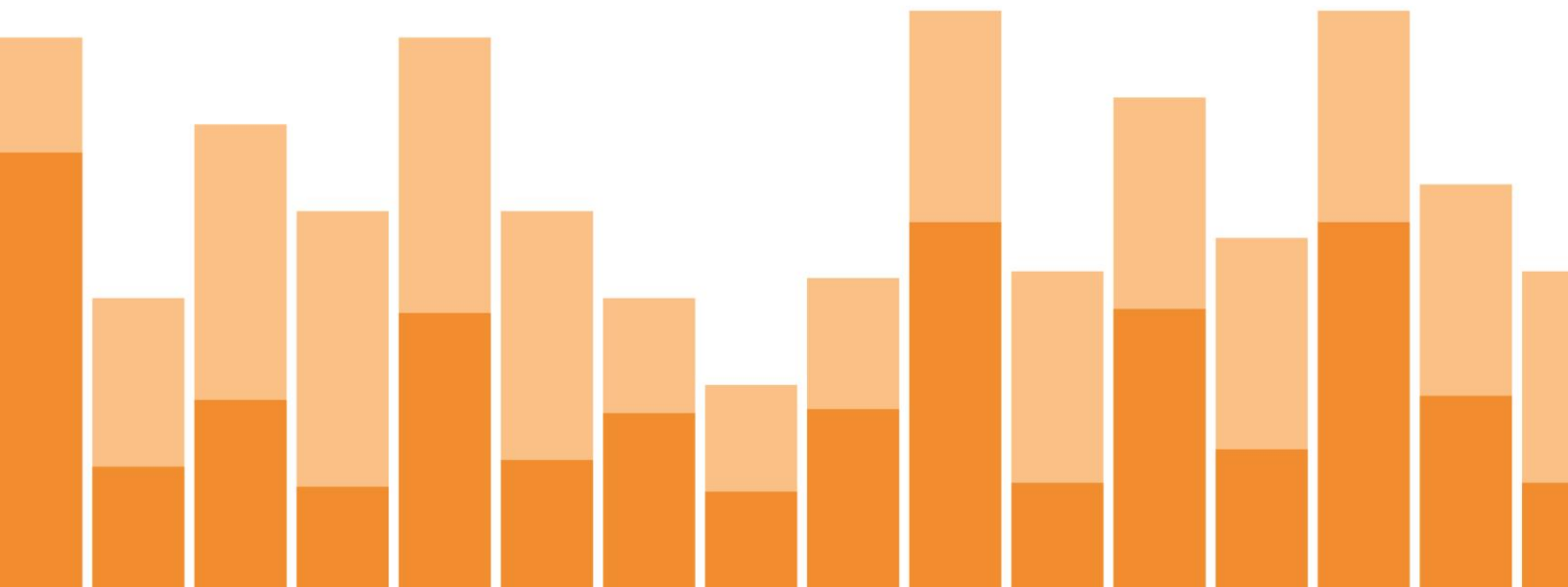


The Opioid Crisis: Thoughts from the CHRO Suite

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American Health Policy Institute (AHPI) is a non-partisan 501(c)(3) think tank, established to examine the impact of health policy on large employers, and to explore and propose policies that will help bolster the ability of large employers to provide quality, affordable health care to employees and their dependents. The Affordable Care Act has catalyzed a national debate about the future of health care in the United States, and AHPI serves to provide thought leadership grounded in the practical experience of America's largest employers. To learn more, visit americanhealthpolicy.org.

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Introduction

On October 26, 2017, President Donald Trump addressed the rapidly escalating epidemic of drug addiction in the US by declaring the opioid crisis a “public health emergency.” The move allows some grant money to be used for a broad array of efforts to combat opioid abuse and eases certain laws and regulations aimed at addressing it. 59,000 Americans died from drug overdoses in 2016. In addition, in 2015, according to the Department of Health and Human Services, two million people had prescription opioid use disorder.¹ Coping with this troubling epidemic will require solutions from both the public and the private sector. With the thought of private sector solutions in mind, in summer 2017, the American Health Policy Institute reached out to Chief Human Resources Officers (CHROs) and benefits professionals at some of the nation’s largest employers to get their feedback on perceptions of the opioid crisis and its effect on their organizations, employees and dependents. This paper distills some of their concerns about the epidemic, and their efforts to address it.

