Introduction

The United States is facing a very real and serious opioid epidemic. Prolific prescribing, widespread abuse, and the highly addictive nature of these drugs have contributed to rapid increases in opioid overdose deaths from both prescription opioids and its illegal counterpart, heroin. In response to this crisis, the first federal guidelines for the prescribing of opioids, Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain (CDC Opioid Guidelines), were published in March of 2016.

National opioid epidemic impacts workers’ compensation Pain is the most prominent symptom treated with medications following a work-related injury. As a result, the workers’ compensation industry has felt the impact of opioid use more directly than other insurance markets involved in healthcare delivery. In this white paper, we will explore:

- How the prescribing of opioids for the treatment of pain led to the epidemic in America
- What conditions were present to support the rapid increase in opioid prescribing
An Opioid Epidemic

We are a nation with a drug culture. Specifically, we are a nation that loves prescription drugs. Representing only 5% of the world’s populations, the U.S. consumes 75% of the prescription drugs on this planet. In 2012, 259 million opioid prescriptions were written. That would be enough opioids to supply every adult in the U.S. their own prescription bottle.

Opioids are highly addictive substances. An oversimplified way to view the rise of the opioid epidemic is in terms of numbers. Logically, if vast amounts of opioids are prescribed, a certain percentage of individuals will become addicted or abuse these medications. Of those that become addicted or abuse opioids, a certain number will overdose. Of those that do overdose, a certain number will die.
By the Numbers
The following statistics provide insight into the scale of that logical path:

- Greater than 15 million people in the U.S abuse prescription drugs
- 52 million Americans have used prescription drugs non-medically (i.e. recreationally)
- Over 52% of prescription drug abusers report getting the drugs for free from a friend or relative
- Heroin use was up 75% from 2007 – 2011

Not surprising, the statistics related to overdose deaths have followed an escalating trend from 2001 to 2014 in overdose deaths.

In 2015, more than 52,404 people died from drug overdoses and opioids were involved in 52% of those deaths. For context, automobile related deaths were 37,757 in 2015.

Overall drug spend in the workers’ compensation industry is estimated to be $5.5 billion annually. Of that spend, 50% of prescriptions are for the treatment of pain and 70% of those are opioids.

How Did We Get Here?
Until the late 1970’s, physicians were hesitant to prescribe opioids to patients experiencing pain.
Widespread apprehension about the addictive nature of these drugs existed throughout the medical community. Throughout the 1980’s, an opposing concern began to emerging among treating physicians, the under treatment of pain.

By the late 1980’s, the medical community’s concern with the under treatment of pain created the perfect storm as medical literature was published relieving fears around the addictive nature of opioids. In 1980, Jane Porter and Hershel Jick published a study in the New England Journal of Medicine titled, “Addiction Rare in Patients Treated with Narcotics.” In 1986, pain-management specialist Dr. Russell Portenoy published, “Chronic Use of Opioid Analgesics in Non-Malignant Pain: Report of 38 Cases” in the journal Pain. These and other publications shifted the perspective of treating physicians from one of apprehension of opioids to becoming the drug class of choice in the treatment of moderate to severe pain.

Corresponding with a new commitment to treat pain with opioids, pain was now considered the “Fifth Vital Sign”, trademarked by the American Pain Society in 1996 and adopted by the Veteran’s Administration in 1998. The four other vital signs, body temperature, pulse rate, respiration rate, and blood pressure are objectively measured. The new vital sign, pain, was to be subjectively measured as the level of pain the patient communicated they were experiencing. If a patient states they are in pain, they are in pain.

Mitchell looks at prescriptions Drug manufacturers quickly took advantage of shifting sentiments around opioid prescribing. Perdue Pharma released OxyContin in 1996. Dr. Portenoy’s research received millions of dollars in funding from drug manufacturers including Perdue Pharma (manufacturer of OxyContin®), Endo (manufacturer of Percocet®), and Cephalon (manufacturer of Actiq®). Perdue Pharma released a patient education video distributed in physician’s offices entitled, “I Got My Life Back”, in 1998. Opioid prescriptions increased by 11 million the following year.

In 2007, Purdue Pharma and three executives were charged with misleading physicians and the public about the addiction risks of OxyContin. The company paid $600 million in fines. The executives plead guilty and paid a combined $34.5 million in fines.