



Grayken Center
for Addiction
Boston Medical Center

The Opioid Epidemic: Crisis in the Workplace

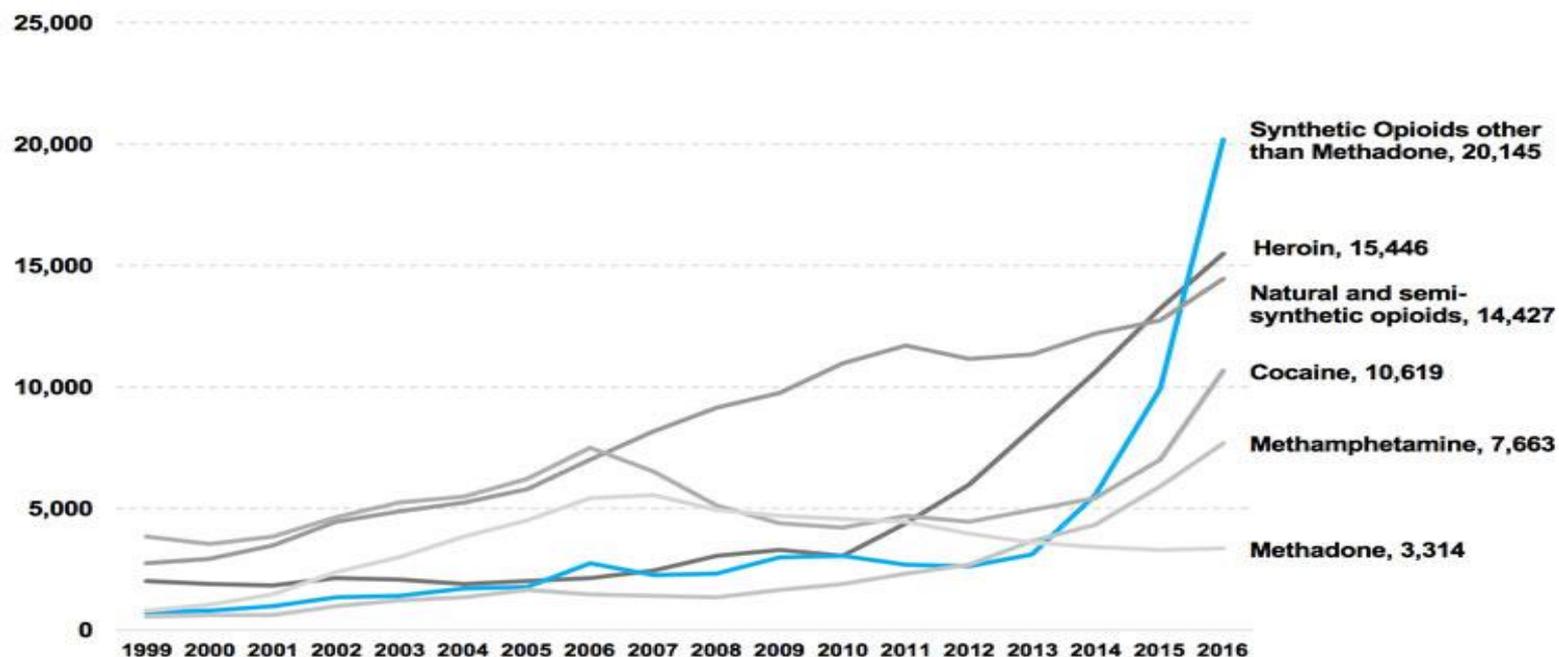
Michael Botticelli
Executive Director, Grayken Center for Addiction

