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.

<table>
<thead>
<tr>
<th>The Most Common Opioids</th>
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<tbody>
<tr>
<td>Methadone</td>
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<tr>
<td>Vicodin, Lorcet, Lortab (hydrocodone)</td>
</tr>
<tr>
<td>Dilaudid (Hydromorphone)</td>
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<tr>
<td>Percocet, Percodan, OxyContin, Oxycodeone</td>
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<tr>
<td>Demerol (Pethidine)</td>
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<td>Duragesic (Fentanyl)</td>
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- 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.
EMPIRICAL EVIDENCE
U.S. Opioid Death Rates Per 100,000: 2000-2017

Opioid Deaths Per 100,000

Year | Rate
--- | ---
2000 | 3.0
2001 | 3.3
2002 | 4.1
2003 | 4.5
2004 | 4.7
2005 | 5.1
2006 | 5.9
2007 | 6.1
2008 | 6.4
2009 | 6.6
2010 | 6.8
2011 | 7.3
2012 | 7.4
2013 | 7.9
2014 | 9.0
2015 | 10.4
2016 | 13.3
2017 | 14.9
Opioid Death Rates Per 100,000: 2008-2012 and 2013-2017

- **Chesapeake**: 24.6 (2008-2012), 24.6 (2013-2017)
Age-Adjusted Premature Death Rates
Per 100,000: 2000 to 2017

Chesapeake: Ave = 373.1
Hampton: Ave = 386.5
Newport News: Ave = 399.7
Portsmouth: Ave = 488.0
Suffolk: Ave = 386.5
Virginia Beach: Ave = 488.0
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

Unemployment Rate 2015  Opioid Death Rate
The correlation here is only +.35 and unemployment explains only 12.3% of variability in death rates.
Average Annual Prescription Rates Per 100,000 People: Virginia, 2008-2017

Rate Per 100,000

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate Per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>74.80</td>
</tr>
<tr>
<td>2009</td>
<td>75.97</td>
</tr>
<tr>
<td>2010</td>
<td>77.11</td>
</tr>
<tr>
<td>2011</td>
<td>76.88</td>
</tr>
<tr>
<td>2012</td>
<td>78.27</td>
</tr>
<tr>
<td>2013</td>
<td>78.16</td>
</tr>
<tr>
<td>2014</td>
<td>74.89</td>
</tr>
<tr>
<td>2015</td>
<td>69.33</td>
</tr>
<tr>
<td>2016</td>
<td>64.38</td>
</tr>
<tr>
<td>2017</td>
<td>54.30</td>
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</tbody>
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Per Capita Federal Transfer Payments, 2000-2017

Chesapeake: $7,546
Hampton: $9,445
Newport News: $8,370
Norfolk: $7,993
Northampton: $13,021
Poquoson: $7,393
Portsmouth: $9,923
Suffolk: $7,664
Virginia Beach: $2,425
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.
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.

Expand programs that reintegrate drug violators back into society. Otherwise, they will burden society forever.

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.
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 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.
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.
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.
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.
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