CDC Vitalsigns™
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Prescription Painkiller Overdoses

A growing epidemic, especially among women

48,000

Nearly 48,000 women died of prescription painkiller* overdoses between 1999 and 2010.

400%

Deaths from prescription painkiller overdoses among women have increased more than 400% since 1999, compared to 265% among men.

30

For every woman who dies of a prescription painkiller overdose, 30 go to the emergency department for painkiller misuse or abuse.

About 18 women die every day of a prescription painkiller overdose in the US, more than 6,600 deaths in 2010. Prescription painkiller overdoses are an under-recognized and growing problem for women.

Although men are still more likely to die of prescription painkiller overdoses (more than 10,000 deaths in 2010), the gap between men and women is closing. Deaths from prescription painkiller overdose among women have risen more sharply than among men; since 1999 the percentage increase in deaths was more than 400% among women compared to 265% in men. This rise relates closely to increased prescribing of these drugs during the past decade. Health care providers can help improve the way painkillers are prescribed while making sure women have access to safe, effective pain treatment.

When prescribing painkillers, health care providers can

- Recognize that women are at risk of prescription painkiller overdose.
- Follow guidelines for responsible prescribing, including screening and monitoring for substance abuse and mental health problems.
- Use prescription drug monitoring programs to identify patients who may be improperly obtaining or using prescription painkillers and other drugs.

*"Prescription painkillers" refers to opioid or narcotic pain relievers, including drugs such as Vicodin (hydrocodone), OxyContin (oxycodone), Opana (oxymorphone), and methadone.

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National Center for Injury Prevention and Control
Division of Unintentional Injury Prevention

Problem

The prescription painkiller epidemic is killing more women than ever before.

Prescription painkiller overdoses are a serious and growing problem among women.

- More than 5 times as many women died from prescription painkiller overdoses in 2010 as in 1999.
- Women between the ages of 25 and 54 are more likely than other age groups to go to the emergency department from prescription painkiller misuse or abuse. Women ages 45 to 54 have the highest risk of dying from a prescription painkiller overdose.*
- Non-Hispanic white and American Indian or Alaska Native women have the highest risk of dying from a prescription painkiller overdose.
- Prescription painkillers are involved in 1 in 10 suicides among women.

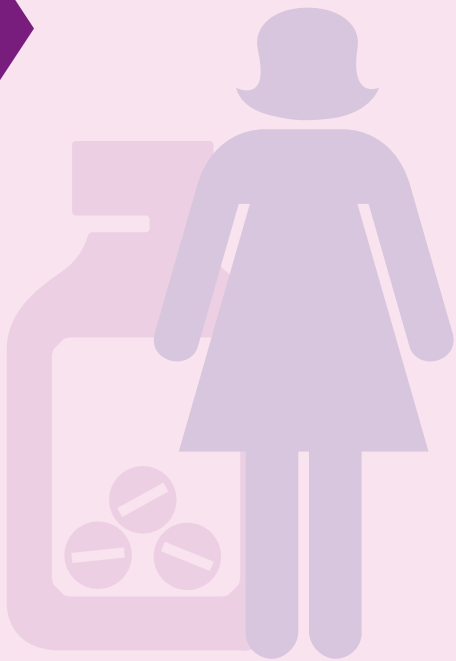
***Death data include unintentional, suicide, and other deaths. Emergency department visits only include suicide attempts if an illicit drug was involved in the attempt.**

The prescription painkiller problem affects women in different ways than men.