**WBJ Addiction in the Workplace Forum
June 12, 2018**



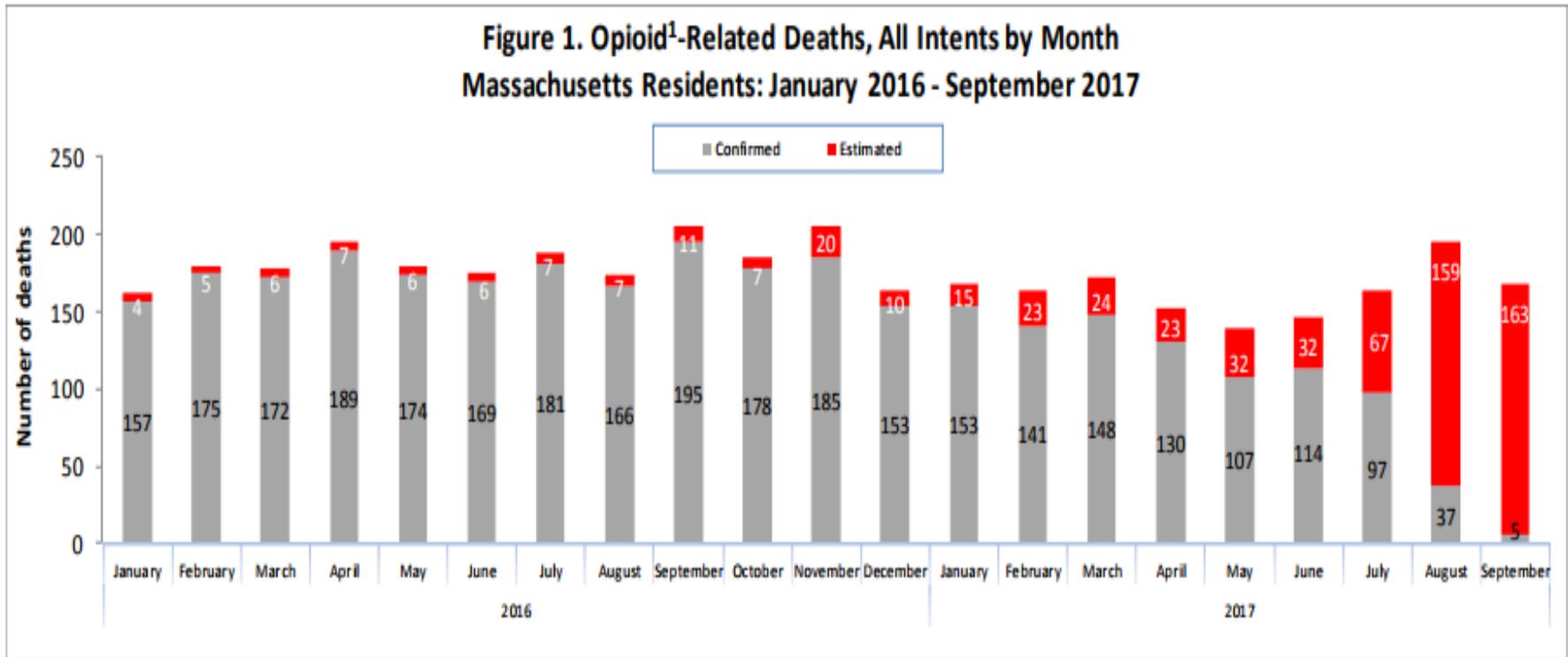
Opioids were involved in 42,000 deaths in 2016 and opioid overdoses have quadrupled since 1999

Drugs Involved in U.S. Overdose Deaths, 2000 to 2016



- Drug overdose deaths are the leading cause of death for Americans under 50
- Surpassed deaths from
 - Car crashes in 1972
 - Peak gun deaths in 1993
 - Peak HIV deaths in 1995
- Contributing to an overall decline in life expectancy among Americans

What's Happening in MA?

