

# FAST FACTS ON OPIOID PRESCRIBING

## Understanding the Factors Driving the Epidemic

- [More than 100 million Americans suffer from chronic pain.](#) Chronic pain affects more people than diabetes, heart disease and cancer combined.
- Opioid prescribing in the U.S. peaked in 2010, with providers writing 81.2 prescriptions per 100 persons, and then decreased each year after, according to the [Centers for Disease Control and Prevention](#) (CDC).
- In 2017, nearly 57 million people had at least one prescription for opioids filled or refilled, according to [CDC data](#). That same year, nearly 191 million opioid prescriptions were dispensed by retail pharmacies.
- The prevalence of opioid prescribing among Department of Veterans Affairs (VA) health centers has been well-documented. Veterans are more likely to suffer from chronic

pain with an estimated [60 percent of veterans](#) returning from the Middle East experiencing chronic pain and 50 percent of older veterans suffering from chronic pain.

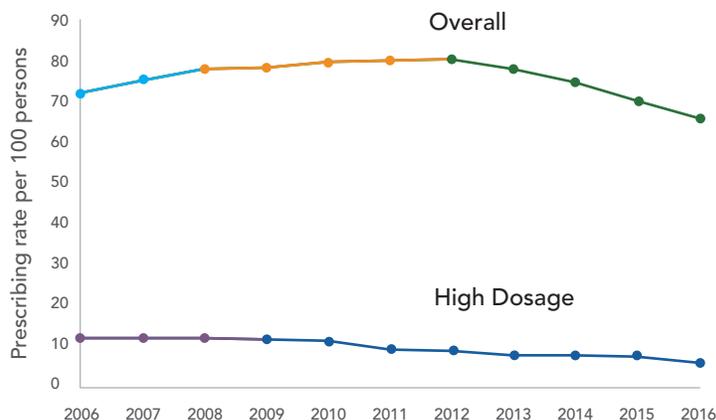
- Until a few years ago, the VA relied primarily on opioids to treat veterans with chronic pain. Prescriptions for opiates [spiked by 270 percent over 12 years](#), according to a 2013 analysis by the Center for Investigative Reporting, leading to addictions and a fatal overdose rate twice the national average.
- Further, during the height of the opioid epidemic, the [Drug Enforcement Administration](#) (DEA) approved significant increases in aggregate opioid production between 1993 and 2015, including [a 39-fold increase for oxycodone](#) and [a 12-fold increase for hydrocodone](#).

## Treating Pain is an Increasingly Complex Issue

- More Americans are treated for chronic pain than diabetes, heart disease and cancer combined.
- [According to the CDC](#), researchers estimate that 9.6–11.5 million adults, or approximately 3–4 percent of the adult U.S. population, were prescribed long-term opioid therapy in 2005.
- Nearly five years later, opioid prescribing in the U.S. [hit its highest point](#) in 2010 with providers writing 81.2 prescriptions per 100 persons.

Condition	Number Impacted	Source
Chronic Pain	<b>100 million</b> Americans	Institute of Medicine of The National Academies <sup>1</sup>
Diabetes	<b>30.3 million</b> Americans (diagnosed and estimated undiagnosed)	American Diabetes Association <sup>2</sup>
Coronary Heart Disease	<b>16.5 million</b> Americans	American Heart Association <sup>3</sup>
Cancer	<b>15.5 million</b> Americans	American Cancer Society <sup>4</sup>

- It was only in 2016 when [new clinical guidelines](#) were released that called for significantly reducing the amount and number of opioids prescribed.
  - At that time, data from [CDC](#) show nearly 62 million people had at least one prescription for opioids filled or refilled (at a rate of 19.1 per 100 persons). The average patient received 3.5 prescriptions.
  - That same year, nearly 215 million opioid prescriptions were dispensed by retail pharmacies (at a prescribing rate of 66.5 per 100 persons).



