

## **Opioid Crisis**

Prescription opioids continue to be a contributing factor to the ongoing opioid epidemic, making it a national public health crisis. While prescribing is not the only way patients access excessive amounts of controlled substances, it is a method in which we can provide preventative measures to help decrease statistics of overdosing, deaths, and addiction. The *Centers for Disease Control and Prevention* outlines three specific timeframes or “waves” in which an increase in opioid overdose deaths was identified. The first wave is associated with increased amounts of prescribed opioids, specifically natural, synthetic opioids, and methadone, in the 1990’s<sup>1</sup>. In 2010, the second wave was attributed to the increased use of heroin<sup>1</sup>. And the third wave was associated with increased use of synthetic opioids, specifically illicitly manufactured fentanyl<sup>1</sup>.

The use and intention of opioid analgesics is to treat acute pain, chronic conditions, terminal illness, and surgical interventions, but ongoing trends continue to point to the allotment of these drugs, and their use for nonacute circumstances. The harm of opioids goes beyond just an individual’s health, but also alters the wellness of communities, and increases the cost of healthcare.

### **What We Know:**

- 116 people die every day from opioid related drug overdoses.<sup>2</sup>
- 11.5 million people misused prescription opioids in 2016.<sup>2</sup>
- In 2016, overdose rates from prescription opioids are higher amongst those 25 to 54 years old.<sup>4</sup>
- The most common drugs involved in prescription opioid deaths are Methadone, Oxycodone, and Hydrocodone.<sup>4</sup>

Physicians are on the forefront of the crisis, and have the ability to intervene, provide the best clinical practices, safe prescribing habits, and become healthcare leaders in their communities. Overall, providers can have a positive impact on both population health and patient safety outcomes. Methods of alternative interventions to decrease the dependency of opioids consist of the use of:

- Acetaminophen/ibuprofen
- Cognitive behavioral therapy
- Exercise therapy/physical therapy
- Medications for depression/seizures
- Injection therapies
- Exercise/weight loss
- Other therapies such as massage and acupuncture<sup>3</sup>

### **Provider Resources:**

[Centers for Disease Control and Prevention \(CDC\) Pocket Guide: \*Tapering Opioids for Chronic Pain\*](#)

[American Academy of Family Physicians: Chronic Pain Management Toolkit Tapering Resource](#)

[American Society of Regional Anesthesia and Pain Medicine: Safe Opioid Storage, Tapering, and Disposal](#)

**Patient Education Resources:**

[CDC: Patient Opioid Fact Sheet](#)

[CDC: Patient Guideline Sheet](#)

[CDC: Nonopioid Treatments for Chronic Pain](#)

[U.S. Department of Health and Human Services](#)

[Recycle Indiana \(Local Drug Take-Back Collection Program\)](#)

**Sources:**

1. <https://www.cdc.gov/drugoverdose/epidemic/index.html>
2. 2016 National Survey on Drug Use and Health, 2 Mortality in the United States, 2016 NCHS Data Brief No. 293, December 2017, 3 CEA Report: The underestimated cost of the opioid crisis, 2017
3. <https://www.cdc.gov/drugoverdose/patients/options.html>
4. <https://www.cdc.gov/drugoverdose/data/overdose.html>