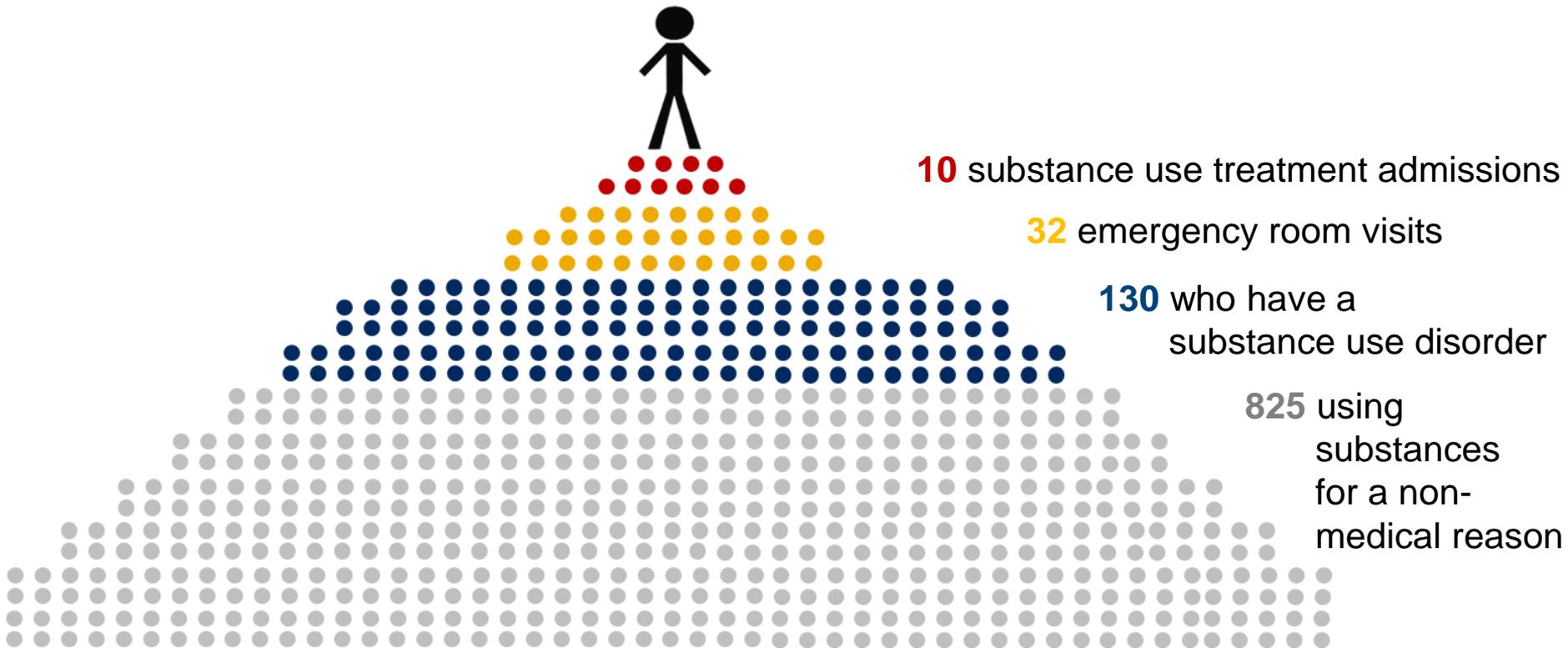


Approximately 10% decline in overdose deaths in MA for first 10 months of 2017

Data Brief, November 2017. MA Department of Public Health.

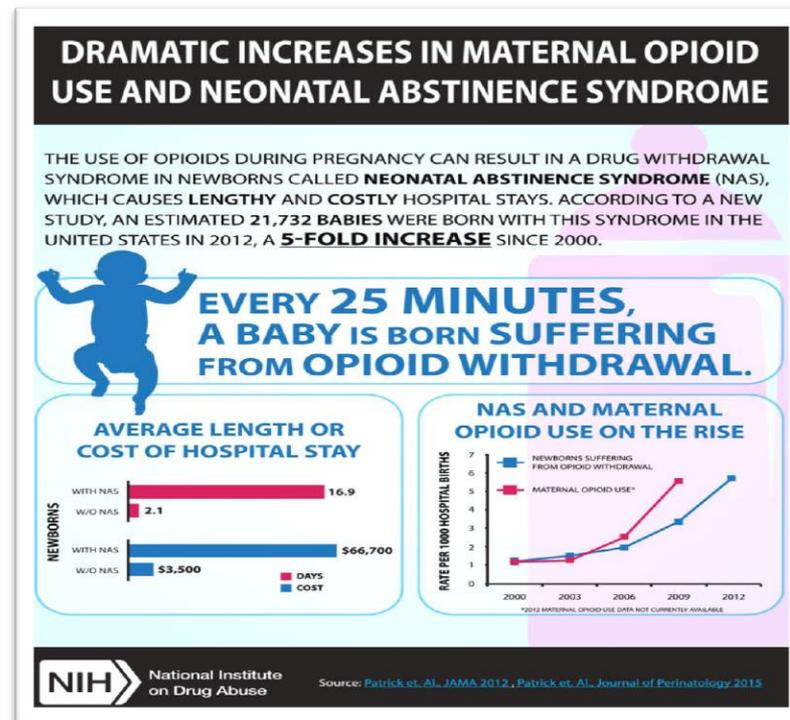
We see the serious consequences of substance use disorders (SUDs) every day on our campus

For every 1 overdose death there were. . .



