



POLICY BRIEF

The Massachusetts Health Policy Forum

Opioids in the Workforce

Conference Findings

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Introduction

“We’re not bad people who need to be good – we’re sick people who need to be well.”

On November 1, 2018 the Massachusetts Health Policy Forum held a forum on “Opioids in the Workforce,” co-sponsored by RIZE Massachusetts, the Brandeis-Harvard NIDA Center to Improve Performance of Substance Use Disorder Treatment, and the Opioid Policy Research Collaborative. Employers, employees, insurers, providers, policymakers, funders, researchers, academics, and other stakeholders gathered at The Colonnade Hotel in Boston to discuss the impact of opioid use disorder (OUD) on the workforce. The focus was on the cost and consequences of this epidemic on employers, employees and dependents. The first panel outlined the research, and the second panel of stakeholders discussed interventions and how employer engagement can enhance prevention, access to treatment, and recovery.

Philip Johnston, Chair of the Massachusetts Health Policy Forum, and Julie Burns, Executive Director of RIZE Massachusetts, provided introductions, underscoring the impact of OUD on employees, employers, families, and communities across the Commonwealth – and the opportunity posed by increased employer action in this area.

Following the introductions, attendees heard testimony from “Joe,” a Massachusetts carpenter in recovery. Joe stressed how integral support from the New England Carpenters’ Assistance Fund employee assistance program (EAP) was to his entering treatment, and ultimately sustaining recovery and employment. He urged attendees to erase the stigma around persons with OUD. “We’re not bad people who need to be good,” he said. “We’re sick people who need to be well.”

Panel 1: The Research

Deborah Becker, Senior Correspondent and Host at WBUR, moderated both panels. The first panel provided information about the costs and consequences of the problem, innovative employer programs, and recommendations and best practices. The research was presented by Dr. Constance Horgan, Professor and Director of the Institute for Behavioral Health at The Heller School for Social Policy and Management at Brandeis University, and Dr. Nancy Lane, Visiting Research Scholar at the Heller School. Dr. Monica Bharel, Commissioner of the Massachusetts Department of Public Health, and J.J. Bartlett, President of the Fishing Partnership Support Services, provided their reactions.

The cost and consequences of OUD on individuals, families, communities and the Commonwealth are devastating. The opioid epidemic significantly limits the number of people able to work: 50 percent of working-age white men who were out of the labor force report chronic pain and daily use of opioid pain medications,¹ constricting an already tight workforce. Workers aged 55-64 have the highest rate of opioid prescriptions, at 22 percent.² Additionally, many workers – particularly those in occupations with low job security and availability of paid sick leave – report working while in pain, which may increase opioid use and misuse.³

Unsurprisingly, the National Safety Council found that 70 percent of national employers have experienced negative consequences due to prescription opioid misuse, including absenteeism, impaired job performance, or employees’ use of prescription pain relievers at work.⁴ However, while the Commonwealth is a national leader in its public health approach to the opioid crisis, the issue of opioids in the workplace remains less articulated, with fewer coordinated interventions.

Horgan went on to note that 55 percent of people with OUD are employed full-time, and 37 percent of people with OUD are covered by employer sponsored commercial insurance. The opioid crisis affects employers through higher health care costs and in terms of employee turnover and reduced productivity. Horgan discussed additional themes from the issue brief, including



address the opioid crisis and the prevalence of stigma regarding OUD and its most effective treatment, Medications for Addiction Treatment (MAT, often referred to as “Medication Assisted Treatment”). Horgan also offered a “top ten” list of recommendations for employers seeking to address OUD in the workforce, including:

1. Enhance employee benefits: offer intervention points and best practices
2. Add pharmacy benefit managers
3. Cover alternative pain management options
4. Identify and treat people with OUD
5. Cover medications for addiction treatment
6. Utilize Employee Assistance Programs
7. Be proactive with workers’ compensation and disability insurance
8. Help employers get started
9. Create opportunities to coordinate across public and private sectors
10. Tailor interventions to specific workplace needs



Lane described five innovative employer programs in the Commonwealth, offered by Boston Medical Center, the Fishing Partnership Support Services, Seafood Sam’s of Falmouth, The New England Carpenters Benefit Fund, and General Electric/the GE Foundation. She noted that the programs all featured promotion and buy-in from leadership; were targeted to the specific needs of employees; collected and used data to drive change efforts; and involved a hands-on, personal approach.

