

State-by-State Opioid Prescribing Data



Table of Contents

A - G

Alaska
Alabama
Arkansas
Arizona
California
Colorado
Connecticut
Washington D.C.
Delaware
Florida
Georgia

O - S

Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota

H - N

Hawaii	Massachusetts	North Carolina
Iowa	Maryland	North Dakota
Idaho	Maine	Nebraska
Illinois	Michigan	New Hampshire
Indiana	Minnesota	New Jersey
Kansas	Missouri	New Mexico
Kentucky	Mississippi	Nevada
Louisiana	Montana	New York

T - W

Tennessee
Texas
Utah
Virginia
Vermont
Washington
Wisconsin
West Virginia
Wyoming



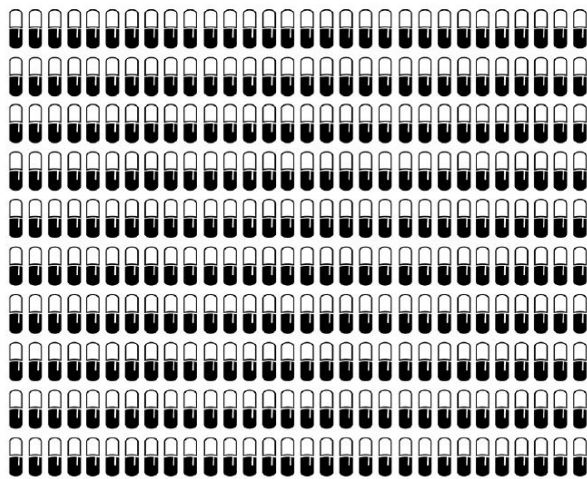
ALASKA AGAINST OPIOID DEPENDENCE

Alaska's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Alaskan with 34 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 85 opioid
pills, whether they need them
or not.¹

102 DEATHS

In 2017, there were 102 overdose deaths
involving opioids — a rate of 13.9 deaths
per 100,000 persons compared to the
average national rate of 14.6 deaths per
100,000 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Alaska Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/alaska-opioid-summary>

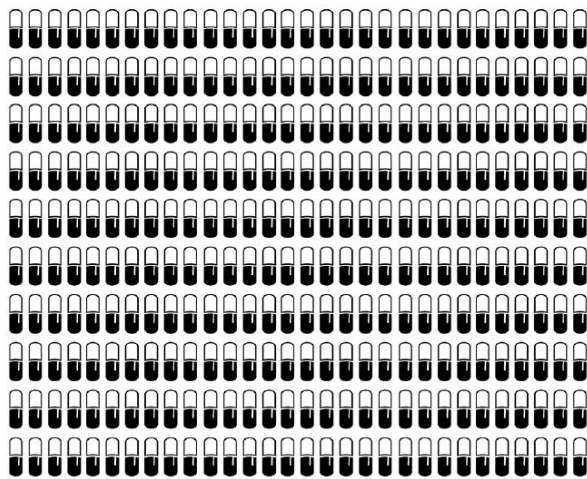
ALABAMA AGAINST OPIOID DEPENDENCE

Alabama's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every
Alabamian with 65 pills** — the
highest rate in the country.¹



= 10,000,000

Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

107.2 PRESCRIPTIONS

In 2017, Alabama providers wrote
107.2 opioid prescriptions for
every 100 persons. This is the
highest prescribing rate in the
country.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
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- 300,000 fewer patients becoming persistent opioid users following surgery each year
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3. National Institute on Drug Abuse. Alabama Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/alabama-opioid-summary>

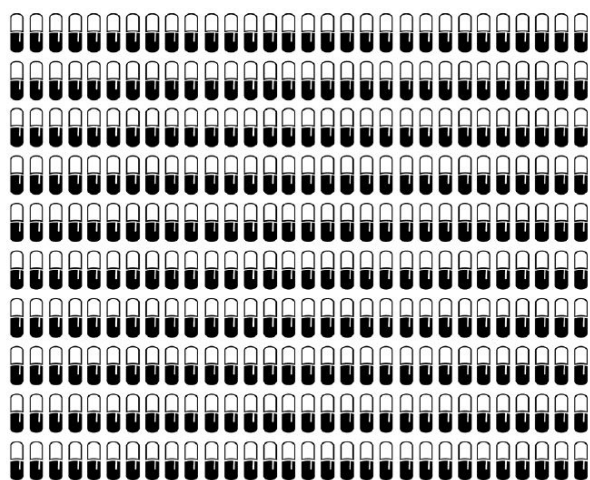
ARKANSAS AGAINST OPIOID DEPENDENCE

Arkansas' Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Arkansan with 64 pills — the
second highest rate in the country.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