The Opioid Crisis – Up Close and Personal

As America struggles to cope with the opioid epidemic, it seems that no one is safe from its reach, including employers and their employees and dependents. To gauge how companies are addressing this National crisis, the American Health Policy Institute recently reached out to CHROs of some of America’s largest employers to solicit their input. This white paper attempts to summarize their thoughts and leverages their experience to suggest a framework for addressing this complex issue. What we heard, in many cases, was not only ideas CHROs and their staff were deploying, but deeply personal first-hand experiences with facing this epidemic.²

“My husband and I thought we were finally past raising a family, but when a close family member was determined to have an opioid dependency, we suddenly found ourselves back with a young ‘family’. Needless to say, this was quite a change, but what could we do?”

CHRO, Global Multinational Corporation

“Although this issue might be more pronounced in areas like Appalachia, I don’t think that region has a lock on the problem. Only a week ago, a young man overdosed in the parking lot of a shopping center near my home in Ridgefield, CT. He died in his car, overdosing from some combination of heroin/fentanyl. I remember saying hello to him when he walked by me in the parking lot three days before they found his body. I can tell you that in an affluent suburb like Fairfield County, Connecticut – this issue is raging. Local first responders are all carrying Narcan [a drug used to counter-act the effects of an opioid overdose] and using it with greater and greater frequency.”

CHRO, Global Financial Service Company

How Did We Get Here?

Almost as important in tackling a problem is understanding and appreciating its origin. As supervisors of their companies, CHROs have unique insight into their workforces and have a vested interest in keeping employees healthy.

“Before the 1990s, opioids were typically prescribed for the short-term treatment of moderate-to-severe pain caused by injury, surgery or end-of-life-stage disease. But in the 90s, published research³ about opioid usage led health professionals to rethink how opioids could be used to treat chronic, non-malignant pain (e.g., lower back pain and osteoarthritis). This caused a shift in clinical practice and guidelines. Soon, painkiller prescriptions skyrocketed, increasing four-fold from 1999 to 2014 even as Americans reported no corresponding increase in the need to address chronic pain. The level of abuse associated with opioid prescription medications has been growing at an alarming rate. While the US represents approximately 5% of the world’s population, by some estimates it consumes 80% of all opioid drugs.⁴”

VP, Global Benefits, Global Travel Organization [internal citations added]

Ending the Stigma – Coming to Grips with the Problem

“We need to reduce the stigma associated with opioid dependency so that people will feel free coming forward for help. Right now, people are not reaching out for help for either themselves or their loved ones because of concern over how others will perceive them and their capabilities as an employee, parent or spouse.”

CHRO, Large Global Financial Corporation

It’s impossible to help someone who won’t admit that they need help, and this is especially true for people facing an opioid addiction. Employees are afraid of losing their job. Parents of a loved one with an opioid addiction are concerned about how people will review them as parents or as a spouse. But, without assistance, the situation has a very high likelihood of getting worse – far worse. One of the most important aspects in addressing opioid dependency is being able to face and engage the problem. Given the current negative social stigma attached to an opioid dependency, doing so can be incredibly difficult and it will take time for the social stigma connected with opioid dependency to abate.

Opioid Epidemic: A US-Centric Problem?

“For the Asia-Pacific region, I have not heard a lot about this issue as it relates to impacting our workplace. From my perspective, there tends to be more of a spotlight on this issue in the US – in particular with the high number of opiate-related overdoses. But, there is some research suggesting that while the issue is much more extreme in the US, it is increasingly impacting our region.”

VP of Human Resources for the Asia-Pacific Region, Global Hospitality Organization

The depth of the opioid epidemic may appear to be uniquely US-centric problem, but other areas of the world are also struggling with various forms of drug addiction. The report “Prescription Drug Abuse Worldwide” citing UN statistics reported that:

“...[a]mphetamine-type prescription drugs are frequently abused in Central and South American countries, while prescription opioids are heavily abused in Costa Rica, Brazil and Chile. In Europe, Denmark, Finland and Estonia have plenty of opioid painkiller abuse, as does Northern Ireland. Scandinavia has a high treatment demand for sedatives and tranquilizers. Among those receiving treatment in Europe, between 11% and 70% are addicted to benzodiazepines, according to the World Drug Report. Even in Africa, there are problems with prescription drugs. In Mauritius, abuse of the drug buprenorphine is prevalent - this is a drug used to treat opiate addiction. Madagascar has a treatment demand for tranquilizers that is second only to its demand for cannabis treatment. Across Asia, barbiturates, sedatives, opioids and tranquilizers are abused. Countries standing out as having greater problems are Bangladesh, Nepal, India and Afghanistan. Stimulants are preferred in Malaysia, Myanmar and the Philippines. Even in Jordan, Qatar and Kuwait, sedatives and tranquilizers are causing demand for treatment. Australia has problems with amphetamines and opiates, and its students are abusing tranquilizers, amphetamines and opiates.”