# Federal Policies Created Incentives for Aggressive Pain Management

## Centers for Medicare & Medicaid Services (CMS)

- In 2006, CMS and the Agency for Healthcare Research and Quality (AHRQ) partnered to create the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) satisfaction survey. The patient surveys (HCAHPS) were instrumental in determining Medicare payment to hospitals under the Hospital Value-Based Purchasing (HVBP) Program.
- The survey asked patients to rate their level of care and satisfaction related to pain management, asking:
  - Q1:** "During this hospital stay, how often was your pain well controlled?"
  - Q2:** "During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?"
- [One study](#) showed that patient perception of overall hospital performance had a much stronger correlation with staff performance (Q2) than effective pain management (Q1).
  - According to the report, patients were 4.86 times more likely to be satisfied with hospital performance if their pain was controlled, and 9.92 times more likely if they believed staff did "everything they could" to help with pain.
- After escalated criticism, CMS removed these pain management questions from the HCAHPS survey. In 2017, CMS announced new survey questions to be included in the 2018 assessments, and eliminate reimbursement questions based on patient perception of pain management. The new set of questions are designed to increase doctor-patient

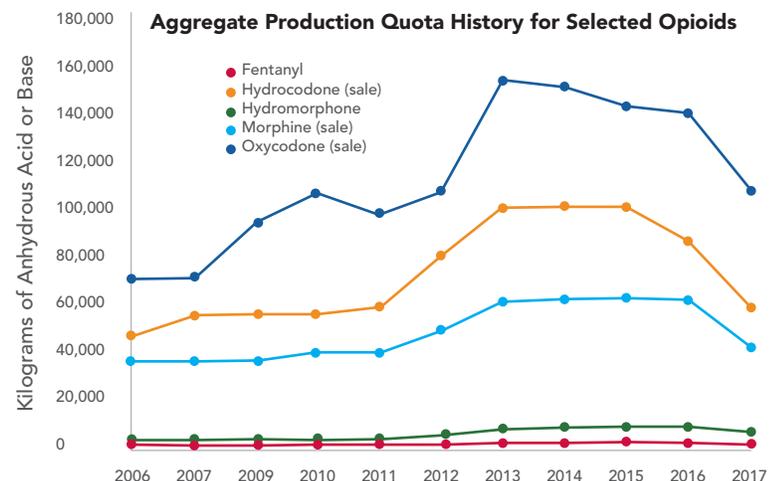
communication about pain management options, instead of incentivizing compliance with patient preferences.

## Department of Veterans Affairs (VA)

- Veterans are more likely to suffer from chronic pain with [60 percent of veterans](#) returning from the Middle East experiencing chronic pain and 50 percent of older veterans suffering from chronic pain.
- The VA was one of the first organizations to actively push the "Pain as the Fifth Vital Sign" campaign, starting in 1999.
- Until a few years ago, the VA relied primarily on opioids to treat veterans with chronic pain. Prescriptions for opiates spiked by 270 percent over 12 years, according to a 2013 analysis by the Center for Investigative Reporting, leading to addictions and a fatal overdose rate twice the national average.
- In 2014, the VA Inspector General found that wounded veterans were being overmedicated in VA hospitals. The Inspector General's report noted:
  - Ninety-three percent of long-term narcotics patients were also on a sedative called benzodiazepine. When mixed, the two drugs put patients at an increased risk of fatal overdose.
  - Only 9 percent of VA patients taking narcotics were seen by a pain clinic.
  - Less than half of narcotics patients on multiple drugs had their medications reviewed by VA staff.

## During the Height of Crisis, DEA Approved Year-Over-Year Increases in Opioid Production

- The Drug Enforcement Administration (DEA) is the primary regulator of controlled substances and has the broad authority to control how many pills are being made and sold in the United States.
- As the demand for opioids increased, the DEA approved significant increases in aggregate opioid production between 1993 and 2015, including [a 39-fold increase for oxycodone](#) and [a 12-fold increase for hydrocodone](#).
- [DEA](#) continues to increase the number of prescribers, dispensers, distributors, manufacturers, clinics, hospitals and other registrants who are allowed to handle opioids and other controlled substances.



Source: Drug Enforcement Administration Diversion Control Division. Diversion Aggregate Production Quota History for Selected Substances, 11/15/2017, [https://www.deadiversion.usdoj.gov/quotas/quota\\_history.pdf](https://www.deadiversion.usdoj.gov/quotas/quota_history.pdf)

<sup>1</sup> Relieving Pain in America: A Blueprint for Transforming Prevention, Care, and Research (2011): <https://www.nap.edu/read/13172/chapter/2>

<sup>2</sup> American Diabetes Association (2015): <http://www.diabetes.org/diabetes-basics/statistics/>

<sup>3</sup> Heart Disease and Stroke Statistics (2018): <https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000558>

<sup>4</sup> Cancer Facts and Figures (2019): <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures-2019.pdf>