



Prescription Opioid and Benzodiazepine Use in Philadelphia, 2017

Drug overdose is now a leading cause of death in Philadelphia. While the majority of these deaths involved heroin or fentanyl, prescription opioid painkillers (such as Percocet, Vicodin and OxyContin) and benzodiazepines (a class of prescription medications for anxiety and sedation, such as Xanax and Klonopin) are also frequently involved. In addition, those who die of heroin or fentanyl overdose typically begin their drug use habits with opioid pills. Nationally, four out of five new heroin users start with prescription opioids.¹

Using prescription opioids for even just a few days increases the risk of long-term use. Nationally, 6% of people who receive any opioid prescription are using them one year later, but 30% of people are still using them if their first prescription was for 31 or more days.²

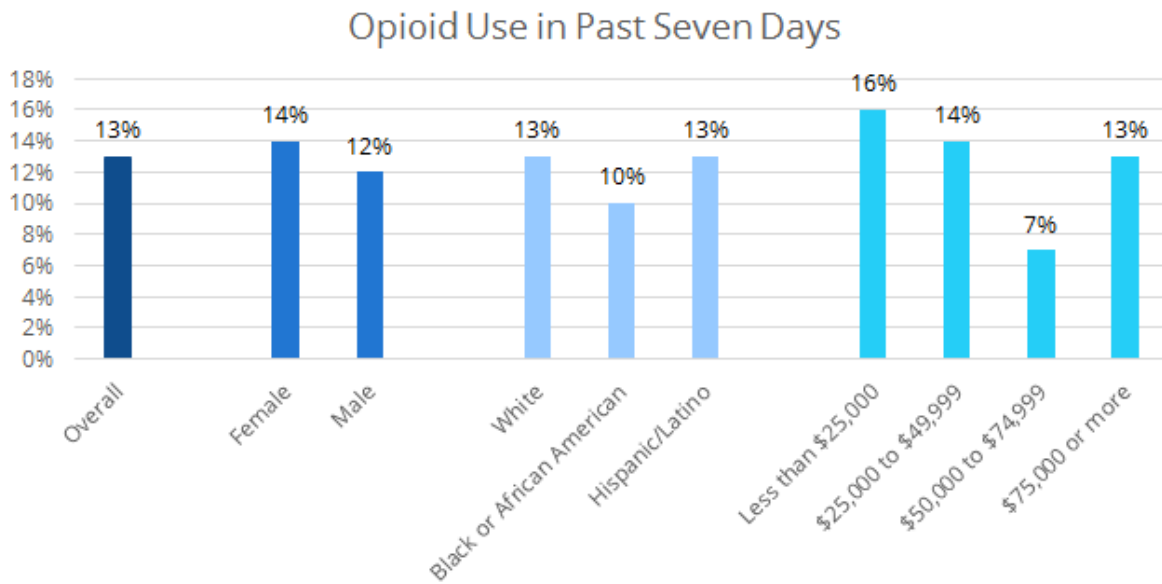
Opioids and benzodiazepines should not be taken at the same time because this combination significantly increases the risk of an overdose.

This issue of CHART estimates the use of prescription opioids and benzodiazepines in Philadelphia, based on an online survey of 466 Philadelphia residents between May 9 and June 26, 2017.

