Opioids & Wellbeing: An Update to Controlling an Epidemic in the Workforce
Agenda

**Epidemic Update**
Key stats following the opioid epidemic impact on the US

**What Other Employers are Doing**
Novel strategies and areas of focus that employers are using to prevent or redirect the development of an internal opioid crisis

**Change the Message**
An opportunity to communicate and engage your workforce and empower resiliency

**Employer Impact**
How the opioid crisis is presenting to US employers

**A Wellbeing Connection**
Wellbeing strategies to minimize the impact of the crisis and strengthen engagement of the workforce
An Update to the US Epidemic
In 2017 in the US…

130 people died every day from opioid-related drug overdoses

Over 47,000 people died from overdosing on opioids

Opioid overdoses increased 30% from July 2016 through September 2017 in 45 states

The Equal Opportunity Destroyer

Old View

Heroin is a problem in urban areas for the socioeconomically disadvantaged

Current View

Opioid abuse and overdose impacts:

• All geographic regions of the US
• All racial/ethnic groups, religions, education levels, tax brackets and occupations
• All age groups
• Men and women

www.cdc.gov
An Epidemic in the US

1 in 4 prescribed opioids for chronic pain misuse them
1 in 10 develop an opioid use disorder

Each day, approximately 900 adolescents and 4,400 adults initiated prescription pain reliever misuse

2.1 million Americans have an opioid use disorder

Up to 1 in 4 people receiving prescription opioids long term in a primary care setting struggles with addiction

11.4 million people age 12 and older with past year opioid misuse

2017 NSDUH at SAMHSA.gov
An Epidemic in North Carolina

- In 2016...1505 opioid-related overdose deaths
  - 15.4 deaths per 100K in NC (13.3 deaths per 100K in US)
  - Doubled since 2010
- In 2017...NC providers wrote 72.0 opioid rx per 100 persons
  - Average US rate was 58.7 opioid rx per 100 persons
An Epidemic Among Us

This is Jenny.

Jenny has been working for you for the past 5 years and has consistently positive performance reviews.

She had a car accident over 6 months ago with a minor neck injury and has struggled to focus at work since.

Recently she nodded off while covering the front reception desk and sometimes “disappears” in the bathroom for almost an hour every afternoon.
An Epidemic Among Us

This is Jenny.

Jenny has been one of your most reliable and productive employees…

…but after her child returned home from college she’s been distracted.

She’s constantly on her phone and says her child has been sick and she has to “keep tabs on where she is.”
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This is Jenny.

She keeps to herself and always meets her deadlines.

Recently she’s been working with HR about her spouse who hasn’t been able to return to work after a back surgery over 2 years ago.

She is concerned that he has become dependent on opioid pain meds and needs to know where the resources are and how to get help.
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To relieve physical pain (62.6%)
To feel good or get high (13.2%)
To relax or relieve tension (8.4%)
To help with sleep (5.4%)
To help with feelings or emotions (3.6%)

OPIOID DEPENDENCY IS NOT A MORAL FAILURE

SOMETIMES OPIOIDS ARE THE RIGHT TREATMENT

OPIOID DEPENDENCY AND ADDICTION IS A DISEASE
Where did the Opioid Epidemic Come From?

**EXCESS SUPPLY**

- STIGMATIZATION
- DIVERSION
- TOLERANCE & DEPENDENCY
- STRONGER FORMULATIONS
- EXCESS DEMAND

MULTIPLE CONCURRENT CAUSES = NO SIMPLE SOLUTION
Change is Happening

Reductions in prescribing of opioid pain medications from 2012 to 2017
Employer Impact
An Epidemic in the US Workforce

25% of employers report difficulty recruiting opioid-free employees

82% of large employers surveyed were concerned about prescription opioid misuse and abuse

Private insurance covers nearly 4 in 10 non-elderly adults with opioid use disorders
Incidents Experienced Due to Prescription Drugs in Workforce

>70% of Employers report prescription drug impact in workplace

- Absenteeism or missed work: 39%
- Employee use of prescription pain meds at work: 39%
- Positive drug tests for opioids: 32%
- Impaired or decreased job performance: 29%
- Family member of employee affected: 29%
- Complaints to HR/negative impact on employee morale: 22%
- Near miss or injury: 15%
- Borrowing or selling prescription drugs at work: 14%
- Arrest (on/off job) related to opioids: 10%
- Overdose: 10%
- None of the above: 29%

The Burden of the Opioid Crisis on Employers

Worker’s Compensation claims 4x higher
- 10 x higher if long-acting opioids

Employees with opioid use disorders:
- Higher cost of care
- Greater number of disability claims
- Miss more work days
- More likely to be demoted or fired

