Understanding the Epidemic

When the Prescription Becomes the Problem

In a period of nine months, a tiny Kentucky county of fewer than 12,000 people sees a 53-year-old mother, her 35-year-old son, and seven others die by overdosing on prescription painkillers obtained from pain clinics in Florida. In Utah, a 13-year-old fatally overdoses on oxycodone pills taken from a friend’s grandmother. A 20-year-old Boston man dies from an overdose of methadone, only a year after his friend also died from a prescription painkiller overdose.

These are not isolated events. Each day, 44 people in the United States die from overdose of prescription painkillers.

Prescription Painkiller Abuse, Overdose, and Death

A big part of the overdose problem results from prescription painkillers called opioids. These prescription painkillers can be used to treat moderate-to-severe pain and are often prescribed following a surgery, injury, or for health conditions such as cancer. In recent years, there has been a dramatic increase in the acceptance and use of prescription opioids for the treatment of chronic, non-cancer pain, such as back pain or osteoarthritis. The most common drugs involved in prescription overdose deaths include:

- Hydrocodone (e.g., Vicodin)
- Oxycodone (e.g., OxyContin)
- Oxymorphone (e.g., Opana)
- Methadone (especially when prescribed for pain)

Prescription painkiller overdose deaths also often involve benzodiazepines. People who take prescription painkillers can become addicted with just one prescription. Once addicted, it can be hard to stop. In 2013, nearly two million Americans abused prescription painkillers. Each day, almost 7,000 people are treated in emergency departments for using these drugs in a manner other than as directed.

Taking too many prescription painkillers can stop a person’s breathing—leading to death.

The Solutions

Safe Prescribing Practices
Problematic prescribing practices are a leading contributor to epidemic. Safe and informed prescribing practices and instituting sensible prescribing guidelines can help stop it.

**State Policies**

Cities and states across the country have taken steps to improve painkiller prescribing and prevent prescription misuse, abuse, and overdose. These efforts include regulating pain clinics, using systems to identify fraudulent prescriptions, and improving access to naloxone—the antidote to opioid overdose. Additionally, states can take steps to improve prescribing practices in public insurance programs, like Medicaid or Workers Compensation programs.

**Prescription Drug Monitoring Programs**

Use of state prescription drug monitoring programs gives health care providers information to improve patient safety and protect patients. At the same time, they preserve patient access to safe and effective pain treatment.

**Definitions**

**Overdose:** When a drug is swallowed, inhaled, injected, or absorbed through the skin in excessive amounts and injures the body. Overdoses are either intentional or unintentional. If the person taking or giving a substance did not mean to hurt themselves or others, then it is unintentional.

**Misuse:** The use of prescription drugs in a manner other than as directed.

**Abuse:** Continued use of illicit or prescription drugs despite problems from drug use with relationships, work, school, health, or safety. People with substance abuse often experience loss of control and take drugs in larger amounts or for longer than they intended.

**Naloxone:** A prescription drug that can reverse an opioid or heroin overdose if administered in time.

**References**


Part 2 continued on next page . . .
Every day in the United States, 44 people die as a result of prescription opioid overdose.  

- Among those who died from prescription opioid overdose between 1999 and 2013:
  - Most were ages 25 to 54.
    - This age group had the highest overdose rates compared to other age groups. However, the overdose rate for adults aged 55–64 increased more than seven-fold during this same time period.
  - The large majority were non-Hispanic whites.
    - The age-adjusted rate of prescription painkiller overdose deaths among non-Hispanic white persons increased 4.3 times, from 1.6 per 100,000 in 1999 to 6.8 per 100,000 in 2013.
    - The rates more than doubled for non-Hispanic black persons, from 0.9 per 100,000 in 1999 to 2.5 per 100,000 in 2013.
    - The rates increased only slightly for Hispanic persons, from 1.7 per 100,000 in 1999 to 2.1 per 100,000 in 2013.
    - The rates for American Indian or Alaska Natives increased almost four fold from 1.3 per 100,000 in 1999 to 5.1 per 100,000 in 2013.  

- Men were more likely to die from prescription opioid overdose, but the mortality gap between men and women is closing.
  - Deaths from prescription painkiller overdoses among women increased more than 400% during 1999–2010, compared to 237% among men.

Prescription Opioid Painkillers and the Epidemic of Drug Abuse and Overdose

- Drug overdose was the leading cause of injury death in 2013. Among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes.
- There were 43,982 drug overdose deaths in the United States in 2013. Of these, 22,767 (51.8%) were related to prescription drugs.
- Of the 22,767 deaths relating to prescription drug overdose in 2013, 16,235 (71.3%) involved opioid painkillers, and 6,973 (30.6%) involved benzodiazepines.
• People who died of drug overdoses often had a combination of benzodiazepines and opioid painkillers in their bodies.¹

• Drug misuse and abuse caused about 2.5 million emergency department (ED) visits in 2011. Of these, more than 1.4 million ED visits were related to prescription drugs.⁴

• Among those ED visits, 501,207 visits were related to anti-anxiety and insomnia medications, and 420,040 visits were related to opioid analgesics.⁴

• Benzodiazepines are frequently found among people treated in EDs for misusing or abusing drugs.⁴

• Nearly two million Americans, aged 12 or older, either abused or were dependent on opioid painkillers in 2013.⁵

**Costs of Prescription Opioid Overdose**

In the United States, prescription opioid abuse costs were about $55.7 billion in 2007. Of this amount, 46% was attributable to workplace costs (e.g., lost productivity), 45% to healthcare costs (e.g., abuse treatment), and 9% to criminal justice costs.⁶

**References**


**Prescribing Data**

*The supply of prescription opioid painkillers remains high.*

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![Vitalsigns](www.cdc.gov/vitalsigns)

Changes in how providers prescribe prescription painkillers have helped fuel this epidemic. While prescription opioids play an important role in managing some types of pain, some healthcare providers are overprescribing these drugs, particularly for chronic, non-cancer pain. There is little evidence that long-term opioid treatment improves chronic pain, function, and quality of life. Moreover, long-term use of opioid painkillers for chronic pain can be associated with abuse and overdose, particularly in higher doses.

More painkiller prescribing means more prescription painkiller overdoses.
State-to-State Variability

Prescribing rates for opioids vary widely across different states. In 2012, health care providers in the highest-prescribing state wrote almost 3 times as many opioid painkiller prescriptions per person as those in the lowest prescribing state.¹ Health issues that cause people pain do not vary much from place to place, and do not explain this variability in prescribing. Some other factors that may influence prescribing rates include:

- Health care providers in different parts of the country don’t agree on when to prescribe opioid painkillers and how much to prescribe.
- Some of the increased demand for prescription opioids is from people who use them non medically (using drugs without a prescription or just for the high they cause), who sell them, or who obtain them from multiple prescribers.
- Many states report problems with for-profit, high-volume pain clinics (so-called "pill mills") that prescribe large quantities of painkillers to people who don’t need them medically.

Sources of Prescription Opioids

Most people who abuse prescription opioids get them for free from a friend or relative. However, those who are at highest risk of overdose (using prescription opioids nonmedically 200 or more days a year) get them in ways that are different from those who use them less frequently. These people get opioids using their own prescriptions (27 percent), from friends or relatives for free (26 percent), buying from friends or relatives (23 percent), or buying from a drug dealer (15 percent). Those at highest risk of overdose are about four times more likely than the average user to buy the drugs from a dealer or other stranger.²
Sources of Prescription Painkillers Among Past-Year Non-Medical Users

![Graph showing sources of prescription painkillers among past-year non-medical users.]

References