Prescription Opioid Use is Extremely Common in Philadelphia

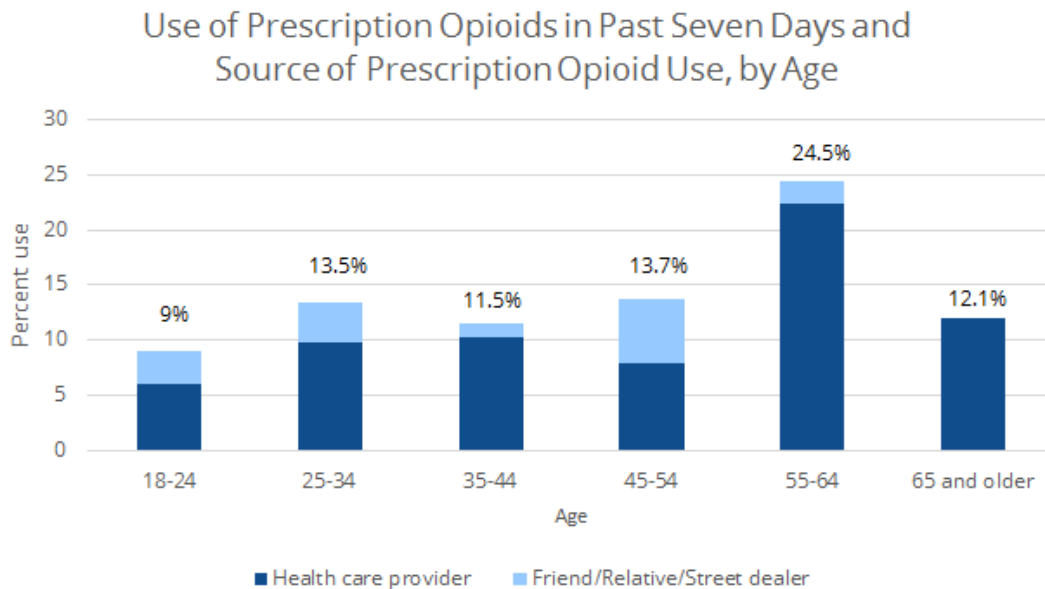
- 32% of Philadelphia adults surveyed – nearly 1 in 3 – used a prescription opioid in the past year. This translates to an estimated 469,000 people in Philadelphia who used a prescription opioid in the past year.
- Among those who took prescription opioids in the past year, 81% received them from health care providers.
- Among people who received opioids from health care providers in the past year, 29% received two prescriptions and 27% received three or more prescriptions.
- 13% of Philadelphia adults surveyed reported taking an opioid pill in the past 7 days. This translates to an estimated 168,000 current prescription opioid users in Philadelphia.
- Among current users, on the most recent day that they used prescription opioids, 61% of people took one or two pills, and 11% took 8 or more pills.

Rates of Opioid Use are Similar Across All Demographic Groups



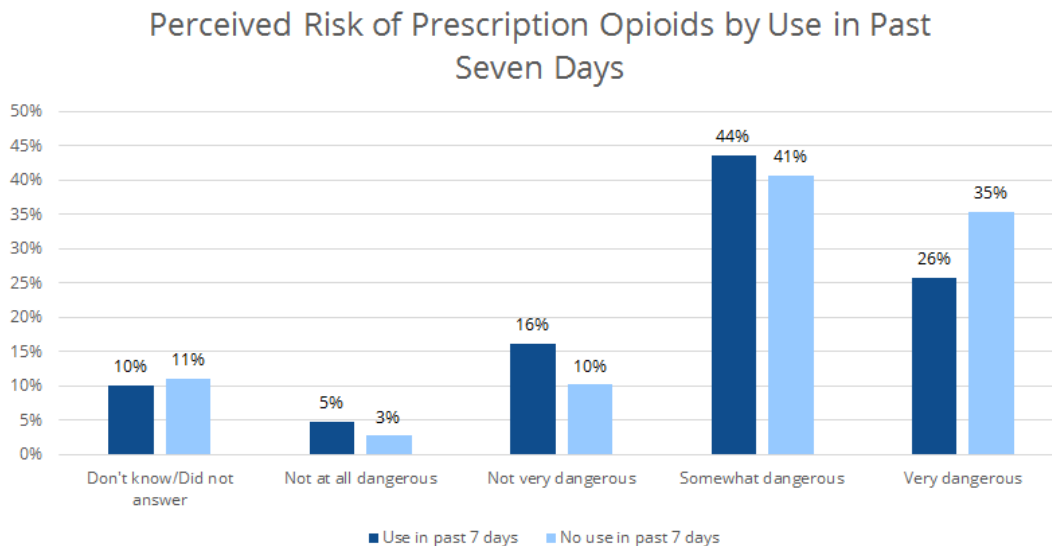
- Current use of prescription opioids was similar among women and men, as well as among Whites, Blacks or African Americans, and Hispanic/Latino.