Commissioner Bharel agreed with these findings, urging attendees to review the brief, which she described as “concise, action-step oriented, and giv[ing] concrete steps to address this epidemic.” She then described the Commonwealth’s efforts to address OUD, including its “State Without Stigma” campaign; working with providers to reduce inappropriate opioid prescribing; increasing access to MAT drugs and naloxone; efforts to secure stable housing for residents with in recovery from OUD; certifying sober homes; and expanding the availability and use of peer support and recovery coaches. Bharel stressed the importance of using a public health framework focusing on primary, secondary, and tertiary prevention (see Graphic 1, below) and adapting that framework to workplace efforts.



Graphic 1

Primary prevention involves preventing work-related injuries and pain from occurring.

Secondary prevention entails treating injured workers – say, with comprehensive pain management, adequate rest, and avoiding inappropriate opioid prescriptions - to prevent OUD from developing.

Tertiary prevention involves ensuring that employees with opioid misuse or OUD receive high-quality, evidence-based treatment.

Bharel cited a [Massachusetts Department of Public Health report](#) showing that industries with lower job security and paid sick leave are among the most acutely impacted by opioid use disorder. In the Commonwealth, construction workers (nearly five times the state average) and agriculture, forestry, fishing and hunting workers (over four times the state average) had significantly heightened rates of opioid-related overdose deaths. Bharel also stressed the role stigma plays in preventing individuals from connecting to available services.

Bartlett of the Fishing Partnership Support Services described the reasons fishermen face an elevated risk of OUD. Fishermen frequently work while injured – and therefore have a high number of opioid prescriptions. They also face job insecurity and difficulty accessing health care. The Fishing Partnership Support Services evolved to address these needs, becoming an invaluable resource supporting the health, safety, and economic security of fishermen and their families. Bartlett described the Fishing Partnership’s efforts to combat OUD in the industry, with a major focus on the reduction of stigma. As boat owners saw the effects of the opioid epidemic firsthand, they came to welcome interventions such as having naloxone trainings and kits on commercial fishing boats.

Other interventions include promoting positive mental health and using members of the fishing community as Support Service Navigators, who bring their personal understanding and experience to help fishermen access OUD treatment and supportive resources.



Additionally, the issue of stigma was again at the forefront throughout the panel. Panelists noted that though MAT is increasingly covered by health plans at little or no cost - and is a proven treatment that reduces OUD deaths - stigma towards MAT is high and utilization low. Panel members stated that the best way to reduce stigma is through “myth-busting,” as well as increased awareness and education.

Panel 2: The Stakeholders

The second panel of stakeholders discussed resources and strategies employers can use to address opioid use and misuse in the workforce. Panelists included Rachael Cooper, Senior Program Manager and Subject Matter Expert in Substance Use Harm Prevention at The National Safety Council; David Chamberlain, Principal at Strategic Benefit Advisors; Kate Walsh, CEO and President of Boston Medical Center (BMC); Jeffrey W. Werner, Executive Director of the New England Carpenters Benefit Fund; and Dr. Kenneth Duckworth, Associate Medical Director for Behavioral Health at Blue Cross and Blue Shield of Massachusetts (BCBSMA).

Cooper suggested that employers use a [substance use cost calculator](#) developed by the National Safety Council, Shatterproof, and NORC at the University of Chicago as a first step to estimate the cost of opioids in their specific industry and workplace. The National Safety Council also offers a “[Prescription Drug Employer Toolkit](#),” which employers can use and adapt free of charge. Cooper stressed that workplace programs are still very much reactive, rather than preventive, in addressing OUD. She provided broad recommendations for employer-driven strategies, such as providing manager and supervisor training to reduce stigma, providing clear and consistent policies regarding employee drug use and testing, and increasing awareness and use of employer-sponsored EAPs.



large, self-insured offerings.

Benefits consultant Chamberlain stressed that employers in the Commonwealth are very concerned about opioids in the workforce. He noted that employers want to offer comprehensive health benefits for OUD – and to ensure that those benefits are effective, high quality, and being used appropriately. Currently, employers are beginning to cover alternative pain management offerings and providing education regarding the risks of opioid use. Additionally, Chamberlain stated that small businesses may have greater challenges in addressing OUD via their benefit designs, as they typically offer fully-insured health plans with less flexibility than



Walsh noted that BMC, whose Grayken Center for Addiction serves as a regional leader in treating substance use disorders (SUDs), strongly believed that it also needed to address the issue in its own workforce. Walsh described how BMC developed a campaign to address stigma, implementing a “Words Matter” pledge in which employees agreed not to use discriminatory or stigmatizing language regarding SUDs. Moreover, when BMC discovered that employees were unsure of the resources available to them and their family members, it created a toolkit to raise awareness of service offerings. BMC also developed an [“Employer Resource Library”](#) to help other employers address SUDs in the workforce.