This report makes it clear that while the US is clearly leading the world in the category of drug abuse, no area of the world is exempt.

Engaging Employees and Dependents

“Like most other large employers, we use pre-employment drug screening and a positive test means the candidate does not get hired. Their ineligibility for hire lasts for a year. We also perform ‘for-cause’ drug testing when we have a reasonable suspicion that an employee is impaired on the job, or we suspect the employee may have stolen a prescription medication meant for a patient. We are considering instituting a new program of random drug testing. But there are strong feelings both for and against this idea. In our industry, there is no consensus and not even a clear trend for or against random drug testing.”

VP of Employee Relations, Large Health Care System

The traditional intersection of “drug usage” and employment came in the form of pre-employment testing. Almost all employers have instituted some level of pre-employment drug testing, while other employers (based on job requirements) impose either random or ‘for cause’ drug testing. But none of these tests are designed to engage employees and their dependents in dealing with drug dependence. The typical outcome for failing a drug test is some form of discipline (or termination). These processes are not designed to engage employees or their dependents and leaves a huge hole in the net meant to help individuals caught up in opioid abuse. To deal with this problem, some CHROs said that they were looking to engage and educate employees in some creative ways.

“We are considering embedding in our health plan protocol a required test to determine an employee’s genetic predisposition to being addicted to opiates as a precursor to being prescribed that class of drug. We also want to do a better job mining our health plan data to look at the level opiate usage and determine if there are any patterns that would lead to other interventions we could add to our medical plan and educational actions.”

CHRO, Global Health Care Provider

Other CHROs cautioned that it’s always important to keep in mind that you don’t know what you don’t know. With the advent of high-deductible plans (and relatively cheap opioids), organizations may find employees taking opioids and deliberately not running their prescriptions through the company’s health plan to avoid any restrictions or limitations that may be in place. Obviously, such claims wouldn’t be managed within any safe guards the employer’s plan may have implemented and make identifying and engaging opioid dependent employees (or their dependents) that much more difficult.

“We have not taken any steps other than quantity control (i.e., limits of prescription both as to quantity and frequency) when filling these important, but highly addictive drugs. The problem we face is that these drugs are incredibly cheap, and when our plan restrictions kick-in, the employee (or their dependent) simply fills the prescription outside the plan. When that happens, we don’t have the whole picture of what is happening with that employees (or his or her dependent) to allow for proper case management, etc. to take action.”

CHRO, Global Health Care Provider

Engaging the Provider Community

Several CHROs cited the need for “education” of the provider community as well around the dangers around opioid drugs. These educational efforts start with educating employees to think about prescriptions before they or their dependents use them.

“...[Our organization] made a public pledge to work with our physician partners to reduce opioid prescriptions and use by our customers by 25%, to at or below pre-crisis levels. After one year, we are halfway to this goal... Obviously, there is more to this crisis than [physicians] writing prescriptions, but we are working hard on it from the position that we can and in a place where we have influence...”

CHRO, National Health Insurance Company

“We need to engage the medical community. For example, recently one team member’s teenager needed arthroscopic surgery. After the surgery, the doctor gave her child a prescription for 60 pills of Oxycodone as they left the surgery center. She refused the script and used extra strength Tylenol....”

CHRO, Global Health Care Provider

Clearly, one size does not fit all in such a complex situation, but CHROs reinforced that engagement is a key to effective opioid management starting with education that allows employees and their dependents to understand when and how to use opioids responsibly.

Charting a Potential Path Forward

Pulling this together, several CHROs gave their view on a possible ‘path forward’ – centered around education and engagement for employees and dependents; taking steps to reduce the perceived stigma associated with opioid dependency; creating systems internally and in conjunctions with their health plan and EAP that allowed employers to have a better understanding of the prevalent within the employee community of opioid usage; and holding health plans and Pharmacy Benefit Managers (PBMs) accountable to work together to quickly identify potential areas of concern and deploy resources to address those concerns.

