

# How moving able-bodied adults from welfare to work could help solve the opioid crisis

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Jonathan Ingram  
*Vice President of Research*

Sam Adolphsen  
*Vice President of Executive Affairs*





The number of Americans dying from drug overdoses has reached a crisis level. In 2017, there was a drug overdose death every seven and a half minutes, on average.<sup>1</sup> Total drug overdose deaths have increased by nearly 60 percent in just the last four years.<sup>2-4</sup>

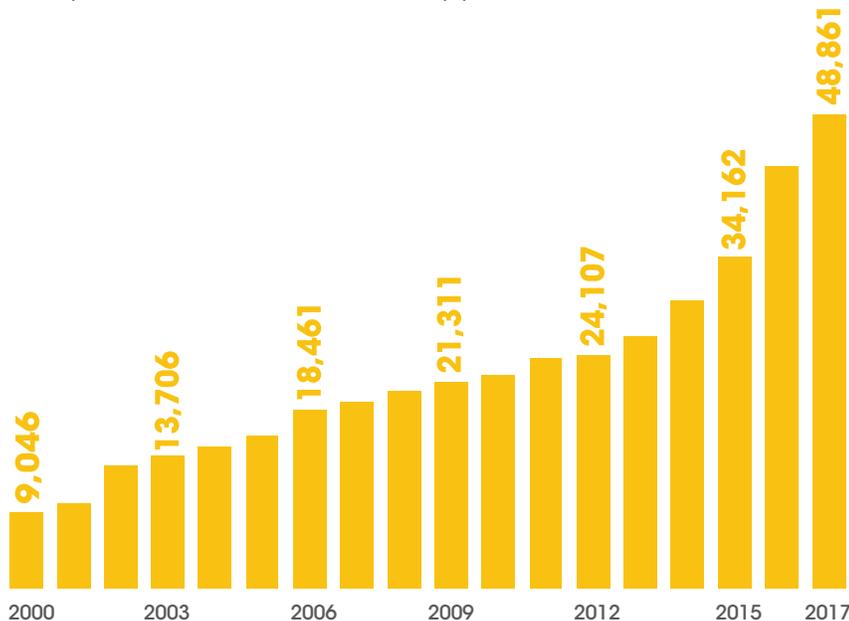
These deaths are heavily concentrated among just one class of drug: opioids. Opioids are a class of drugs that reduce the intensity of pain, but also provide a feeling of euphoria.<sup>5</sup> This class of drugs includes heroin, fentanyl, and prescription drugs such as morphine, oxycodone, and others.<sup>6</sup> More than two-thirds of all drug overdose deaths now involve opioids.<sup>7</sup>

## The opioid crisis has reached new levels

In 2000, the drug crisis hit a new peak: more than 9,000 individuals overdosed on opioids in the United States.<sup>8</sup> Then it hit a new peak in 2001, 2002, and every year after that, with an even sharper spike beginning in 2014.<sup>9</sup> By 2017, the number of opioid overdose deaths had skyrocketed to nearly 49,000.<sup>10</sup>

## OPIOID OVERDOSE DEATHS HAVE INCREASED BY 440 PERCENT SINCE 2000

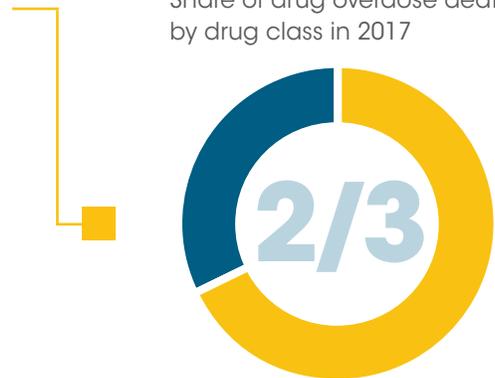
Total opioid-related overdose deaths, by year



Source: U.S. Department of Health and Human Services

## MORE THAN TWO-THIRDS OF DRUG OVERDOSE DEATHS INVOLVE OPIOIDS

Share of drug overdose deaths by drug class in 2017



Source: U.S. Department of Health and Human Services

“ Enough prescription opioids were distributed in 2016 to give almost every adult in America a bottle of painkillers. ”