105.4 PRESCRIPTIONS

In 2017, Arkansas providers wrote
105.4 opioid prescriptions for every
100 persons – nearly twofold greater
than the average U.S. rate of 58.7
opioid prescriptions.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
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- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

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2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Arkansas Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/arkansas-opioid-summary>

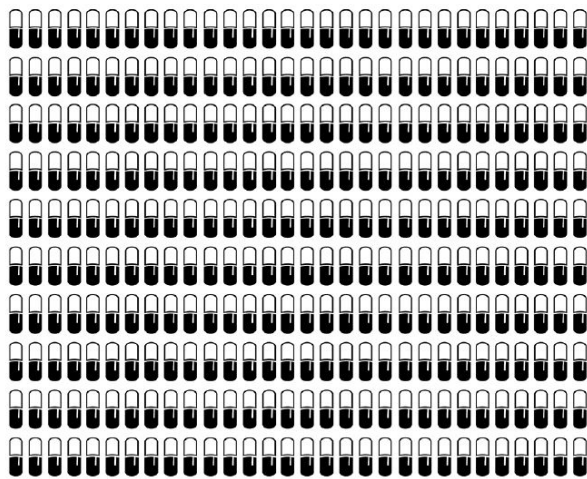
ARIZONA AGAINST OPIOID DEPENDENCE

Arizona's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Arizonan with 41 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

61.2 PRESCRIPTIONS

In 2017, Arizona providers wrote
61.2 opioid prescriptions for
every 100 persons compared
to the average U.S. rate of 58.7
prescriptions.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

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2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Arizona Opioid Summary. Last updated March 2019. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/arizona-opioid-summary>

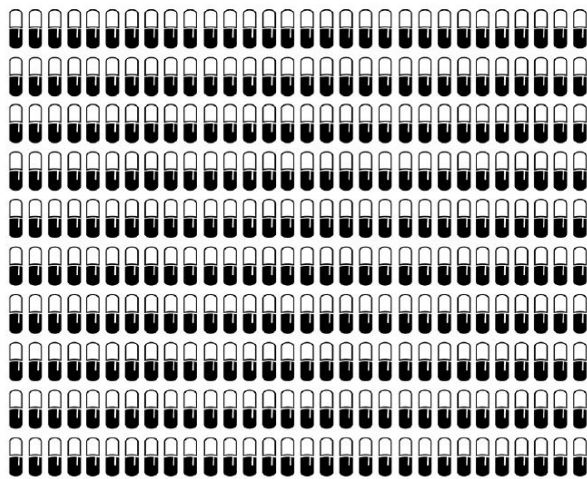
CALIFORNIA AGAINST OPIOID DEPENDENCE

California's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Californian with 27 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

39.5 PRESCRIPTIONS

In 2017, California providers wrote
39.5 opioid prescriptions for every
100 persons. This was among the
lowest prescribing rates in the
country.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

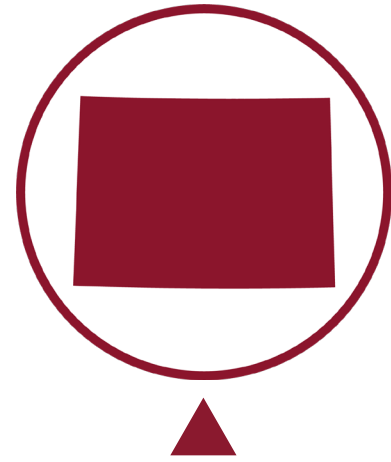
2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. California Opioid Summary. Last updated March 2019. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/california-opioid-summary>

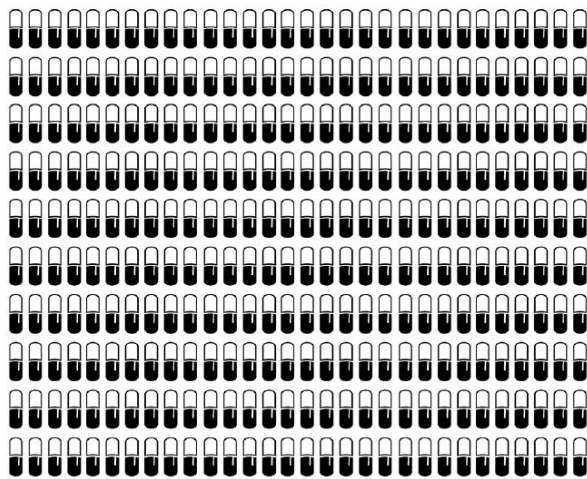
COLORADO AGAINST OPIOID DEPENDENCE

Colorado's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Coloradan with 32 pills.¹



= 10,000,000

Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

52.9 DEATHS

In 2017, Colorado providers wrote
52.9 opioid prescriptions for every
100 persons. The average U.S.
rate in the same year was 58.7
prescriptions per 100 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Colorado Opioid Summary. Last updated March 2019. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/colorado-opioid-summary>

