Investment in research saves lives and money

facts about:

Opioid Addiction

Today:

- One American dies every 20 minutes from an opioid overdose; more than 33,000 opioid overdose deaths in 2015 alone.*
- More than 20.4 million Americans suffer from a substance use disorder (SUD), including more than 2 million people with an opioid use disorder.*
- Americans are 4.6 times more likely to die from an opioid overdose than those in the rest of the world.†
- Compared to the general U.S. population, military veterans are more than twice as likely to abuse prescription drugs.‡
- More than 1,000 Americans are treated in emergency departments every day for overdose and misuse of opioids.§
- In 2015, the amount of opioids prescribed per person in the U.S. was three times higher than in 1999.○

The Cost:

- Health care costs for opioid addiction are more than $26 billion per year.*
- The total national economic burden of opioid addiction is more than $78.5 billion per year.*

perspective:

Steve Sutton, M.D., Board Certified in Addiction Medicine, Medical Director at Bridging the Gaps, Inc. Residential Treatment Center

Dr. Steve Sutton was working as a surgeon when he found himself fighting his own battle against substance use disorder (SUD). In 2013, after receiving successful treatment for his opioid addiction, Dr. Sutton became a board certified addiction medicine specialist to help others address their disease. He now provides SUD treatment in Northern Virginia.

Dr. Sutton treats SUD just as he would any other chronic, relapsing, non-curable disease: by focusing on changing the behaviors that have negative consequences for the patient and supplementing behavioral treatment with medication when necessary. Many doctors and members of the public remain unfamiliar with SUD and SUD treatment. Dr. Sutton estimates that “medical students receive less than 10 hours of training on substance use disorder and proper prescribing practice.” Several states have begun to require SUD training for physicians, and public awareness of SUD has increased, but for Dr. Sutton the slow pace of change “has come at the cost of a massive amount of heroin overdoses.”

To adequately address SUD, Dr. Sutton would like to see more training for medical professionals and an increased commitment to researching and developing medication-assisted treatment (MATs) to address cocaine, benzodiazepine, and other SUDs that lack them. Even though we have a long way to go, Dr. Sutton is hopeful that with increased research, awareness, and education, more individuals suffering from SUD will be able to find effective and successful treatment just as he did.
Hope for the Future:

- National Institutes of Health (NIH)-funded research is progressing rapidly on the development of a vaccine to treat opioid addiction. This vaccine would guard against overdose and prevent opioids from reaching the brain, reducing drug self-administration.*

- A Prescription Drug Monitoring Program (PDMP) allows pharmacists and physicians to spot early signs of opioid overprescribing and misuse. Supplemental federal funding in 2016 enabled CDC to provide additional support to 14 of the 29 PDMP states. However, there is an urgent need to increase the number of PDMPs so that no state lacks this crucial resource. After Ohio and Florida implemented PDMPs, over 80% of counties saw a reduction in the amount of opioids prescribed per person. ^

- Long-acting opioid blockers like implantable naltrexone are showing significant promise in reducing relapse rates and extending sobriety in individuals with opioid addiction. ‡

The Bottom Line:

Opioid addiction is a medically complex disease that has biological, environmental and societal causes and implications. Addiction “rewires” the brain, leading individuals to develop compulsive behaviors to the detriment of their health, relationships and livelihoods. While significant progress has been made, more research is desperately needed to fully understand and successfully prevent and treat this pervasive, debilitating and costly health threat.

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* KIMISHIMA, A. ET AL. ACS CHEMICAL BIOLOGY, 2016.
* CENTERs FOR DISEASE CONTROL AND PREVENTION <CDC.GOV> 2017. 66(26):697-704.

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