Opioids in the Work Place

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Outline

- History
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  - How they work
- Whom to blame
  - Pressure to Treat
- The Workers’ Compensation Perspective
  - Employer beware
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Historical Perspective

• The ancient Sumerians inhabiting present day Iraq produced opium from cultivated poppies as early as 4000 BC
• They called it “Gil,” the word for joy
• The Sumerians are also credited with inventing beer
• Some credit these two inventions for the completion of the pyramids
Historical Perspective

- Opium was originally used in religious rituals and then came to be used along with hemlock to put people quickly and painlessly to death.
- Opium came to be used medically thereafter.
  - 1500 BC: used as a remedy to “prevent excessive crying in children”
Opioids – Defined

• Opioids can be natural or synthetic
• Naturally occurring opioids are derived from opium and include morphine and codeine
• Synthetic opioids can be partially synthetic such as oxycodone or fully synthetic such as methadone
  • Webster's says opioid definition includes synthetic drugs only
• USDEA classifies most opioids as Schedule II drugs (on a I-V scheduling spectrum), due to their addictive nature
  • Heroin is a Schedule I opioid
  • Codeine and Morphine are Schedule II opioids
How They Work

- Opioids work by binding to pain receptors in the brain, spinal cord and other parts of the body.
- Opioids replicate what nature has programmed – positive reinforcement.
  - Natural rewards such as food, water, sex and nurturing are required for survival of the species.
- Easy to understand how they can be addictive.
Emergence of Morphine

- In 1804, Frederick Sertturner, a German pharmacist, isolated the active ingredient in opium and named it morphine after the Greek god of dreams, Morpheus.
- Morphine was first marketed in 1817 as a cure for opium and alcohol addiction.
- After the invention of hypodermic syringes and hollow needles in the 1850s, morphine began to be used for minor surgery and postoperative pain.
Opioids in the US

- Morphine was used extensively during the Civil War
  - Reported 400,000 cases of “soldiers disease” (morphine addiction)
- In 1898, heroin was synthesized
  - First marketed as a cough suppressant
  - Claimed to be non-addictive
- In the 1900s, free samples of heroin were distributed to recovering morphine addicts as a “step down” cure
Government Intervention

- Smoking Opium Exclusion Act (1909) was the first federal law banning the non-medical use of a substance
  - Banned importation, possession and use of “smoking Opium”
  - Law did not apply to opium-based medications
- In 1924, the Heroin Act was passed banning the manufacture, importation, and possession of heroin – illegal even for medical uses
Recent History

• In the mid 1980s, the WHO began encouraging doctors to use opioids to treat cancer patients for pain

• In 1995, medical advocacy groups (often funded by drug manufacturers) began advising doctors to use the drugs on non-cancer pain as well

• In 2001, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) codified this recommendation and required doctors to treat pain as a disease rather than a symptom of another condition

• In addition, the government approved the use of opioids for moderate to severe pain, vastly broadening the potential market
A Public Menace

- In 2011, half of all arrests for DUI involved not alcohol but opioids
- Opioids have become the most popular recreational drug among adolescents, surpassing marijuana and cocaine
- Number of US drug store robberies rose 80% in the last 5 years
- Non-medical use of prescription painkillers costs health insurers up to $72.5 billion annually in direct health care costs
At What Cost?

- According to the National Institutes of Health, opioid abuse accounts for $100 billion in costs each year (health care expenses, lost income and lost productivity).
- The Centers for Disease Control reports nearly half a million emergency room visits each year, due to misuse of prescription painkillers.
Seem Obvious

- If opioids are so addictive, one might ask why the drugs are used so liberally and on such a prolonged basis
- This question has been asked as far back as the 1800s
- Why is the issue so complicated?
Whom to blame for opioid misuse?

- Doctors
- Big Pharma
- Employers
Doctors at Fault?

- Physicians prescribing opioids based on the belief that the pain relief opioids provide is superior to other medications
- Even if those other medications have never been tried
- Process is often patient-directed
  - “Need something stronger”
Doctors at Fault?

- “Safe opioid prescribing is the result of assessing the vulnerabilities in highly stressed people and accommodating the delivery of opioid therapy to them. We need to stop blaming the drugs.”
  
  Steve Passik, PhD
  
  Professor of Anesthesiology, Vanderbilt University
Patients at Greatest Risk

- Men, much more so than women
- Middle aged adults
- Smokers
- Low income people living in rural areas
- People with a history of treatment for depression or mental illness and those with a history of substance abuse
- “Doctor shoppers” / patients using multiple providers
Between A Rock and ....

