The Opioid Crisis and Connecticut's Workforce Next Steps: Developing Guidance for Connecticut Employers

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Evidence Considerations

CT DPH Injured Workers and Opioid Use Symposium 10/04/17





Practice Gaps Continue

- Society
- Prescriber
- Employer
- Insurers
- Healthcare Systems
- Patients

Additional Challenges

- Benzodiazepines, anxiolytics, hypnotics
- Medical and recreational marijuana, court interpretations
- Access to quality mental health and detox / substance abuse / medication assisted treatment
- Access to quality pain management treatment

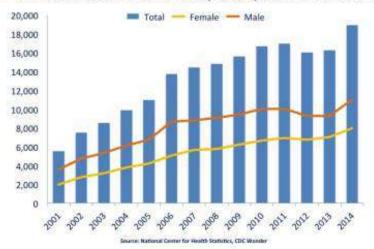


Societal Gaps



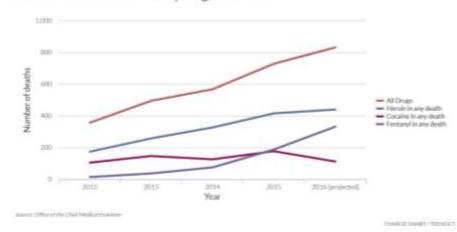
National Overdose Deaths

Number of Deaths from Prescription Opioid Pain Relievers



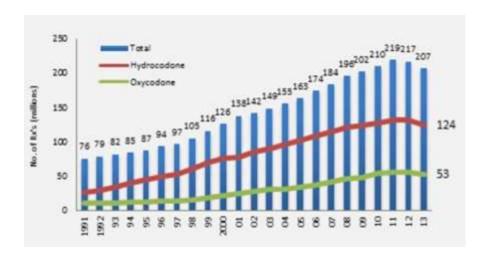
http://www.drugabuse.gov

Connecticut Overdose Deaths by Drug, 2012-2016



Trendct.org

Prescriber Gaps



MMWR 07/07/17

- Longer term use of opioids 2013-5 wcri 2017
 - CT 6.2% non-surgical lost time cases
 - UDT 40%
 - Psych eval 3%, treatment 3%
 - Active physical med 86%

Prescriber Gaps

- Longer term use of opioids MMWR 12/30/16
 - 1 day rx 6%
 - 8+ days rx 13.5%
 - 31+ days 29.9%
- Post-op THR, TKR longer term OPR 7% Kim OA and Cart 2017
 - Preop dose, duration, benzos

- Unused post-op OPR Bicket JAMA Surg 2017
 - 60-90% of patients
 - 42-71% of doses
 - 73-77% not secured
 - 91-96% not disposed per FDA recommendations

Employer Gaps: National Safety Council 2017

- "More than 70% of employers have been impacted by prescription drugs.
- 19% feel extremely prepared to deal with prescription drug misuse.
- 76% are not offering training on how to identify signs of misuse.
- 81% lack a comprehensive drug-free workplace policy.
- 41% of those who drug test all employees are not testing for synthetic opioids.
- Encouragingly, 70% would like to help employees return to work following appropriate treatment."

National Safety Council. (2017). How the prescription drug crisis is impacting American employers [PowerPoint slides]. Retrieved from:

http://www.nsc.org/NewsDocuments/2017/Media-Briefing-National-Employer-Drug-Survey-Results.pdf.



Est 21.7 million adults needed substance abuse treatment in 2015 Nat

Survey Drug Use and Health SAMSHA 2016

Patient Gaps: Gallup Survey 2017

- 22% prefer to take prescribed pain meds to treat physical pain
- 25% seen in past 12 mos for neck / back pain used opioids
- 12% perceive opioids very safe, 43% somewhat safe
- http://www.gallup.com/reports/217676/americans-prefer-drug-free-painmanagementopioids.aspx?g source=link wwwv7&g campaign=item 218762&g medium=copy

Opportunities

- Life after opioids
 - Low quality evidence of improved pain and function after voluntary OPR weaning Frank AnnIM 2017
- Potential impact of regulatory changes
 - Mandatory PDMP use and pain clinic regs associated with ↓ OPR prescribing, overdose deaths Dowell Health Aff 2016; MMWR 07/04/14
- Innovations
- Education



Do you have ongoing pain that is not from cancer or a terminal illness?

If so, you probably don't need an opioid pain reliever.