Treatment costs for opioid use disorder are increasing, however

Workers in recovery have lower turnover rates and are less likely to miss work, be hospitalized and have fewer doctor visits

www.nsc.org/work-safety/safety-topics/drugs-at-work/costs-for-employers
What Are Other Employers Doing?
## Employer Responses to the Opioid Epidemic

### In 2017, 56% of employers were doing NOTHING…

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help employees return to work following appropriate treatment for opioid dependency</td>
<td>70%</td>
</tr>
<tr>
<td>Test all employees for synthetic opioids</td>
<td>59%</td>
</tr>
<tr>
<td>Training to all staff to identify signs of misuse</td>
<td>24%</td>
</tr>
<tr>
<td>Recomunicating EAP offerings</td>
<td>23%</td>
</tr>
<tr>
<td>Providing services for families of Ees</td>
<td>23%</td>
</tr>
<tr>
<td>Training supervisors/managers to detect and address employee issues</td>
<td>21%</td>
</tr>
<tr>
<td>Training to deal with prescription drug misuse</td>
<td>19%</td>
</tr>
<tr>
<td>Comprehensive drug-free workplace policy</td>
<td>19%</td>
</tr>
<tr>
<td>Educating EE’s about dangers, consequences and health risks associated with prescription drug abuse</td>
<td>11%</td>
</tr>
<tr>
<td>Updating drug testing policy to address prescription drugs which may affect ability to perform job duties</td>
<td>8%</td>
</tr>
<tr>
<td>Updating drug testing policy with “Second Chance” rehabilitation</td>
<td>7%</td>
</tr>
<tr>
<td>Reinforcing confidentiality, to the extent possible, for those who bring issues forward</td>
<td>7%</td>
</tr>
</tbody>
</table>

### In 2018, 58% were studying the prevalence of prescription opioid use, including claims

Employer Responses to the Opioid Epidemic

In 2017, 56% of employers were doing NOTHING...

In 2018, most employers were doing SOMETHING

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational/informational sessions at worksite</td>
<td>34%</td>
</tr>
<tr>
<td>Flexible/gradual return to work after treatment</td>
<td>33%</td>
</tr>
<tr>
<td>Supervisor Training</td>
<td>24%</td>
</tr>
<tr>
<td>Manager supervisor training before worker return</td>
<td>14%</td>
</tr>
<tr>
<td>Mental health first aid training</td>
<td>11%</td>
</tr>
<tr>
<td>Conducted or planned a prescription drug claims</td>
<td>54%</td>
</tr>
<tr>
<td>Using carrier or PBM prescription opioid programs</td>
<td>51%</td>
</tr>
<tr>
<td>Require prior authorization for outpatient opioid rx that...</td>
<td>34%</td>
</tr>
<tr>
<td>Limiting # of pills allowed postsurgery</td>
<td>26%</td>
</tr>
<tr>
<td>Offering alternative pain management treatments</td>
<td>26%</td>
</tr>
<tr>
<td>Revised substance abuse policies</td>
<td>11%</td>
</tr>
<tr>
<td>Increased drug testing</td>
<td>8%</td>
</tr>
<tr>
<td>Narcan on worksite</td>
<td>5%</td>
</tr>
<tr>
<td>Monitoring hospital discharges for prior drug abuse</td>
<td>6%</td>
</tr>
<tr>
<td>Fraud tip hotline</td>
<td>6%</td>
</tr>
<tr>
<td>Flexible/gradual return to work after treatment</td>
<td>22%</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

Over 1/3 of organizations are making opioid misuse in the workplace a top priority

2018 IFEBP Survey and 2018 Hartford Opioids in the Workplace study
What Are You Doing to Respond?

I’m not doing anything because I don’t have a clue where to start
Population Data and Claims Review

Making Data Driven Decisions for Plan Changes

- Total # of Opioid Rx
- Opioids as % of overall Rx
- Total Cost of Opioid Rx
- Opioids as % of Rx spend
- # by opioid category (if available)
- # Days dispensed per Opioid Rx (avg)
- Diagnoses associated with Opioids

- Utilization of Medication Assisted Therapy (MAT)
  - Buprenorphine
  - Methadone
  - Naloxone

- Utilization by Employee, Spouse or Dependent

- # in OD High Risk Group
  - Concurrent Rx for benzodiazepines, muscle relaxants and opioids
Among those with large employer coverage, most opioid prescriptions are in the south

Percent of enrollees with large employer coverage and an opioid prescription, by region, 2016

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Enrollees</td>
<td>14%</td>
</tr>
<tr>
<td>Northeast</td>
<td>11%</td>
</tr>
<tr>
<td>Midwest</td>
<td>14%</td>
</tr>
<tr>
<td>South</td>
<td>16%</td>
</tr>
<tr>
<td>West</td>
<td>12%</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation analysis of Truven MarketScan data, 2016 • Get the data • PNG
Member Scripts by Age in Large Employer Sponsored Plans