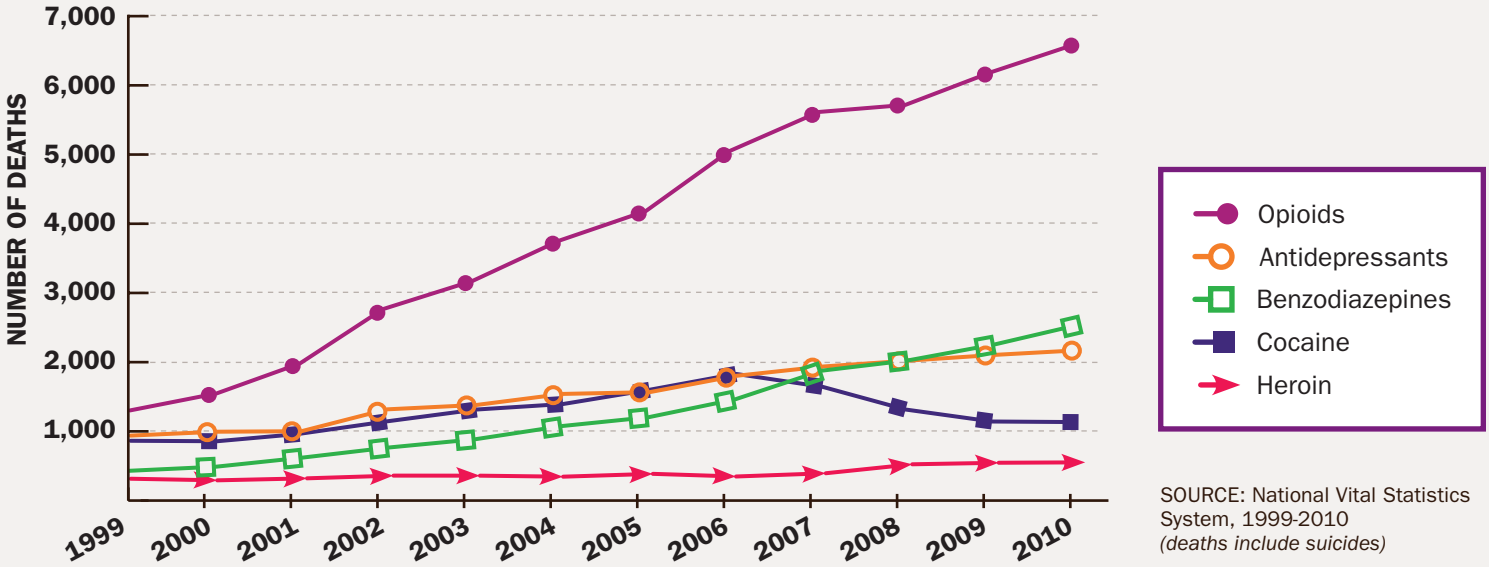
- Women are more likely to have chronic pain, be prescribed prescription painkillers, be given higher doses, and use them for longer time periods than men.
- Women may become dependent on prescription painkillers more quickly than men.
- Women may be more likely than men to engage in "doctor shopping" (obtaining prescriptions from multiple prescribers).
- Abuse of prescription painkillers by pregnant women can put an infant at risk. Cases of neonatal abstinence syndrome (NAS)—which is a group of problems that can occur in newborns exposed to prescription painkillers or other drugs while in the womb—grew by almost 300% in the US between 2000 and 2009.

Potential risks of combining medications

Medicines for treatment of pain and mental illness have benefits and risks. For women, 7 in 10 prescription drug deaths include painkillers. But other prescription drugs play a role in overdoses as well. Women are more likely than men to die of overdoses on medicines for mental health conditions, like antidepressants. Antidepressants and benzodiazepines (anti-anxiety or sleep drugs) send more women than men to emergency departments. Mental health drugs can be especially dangerous when mixed with prescription painkillers and/or alcohol. If you take mental health drugs and prescription painkillers, discuss the combination with your health care provider.



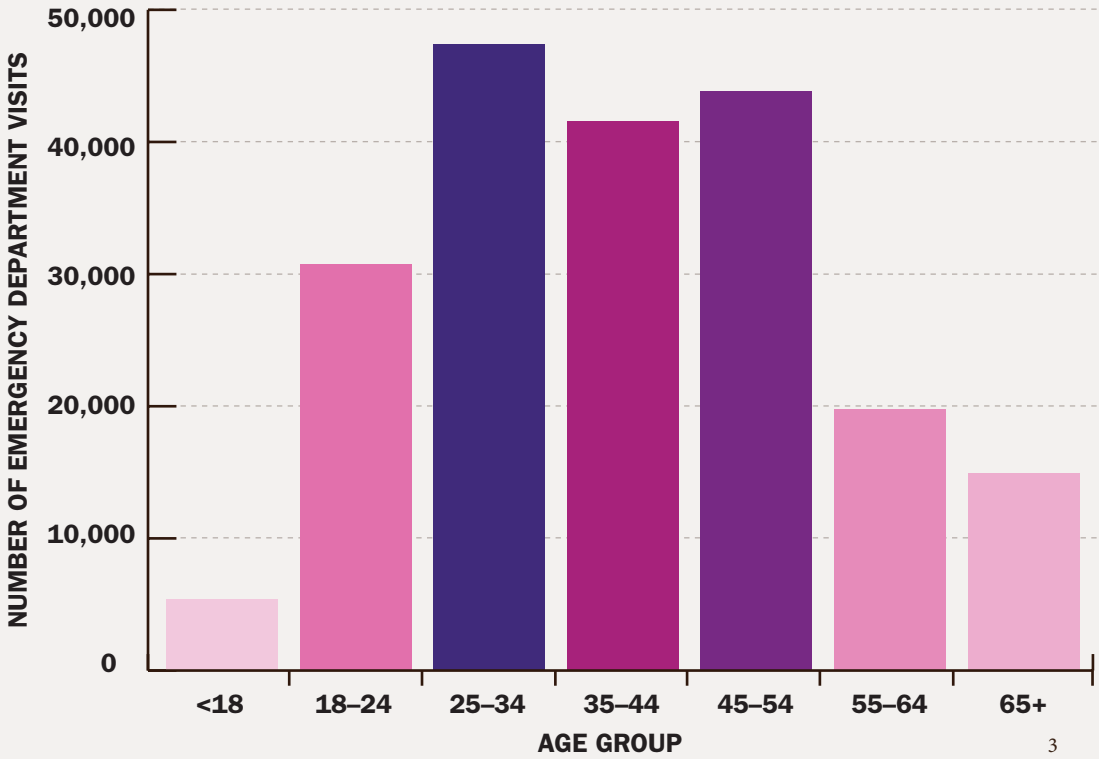
Prescription painkiller overdose deaths are a growing problem among women.



