

Narcotic pain relief drug overdose deaths a national epidemic

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Unintentional overdose deaths in teens and adults have reached epidemic proportions in the U.S. In some 20 states in 2007 the number of unintentional drug poisoning deaths exceeded either motor vehicle crashes or suicides, two of the leading causes of injury death. Prescription opioid pain medications are driving this overdose epidemic. Opioid pain medications were also involved in about 36 percent of all poisoning suicides in the U.S. in 2007.

In a commentary article released ahead of the print version in the April 19, 2011 online issue of the [Journal of Clinical Psychiatry](#), physicians affiliated with the U.S. Centers for Disease Control and Prevention (CDC), the University of North Carolina at Chapel Hill School of Medicine and Duke University Medical Center cite data noting that in 2007 unintentional deaths due to prescription opioid pain killers were involved in more [overdose deaths](#) than heroin and cocaine combined.

The new report was co-authored by CDC medical epidemiologist Leonard J. Paulozzi, MD, MPH; Richard H. Weisler, MD, adjunct professor of psychiatry at UNC and adjunct associate professor of psychiatry at Duke University Medical Center; and Ashwin A. Patkar, MD, associate professor in the psychiatry and behavioral sciences department at Duke University. More than describing the scope of unintentional prescription opioid overdose deaths, their report is aimed at helping doctors control the problem.

Approximately 27,500 people died from unintentional [drug overdoses](#) in

2007, driven to a large extent by prescription opioid overdoses. Dr. Weisler says that to put this in perspective, the number of 2007 U.S. unintentional drug poisoning deaths alone represents tragically about 4.6 times as many deaths as all U.S. fatalities in both Operation Iraqi Freedom and Operation Enduring Freedom in Afghanistan from the beginning of both wars through Feb 20, 2011.

Alternatively, the 2007 U.S. unintentional drug poisoning deaths would be equivalent to losing an airplane carrying 150 passengers and crew every day for six months, which clearly would be totally unacceptable from a public health perspective.

The CDC sounded alarms regarding the issue in several reports last year. In June 2010, for example, the agency announced that the 2009 National Youth Risk Behavior Survey (YRBS) found that 1 in 5 high school students in the United States have abused prescription drugs, including the opioid painkillers OxyContin, Percocet, and Vicodin. Opioids are synthetic versions of opium that are used to treat moderate and severe pain.

And in June last year the CDC reported that visits to hospital emergency departments involving nonmedical use of prescription narcotic pain relievers has more than doubled, rising 111 percent, between 2004 and 2008.

The authors note various reports citing some key factors linked to the problem: increased nonmedical use of opioids without a prescription "... solely for the feeling it causes" and that medical providers, psychiatrists and primary care physicians included, may fail to anticipate among their patients the extent of overlap between chronic pain, mental illness and substance abuse.

For example, 15 percent to 30 percent of people with unipolar, bipolar,

anxiety, psychotic, non-psychotic, and attention deficit/hyperactivity disorders will also have substance abuse problems. Dr. Patkar said, "Similarly, people with substance abuse are more likely to have another mental illness and a significant number of patients with chronic pain will have mental illness or substance abuse problems."

Moreover, opioids, benzodiazepines, anti-depressants, and sleep aids "are frequently prescribed in combination despite their potentially harmful additive effects," the authors point out. And it's the combinations of these drugs that are frequently found in the toxicology reports of people dying of overdoses.

In their recommendations to physicians, the authors suggest that before prescribing opioids, doctors should try non-narcotic medications as well as, when possible, physical therapy, psychotherapy, exercise, and other non-medicinal methods. And that these methods are given "an adequate trial" before moving to opioids.

"It is very important to screen patients with chronic pain who may require opioid therapy for substance abuse and mental health problems, especially depression and other mood and anxiety disorders and address these problems adequately," they state.

Provided by University of North Carolina School of Medicine

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