## Prescription painkillers are contributing to the crisis

Although many of the investigations into the opioid crisis have focused on heroin and fentanyl, prescription painkillers have played a significant role in the crisis. In 2017, for example, a whopping 36 percent of opioid deaths were caused by prescription painkillers.<sup>11</sup>

While the amount of opioids being prescribed has started to fall over the last few years, it remains nearly three times as high as the amount prescribed in 1999—even though Americans do not report any more pain than they did in 1999.<sup>12-13</sup>

In 2016, nearly one in five Americans filled a prescription for opioids.<sup>14</sup> Altogether, nearly 215 million opioid prescriptions were dispensed in 2016—the equivalent of 194 billion milligrams of morphine.<sup>15</sup> That means enough prescription opioids were distributed in 2016 to give almost every adult in America a bottle of painkillers.<sup>16</sup>

At the same time, consumers are paying less than ever for these drugs. In 2001, the average cost for prescription opioids was about \$8.90 per 100 morphine milligram equivalents, with about half of those costs paid out-of-pocket.<sup>17</sup> By 2012, the out-of-pocket cost for opioids had dropped by nearly 80 percent, with public programs such as Medicare and Medicaid taking on more and more of those costs.<sup>18</sup>

Prescription painkillers can also serve as the gateway to illegal drug use. Four out of five heroin users report that they started by misusing prescription opioids.<sup>19-22</sup> Once addicted to painkillers, opioid users may move on to heroin because it is cheaper, stronger, and easier to use intravenously.<sup>23</sup>

## The opioid crisis is growing worse in Medicaid expansion states

Although ObamaCare supporters promised that expanding Medicaid to more able-bodied adults would help solve the opioid crisis, the crisis is most prevalent in states that expanded. The five states with the highest age-adjusted rates of opioid overdose deaths are Medicaid expansion states.<sup>24</sup> Nine of the 10 states with the most overdoses are also expansion states.<sup>25</sup> Overdose death rates are nearly 38 percent higher on average in expansion states compared to non-expansion states.<sup>26</sup>

Expansion states are also experiencing the most significant increases in opioid death rates. The five states with the largest increases in age-adjusted opioid overdose death rates are all expansion states.<sup>27</sup> Likewise, nine of the 10 states with the largest increases are also expansion states.<sup>28</sup> Six of the eight states with declining opioid overdose rates are non-expansion states.<sup>29</sup> Altogether, overdose death rates are rising nearly 20 percent faster, on average, in expansion states compared to non-expansion states.<sup>30</sup>

A report from the U.S. Department of Health and Human Services (HHS) analyzing overdose deaths between 2013 and 2015 found similar results.<sup>31</sup> That analysis found that opioid deaths and death rates were increasing faster in expansion states than non-expansion states, both as a group and individually in comparable state groupings.<sup>32</sup> Other research has identified large and statistically significant differences in overdose rates between expansion and non-expansion states, even after adjusting for differences at the state and county levels.<sup>33-36</sup>

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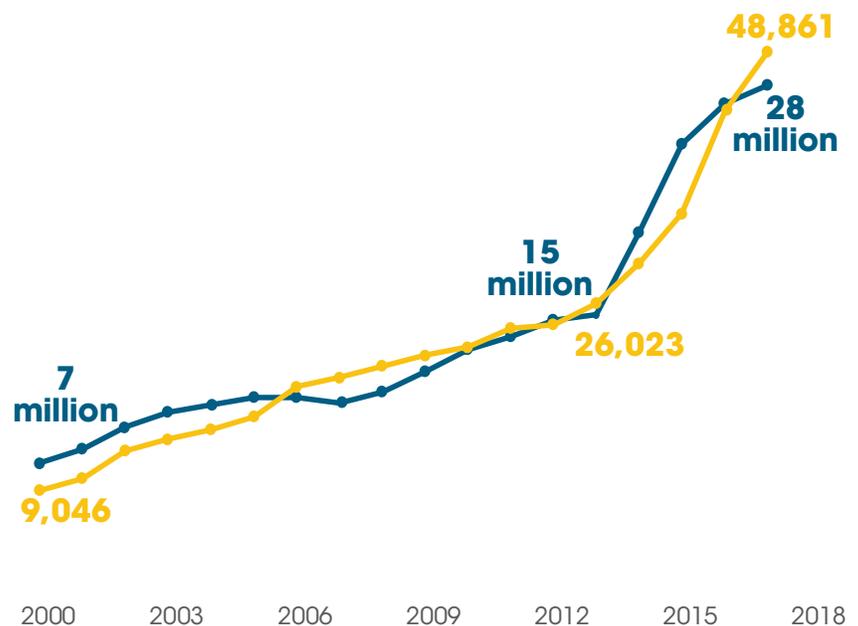
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However, this association may have begun much earlier, as increases in overdose rates have typically tracked enrollment increases among able-bodied adults on Medicaid since at least 2000. Between 2000 and 2013, for example, the number of able-bodied adults on Medicaid increased by nearly 6.2 percent per year on average, while the number of opioid-related overdose deaths grew by an average of 8.5 percent annually.<sup>37-39</sup> Since 2013—following ObamaCare’s Medicaid expansion to a new class of able-bodied, childless adults—this association has grown even closer. The number of able-bodied adults on Medicaid has grown by nearly 16.4 percent annually since 2013, while opioid-related overdose deaths have increased by more than 17.1 percent annually.<sup>40</sup>

