Opioid Prescribing in the United States

Gery P. Guy Jr., PhD, MPH, Ruth A. Shults, PhD, MPH, BSN
Gery P. Guy Jr. is a health economist in the Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, at the Centers for Disease Control and Prevention in Atlanta, where Ruth A. Shults is an epidemiologist.

Abstract
Evidence-based information for nurses on the risks and benefits of prescription opioids.

The United States is in the midst of an opioid overdose epidemic. Between 1999 and 2010, prescription opioid-related overdose deaths rose dramatically, in parallel with increased opioid prescribing. In 2015, more than 40 people died each day from an overdose involving prescription opioids.

In July 2017, the Centers for Disease Control and Prevention (CDC) released Vital Signs: Changes in Opioid Prescribing in the United States, 2006–2015. The report revealed that the amount of opioids (measured in morphine milligram equivalents) prescribed per person peaked in 2010 and subsequently decreased each year through 2015. These reductions might be attributed to the growing awareness among both health care providers and patients of the risks associated with prescription opioids. Another key finding in the report was the substantial variation in opioid prescribing across the country. In 2015, providers in the highest prescribing counties prescribed six times more opioids per person than providers in the lowest prescribing counties (see Figure 1).

The substantial variation in opioid prescribing suggests a lack of consensus regarding the appropriate use of opioids. Health care providers play an important role in ensuring safer and more effective opioid prescribing. The CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016 provides evidence-based recommendations about opioid prescribing for adult patients with chronic pain outside of active cancer treatment, palliative care, and end-of-life care. An online training series is available from the CDC to help health care providers apply these recommendations. Participants can receive free continuing education (CME, CNE, or CEU) and gain a better understanding of the recommendations, the risks and benefits of prescription opioids, nonopioid treatment options, patient communication strategies, and risk mitigation. More information on the training series is available at www.cdc.gov/drugoverdose/training/index.html.

Contact author: Gery P. Guy Jr., irm2@cdc.gov.
The authors have disclosed no potential conflicts of interest, financial or otherwise.
The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Nurses and other health care providers can educate patients on the risks and benefits of prescription opioids so that together they can make informed decisions about care. With that in mind, the CDC has developed materials, including fact sheets, infographics, and posters, providers can use to provide patient education on the guideline and on the benefits and harms of opioid use (see www.cdc.gov/drugoverdose/prescribing/clinical-tools.html). The CDC has also developed a communications campaign aimed at improving awareness of the dangers of prescription opioids (www.cdc.gov/RxAwareness). This campaign features personal testimonials, images, and powerful messages that reveal the potential consequences of misusing prescription opioids. Unmasking the dangers of opioid use disorder and opioid overdose helps increase population-level understanding of the inherent risks of opioids, deter inappropriate use, and improve communication between health care providers and patients.

Health care professionals can help prevent opioid use disorder, overdose, and death by improving opioid prescribing as part of a coordinated public health effort. For more information on the Vital Signs report, go to www.cdc.gov/vitalsigns/opioids/index.html.

REFERENCES


Figure 1.
The amount of opioids prescribed per person among U.S. counties in 2015. Image courtesy of the Centers for Disease Control and Prevention.