Werner talked about the ability of self-insured employers and funds, such as The New England Carpenters Benefit Fund, to address low-quality OUD treatment. The New England Carpenters Benefit Fund offers self-insured health benefits administered by BCBSMA to its roughly 22,000 members and retirees. To address the elevated rate of opioid use and SUDs among carpenters, they expanded access to local treatment services and reduced the utilization of low-quality, out-of-network treatment for OUD. Members had been going to high-cost, low-quality, out-of-state facilities. Some of these facilities use predatory marketing techniques and have poor track records for helping people move towards sustainable recovery. Negotiating with out-of-network providers and redirecting funds to in-network, community-based OUD care saved money and improved outcomes. The New England Carpenters Benefit Fund also created partnerships with sober home providers, namely The Gavin House, to create a new model of care that provides local treatment, keeps families together, provides housing, and allows recovering employees to re-enter the workforce while engaged in treatment.



Finally, Duckworth described BCBSMA’s efforts to address the opioid crisis. BCBSMA removed copayments and prior authorization for MAT, opened its network to all independently licensed practitioners in the Commonwealth, and expanded access to psychotherapy. Currently, BCBSMA is working towards insurance coverage of peer recovery coaches. Duckworth echoed Werner’s concerns regarding the low quality of many out-of-state treatment providers, stressing the need for national quality metrics for OUD treatment. Duckworth also encouraged employers to remove barriers to OUD treatment via their benefit offerings and to engage with their insurance providers to better meet the needs of their employees.

Conclusion

The Opioids in the Workforce forum provided a platform for various stakeholders to explore ways to address OUD in the workforce. Presenters provided research findings on the impact of opioids on the workforce, recommendations for employers, and descriptions of innovative workplace initiatives in the Commonwealth. Key themes that arose repeatedly throughout the forum included the importance of combating stigma towards OUD, the need to raise employee awareness of services and benefit offerings, and the need for employers to offer preventive benefit designs and treatment offerings based on employees' needs.

The Massachusetts Taxpayers Association recently produced a [report](#) highlighting the total costs of this crisis in the Commonwealth. Additional information from RIZE Massachusetts can be found [here](#). The Massachusetts Health Policy Forum will be holding a follow-up forum on the impact of the opioid crisis on small and rural communities in the Commonwealth at the University of Massachusetts Amherst on April 11, 2019. Information will be available on the Massachusetts Health Policy Forum [website](#). While the Commonwealth is a leader in this issue, persistent efforts of the public and private sector are necessary to promote prevention, ensure access to quality evidence-based treatment, and support long-term recovery.



The Massachusetts Health Policy Forum

References

¹ Krueger, A.B. (2017). Where have all the workers gone?: an inquiry into the decline of the U.S. labor force participation rate. *Brookings Papers on Economic Activity*, 2017 (2), 1-87.

² Cox, C., Rae, M., & Sawyer, B. (2018, April 5). *A look at how the opioid crisis has affected people with employer coverage*. Retrieved from <https://www.healthsystemtracker.org/brief/a-look-at-how-the-opioid-crisis-has-affected-people-with-employer-coverage/#item-start>

³ Massachusetts Department of Public Health. (2018, August). *Opioid-related overdose deaths in Massachusetts by industry and occupation, 2011-2015*. Retrieved from <https://www.mass.gov/files/documents/2018/08/07/opioid-industry-occupation.pdf>

⁴ Hersman, D.A.P. (2017). *How the prescription drug crisis is impacting American employers* [PowerPoint Slides]. Retrieved from <https://www.nsc.org/Portals/0/Documents/NewsDocuments/2017/Media-Briefing-National-Employer-Drug-Survey-Results.pdf>

For Further Information

The issue brief for this forum as well as all forum presentations and materials are available on the Massachusetts Health Policy Forum website at: www.masshealthpolicyforum.brandeis.edu