



Issue Brief: The Nation’s Drug Overdose Epidemic: Considerations for Employers

In addition to the ongoing challenges presented by the COVID-19 global pandemic, the nation’s opioid epidemic has grown into a much more complicated and deadly drug overdose epidemic. The AMA is greatly concerned by an increasing number of reports from national, state, and local media suggesting increases in opioid- and other drug-related mortality—particularly from illicitly manufactured fentanyl and fentanyl analogs.

Key facts for employers:

- More than 85,000 Americans [died](#) from a drug-related overdose from August 2019 – August 2020, according to the U.S. Centers for Disease Control and Prevention (CDC).
- [Unintentional overdoses](#) due to nonmedical use of drugs or alcohol increased for the seventh consecutive year, according to the U.S. Bureau of Labor Statistics.
- “The total incremental costs of health care due to pain ranged from \$261 to \$300 billion. The value of lost productivity ranged from \$11.6 to \$12.7 billion for days of work missed, from \$95.2 to \$96.5 billion for hours of work lost, and from \$190.6 to \$226.3 billion for lower wages,” according to the [National Institutes of Health](#).
- [Workers](#) with a current substance use disorder miss an average of 14.8 days per year, and those with a pain medication use disorder miss an average of 29 days per year. This is in contrast to an average of 10.5 days for most employees, and an average 9.5 days for workers in recovery from a substance use disorder.

Steps Employers Can Take to End the Epidemic

1. Ensure employees and their families have access to evidence-based care for substance use disorders and mental illness.

- Check your benefit package to ensure there are no barriers to accessing evidence-based treatment of substance use disorders or mental illness. This includes removing barriers like prior authorization requirements for [medications used in the treatment of substance use disorders](#) and requiring no- or low-cost sharing for services provided by addiction medicine, psychiatry and other health care professionals who may be part of the health care team for employees and their dependents. *See [treatment recommendations](#), National Institutes for Occupational Safety and Health*
- Require that your health plan or third-party administrator (TPA) verify that the network of physicians to treat opioid use disorder (OUD) includes access to opioid treatment programs (OTP) and physicians who have a federal waiver to prescribe buprenorphine for OUD who are currently accepting new patients. *See [this success story](#) from Ohio.*

- Ensure that employment applications do not ask about a prospective employee’s history of mental illness or substance use; questions that may be in violation of the Americans with Disabilities Act or other laws.

2. Review and revise internal policies to support comprehensive, compassionate care for patients with pain

- Check your benefit package to identify and eliminate barriers to non-opioid pain care, including high cost-sharing for non-opioid options such as physical therapy, cognitive behavioral therapy, acupuncture and other modalities. Opioid prescriptions [decreased 37 percent](#) between 2014-2019, but non-opioid pain care has not increased due to continued cost and access barriers.
- Consider flex-time or other arrangements to help employees [access non-opioid modalities](#); it is untenable to put patients and physicians in the situation where opioid therapy is the only one that will work for a patient’s work, home and social circumstances.
- For patients who benefit from reduced pain and improved function while receiving opioid therapy, [do not force patients](#) to reduce their dose or duration as a condition of continued employment.

3. Promote harm reduction at work

- Similar to an AED, consider installing an easily accessible **naloxone** rescue station such as a wall-mounted display/storage unit or through your EAP or Human Resources group, have naloxone products readily available at the workplace, including instructions for use. [Helpful guidance from the CDC](#).
- Include signage in prominent areas where employees obtain information, including employee newsletters, to ask their physician about naloxone, obtain [training](#) to recognize signs of overdose and how to administer naloxone.
- Promote your state’s availability of naloxone via a [standing order](#)—so that individuals can obtain naloxone without a prescription.

4. Reduce stigma associated with pain, drug use, harm reduction, and treatment

- Acknowledge the presence and impact of stigma at the patient, provider, institutional and social level for employees with [chronic pain](#), [those who use drugs and have substance use disorder](#), and harm reduction services.
- Treat all employees with compassion and dignity without dismissing the need for medical management of their therapy.
- Dispel myths about naloxone and promote fact and evidence-based harm reduction information.
- Acknowledge health disparities in all aspects of healthcare as a form of stigma – racial and other biases, language differences, gender, economic disparities, and other factors create barriers to care for chronic pain, substance use disorder, and mental illness.
- Communicate, support, and encourage the need for medical care provided to your employees and communities to be patient-centered, well-coordinated, and ensure that treatment plans account for each patient’s individual needs.

Additional Resources

- The [AMA End the Overdose website](#) hosts an array of information and resources from the AMA Opioid and Pain Care Task Forces as well as information related to stigma.
- [“Advocacy and Action to End the Opioid Epidemic by the AMA Opioid Task Force”](#)
- [“Evidence-Informed Pain Management: Principles of Pain Care from the AMA Pain Care Task Force](#)
- [Addressing Obstacles to Evidence-Informed Pain Care](#)
- A one-page document to support [comprehensive treatment options for patients](#)
- A [glossary](#) of commonly misunderstood terms used in pain care
- [Language matters](#) – an informational document to reduce stigma
- [Fair Insurance Coverage is the Law](#)