## OPIOID OVERDOSES HAVE TRACKED INCREASES IN ABLE-BODIED ADULT MEDICAID ENROLLMENT

Total number of opioid-related overdose deaths and total number of able-bodied adults on Medicaid, by year



Source: U.S. Department of Health and Human Services

## Medicaid enrollees are driving opioid overdoses higher

The opioid crisis is largely driven by Medicaid enrollees. In Maryland, more than 55 percent of individuals overdosing on opioids were enrolled in Medicaid in the year they died.<sup>41</sup> In West Virginia, 71 percent of opioid overdoses occurred among Medicaid enrollees.<sup>42-43</sup>

An analysis of opioid overdoses in New York uncovered that overdose rates are highest among Medicaid enrollees, who had overdose death rates three times as high as individuals not on Medicaid.<sup>44</sup> A similar analysis in Washington found that the age-adjusted risk of overdose death was nearly six times as high for Medicaid enrollees as it was for individuals not on Medicaid.<sup>45</sup>

Medicaid enrollees are also driving opioid-related emergency room visits and hospitalizations. In 2015, nearly 45 percent of opioid-related ER visits and 40 percent of opioid-related inpatient stays were made by Medicaid enrollees.<sup>46</sup> Medicaid enrollees were nearly six times as likely as individuals with private insurance to make opioid-related ER visits and more than five times as likely to be hospitalized.<sup>47-49</sup>

In some states, these rates are even higher. In Maryland, for example, Medicaid enrollees were responsible for nearly 60 percent of all opioid-related ER visits.<sup>50</sup> In West Virginia, Medicaid enrollees made up nearly 63 percent of all opioid-related inpatient stays.<sup>51</sup>

The effects of opioid addiction do not stop at adults; they impact children as well. In 2014, more than 81 percent of infants treated for neonatal withdrawal symptoms after being born to women abusing opioids and other drugs were enrolled in Medicaid.<sup>52-54</sup>



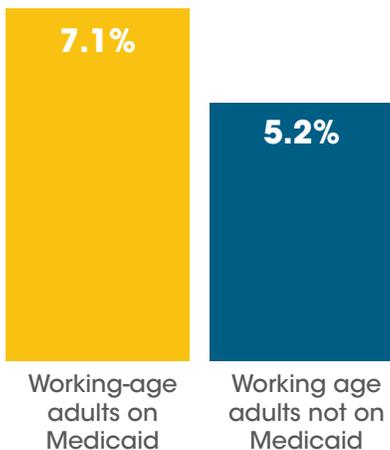
**MEDICAID ENROLLEES  
WERE NEARLY SIX  
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TO MAKE OPIOID-  
RELATED ER VISITS**



**MEDICAID ENROLLEES  
WERE NEARLY FIVE  
TIMES AS LIKELY TO BE  
HOSPITALIZED**

## MEDICAID ENROLLEES ARE 37 PERCENT MORE LIKELY TO MISUSE PRESCRIPTION OPIOIDS

Rate of prescription pain medication misuse in 2015 among working-age adults, by Medicaid status



Source: U.S. Department of Health and Human Services

## Medicaid enrollees are more likely to abuse opioids

Medicaid enrollees are more likely than individuals not on Medicaid to misuse or abuse opioids.<sup>55</sup> Recent research has shown that individuals on Medicaid were five times as likely to abuse prescription painkillers and eight times as likely to be dependent on heroin as privately insured patients.<sup>56</sup>

