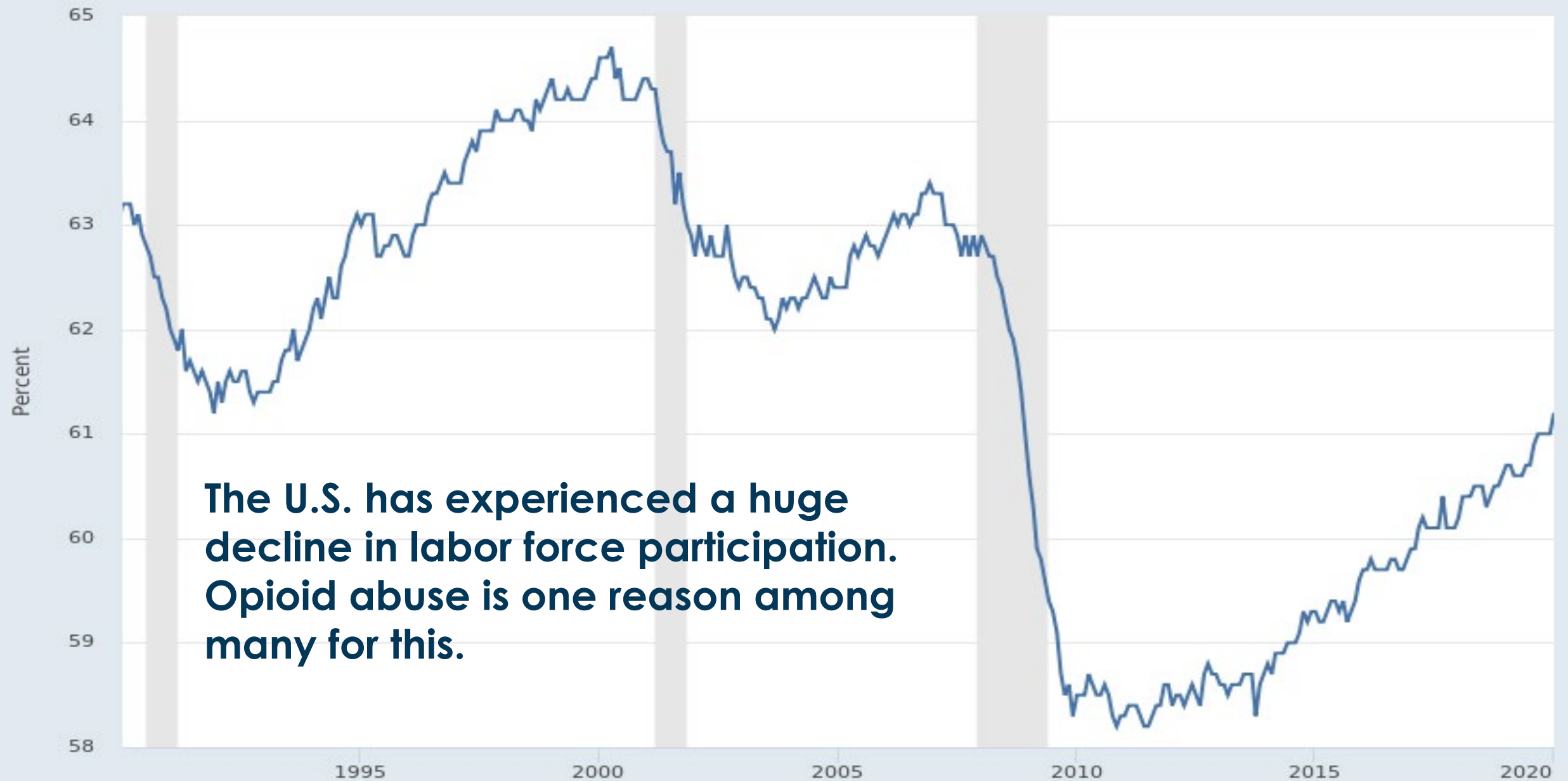


- Opioid overdosing is predominantly a White phenomenon. About 80% of those who overdose are White.
- And, despite much focus on opioid use in rural locations, it also has very strong urban roots. Local drug cultures often are more important than economic factors in terms of their influence on current and prospective opioid abusers.



- The estimated economic cost of opioid abuse was \$79 billion in the U.S. and \$2.1 billion in Virginia in 2018. These costs consisted primarily of lost work time and reduced productivity; increased Medicaid and Medicare costs; and, a variety of other social maladies such as broken families, incarceration, etc., that appear along the way as a sort of collateral damage.
- This is about 2.6% of our state GDP, or about \$240 per person.

- Roughly one in every four individuals who is prescribed an opioid misuses it. 8% to 12% developed an opioid disorder. 4% to 5% of the misusers end up being addicted to heroin.
- In 2016, an estimated 994,000 individuals aged 25 to 54 were not in the labor force because they were dependent upon opioids.
- Alan Krueger (Princeton) estimated that 43% of the decline in men's LFPRs could be explained by opioid use, whereas the comparable number for women was 25%. He found that 44% of unemployed men had taken a pain medication within the last 24 hours. It was 35% for women.