Here's why opioids, such as OxyContin[®], Percocet[®], and Vicodin[®] usually are not the best choice:

http://consumerhealthchoices.org/catalog/opioids-pain-rack-card/



ConsumerReports

Medicines to Treat Pain

Have you been in a lot of pain for a long period of time? Is your pain so strong that it is affecting your life? If your answer is "yes" then take the time to learn about some options you have to treat your pain. This factsheet tells you about one kind of drug that is used to treat pain.

Visit your doctor to talk about your health and the medicines you may need. This factsheet will give you information about a type of medicine. You will learn what questions you should ask your doctor about this medicine. Don't be afraid to ask questions. It is very important for your health.



What are opioids?

Opioids are the strongest medicines available to help relieve pain. They also help you rest and sleep better.

Opioids can work in different ways. Some can relieve your pain for a short period of time (between 3 to 4 hours) while others work for a longer period of time (between 12 to 24 hours). There are even other opioids that can help you feel better within minutes.

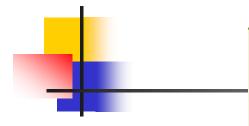


When do doctors decide to give opioids to you?

Doctors use opinids to treat nationts with acute and chemic rain

http://consumerhealthchoices.org/catalog/treating-pain-with-opioids/





Advice from experts

Opioids have been in the news a lot lately.

To help you make sense of them, we've gathered advice from the Centers for Disease Control and Prevention, doctors' groups, and Consumer Reports Best Buy Drugs.

In this guide you can read what the experts say about using opioids.



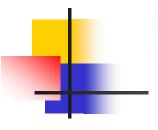






http://consumerhealthchoices.org/catalog/avoid-opioids-long-term-pain/

ConsumerReportsHealth





http://consumerhealthchoices.org/catalog/prescription-painkillers-5-surprising-facts/





A new report reveals the extent of this deadly problem. Stay safe with these five strategies.

By Tereso Corr July 31, 2017

https://www.consumerreports.org/opioids/how-to-avoid-getting-hooked-on-opioids/



A Guide to Safe Use of Pain Medicine

If you've ever been treated for severe pain from surgery, an injury, or an illness, you know just how vital pain relief medications can be.





How to Dispose of Unused Medicines

s your medicine cabinet filled with expired drugs or medications you no longer use? How should you dispose of them?

Most drugs can be thrown in the household trash, but consumers should take certain precautions before tossing them out, according to the Food and Drug Administration (FDA). A few drugs should be flushed down the tolet. And a growing number of community-based "takeback" programs offer another safe disposal alternative.

Guidelines for Drug Disposal

FDA worked with the White House Office of National Drug Control Policy (ONDCP) to develop the first consumer guidance for proper disposal of prescription drugs. Issued by ONDCP in February 2007 and



https://www.fda.gov/Drugs/ResourcesForYou/Consumers/

Take Aways

- Feedback educational session
- Potential actions
 - Employers
 - Insurers
 - Regulatory
 - Prescribers and other clinicians
 - Patients
 - Research

Next Steps

- Preferences for CT DPH White Paper Guidance for CT Employers to Address the Opioid Epidemic
- Overview to understand the nature and face of addiction, opioid impact, education of stakeholders and push for change
- Create an environment to encourage workers to report opioid use problems

Employer Policies

- Written policies with supervisor training, employee education
- Drug Free Workplace, FFD, Evaluation of potential impairment, RTW, Hiring
- Reconsider zero tolerance
- Drug testing
- Employees at work taking prescribed opioids and other impairing substances including alcohol, marijuana

Partnerships

- Insurer (group health, disability, WC)
 - Coverage for non-opioid pain treatments, SUD, mental health (MH), EAP
 - Prescribers, providers and outcomes
- Pharmacy Benefit Managers
- Gov't Affairs / Regulatory
 - WC guides and recommended changes, pain and OPR options
 - Opioid regulations
 - Big Pharma
 - U.S. Congress and health insurance

Resources

- Education / Information / Fact sheets
- Treatment (e.g. non-pharmacologic pain treatment options, safer opioid prescribing, PDMP, UDT, substance abuse, MH, medication assisted treatment, naloxone, WC and CDC guides)
- Legal resources
- Web sites and other resources
- Innovations
- What else?

Education

- Supervisors
- Employees
 - Opioid facts
 - Alternatives to opioids
 - Safe use, storage and disposal
 - Work and driving implications
 - Treatment options for employees with opioid use disorders