Among people with large employer coverage, people age 55-64 represent the largest share of opioid spending

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Insurance Cost</th>
<th>Total Out-of-Pocket Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Enrollees</td>
<td>$1,122</td>
<td>$263</td>
</tr>
<tr>
<td>Ages 0-17</td>
<td>$86</td>
<td>$1</td>
</tr>
<tr>
<td>Ages 18-34</td>
<td>$212</td>
<td>$51</td>
</tr>
<tr>
<td>Ages 35-44</td>
<td>$381</td>
<td>$83</td>
</tr>
<tr>
<td>Ages 45-54</td>
<td>$439</td>
<td>$93</td>
</tr>
</tbody>
</table>

Total cost values for 0-17: Total Insurance Cost ($4 million); Total OOP Cost ($5 million)

Source: Kaiser Family Foundation analysis of Truven MarketScan data, 2016 • Get the data • PNG
Admission of Addiction by Age Group in Employer Plans

People in the their late teens and early twenties are most likely to report having an addiction to opioids

Percent misusing opioids in past year or month among enrollees in a large employer plan, by age, 2016

Source: Kaiser Family Foundation analysis of the 2016 National Survey on Drug Use and Health • Get the data • PNG
Where Do We Go From Here?
Solutions are Underway

Multiple Concurrent Causes = No Simple Solution

Control the Excess and Access
- Limit Prescribing
  state, federal, professional
- Limit Dispensing
  carrier, pharmacy

Control the Misuse and Dependency
- Manufacturing changes
- Abuse deterrent preparations
- Limited detailing to prescribers
- Employer supported treatment and recovery

Understand the Risks and Alternatives
- Education/Awareness to consumers and prescribers
- Reducing the stigma and supporting recovery

Community-Directed Efforts
- Medication “take back” programs
Control the Excess and Access

Optimize your Pharmacy Plan -- Access Resource/Support Available

### BASE LEVEL RESPONSE:
- Limits on both immediate (IR) and extended-release (ER) products.
- Step Therapy Prior Authorization on Extended Release products
- Opioids with MME >90 require Prior Authorization
- Limits on co-prescribing with benzodiazepine
- Pharmacists required to check PDMP databases
- 100% Coverage for Medication Assisted Therapy (MAT)
- Exemption to patients with cancer, or receiving palliative care, or hospice patients

### MORE ADVANCED STRATEGIES:
- Limits on initial days supply (7 days)
- Prior Authorization on all Long-Acting Opioids
- Disease management program/clinical program that addresses pain management/opioids – educational letter, disposal bags
- Fraud Waste & Abuse Autolock – limit to one pharmacy and/or prescriber
- Concurrent Drug Utilization Review
- Address physician prescribing patterns – peer comparison reports
- In-depth reporting on class of drugs, including spend, trend, outcomes, potential cost savings
Control the Misuse and Dependency
In Addition to Optimizing Your Pharmacy Plan

COVER NON-PHARMACOLOGIC PAIN THERAPIES
- Acupuncture
- Medical Massage Therapy
- Yoga/Meditation
- Chiropractic
- Electronic Stim Devices
- Virtual Reality (VR) Appliances and Apps

EXPAND DRUG TESTING AND REVIEW DFW POLICIES
- Include synthetic and prescription opioids
- Update policy language and communicate changes (especially the why)
- Define the employee’s role
- Change frequency of testing
- Develop 2nd chance alternatives that support treatment and recovery

REMOVE UNNECESSARY BARRIERS TO EVIDENCE-BASED TREATMENT
- Inpatient
- Outpatient
- Long-term Psychotherapy to support recovery

NETWORK OPTIMIZATION
Identify Centers of Excellence for treatment of chronic pain or opioid dependency

CARE COORDINATION
- Pick up where EAPs drop off with more intensive, accessible BH services
- Develop Return-to-Work Policies that support recovery, active treatment, peer support

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Understand the Risks & Alternatives

Education and Awareness with an emphasis on a Supportive Environment

Communicate or Reframe EAP Offerings that have a resilience focus

Use for “Life Challenges”

Find Champions

Educate Plan Members (year-round) on:
- risks of misuse
- signs of dependency
- safe storage & disposal
- alternatives for pain management covered in plan

Train Managers & Supervisors to support programs and Reduce Stigma

Train on ‘difficult conversations’ with a message of compassion

Advocate for reducing one’s own risks:
- tools to communicate with prescribers
- OD risk when combined with other Rx
- naloxone for opioid reversal

Reinforce confidentiality

It’s reported that 8 out of 10 employees would NOT come forward for MH/SA issue due to perception of stigma:

CHANGE YOUR ORGANIZATIONAL MESSAGE

www.nami.org
The Opioid Epidemic as a Symptom
The Connection to Wellbeing and Gallagher Better Works℠
Key HR & Operational Priorities

Q: What keeps you up at night?
A: People!