Other Consequences

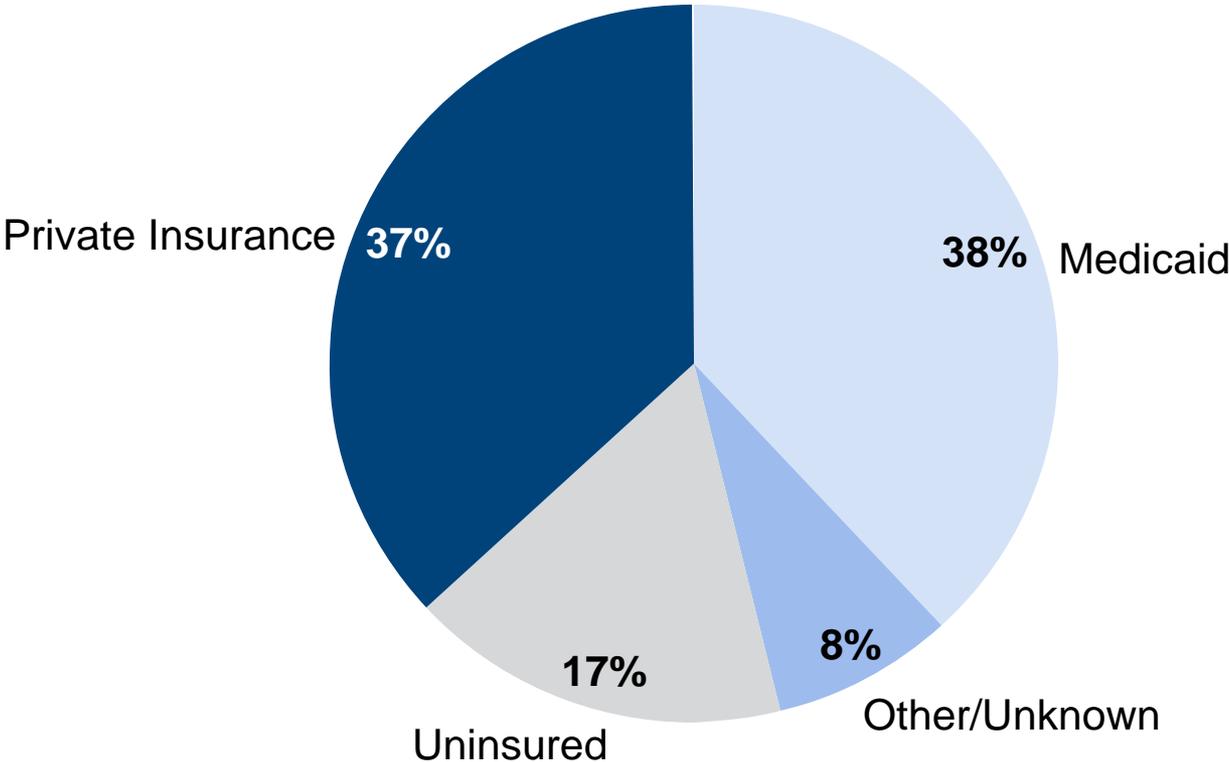
- National Survey data estimates approximately 2m adults with an opioid use disorder – probably significantly higher
- Significant increase in Hepatitis C infections associated with injection Drug Use. During 2010–2015, HCV incidence increased by 294% with the highest rates among young persons who inject drugs (PWID).†
- Significant increases in Neonatal Abstinence Syndrome. 3-fold increase from 1999-2013



- **WH Council of Economic Advisers November 2017 – *The Underestimated Cost of the Opioid Crisis***
 - Economic Costs estimated at \$504b or 2.8% of GDP – over 6x larger than the most recent cost estimates
 - 73% of costs was attributed to nonfatal consequences including healthcare spending, criminal justice costs and lost productivity due to addiction and incarceration
 - 27% attributed to lost potential earnings due to death
- **Princeton economist Alan Kruger suggests that the epidemic accounts for a 20% decline in labor force participation among men.**