Health Care Providers are by far the Main Source of Prescription Opioids



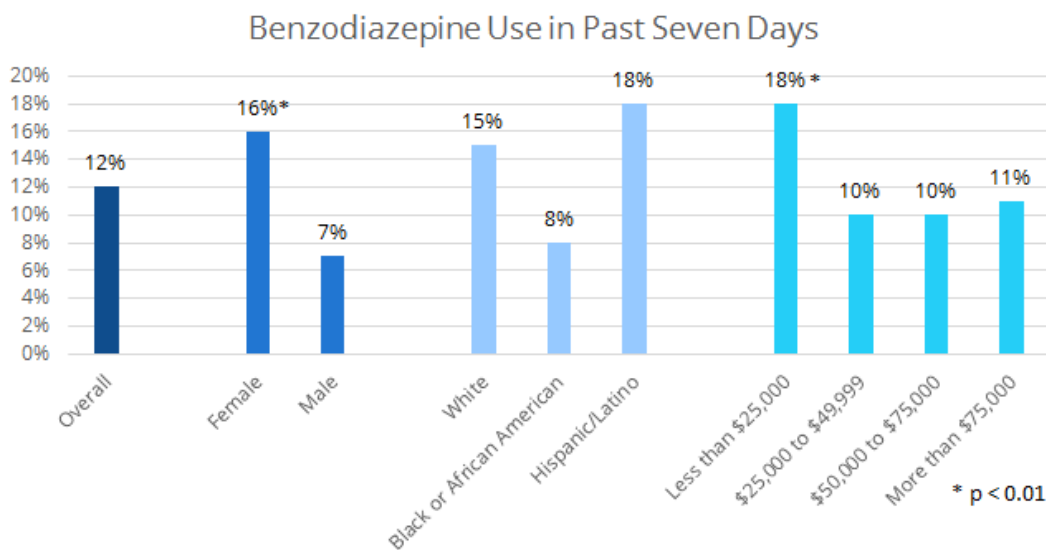
- Opioid use was highest among persons age 55-64.
- The majority (76%) of current opioid users across all age groups obtained their prescription opioids from health care providers.
- 19% of current opioid users obtained their prescription opioids from friends, relatives or street dealers.

Most People Believe Prescription Opioids are at Least Somewhat Dangerous



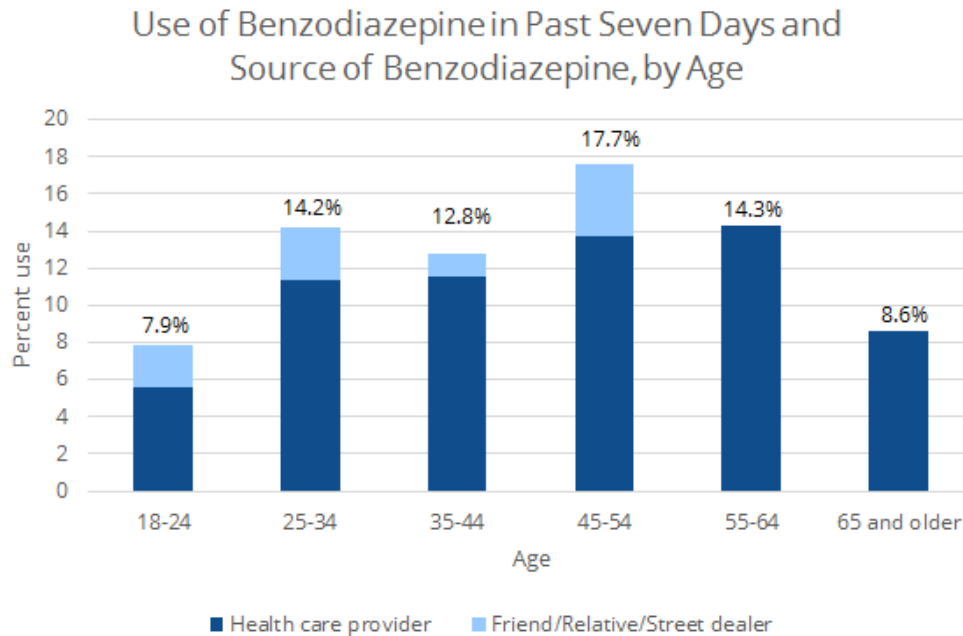
- Opioids were perceived as dangerous, even among persons who use them. 70% of current opioid users and 76% who did not use them in the past 7 days believe they were “very dangerous” or “somewhat dangerous”.

Benzodiazepine Use is Very Common in Philadelphia



- 12% of Philadelphia adults surveyed, or 1 in 8 people, were current benzodiazepine users, having taken one in the past 7 days.
- Women (16%) were twice as likely as men (7%) to be current users of benzodiazepines.
- Benzodiazepine use was highest among people with household incomes below \$25,000.

