

Costs of the Prescription Painkiller Epidemic

The use of opioids among injured workers is on the rise (about 70 percent of injured workers are on some type of opioid), even though studies show that the drugs' effectiveness plateaus after 60 days, creating "hyperalgesia" (increased pain) for some. Researchers have been trying to capture the costs associated with long-term opioid use. Here are some highlights:

A wide-ranging investigation led by economist Howard G. Birnbaum, Ph.D., and fellow researchers gathered 2007 figures.¹ Their frequently cited study, published in 2011, found that:

- Total societal costs of prescription opioid abuse in the United States were estimated at \$55.7 billion.
- Workplace costs, driven by lost earnings from premature death and reduced productivity, accounted for nearly half of these costs (\$25.6 billion). The remainder was driven by health care costs (\$25.0 billion) and criminal justice costs (\$5.1 billion).¹

A 2006-2009 study of longer-term use of prescription painkillers in 21 states, based on 300,000 workers' compensation claims and 1.1 million prescriptions associated with those claims, found that physicians are not always following recommended treatment guidelines.² The study found that:

- Nearly 1 in 12 workers who were prescribed narcotics for pain were still using them three to six months later.
- Among claims with longer-term use of narcotics, only 18 percent to 30 percent of workers were receiving the recommended drug testing.
- Only 1 in 4 injured workers with longer-term painkiller use had received psychological evaluation, and only 1 in 6 received psychological treatment.

Sources:

¹ Academy of Pain Medicine: "Societal costs of prescription opioid abuse, dependence, and misuse in the United States" Howard G. Birnbaum et al, April 2011. <http://www.painmed.org/Workarea/DownloadAsset.aspx?id=5553>

²Workers Compensation Research Institute: "Longer-term use of opioids," October 2, 2012. http://www.wcrinet.org/result/longer-term_use_of_opioids_result.html

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A nationwide, industry-wide study, led by Dr. Harry Leider of Ameritox (a medication monitoring company based in Baltimore, MD) and published in the January 2011 edition of the American Journal of Managed Care, looked at costs associated with “non-adherent” patients (those who tested for higher-than-prescribed levels of the drugs).³ The study found that:

- Chronic opioid users generated health care costs 8 times higher than those of non-users: \$23,049, compared with \$4,975.
- The total excess annual cost burden of chronic opioid users was \$14,054 per patient.
- Nearly 50 percent of chronic opioid users had been diagnosed with a chronically painful condition (most commonly low-back pain).

Accident Funds Holdings Inc. examined the link between opioid use and catastrophic worker’s compensation claims, based on 12,226 indemnity claims that were opened and closed between 2006 and 2010 in the state of Michigan.⁴ Their study found that:

- Claims involving long-acting opioids were 3.94 times as likely to have a total cost of \$100,000 or more compared with claims without any prescriptions.
- Claims with short-acting opioids were 1.76 times as likely to have a cost of \$100,000 or more.
- Claims that included long-acting opioids were 9.3 times more costly than claims that did not have such prescriptions, while claims with short-acting opioids were 2.8 times more expensive.

Sources:

³The American Journal of Managed Care: “Healthcare Costs and Nonadherence Among Chronic Opioid Users,” Harry L. Lieder et al, January 2011. http://www.ajmc.com/publications/issue/2011/2011-1-vol17-n1/AJMC_2011jan_Leider_32to40/

⁴Journal of Occupational and Environmental Medicine: “The Effect of Opioid Use on Workers’ Compensation Claim Cost in the State of Michigan.” http://journals.lww.com/joem/Abstract/2012/08000/The_Effect_of_Opioid_Use_on_Workers_Compensation.8.aspx