Although we are in the midst of an epidemic of overdose deaths, opioids are a cornerstone of pain treatment at MGH for all pain types. Thousands of doses are administered each week. Many patients are given an opioid prescription at discharge.

Despite education, practice and regulatory changes to reduce mortality, death rates continue to rise.² ³

What can clinicians do to stem this tide and reduce the number of opioid overdose deaths that occur in the population we serve?

The media is flooded with study results that are not able to establish a cause and effect relationship between prescribing strong pain relievers and this “opioid epidemic.”

The often quoted 78 lethal drug overdoses per day includes illicit heroin and fentanyl, as well as non-opioid and opioid prescription drugs combined.

However, lay and professional media misrepresent these facts, leading the public to believe that all these overdose deaths are a result of prescribed opioids.
DID YOU KNOW?

• Opioid overdose deaths are increasing at an alarming rate, even though opioid prescriptions have declined.
• The majority of deaths are consequences of nonmedical use of prescription or illicit opioids, following the use of medically necessary opioids.
• Opioids (prescribed or illicit) account for a majority, but not all overdose deaths.1
• Only 8 percent of fatal overdoses have a recent legitimate prescription.3
• Two-thirds of opioid overdoses in Massachusetts are linked to fentanyl.2
• Toxicology reports show 83 percent of opioid overdose deaths were likely from illegally-obtained substances.3
• Most nonmedical sources of opioids are supplied by family or friends who fail to dispose of unused drugs.4
• The majority of patients prescribed opioids for pain do not become addicted to them,5 but all patients exposed to opioids are at risk of developing an opioid use disorder (OUD) or potentially fatal overdose.

WHAT CAN YOU DO?

• Limit the exposure to opioids by maximizing the use of nonopioid and nondrug therapies to reduce pain and exposure to opioids.
• Educate patients and families about safe storage and proper disposal of unused opioids to help reduce diversion of opioids that result in overdose deaths.
• Minimize concurrent use of opioids and CNS depressants, such as sedatives, benzodiazepines or antihistamines, and carefully monitor patients who are prescribed opioids.

REFERENCES