



The prevalence and treatment of opioid misuse among working-age adults with disabilities, 2016

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Background

The United States is in the midst of a deadly opioid epidemic – an estimated 11.8 million Americans misused prescription opioids in 2016, and about 42,249 died from overdosing on opioids.² Because adults with disabilities are 2.5-3.0 times more likely to report persistent pain than the general population, they are at much higher risk of long-term exposure to, and dependency on, prescription pain medications.³ Adults who engage in the nonmedical use of prescription opioids are also at higher risk of heroin use, and it is important to concurrently examine misuse of licit and illicit opioids.⁴

Objective

To compare the relative prevalence and treatment of opioid misuse among working-age adults (18-64) with and without disabilities.

Methods

Weighted prevalence estimates were derived from the 2016 National Survey on Drug Use and Health (NSDUH). We compared rates of opioid misuse and treatment among working-age adults with (sample n=1,734) and without (sample n=13,026) disabilities. Disability was defined by a visual or hearing impairment, or a cognitive, mobility, activity or instrumental activity limitation. Opioid misuse was defined as any heroin use or the use of prescription pain medications “in any way that a doctor did not direct you to use them.”

Principal Findings

Working-age adults with disabilities were significantly more likely to have misused prescription pain medications (17.0% vs. 11.3%) or used heroin (4.4% vs. 1.8%) in their lifetime than those without disabilities (see table 1). About 8.8% adults with disabilities reported current opioid misuse, compared with 4.7% of adults without disabilities. Among respondents who reported opioid misuse, only 12.8% of adults with disabilities received substance abuse treatment, but this is significantly higher than for those without disabilities (8.6%).

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² US Dept. of Health and Human Services (2018). The Opioid Epidemic by the Numbers, www.hhs.gov/opioids/

³ Kennedy, J, J Roll, T Schraudner, S Murphy & S McPherson (2014). Prevalence of persistent pain in the US adult population: New data from the 2010 NHIS. *Journal of Pain*, 15(10), 979-984

⁴ Compton WM, CM Jones & GT Baldwin (2016). Relationship between nonmedical prescription-opioid use and heroin use. *New England Journal of Medicine*; 374(2):154-163

Table 1. Comparison of prevalence and treatment rates for opioid abuse and dependence among working-age adults (18-64) with and without disabilities

	Adults with any limitations or impairments		Adults without limitations or impairments		χ ²	p
	est. N	column %	Est .N	column %		
Total (row %)	31,338,173	16.0%	165,138,469	84.0%		
Any opioid misuse (lifetime)	5,727,526	18.3%	19,793,556	12.0%	76.2	<.0001
heroin (any)	1,365,934	4.4%	3,004,005	1.8%	53.7	<.0001
pain medication use not directed by physician	5,327,110	17.0%	18,605,473	11.3%	176.5	<.0001
Any recent opioid misuse - past year	2,744,618	8.8%	7,715,998	4.7%	76.2	<.0001
heroin only	82,723	0.3%	216,204	0.1%		
pain medication only	2,428,458	7.7%	7,105,024	4.3%		
pain medication and heroin	233,437	0.7%	394,770	0.2%		
Treatment for opioid misuse - past year	350,840	1.1%	662,529	0.4%	24.1	<.0001
heroin	169,318	0.5%	373,480	0.2%	7.3	0.0069
pain medication	267,282	0.9%	460,002	0.3%	18.4	<.0001

Data source: 2016 National Survey on Drug Use and Health, US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Conclusions and Implications

Working-age adults with disabilities are at relatively high risk of opioid misuse, due in part to the high prevalence of persistent pain within this population. Most working-age adults who report current/recent opioid misuse do not receive treatment, regardless of disability status. Additional research is needed to assess barriers to treatment, particularly for adults with disabilities.

The NSDUH is an important and widely-used data source for population estimates of substance use in the U.S., but the disability items in the survey are somewhat limited (for example, work disability and disability program participation are not included). The survey also fails to capture the appropriate therapeutic use of the opioid agonists buprenorphine and methadone, which are treated as potential drugs of abuse rather than a key component of medication-assisted treatment for opioid dependence.

Despite these limitations, the implications of this analysis are clear – over 2.7 million working-age adults with disabilities face additional barriers to workforce participation, community integration and independent living because they misuse opioids. Improved access to appropriate and affordable pain management therapies, evidence-based substance abuse treatments, and rehabilitation services should be a national policy priority for the disability community.

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