Trends in Opioid Use: History, Background, and Origins of the Epidemic

Summary

Shift in clinical practice as far back as 30 years ago planted the seeds for the current opioid epidemic. New research by Avalere Health finds that between the mid-1980s and 1990s, individual pharmaceutical manufacturers, national scientific bodies, and professional societies began a push to treat pain more aggressively.

This culminated in the widespread acceptance of “pain as the fifth vital sign,” where pain should be assessed and managed as closely as pulse, respiration, temperature, and blood pressure. Significant national-level recommendations, reimbursement decisions, and pain management guidelines all contributed to the growing epidemic. The current opioid epidemic evolved over many years with multiple, complex factors that led to widespread use and misuse of opioids.

By the mid-1990s, the total volume of prescription opioids dispensed grew at a relatively steady rate of 6% each year, plateauing in 2011. Between 2011 and 2017, the number of prescription opioids that were sold fell by 25.8%, with sales dropping at a greater rate in each subsequent year (Figure 1).
At the same time, federal policies and professional society recommendations were slow to update their guidance to reflect the addictive potential of opioid analgesics. Although drug overdose deaths in the US increased 3-fold between 1999 and 2016, the CDC did not develop guidelines for prescribing opioids for chronic pain until 2016, and HHS did not declare a public health emergency until a year later—well after prescription opioid use had peaked and the epidemic had shifted to illicit opioids. The epidemic today is a result of multiple factors, actions, and missed opportunities across many stakeholders. Responding to the epidemic will require coordination across all of these many disparate groups as well as an acknowledgement that the locus of the epidemic has shifted away from prescription analgesics to illicit substance use.

For more on opioid trends and developments, connect with us.

This research was conducted on behalf of the Healthcare Distribution Alliance. Avalere Health retained full editorial control.