Chronic Pain Fast Facts

The issue of chronic pain represents a complex interaction between biological, psychological and social variables. While prescription painkillers, especially opioids, can be used effectively in the treatment of chronic pain, when used incorrectly they can be deadly. Epidemic levels of unintentional deaths by poisoning, particularly from opioids, are having a profound effect across the U.S., and even more so in North Carolina’s communities, where death rates exceed the national average.

Defining the Problem

➤ According to the U.S. Centers for Disease Control and Prevention (CDC):
  • U.S. deaths from prescription opioid painkillers have more than tripled since 1990, reaching epidemic levels (defined by the CDC as eight deaths per 100,000).¹
  • In 2008, more than 36,000 people died from drug overdoses.²
  • Nearly three out of four prescription drug overdoses are caused by painkillers/opioids (e.g., Vicodin, OxyContin, Opana, and methadone).³
  • The sale of prescription painkillers has increased 300% since 1999.⁴
  • Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for an entire month⁵.
➤ In 2009, the misuse and abuse of opioids was responsible for more than 475,000 emergency department (ED) visits, nearly doubling in just five years.⁶
➤ A recent report by the Institute of Medicine suggests that the U.S may be spending as much as $635 billion annually to treat chronic pain and that long-term pain impacts more patients in the U.S. than heart disease, cancer and diabetes combined.⁷
➤ In North Carolina:
  • The death rate for unintentional overdose poisonings in 2009 was 11 per 100,000, exceeding national rates⁸, and over 2.5 million North Carolinians received a prescription for a controlled substance in any six-month period.⁹
  • In 2008, there were 5,833 hospitalizations for ICD-9-CM codes that identify the drug-specific DX codes for poisonings, undetermined poisonings and unintentional poisonings. The cost of those hospitalizations exceeded $98 million.¹⁰

What is being done?

Community Care of North Carolina has launched the Chronic Pain Initiative, designed to improve the medical care received by chronic pain patients, and in the process, to reduce the misuse, abuse and overdose from opioid medications. Using a community-based approach, CPI coalition stakeholders include:

- Community Care of North Carolina (CCNC)
- Project Lazarus
- The North Carolina Hospital Association
- The North Carolina College of Emergency Physicians
- Local hospitals and emergency departments
- Local health departments
- Primary care providers
- Law enforcement and others

CCNC has developed free CPI clinical resources to advance chronic pain treatment across North Carolina counties:

- the Provider Toolkit includes national best practice protocols for safe prescribing of controlled substances;
- the ED Toolkit to help hospitals implement policies to limit access to narcotics through the ED;
- and the CCNC Care Manager Toolkit to better manage patients who present with chronic pain.

To learn more, please visit www.communitycarenc.org, or call your local Community Care representative for more information about CPI efforts in your community.
Sources

2 Ibid.
4 Ibid.
5 Ibid.
9 Brason, F.W. Project Lazarus. www.projectlazarus.org (slide deck)
10 Ibid.