Working-age adults, the population at the center of Medicaid expansion, are driving much of the opioid crisis. Nearly 96 percent of all opioid overdose deaths occur among working-age adults, and able-bodied adults on Medicaid have the highest rates of opioid prescriptions.<sup>57-58</sup> In Ohio, for example, nearly 91 percent of the individuals receiving opioids were between the ages of 19 and 64, while nearly 84 percent were non-disabled.<sup>59</sup>

Working-age adults on Medicaid are far more likely than individuals not on Medicaid to misuse prescription painkillers, either by using the drugs in greater amounts, more often, or longer than prescribed—or by using the drugs without a prescription at all. In 2015, working-age adults on Medicaid were 37 percent more likely to misuse prescription painkillers than individuals not on Medicaid.<sup>60</sup>

## State and federal audits have revealed shocking abuses

Recent state and federal audits have revealed opioid abuses within the Medicaid program. A recent investigation by HHS's Office of Inspector General uncovered thousands of individuals who were receiving high amounts of opioids, were at significant risk of overdose, or appeared to be doctor shopping.<sup>61</sup> For example, nearly 5,000 Medicaid enrollees in Ohio were found to be using more than 120 morphine milligram equivalents—the equivalent of taking 16 tablets of Percocet per day—on a daily basis.<sup>62</sup> That dosage is significantly higher than the maximum daily dose recommended by the manufacturer and guidelines issued by the Centers for Disease Control and Prevention (CDC).<sup>63</sup>

Hundreds of Medicaid enrollees received extreme dosages putting them at risk of overdose, with some daily doses as high as 1,147 morphine milligram equivalents—the equivalent of nearly 153 tablets of Percocet per day—every day for at least a year, despite the fact that that dosage is nearly 13 times as high as the CDC's recommended avoidance levels.<sup>64</sup>

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The audit also uncovered hundreds of enrollees who were likely doctor-shopping to obtain even larger amounts of opioids.<sup>65</sup> One individual, for example, received 41 opioid prescriptions from 16 different prescribers, which were filled at eight pharmacies, all in a single year.<sup>66</sup> Another enrollee obtained 22 opioid prescriptions from 15 different prescribers, which were filled at 10 different pharmacies.<sup>67</sup> That enrollee traveled more than 145 miles each way to obtain more than a quarter of those prescriptions.<sup>68</sup> According to the audit, nearly 99 percent of those believed to be doctor-shopping were working-age adults.<sup>69</sup>

These audits confirm more comprehensive analyses conducted nationwide. For example, Express Scripts—the nation’s largest pharmacy benefits manager—recently reviewed opioid use among 3.1 million individuals enrolled in Medicaid managed care programs in 14 states.<sup>70</sup> That analysis discovered that more than a quarter of Medicaid enrollees receiving opioids received those drugs from multiple prescribers.<sup>71</sup> One enrollee, for example, obtained opioid prescriptions from 34 different prescribers within a single year.<sup>72</sup> Another enrollee filled multiple opioid prescriptions at 24 different pharmacies in one year.<sup>73</sup> The analysis also identified thousands of Medicaid enrollees who were obtaining six or more opioid prescriptions, written by three or more different doctors, and filled at two or more pharmacies, all within a single three-month window.<sup>74</sup>

These are not isolated incidents, either. One recent analysis of state Medicaid data found that nearly 41 percent of Medicaid enrollees with opioid prescriptions had at least one indicator of inappropriate use.<sup>75</sup>

## The opioid crisis is worse in areas with fewer workers in the labor force

The counties with the worst overdose rates have higher unemployment rates and lower labor force participation rates than the national average. Between 2015 and 2017, the 25 counties with the highest age-adjusted overdose rates had an average unemployment rate nearly 17 percent higher than the national average.<sup>76-80</sup> Those counties also had an average labor force participation rate that was more than seven percent lower than the national average during that same period.<sup>81-84</sup>

Recent research from HHS shows that an increase of just a single percentage point in a county's unemployment rate would increase opioid sales by nearly four percent and increase the overdose death rate by nearly five percent.<sup>85</sup> Likewise, opioid overdose ER visits are nearly seven percent higher for each percentage point increase in the unemployment rate.<sup>86</sup>