The U.S. has experienced a huge decline in labor force participation. Opioid abuse is one reason among many for this.

Opioids in Hampton Roads: What's next?



Realities for Employees and Policy Options for Citizens and Governments



- (1)** Opioid abuse brings with it complications for employers --- labor shortages, worker absences, the complexity of drug testing, lost productivity, and incentives for theft.
- (2)** There is a need to control and improve physician opioid prescription practices.
- (3)** Likewise, there is a need to control and improve the granting of disability status.



- (4) Reform penalties assessed to drug abusers: treat more situations as medical problems rather than as incarceration problems that are treated as felonies. Felony convictions make it very difficult for anyone to reenter society. Felons cannot receive a variety of social benefits, cannot vote, etc.**
- (5) Expand programs that reintegrate drug violators back into society. Otherwise, they will burden society forever.**
- (6) Reduce the number who die from overdoses by making *Naxolone* and similar drug antidotes easier for first responders, law enforcement officials to access as well as kits in the workplace.**

The National Institute for Occupational Safety and Health (NIOSH)



In a NIOSH analysis of BLS data for the years 2011 to 2016, 43% of drug overdose deaths at work occurred in only three industries – Transportation & Warehousing, Construction, and Healthcare & Social Assistance.



WHAT ROLE CAN EMPLOYERS PLAY IN THIS CRISIS?

Provide Education, Access to Help and Support

RECOVERY IS GOOD FOR BUSINESS

Substance misuse and substance use disorders (SUDs) can be an expensive problem for employers. However, providing resources to assist workers with their SUD can be a very good investment.

Workers in recovery

help employers

AVOID
\$1,626

in turnover &
replacement costs

Workers in recovery miss

**5 DAYS
LESS
WORK**
per year
than workers with a SUD

Each employee who recovers

from a substance use

disorder saves a company

MORE THAN
\$3,200
PER YEAR

- Recovery Friendly Environment- Substance use disorder is a disease and we wouldn't talk about zero tolerance for other diseases.
- Worker Education Programs- training such as early signs for managers could provide crucial intervention assistance for employees.
- Employee Wellness Programs create a workplace culture that minimizes the stigma of addiction.



Americans with Disabilities Act

(See <https://adata.org/factsheet/ada-addiction-and-recovery>)

Illegal Use of Drugs

The ADA protects a person in recovery who is no longer currently engaging in the illegal use of drugs, and who can show that they meet one of the three definitions of disability: A physical or mental impairment that substantially limits one or more major life activities, a history of an impairment that substantially limited one or more major life activities, e.g. someone in recovery from illegal use of drugs; or been regarded as having such an impairment, e.g. someone who has a family member who has HIV, so is assumed to have HIV as well and face discrimination as a result, or someone who is perceived to have a disability and is treated negatively based on the assumption of disability.

Illegal use of drugs means:

Use of illegal drugs such as heroin or cocaine.

Use of prescription medications such as OxyContin or Morphine

BUT the person has no prescription;

OR is using more than is prescribed;

OR has a fraudulent prescription.

In recovery means:

Is in recovery from a substance use disorder;

Has ceased engaging in the illegal use of drugs;

Is either participating in a supervised rehabilitation program; or

Has been successfully rehabilitated.

OPIOIDS AT WORK

EMPLOYER TOOLKIT



✓ Key Steps for Employers

- ✓ Always ensure policies are communicated clearly and enforced consistently
- ✓ Choose the type of testing that is most relevant for your organization
- ✓ Choose the panel that is most appropriate for your organization
- ✓ Choose when to drug test
- ✓ Consider "last chance" agreements and return-to-work agreements

Legal Implications

Every component of the drug free workplace program must:

- Be developed in partnership with the organization's legal advisers
- Safeguard employee confidentiality
- Comply with federal, state and local regulations, including but not limited to OSHA, the Americans with Disabilities Act, Mental Health Parity Act and HIPAA
- Comply with union and industry regulations

Obtain a Free Opioids at Work Employer Toolkit from the National Safety Council

<https://safety.nsc.org/rxemployerkit>

Employers can maintain a safe work environment and combat prescription drug abuse by taking the following measures:

Revise the company's drug policy to address prescription drug use in addition to illegal drugs.

Educate employees about the dangers of prescription painkiller use and misuse.

Include prescription medications in their drug-testing program.

Partner with their health care and workers' compensation insurance providers to prevent and manage opioid abuse.



Dr. Nora Volkow, Director, National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH)

The Biggest Challenges

We lack health system and healthcare provider capacity to identify and engage individuals, and provide them with high-quality, evidence-based opioid addiction treatment, in particular the full spectrum of medication-assisted treatment (MAT). It is well-documented that the majority of people with opioid addiction in the U.S. do not receive treatment, and even among those who do, many do not receive evidence-based care. Accounting for these factors is paramount to the development of a successful strategy to combat the opioid crisis.

There is a need for more rigorous research to better understand how existing programs or policies might be contributing to or mitigating the opioid epidemic.

These slides will be posted to the Dragas Center for Economic Analysis and Policy website:

www.ceapodu.com



The State of the Region

HAMPTON ROADS 2019

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