SOURCE: National Vital Statistics System, 1999-2010
(deaths include suicides)

Every 3 minutes, a woman goes to the emergency department for prescription painkiller misuse or abuse.

Women between the ages of 25 and 54 are most likely to go to the emergency department because of prescription painkiller misuse or abuse.



SOURCE: Drug Abuse Warning Network, 2010. (Suicide attempts are included for the cases (.03% of total) where opioids were combined with illicit drugs in the attempt.)

What Can Be Done

The US government is

- Tracking prescription drug overdose trends to better understand the epidemic.
- Educating health care providers and the public about prescription drug misuse, abuse, suicide, and overdose, and the risks for women.
- Developing and evaluating programs and policies that prevent and treat prescription drug abuse and overdose, while making sure patients have access to safe, effective pain treatment.
- Working to improve access to mental health and substance abuse treatment through implementation of the Affordable Care Act.

Health care providers can

- Recognize that women can be at risk of prescription drug overdose.
- Discuss pain treatment options, including ones that do not involve prescription drugs.
- Discuss the risks and benefits of taking prescription painkillers, especially during pregnancy. This includes when painkillers are taken for chronic conditions.
- Follow guidelines for responsible painkiller prescribing, including:
  - Screening and monitoring for substance abuse and mental health problems.
  - Prescribing only the quantity needed based on appropriate pain diagnosis.
  - Using patient-provider agreements combined with urine drug tests for people using prescription painkillers long term.
  - Teaching patients how to safely use, store, and dispose of drugs.
- Avoiding combinations of prescription painkillers and benzodiazepines (such as Xanax and Valium) unless there is a specific medical indication.
- Talk with pregnant women who are dependent on prescription painkillers about treatment options, such as opioid agonist therapy.
- Use prescription drug monitoring programs (PDMPs)—electronic databases that track all controlled substance prescriptions in the state—to identify patients who may be improperly using prescription painkillers and other drugs.

States can

- Take steps to improve PDMPs, such as real time data reporting and access, integration with electronic health records, proactive unsolicited reporting, incentives for provider use, and interoperability with other states.
- Identify improper prescribing of painkillers and other prescription drugs by using PDMPs and other data.
- Increase access to substance abuse treatment, including getting immediate treatment help for pregnant women.
- Consider steps that can reduce barriers (such as lack of childcare) to substance abuse treatment for women.

Women can

- Discuss all medications they are taking (including over-the-counter) with their health care provider.
- Use prescription drugs only as directed by a health care provider, and store them in a secure place.
- Dispose of medications properly, as soon as the course of treatment is done. Do not keep prescription medications around "just in case." (See www.cdc.gov/HomeandRecreationalSafety/Poisoning/preventiontips.htm)
- Help prevent misuse and abuse by not selling or sharing prescription drugs. Never use another person's prescription drugs.
- Discuss pregnancy plans with their health care provider before taking prescription painkillers.
- Get help for substance abuse problems (1-800-662-HELP); call Poison Help (1-800-222-1222) for questions about medicines.

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For more information, please contact
Telephone: 1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov
Web: www.cdc.gov
Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
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