Opioid Use Disorder (OUD)

Opioid use disorder (OUD) is a characterized by compulsive use of opioids, which are chemicals that reduce feelings of pain in the body and brain and produce euphoria, despite negative consequences. The more severe forms of OUD are considered addiction. OUD is a medically complex disease that has biological, environmental, and societal causes and implications. Addiction is often stigmatized as a moral failing; however, opioid addiction “rewires” the brain, leading individuals to behave in ways that can be detrimental to their health, relationships, and livelihood. Opioids can lead to physical dependence within a short time, as little as four to eight weeks. In chronic users, an abrupt stop to opioid use leads to severe symptoms of withdrawal, including pain, cramps, and more. Because these symptoms are so severe, it becomes difficult for someone physically dependent on opioids to discontinue use.

**TODAY**

About 1.7 million people in the U.S. had a substance use disorder related to prescription opioid medicine in 2018. 8% to 12% of people who take prescription pain medications develop an OUD. Prescription painkillers were involved in about 15,000 deaths in the U.S. in 2018. Heroin, a cheaper alternative, was involved in about 15,000 deaths that same year, while synthetic opioids such as illicit fentanyl were involved in over 30,000 deaths.

Research Delivers Solutions

One study examined the relationship between chronic pain and OUD. Researchers analyzed 5,307 patients with OUD, more than two-thirds of whom also had a chronic pain condition. Of the patients who had both conditions, a majority of them developed OUD after a preexisting chronic pain condition. Patients who had chronic pain before OUD had higher rates of other medical problems, such as heart disease, cancer, and diabetes. This study helps to target an underlying cause of OUD (misuse of prescription opioids) and points to the importance of ongoing monitoring of OUD and developing well-targeted intervention efforts.

Another study reviewed the research surrounding buprenorphine (BUP), a medication used to treat OUD. Researchers found that treatment using BUP has been successful in multiple clinical trials, and it also has the added benefit of being a promising treatment for depression, anxiety, and neonatal opioid withdrawal symptoms. However, many individuals relapse, and the researchers highlight the need to expand on BUP treatment research to provide more information on improving outcomes.

In addition to BUP, the FDA has approved two other medications for treating OUDs: methadone (MET) and naltrexone (NTX). One recent review looked into the varying levels of effectiveness of BUP, MET, and extended release naltrexone (XR-NTX) and how each treatment can affect outcomes of OUD treatment, such as abstinence from opioid substances and treatment adherence. Through analysis of over 18 clinical studies, researchers found that BUP is more effective in achieving abstinence from opioids than are MET and XR-NTX; MET is more effective at helping patients adhere to and remain in treatment for OUD. These implications are useful for administering updated medication protocols for future treatments.

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**COST**

$2.5 trillion: Total economic cost of the opioid crisis from 2015 to 2018.

$696 billion: Full cost of the opioid crisis in 2018 through lost lives, treatment cost, and reductions in productivity.

How important do you think it is that the U.S. is a global leader in research to improve health?

Source: A ResearchAmerica poll of U.S. adults conducted in partnership with Zogby Analytics in January 2020
**Opioid Use Disorder (OUD)**

Then. Now. Imagine.

**THEN**
In 2000, drug overdose death rate involving opioids was around 3 deaths per 100,000 people.9

**NOW**
Since 2000, the rate of deaths from opioid overdose has increased 5 fold.4

**IMAGINE**
More personalized diagnosis and treatment planning for OUD.

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**Potentially Inappropriate Prescribing (PIP) Practices**

Studies show that potentially inappropriate prescribing (PIP) of opioids is associated with increased risk of mortality and overdose. PIP is a common yet preventable situation in which drugs are unnecessarily prescribed, overprescribed, or underprescribed. In the case of OUD and the opioid crisis, the U.S. population is significantly affected by high rates of opioid prescribing. This also highlights an important point of intervention to prevent further OUDs.10 To combat this issue, the American Medical Association, along with many other organizations representing physicians, pharmacists, and supply chains, developed a consensus document. The document explains important “red flag” warning signs of prescription drug abuse to better prevent misuse of medication while ensuring access for those with legitimate needs.11 The CDC also recommends extra care in prescribing to those who are already taking opioids, as opioids should not be abruptly discontinued for patient safety.12

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**Opioid-Involved Overdose Death Rates per 100,000 people, 2017**

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