Human Resources
1. Attracting & Retaining Talent (76%)
2. Controlling Benefit Costs (48%)
3. Employee Engagement & Productivity (42%)
4. Training & Development (40%)
5. Creating a Strong Culture (39%)
Why Do US Adults Misuse Opioids?

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The Connection
Focus Wellbeing Initiatives on Stressors

64% stressed over personal work
64% stressed over personal money
63% stressed over personal health concerns
48% stressed over US economy
69% stressed over nation’s future (up from 63%)

Those % are even higher for Gen Z including:

• 25% would not know where to find help if they had a problem with drugs or alcohol
• 35% would not know how to get help for a family member or friend facing a drug or alcohol problem

1 in 5 adults feel they do not do enough to manage their stress well

From APA Stress In America: Generation Z report, October 2018
The Impact of Stress at Work

Approximately 2 in 3 employees report work is a significant source of stress.

- Addiction
- Aggression
- Performance
- Tobacco
- Absenteeism
- Non-Compliance

Annual expenditures are high:

- $190 billion for work-related stress

AHA Resilience in the Workplace Report, 2017
Is the strategy you have in place meeting your objectives?

It’s all connected!

Culture
- Manager Effectiveness
- Leadership
- Workload
- Talent
- Policies

Behavior
- Safety
- Fitness
- Family
- Benefits
- Finances
- Conflict
- Performance
- Addiction
- Mental Health

Risk
- Health & Safety
- Attract/Retain
- Performance
- Financial

Outcomes
- Individual
- Organizational
Building Sustainability with People

Wellbeing is all the things that affect how people think about and experience their lives

The **WHOLE** person comes to work every day...

&

each associate’s wellbeing influences individual and organizational performance
Connecting Employee Engagement and Health Risk

<table>
<thead>
<tr>
<th>LONG HOURS</th>
<th>JOB INSECURITY</th>
<th>INJUSTICE/FAIRNESS</th>
<th>WORK/FAMILY CONFLICT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>Stress</td>
<td>Migraines</td>
<td>Sleep Disorders</td>
</tr>
<tr>
<td>Obesity</td>
<td>Risk Heart Attack</td>
<td>Blood Pressure</td>
<td>Sickness related absence</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Opinion of Health</td>
<td>Burn Out</td>
<td>Risk Heart Attack</td>
</tr>
<tr>
<td>Injury</td>
<td></td>
<td>Depression</td>
<td>Opinion of health</td>
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</table>
Path Forward – Building Resiliency and Organizational Wellbeing

Holistic “Whole Person” Approach
- Policies, Programs, Plan Design, Talent Acquisition

Bring Visibility to Connections
- Culture, health risk, employee engagement, strategic recognition, and performance
- Internal collaboration w/key business strategies

It’s a Leadership & Culture Opportunity
- Culture → Behavior → Risk → Outcomes

Show the Love!
- Demonstrate to employees that the organization cares about their wellbeing

What does better look like for your organization?
Our solution.

A communications toolkit, designed to help turn the tide on opioid dependency.

- Unique identity – independent from your organization’s branding.
- Inclusive, optimistic and recognizable.
- Distinctive from the negative, “scaremongering” approach offered by alternative communications resources.
Our key messages.

- Opioid Use Disorder is a disease – it doesn’t discriminate.
- It’s important we know how to prevent it.
- If you’re not affected yourself, chances are you’ll know someone who is.
- Everyone’s road to recovery looks different, but it is possible.
- Your employer is here to support you and those you care about.
- Confidential and professional support is available.

Taking back what’s ours, one day at a time.
Opioid dependency doesn’t discriminate. Together we can fight it.

Our knowledge is our power.
Opioids can be necessary. So is understanding how to prevent dependency. Together we’re in good hands.

Everyone starts somewhere.
The first step toward opioid recovery isn’t easy. Together we can begin.
Employer Needs Assessment

— Do you have concerns that a segment of your employee population may have or could develop long-term dependency on prescription opioids?

— Do you currently have controls in place to limit the amount of prescription opioids available through your health plan?

— Have you seen a risk in on-the-job accidents in recent years?

— How would you describe the level of engagement within your organization?

— Does your organization have well-defined return to work policies and procedures?

— Do you currently have a drug-free workplace or drug testing policy?

— Does your organization offer wellness programs focused on emotional wellbeing?

— How would you describe the level of internal communications within your organization?

— Does your organization offer an Employee Assistance Program (EAP)?

— Have you completed an engagement survey of your employee population within the last five years?

— Would you describe your organization as a high stress environment?
Thank You!

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