A number of studies have documented the increase in opioid sales and prescribing patterns with a corresponding increase in opioid hospital visits, treatment and overdose. These studies show:

- From 2000 to 2009, the number of opioid prescriptions per 100 people increased by 35.2% and the number of morphine milligrams equivalents (MME) prescribed doubled.
- States with highest sales per capita of prescription opioid painkillers show the highest rates of opioid overdose fatalities.
- High daily dose of opioid pain relievers exceeding 100 MME greatly increases risk of fatal overdose.
- Benzodiazepines were involved in nearly a third of opioid overdose fatalities.
- Doctors and other prescribers are a major source of prescription opioids for chronic opioid users (daily use for more than 200 days.)
- Patients receiving opioid prescriptions from four or more prescribers and/or pharmacies had an increased risk of overdose.

**Implications for Practice**

Based on this evidence, Dr. Don Teater notes the following implications for practice:

- Benzodiazepines concurrent with opioid therapy is contraindicated
- Calculate MMEs to assess risk. Reevaluate treatment if daily dose exceeds 100 MME
- Reduce risk by using State prescription monitoring program before prescribing any opioid to identify patients with multiple prescribers

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Evidence Summary


Sauber-Schatz, EK. Mack KA, Diekman ST, Paulozzi LJ. Associations between pain clinic density and distributions of opioid pain relievers, drug-related deaths, hospitalizations, emergency department visits and neonatal abstinence syndrome in Florida. Drug Alc Depend 2013; [http://dx.doi.org/10.1016/j.drugalcdep.2013.05.017](http://dx.doi.org/10.1016/j.drugalcdep.2013.05.017).


Kenan K, Mack K, Paulozzi LJ. *Trends in prescriptions for oxycodone and other commonly used opioids in the United States, 2000-2010*. Open Med 2012;6(2)e41.


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