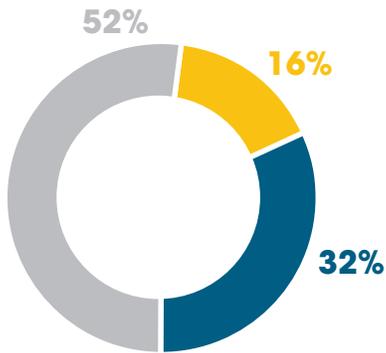
Individuals who live in areas with higher opioid prescription rates are also more likely to drop out of the labor force altogether, even after controlling for differences in demographics, economic factors, regional differences, and individual characteristics, such as health status and functional disabilities.<sup>87-89</sup> Likewise, even declining employment concentrated in certain sectors—such as manufacturing—has been linked to rising opioid abuse and overdose deaths.<sup>90</sup> If that weren't bad enough, recent estimates suggest that up to 40 percent of the decline in labor force participation among men in their prime working years is the result of the opioid crisis.<sup>91</sup>

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## JUST 16 PERCENT OF ABLE-BODIED MEDICAID ENROLLEES WORK FULL-TIME, YEAR-ROUND

Work status of non-disabled, working-age Medicaid enrollees, 2015



- Full-time, year-round workers
- Part-time or part-year workers
- Non-workers

Source: U.S. Department of Health and Human Services

## Non-workers are more likely to abuse opioids

There is a significant connection between drug use and employment, with unemployed individuals at the highest risk of developing addictions.<sup>92-93</sup> In general, unemployed individuals are far more likely to misuse prescription painkillers than full-time workers.<sup>94</sup> In 2015, unemployed working-age adults were nearly 76 percent more likely to misuse prescription painkillers as full-time workers and more than 34 percent more likely to misuse those drugs as part-time workers.<sup>95-97</sup>

## Most able-bodied adults on Medicaid don't work at all

Although they have no disabilities keeping them from meaningful employment, few able-bodied adults on Medicaid work full-time.<sup>98-100</sup> In 2015, for example, just 16 percent of able-bodied adults on Medicaid worked full-time, year-round jobs, while most did not work at all.<sup>101</sup> Likewise, state Medicaid agencies report that most ObamaCare expansion enrollees report no earned income.<sup>102</sup>

## Moving able-bodied adults from welfare to work could help solve the opioid crisis

Work requirements have a strong track record of moving able-bodied adults from welfare to work, increasing wages, and improving self-sufficiency in other programs. After work requirements were implemented in food stamps, able-bodied adults saw their wages more than double within a year of leaving welfare and more than triple within two years.<sup>103-105</sup> Those higher wages more than offset lost welfare benefits, leaving individuals better off.<sup>106-107</sup> Stronger work requirement sanctions were also followed by lower caseloads, more employment, and higher incomes in the cash welfare program.<sup>108</sup>

Work requirements could help able-bodied adults on Medicaid who are abusing opioids move onto better paths. Participating in drug treatment and rehabilitation programs, for example, can satisfy work requirements. Likewise, moving able-bodied adults from welfare to work could help ensure those in recovery do not relapse.

Employment is an important predictor of sobriety and an essential component of recovery.<sup>109-112</sup> Work is associated with long-term sobriety among former opioid addicts and lower rates of relapse.<sup>113-115</sup> It provides structure for those in recovery, introduces new social relationships, creates a new path to independence, and helps individuals build self-esteem through the dignity of work—all of which can help maintain sobriety.<sup>116-117</sup>

## Efforts to combat the opioid crisis should focus on moving able-bodied adults from welfare to work

Medicaid expansion has often been held out by proponents as a silver bullet to solve the opioid crisis. However, the data is clear that the opioid crisis has not abated more rapidly in states that expanded Medicaid. Instead, the number of opioid deaths has increased in sync with the increase in able-bodied adults added to the program. Nearly all of the states where the opioid crisis has been most devastating are states that have expanded Medicaid to more able-bodied adults.

To make matters worse, few able-bodied adults on Medicaid work full-time, while most do not work at all. This is particularly troubling because worklessness is significantly associated with opioid misuse. State and federal efforts to move able-bodied adults from welfare to work could serve an important function in combating the opioid crisis.

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15275 Collier Boulevard | Suite 201-279

Naples, Florida 34119

(239) 244-8808

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