“We see a reasonable path forward as a multi-pronged approach:

- 1. Focus on reducing the stigma to get people talking;*
- 2. Ensuring our employees (and their families) have appropriate resources available, which means:*
 - a. Making sure our behavioral health network is adequate and well-equipped to address opioid dependence;*
 - b. That we are closely monitoring behavioral health usage through all channels (i.e., our medical plan, EAP, etc.); and*
- 3. That our health plan administrator and Pharmacy Benefit Manager (PBM) are working closely together to both identify AND reach out to those who have been prescribed opioids for more than a given timeframe (generally, 60 days). In those cases, we want to:*
 - a. Reach out to the employee (or dependent) and the doctor prescriber;*

- b. *If the employee (or dependent) and/or the doctor prescriber won't engage, then we ask our PBM put controls in place (generally, a "pharmacy lock", which means our PBM will refuse to fill opioid prescriptions are more than a single designated pharmacy near the employee or dependent.)"*

CHRO, Global Health Care Provider

Other CHROs focused on tightening their benefit plan process:

- *"[Having our health plans] use data analytics to identify plan participants who are at increased risk of opioid dependence due to a high number of prescriptions from multiple doctors, pharmacies and physicians.*
- *To help prevent abuse, [our health plans] implemented a 'Pharmacy Lock-In' program. Once plan participants are enrolled in this program, the participants must obtain their prescriptions from a single [designated] pharmacy. We believe that this will reduce the likelihood of overprescribing or conflicting prescriptions.*
- *To aide those with addictions, [our health plans] have eliminated Prior Authorization requirements for preferred medications that are used to treat opioid dependence. [Our health plans] now cover for medication assisted treatment such as Patient Substance Use and Treatment Helpline and medication assisted therapy providers who actively integrate medical, behavioral and pharmacy treatments to help reduce opioid abuse and dependence.*
- *[Our health plans] also use data analytics to identify physicians with a practice of excessive dosing of opioids, excessive duration of opioids, and dangerous combinations of opioids with central nervous system depressants such as benzodiazepines."*

CHRO, Global Manufacturing Company

"The challenge with all of this is comes down to two core issues: first doctors need to address their prescribing habits. Pharmacists can consult and help educate their patients, but they don't prescribe – only doctors do. And second, once people use this class of drugs and have become addicted, the cost of these meds is such that they are shifting more and more to heroin because it is cheaper and readily available! The strength of the types of heroin (and various derivatives) that are available are so lethal that it is contributing to the tragically high death rate. We need to take more steps to stop the availability of this supply.

- *No prescriptions can ever be filled without a valid SSN;*
- *Doctors need to be electronically linked into the various pharmacy programs so that they get automatic information regarding a patient's pharmacy habits;*
- *This helps from a safety/drug interaction basis;*
- *Additionally, this allows them to facilitate discussions with their patient about alternative treatment options and seeking help for an addiction if needed.*
- *Similar to the manner in which physicians are handling antibiotics (not prescribing as frequently and adhering to clinic prescribing guidelines), doctors need to start their*

patients off with traditional (non-addictive) pain relievers and only go to opioids when all else fails.

- *Finally, employers need to have in place a robust electronic system that identifies doctors over-prescribe opioids and take quick, decisive action to revoke their medical license.”*

CHRO, Global Health Care Provider

Conclusion

The opioid epidemic has lowered the overall life expectancy of the US population for the first time in over two decades.⁵ To put the opioid epidemic in perspective, during the high of the crack cocaine epidemic, the US population was suffered approximately 2 overdose deaths per 100,000 people. The opioid epidemic is currently running around 10 overdose deaths per 100,000 people.

Few people can say that they have not been directly touched by the opioid epidemic. This author knows two affluent families that each lost an adult child to an opioid overdose. The question for all of us is: when will it stop? Given the reaction of so many CHROs, it's clear that the CHRO community is already playing an important part in making that day happen.

In order to cut back opioid abuse, the private sector and public sector must work together to address the problem. It is encouraging that the U.S. government has now acknowledged that we are facing a “public health emergency” and is acting accordingly. This paper is designed to show the steps that the private sector is taking to address this crisis as well.