- Doctors under more pressure to prescribe opioids
- Lawsuits against physicians for not prescribing
- Lawsuits against physicians for prescribing
- Individual and class action suits against physicians for addiction/dependence
- Individual and class action suits for death (usually accidental overdose)
Pressure to Treat Pain

- 2001 California jury awarded $1.5MM verdict against a physician for failing to treat a cancer patient's pain adequately and thereby causing him needless suffering.
- Somehow concern about under treatment of pain for cancer patients was generalized to apply to any patient’s chronic pain where there is no clear endpoint of cure or death.
New Pain Protocol

• The American College of Occupational and Environmental Medicine recommends the following guidelines for appropriate opioid use:
  • Acute musculoskeletal only
    ✓ If significant objective evidence of injury
    ✓ If other medications have failed to control pain in the short term (up to 3 weeks following injury)
  • In chronic pain instances, short term use during rehabilitation (maximum duration 4 weeks)
Chronic Pain

- Chronic pain is defined as:
  - Pain that lasts 3 or more months, or
  - Pain that lasts longer than would be expected given the underlying injury

- Includes:
  - Pain associated with a chronic medical condition
  - Neuropathic pain (nerve damage)
  - Psychogenic pain (no apparent injury)
We wish to apologize for our apology published on Oct. 22\textsuperscript{nd}. In correcting the incorrect statements published Oct. 15\textsuperscript{th} we incorrectly published the incorrect correction. We accept and regret that our initial regrets were unacceptable and we apologize for any distress caused by our previous apology.

— From the Ottawa Citizen
Pharma at Fault?

- Americans made up 4.6% of the world’s population in 2010, but used 80% of the world’s opioids and two-thirds of the world’s illegal drugs.
- Opioids have become the most commonly prescribed drug category in the US.
  - 15 to 20% of office visits now include a prescription for an opioid.
Pharma at Fault?

- Pain meds are a $7.3B dollar market in the US, projected to grow 15% by 2017 to $8.4B
- Growth is driven by two factors:
  - How much does a pill cost?
  - How many pills are sold?
- Sales growth includes development of new medications which are less addictive
  - No one would argue this is a bad thing
Less Addictive Drugs
Great Solution, Wrong Problem

- Some clinicians believe the WC system would derive greater benefit from a drop in the price of drugs (generics) than brands less likely to be addictive or abused.
- While eliminating abuse is great, these aberrant behaviors are not the bulk of the problem.
- The vast majority of cases involve legitimate prescriptions being taken as prescribed.
Great Solution

- Main problem is a lack of medical necessity
- Doesn't matter if the opioid is abuse deterrent or not

If it’s medically unnecessary

    If it’s leading to a loss of function
    It needs to go away
Polling Question

A patient overdoses on prescription medicine (over 20 pills). Other drugs, including marijuana, were found in his system.

Who is at fault?

1. Individual who took the drugs
2. Doctor who prescribed original medicine
3. Pharmacy
4. Employer/WC carrier
Opioid Death falling on Employer

- Recent rulings in Pennsylvania, Tennessee and Texas show that WC payers will be held responsible for harmful outcomes such as addiction and death due to prescription drugs

- Drug side effects increase WC payers exposure
Commerce & Industry vs. Kimberly Ferguson - Stuart

- May 10th ruling in Texas 13th District Court of Appeals
- Benefits awarded in the death of Bruce Mason Stuart even though toxicology report showed his blood contained a lethal amount of hydrocodone that required ingesting @20 pills
- Treating physician had prescribed just one pill every eight hours
Liability to Employer

- Court ruled that claimant’s demise resulted from his treatment
- Claimant may have consumed more pills because of possible drug side effects
  - Drugs may have caused disorientation and memory loss that caused him to forget how many pills he took
- Toxicology report showed that claimant’s blood also contained muscle relaxant and marijuana
  - He overdosed not only on his own medication but took his wife’s medication too
Workers and the Risk of Narcotics Misuse

- 1 in 12 injured workers started on narcotics were still on them 3-6 months later
- Only 4-7% of injured workers with long term drug use receive psychosocial evaluation and treatment
- In the best state studied, only 25% received such care
- Data based on 300,000 WC claims in 21 states
  - Worker’s Compensation Research Institute 2012
How big is the Problem