Private insurance covers nearly 4 in 10 non-elderly adults with opioid addiction

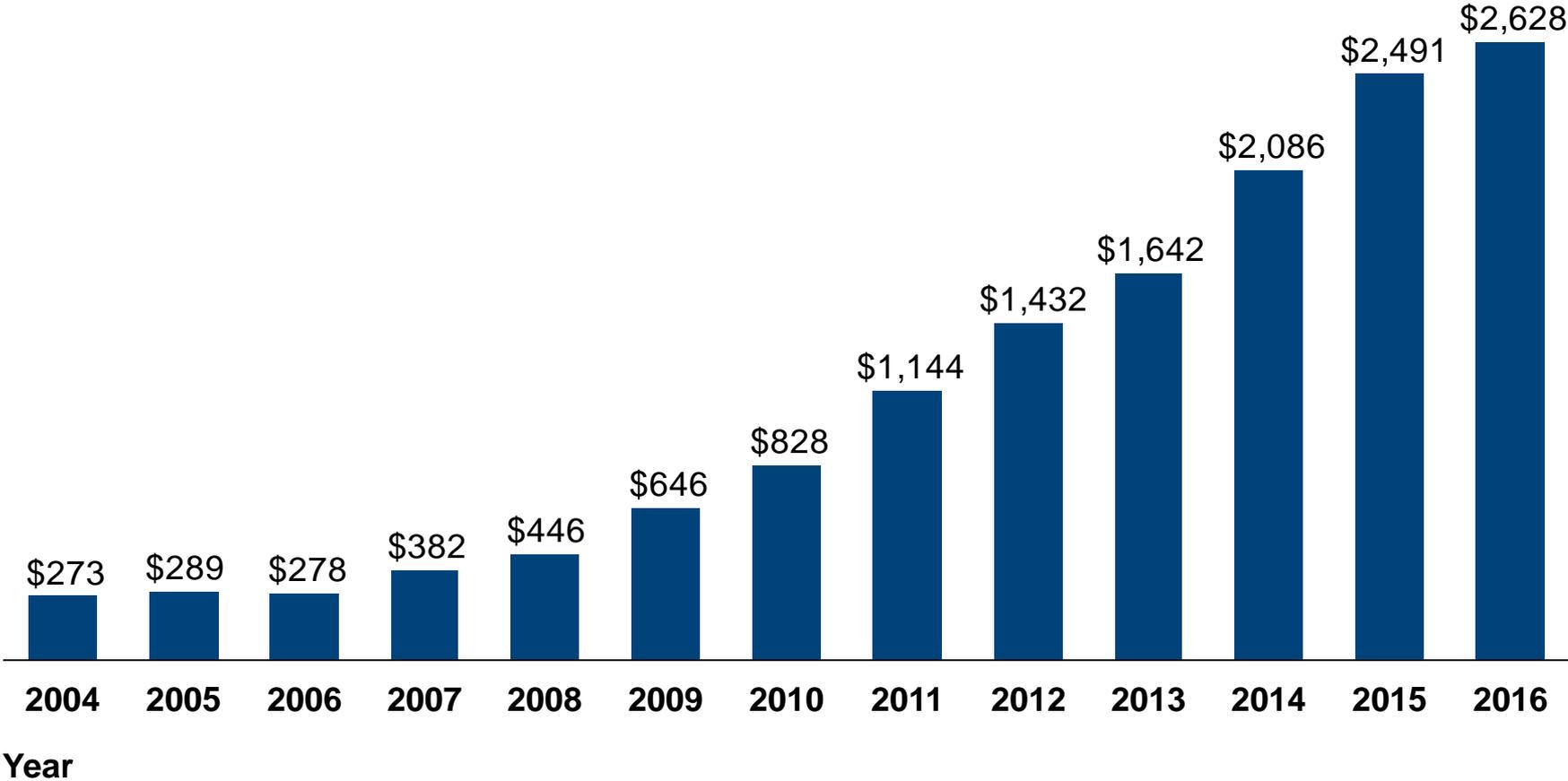
Insurance status of nonelderly adults with opioid addiction, 2016
Percent



The cost of opioid addiction and overdose treatment has risen, even as opioid prescription use has fallen

Total amounts paid for opioid addiction and overdose treatment diagnoses for enrollees in large employer plans, 2004-2016

\$Million



Results from The National Safety Council “calculator” point to significant opportunity for Massachusetts employers to take immediate action.