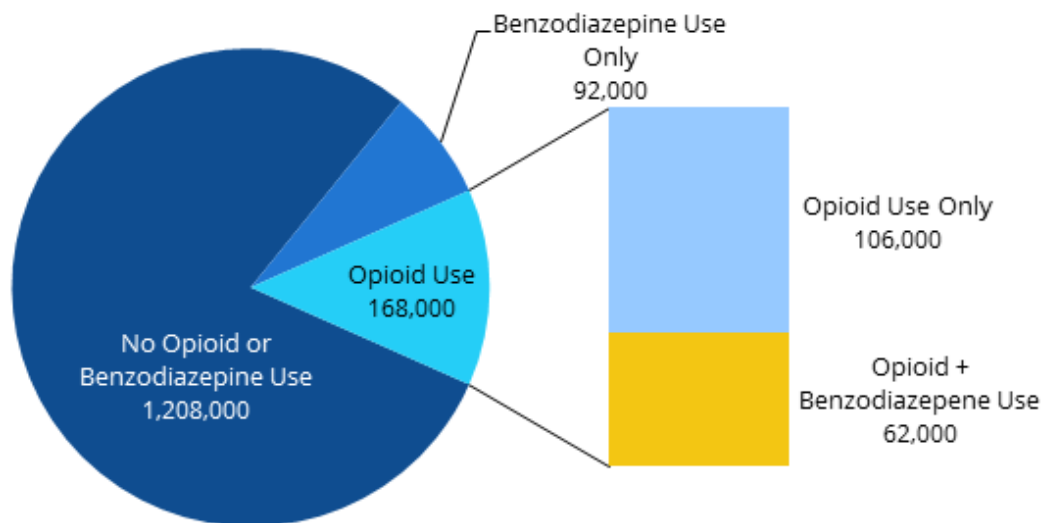
Nearly All Benzodiazepines are Obtained from Health Care Providers



- 84% of current benzodiazepines users obtained them from health care providers.
- People ages 45-54 were most likely to be using benzodiazepines.

Use of the Dangerous Combination of Opioids and Benzodiazepines is Common

Estimated Number of Current Opioid and Benzodiazepine Users among Philadelphia Adults



- Of the estimated 168,000 people currently using prescription opioids, over one-third are also using a benzodiazepine.

What Can Be Done

The Department of Public Health is:

- Running a media campaign (“[Don’t Take The Risk](#)”) to raise public awareness about the risks of prescription opioids.
- Disseminating [guidelines](#) to health care providers about reducing prescribing of opioid painkillers and benzodiazepines.
- Working with health systems to discourage overprescribing among their providers.

Health care providers can:

- Prescribe opioid painkillers less often, in lower doses, and for shorter durations, following guidelines from the [CDC](#) or the [Department of Public Health](#).
- Avoid, whenever possible, prescribing opioid pain relievers in patients who are also taking benzodiazepines and avoid prescribing benzodiazepines in patients taking opioids because the combination of benzodiazepines and opioids is so dangerous.
- Treat acute and chronic pain with alternative therapies, such as non-steroidal anti-inflammatory drugs (NSAIDs) or physical therapy.
- Register for and use the Prescription Drug Monitoring Program database when prescribing opioids and benzodiazepines.
- Help patients who are dependent on opioids get treatment. This can be through referral to methadone treatment or prescribing buprenorphine (Suboxone™), a medication that reduces withdrawal symptoms and is safer than methadone. With readily available training and certification, office- or clinic-based physicians can prescribe buprenorphine.

Health systems can:

- Use data to provide individual feedback to their providers about their patterns of opioid and benzodiazepine prescribing.
- Make changes to their Electronic Health Record systems to discourage overprescribing (such as lower default quantities).
- Train providers to offer patients non-opioid treatments for pain.

Health insurers can:

- Require prior authorization for opioid prescriptions.
- Offer coverage for alternative pain treatments.
- Offer coverage for all FDA-approved medications in addiction treatment.
- Use data to provide individual feedback to their providers about their patterns of opioid and benzodiazepine prescribing.

People can:

- Never use prescription opioids or benzodiazepines that have not been prescribed to you.
- If your health care provider prescribes opioid painkillers to you, ask if there are any non-addictive alternatives to treat your pain instead.
- Don’t take more than 3 days of prescription opioid painkillers unless you have been instructed to by your healthcare provider and he or she believes the benefit is worth the risk (for example, for cancer-related pain or end-of-life care).
- Avoid taking opioids with benzodiazepines because this combination makes the risk of overdose much higher. If you are taking both of these medications, talk with your doctor about safely stopping one or both of the medications.

References

- 1) Muhuri PK, Gfroerer JC, Davies MC. Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality Data Review (August 2013).
- 2) Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. *MMWR Morb Mortal Wkly Rep* 2017;66:265–269.

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