• NCCI Reports:
  • Medical costs now accounts for 50% of WC costs
  • 20% of the medical costs are spent on prescription drugs
  • Narcotics account for 34% of this spend
  • 80% of drug costs occur after Year Six
Narcotics Abuse in WC

- Most doctors agree that narcotics (opioids) make sense when their use reduces pain and improves function.
- Problems stem from long term use
  - Addiction
  - Increased Pain Sensitivity (hyperalgesia)
  - Depression and
  - Suppression of the immune system
- 51% of patients experience at least one adverse effect, according to the American Chronic Pain Association
WC Patients Outcomes

- 2009 study concluded that individuals on high-dose opioid therapy following work-related injuries had poorer outcomes in terms of return to work, work retention, medical utilization and long term disability status than those that did not opt for opioids
- Workers who received high doses of opioids to treat injuries such as back strains stay out of work three times longer than those with similar injuries who took lower doses
WC Facts

• 49.9% of costs of workers’ compensation claims are generated by 6% of cases; most of these cases are chronic pain cases

• Medications often seem to be prescribed on a trial-and-error basis with no evidence or treatment plan

• The result:
  • Suboptimal outcomes
  • Polypharmacy (use of multiple medications)
  • Escalating costs
Poll Question

What states currently have the highest incidence rates of prescription drug abuse?

1. New York, California, New Jersey
2. Arizona, Utah, Missouri
3. Oregon, Colorado, Washington
4. Kentucky, West Virginia and Florida
Painkiller Abuse Hits New States

- Oregon, Colorado, and Washington have the nation’s highest rates of prescription drug abuse
- Replaces Kentucky, West Virginia and Florida
- Arizona ranks sixth
- Addicts and dealers obtain large quantities of pills from doctors in Nevada and California, where lax rules have led to pill mills
How the South Cut Misuse

• Kentucky launched state task force to crack down on overprescribing physicians
  • Took further steps to educate public on the proper disposal of unused painkillers
• Florida drug enforcement helped throttle off-market pills
  • New legislation limits pain clinic ownership to health care professionals
• West Virginia lawmakers stiffened penalties for falsifying information to obtain prescriptions
Anatomical Testing

Mrs. Smith is mad at Mr. Smith. Her posture is as follows… She is standing with her left foot pointed forward, her right foot is pointed out the side, her hands are on her hips, she is tapping her right foot up and down off the floor. Which answer best describes the action of her right HIP joint?

A. Flexion
B. External Rotation
C. Extension
D. Internal Rotation

The reason Mrs. Smith is angry is that she held out her right hand, PALM UP, waiting for Mr. Smith to give her some cash so that she could go shopping. What best describes this movement?

A. Pronation
B. Supination
C. Adduction
D. Rotation
Objective Measurement

• What is the appropriate measure of the success of a pain management program?
• Can you ask a patient if they hurt less?
  • Placebo effect
• The most objective measures are:
  • Return to work rates
  • Number of doctor visits
  • Use of medication
  • Published outcome studies
Diagnostic Paradigm

- Insurance carriers report less than a 1% return to work rate for workers compensation claimants out of work 2 years or more.

- Patients with chronic pain problems are misdiagnosed 40%-67% of the time.

- “Sprains” alone account for 48%.

- Misdiagnosed claimants cost the insurance industry millions a year in wasted medical treatment and delay of proper treatment.

- Proper diagnosis and treatment can save money.
Why Patients Are Misdiagnosed

- Doctors don’t spend enough time taking a proper patient history
- Doctors rely on anatomical tests, such as MRI, CT, and X-ray to make diagnosis
  - Anatomical testing is taking a picture, but there is no picture of “pain”
- Doctors need to use physiological tests, since pain is a physiological condition.
  - Physiology measures a response to a stimulus
- Is the oven hot? Would you use a photo or a thermometer to determine this?
• We should all recognize that there is a national problem with drug use of all types:
  • Caffeine
  • Nicotine
  • Ethanol
  • Prescription drugs
Conclusion

- Workers’ Compensation is the ultimate long tail claim business
- Whether it’s opioids or something else entirely, the need for medical expertise on complex claims is not going away
Conclusion

• It is most important to recognize and address issues as early as possible

• Addiction and chronic pain are highly interrelated and deserve the attention of all of us as an industry

• High costs can only be addressed when the injured worker receives the right care

• Focusing on the right medical approach is the first step in addressing the high cost of opioids in workers’ compensation claims