Additional Resources

HRPA Reference/Research Materials

- [The Opioid Epidemic: Assessing Your Organization](#) by Henry C. Eickelberg, Senior Fellow, American Health Policy Institute, June 7, 2017
- [Yes, Employers Need to Begin Discussing the Impact of America's Opioid Crisis on Employees and the Workplace](#), by Jeff McGuinness, HR Policy Association, June 7, 2017
- [Opioid Abuse Is a Public Health Crisis—Here's How Trump Can Beat It](#), by Tevi Troy, The Observer, May 30, 2017

External Reference/Research Materials

- [Opioid Crisis Resources](#), American Association of Nurse Anesthetists (last access on October 4, 2017)
- [Opioid Crisis Resources](#), Harvard Kennedy School, Ash Center for Democratic Governance & Innovation (last access on October 4, 2017)
- [Opioids: The Prescription Drug & Heroin Overdose Epidemic](#) by US Department of Health & Human Services, undated
- [5-Point Strategy to Combat the Opioid Crisis](#), by Tom Price, Secretary of Health & Human Services, April 19, 2017
- [The Stunning Prevalence of Painkiller Use Among Unemployed Men](#) by Danielle Paquette, *The Washington Post*, Sept. 7, 2017
- [The Opioid Crisis Is Taking a Toll on the American Labor Force](#) by Eric Levitz, *Daily Intelligencer*, Sept. 7, 2018
- [Opioid Crisis Looms Over Job Market, Worrying Employers and Economists](#) by Yuki Noguchi, *NPR*, Sept. 7, 2018
- [The Morning Jolt: Opioid Crisis Has Reached A New High](#) by JIM GERAGHTY, September 12, 2017 10:04 AM
- [New Measures To Fight Opioid Addiction](#) by Yoel Minkoff, SA News Editor, Sep. 28, 2017 4:23 AM ET
- [Opioid addiction knocking men out of U.S. workforce](#) by KATIE KUEHNER-HEBERT, Benefits Pro, SEP 08, 2017
- [Inside The Opioid Crisis: What The Mainstream Media Won't Let You See](#) by Tyler Durden, Zero Hedge, Sep 11, 2017 8:35 PM
- [Opioid Epidemic on Agenda For Upcoming DOJ Trip to China](#) by Brent Scher, The Free Beacon, September 25, 2017 5:00 AM
- ["What Is Happening To Our Young People?" Teenage Drug Deaths Surge 20%](#) by Tyler Durden, Zero Hedge, Aug 19, 2017 5:50 PM

- [State attorneys general probe opioid drug companies](#) by Nate Raymond, Reuters, June 15, 2017 2:08 PM
- [New York Doctor Arrested For ‘Unneeded Drug Prescriptions’](#) by Staff, Wealthy Doctor, June 9, 2017
- [American Carnage](#) by Christopher Caldwell, First Things, April 2017
- [Overdosing on the Job: Opioid Crisis Spills Into the Workplace](#) by BNA Editors, BNA Pension & Benefits Daily, September 21, 2017 (Subscription required)
- [Trump's FDA chief takes wide aim at opioid addiction crisis](#) by Anna Edney, Bloomberg, JUL 24, 2017
- [Prescription Drug Abuse Worldwide](#) by Narconon International (last accessed on Wednesday, October 4, 2017)
- [The Social and Workplace Costs of Prescription Drug Abuse in Southeast Asia](#) by Cynergy Care, January 2017 (last accessed on Wednesday, October 4, 2017)
- [A Painful Epidemic](#), by Julie Cook Ramirez, Human Resources Executive On-line, Monday, June 5, 2017 (last accessed on Wednesday, October 4, 2017)

Endnotes

¹ The Opioid Epidemic in the U.S.; Department of Health and Human Services; (last accessed on Tuesday, October 31, 2017). <https://www.hhs.gov/opioids/about-the-epidemic/index.html>.

² Because of the sensitivity of this topic, all responses in this paper are being kept anonymous.

³ Opioids and the Treatment of Chronic Pain: Controversies, Current Status, and Future Directions; Rosenblum, et. al., (last accessed on Wednesday, October 4, 2017); <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2711509/>.

⁴ Americans consume the vast majority of the world's opioids by Dina Gusovsky, Published 9:13 AM ET Wed, 27 April 2016; Updated 1:06 PM ET Wed, 27 April 2016; <https://www.cNBC.com/2016/04/27/americans-consume-almost-all-of-the-global-opioid-supply.html>.

⁵ US life expectancy declines for first time in 20 years; BBC; December 6, 2016; (last accessed on Wednesday, October 4, 2017); <http://www.bbc.com/news/world-us-canada-38247385>.