

The Rise of Prescription Opioids and Enrollment in Disability Insurance

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Key Findings and Policy Implications

This paper examines whether people with back pain have experienced reduced enrollment in disability insurance over time, as treatment for back pain has expanded. We focus on a sample of adults age 50 to 55, and follow their labor market participation and disability enrollment over eight years. We use data from the 1996 through 2014 waves of the Health and Retirement Study (HRS). The paper finds that:

- Comparing cohorts of adults with back pain across years, the trend towards disability insurance was remarkably similar over time. In each cohort, individuals increased their enrollment in DI steadily as they aged. In the 1996 cohort, for example, 1.9 percent of the sample had enrolled in DI by 1998, and 6.8 percent had enrolled by 2004.
- Following this same 8 year-progression from baseline, across all cohorts in the study, roughly the same 7-10 percent of older adults with back pain had enrolled in DI by the end of the 8-year observation period. This pattern was remarkably similar comparing cohorts with relatively low opioid prescribing to periods of high opioid prescribing. In other words, if prescribing more opioids made back pain less debilitating, that change did not translate into changes in DI participation rates.
- A similar stability over time occurred when we examined labor force participation among adults with back pain.

The topic is important for disability policy, because musculoskeletal impairments have become the most common reason for new disability insurance awards in the last decade. The increasing use of opioid medications appears to have done little to counter these enrollment trends.

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