YOUR PROFILE



PREVALENCE OF SUBSTANCE USE DISORDER BY INDUSTRY

Education, Health, Social Services

Rank: Average/Below

AVERAGE/BELOW

MODERATE

HIGHEST

MASSACHUSETTS

Rank: #33



Rank: #33

MASSACHUSETTS



The “calculator,” in addition to other BMC data, reveal the likelihood of substantial financial opportunity if substance use disorders are addressed

This report combines the latest research on employment costs with data from National Survey on Drug Use and Health (NSDUH) to calculate how much substance use in your workforce costs employers annually.

TOTAL COST: \$1,926,962



Lost Time

COST:

\$435,195



Job Turnover & Re-training

COST:

\$842,395



Healthcare

COST:

\$649,372

2b We are also taking action to support our employees and become a model employer

- We hosted a **Recovery Day Event** featuring stories from our employees
- Kate Walsh led an effort for employees to sign a **“Words Matter” pledge** to avoid stigmatizing language related to SUDs
- **We conducted an employee survey and focus groups to examine benefits satisfaction and corporate climate**
- We mailed a **“Rethinking Drinking”** fact card to each employee as part of Open Enrollment
- Post-surgical opioid prescribing reduction goal



I PLEDGE

to stop the stigma associated with addiction

Words Matter What we say and how we say it makes a difference.

We can be a model and help to lead the way toward ending the opioid epidemic by using language that de-stigmatizes the disease of substance use disorder.

That means using terminology that recognizes that substance use disorder is a chronic illness, not a moral failing, and people can and do recover.

Why do words matter? Studies show that about one in 12 people with substance use disorder get treatment. Stigma is a key barrier. Using the right language, and putting the person first has a real impact on reducing stigma and helping people with substance use disorder seek and get the treatment they need.

We invite you to sign the Words Matter pledge, originally developed by the Grayken Center for Addiction at Boston Medical Center, and help us toward a goal of creating a stigma-free environment at our hospitals, universities, companies, and in our community.

NON-STIGMATIZING LANGUAGE	STIGMATIZING LANGUAGE
<ul style="list-style-type: none"> • Person with a substance use disorder 	<ul style="list-style-type: none"> • Substance abuser or drug abuser • Alcoholic • Addict • User • Abuser • Drunk • Junkie
<ul style="list-style-type: none"> • Substance use disorder or addiction • Use, misuse • Risky, unhealthy, or heavy use 	<ul style="list-style-type: none"> • Drug habit • Abuse • Problem
<ul style="list-style-type: none"> • Person in recovery • Abstinent • Not drinking or taking drugs 	<ul style="list-style-type: none"> • Clean
<ul style="list-style-type: none"> • Treatment or medication for addiction • Medication for Addiction Treatment • Positive, negative (toxicology screen results) 	<ul style="list-style-type: none"> • Substitution or replacement therapy • Medication-Assisted Treatment • Clean, dirty

To help other corporations adopt similar strategies to support their employees, we are developing a model employer toolkit

- We are convening a group of HR leaders to discuss strategies to support employees with SUDs
- We are also convening a group of employers at the Chamber of Commerce in the next few months

Our portfolio of model employer resources is expected to include:

- Info on the opioid crisis
- Materials to distribute to employees
- Recommended employer practices and resources
- 1-page leave behind resources



How Can Employers Respond to the Epidemic?

- **Benefits review and Benefits satisfaction**
 - Ensure contracts with high-quality, evidenced based treatment
 - Employee Resource Guide
 - Benefits support alternative pain therapies
 - Opioid Prescribing Policies
- **Creating a more open culture on addiction**
 - EAP focused communications efforts
 - Communications from top executives
 - Employee surveys
 - Corporate participation/support community events
 - Words Matter pledge
- **Employment Opportunities for People in Recovery**
 - “Ban the Box”
 - Outreach to local treatment programs
- **Don't ignore alcohol use/misuse**
- **Corporate Giving**