



## **Policy Makers Should Advance Efforts to Control Prescription Opioid Abuse, Which Represent a Substantial and Growing Economic and Social Burden**

**Issue:** Opioids are a class of drugs commonly prescribed to relieve pain, and their potential for abuse has been widely documented, and is now increasingly associated with a transitional dependence on heroin. Opioids include prescription drugs such as morphine, methadone, codeine, hydrocodone and oxycodone and fentanyl. In addition to the immense societal toll, opioid misuse and abuse has specific ramifications for employers and employees.

- Lost workplace productivity costs contributed the largest share of total societal costs associated with opioid abuse, amounting to approximately \$25.6 billion, according to one recent study.<sup>i</sup>
- Of the workplace costs, the cost of premature death was the largest component, accounting for \$11.2 billion (43.8%), and lost wages/employment and presenteeism were the next two costliest components, contributing \$7.9 billion (31.0%) and \$2.0 billion (8.0%), respectively.<sup>ii</sup>
- Employees with opioid abuse accounted for 64.5% and 90.1% of excess medically related absenteeism and disability costs, while caregivers contributed the remaining 35.5% and 9.9%, respectively.<sup>iii</sup>
- Additionally, a 2016 report examines a 5-year examination of employer claims data suggests<sup>iv</sup>:
  - Nearly one out of every three (32 percent) opioid prescriptions filled through an employer-sponsored health plan has been linked to abuse.
  - On average, 4.5 percent of people in the United States who have received a prescription for narcotic painkillers are opioid abusers. These individuals account for nearly one-third (32 percent) of total opioid prescriptions and 40 percent of opioid prescription spending.
  - Opioid abusers cost employers nearly twice as much (\$19,450) in annual medical expenses on average annually as non-abusers (\$10,853).

**Position:** Given the enormous health and economic burden, the National Business Group on Health, representing more 425 large employers who voluntarily provide coverage for 55 million Americans, believes that policy makers should: 1) enhance Prescription Drug Monitoring Programs (PDMPs); 2) establish mandatory Continuing Medical Education (CME) for opioid prescribing; 3) establish evidence-based guidelines for opioid initiation for acute pain; 4) increase prescription drug take-back efforts; 5) mandate e-prescriptions for opioids; and 5) require communication guides by manufacturers.

### **Enhancements to Prescription Drug Monitoring Programs (PDMPs)**

New data suggests that PDMPs are associated with sustained reductions in opioid prescribing by physicians and enhancements to these programs should be evaluated.<sup>v</sup> The Business Group encourages policy makers to consider legislative and regulatory proposals which would:

- Increase consistency among state PDMPs by encouraging standardization and interoperability to expand interstate data sharing among PDMPs;
- Encourage integration of PDMP data sharing with state electronic health information exchange activities and identify ways in which health information technologies (HIT) such as electronic health records can improve prescription drug abuse information;

- Require prescribers to check PDMPs before writing controlled substance prescriptions for patients; and
- Consider language that would require a reasonable, potentially standardized, minimum timeframe by which all PDMPs must refresh database information.

#### **Mandatory Continuing Medical Education (CME) for opioid prescribers**

Less than 40% of physicians receive training in medical school to identify prescription drug abuse or recognize the warning signs of drug diversion.<sup>vi</sup> Nationally, more than 40% of primary care physicians report difficulty in discussing the possibility of prescription medication abuse with patients and more than 90% fail to detect symptoms of substance abuse.<sup>vii</sup> Recognizing this gap in critical training, the Business Group supports policy efforts to:

- Require that practitioners who request Drug Enforcement Administration (DEA) registration to prescribe controlled substances be trained on responsible opioid prescribing practices and non-drug approaches to appropriate pain management, as a precondition of registration.

#### **Evidence-based guidelines for opioid initiation for acute pain**

Similar to the [recommendations](#) for primary care clinicians who are prescribing opioids for chronic pain, we encourage the Centers for Disease Control (CDC) to also issue opioid prescribing guidelines for the treatment of acute pain.

#### **Drug Enforcement Agency (DEA) efforts to take-back unused opioids**

Since 2010, the DEA has sponsored sporadic “National Prescription Drug Take-Back Days.” At its most recent event in May 2016, the agency collected more unused prescription drugs than on any of the previous 10 events since the program’s inception. Recognizing that the majority of prescription drug abusers report in surveys that they get their drugs from friends and family, and given the unprecedented success of the take-back initiative, the Business Group supports:

- Expansion of DEA events to take-back unwanted, expired or unused prescription medications, which also serve to raise awareness of the opioid epidemic and offer the public a safe and anonymous way to help prevent substance abuse.

#### **Utilization of e-prescriptions for opioids**

Fraud and abuse associated with hand-written/paper prescriptions has been identified by provider, pharmacies and law enforcement, as a major contributing factor to both doctor and pharmacy shopping.

- Moving to a system of e-prescribing could reduce the incidence of doctor and pharmacy shopping, as well as reduce prescription interpretation errors.

#### **Manufacturer medication guides and communication plans**

Given the abundance of evidence of the high risk for abuse potential, medication Guides and communication plans should be proactively developed for all opioids, and should be intended to facilitate patients’ safe and effective use of painkillers.

- Patients should be made aware of any information which might affect their decision to use or continue to use an opioid.

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**References**

<sup>i</sup> Howard G. Birnbaum et al., “Societal Costs of Prescription Opioid Abuse, Dependence, and Misuse in the United States,” *Pain Medicine* 12, no. 4 (April 1, 2011): 657–67, doi:10.1111/j.1526-4637.2011.01075.x.

<sup>ii</sup> Ibid.

<sup>iii</sup> Ibid.

<sup>iv</sup> “The Opioid Crisis,” *Castlight Health*, accessed July 14, 2016, <http://www.castlighthealth.com/typ/the-opioid-crisis/>.

<sup>v</sup> Yuhua Bao et al., “Prescription Drug Monitoring Programs Are Associated With Sustained Reductions In Opioid Prescribing By Physicians,” *Health Affairs* 35, no. 6 (June 1, 2016): 1045–51, doi:10.1377/hlthaff.2015.1673.

<sup>vi</sup> Jeanne M. Manubay, Carrie Muchow, and Maria A. Sullivan, “Prescription Drug Abuse: Epidemiology, Regulatory Issues, Chronic Pain Management with Narcotic Analgesics,” *Primary Care* 38, no. 1 (March 2011): 71–vi, doi:10.1016/j.pop.2010.11.006.

<sup>vii</sup> M Mofizul Islam and Ian S McRae, “An Inevitable Wave of Prescription Drug Monitoring Programs in the Context of Prescription Opioids: Pros, Cons and Tensions,” *BMC Pharmacology & Toxicology* 15 (August 16, 2014): 46, doi:10.1186/2050-6511-15-46.