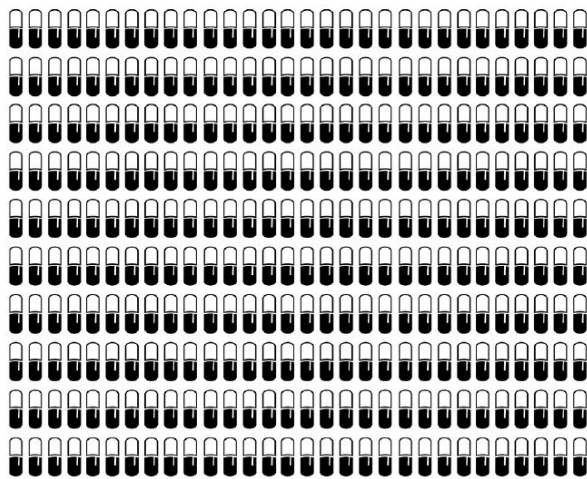
CONNECTICUT AGAINST OPIOID DEPENDENCE

Connecticut's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Nutmegger with 28 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

955 DEATHS

In 2017, there were 955 overdose
deaths involving opioids—a rate of
27.7 deaths per 100,000 persons,
which is twofold higher than the
national rate of 14.6 deaths per
100,000 person.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Connecticut Opioid Summary. Last updated March 2019. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/connecticut-opioid-summary>

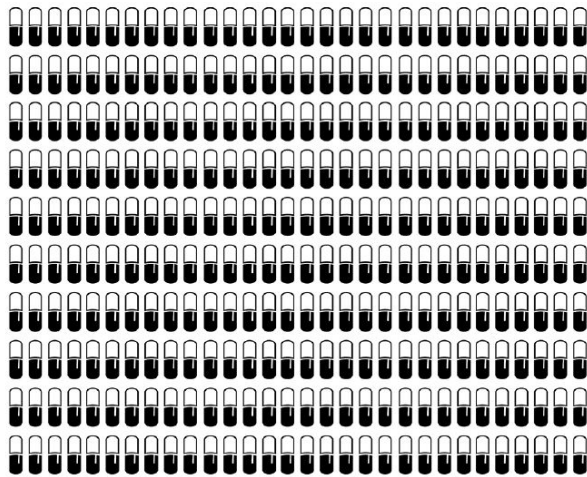
WASHINGTON D.C. AGAINST OPIOID DEPENDENCE

Washington D.C.'s Operating Rooms Have
Become Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Washingtonian with 21 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

244 DEATHS

In 2017, there were 244 overdose
deaths involving opioids — a rate
of 34.7 deaths per 100,000 persons
compared to the average national rate
of 14.6 deaths per 100,000 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Washington D.C. Opioid Summary. Last updated March 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/washington-dc-opioid-summary>

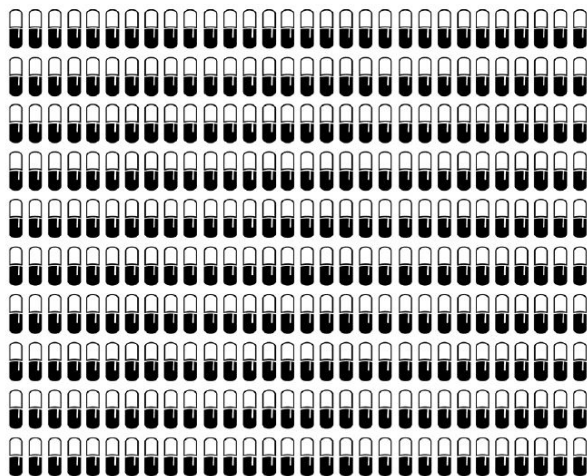
DELAWARE AGAINST OPIOID DEPENDENCE

Delaware's Operating Rooms Have Become Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access to Non-Opioid Pain Management Options



In 2017, enough opioids were prescribed to provide **every Delawarean with 42 pills.**¹



= 10,000,000

Surgery-related overprescribing resulted in **3.3 billion unused pills available for misuse.**²

82 PILLS

Following surgery, patients receive an average of 82 opioid pills, whether they need them or not.¹

68.3 PRESCRIPTIONS

In 2017, Delaware providers wrote 68.3 opioid prescriptions for every 100 persons compared to the average U.S. rate of 58.7 prescriptions.³

3 MILLION

Nearly 3 million patients undergoing surgeries in 2016 became newly persistent opioid users.²

Giving more patients and doctors access to non-opioid pain management after surgery can stop this trend:

If the number of **opioid prescriptions** written each year is reduced by **10%** nationally, it would result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Delaware Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/delaware-opioid-summary>

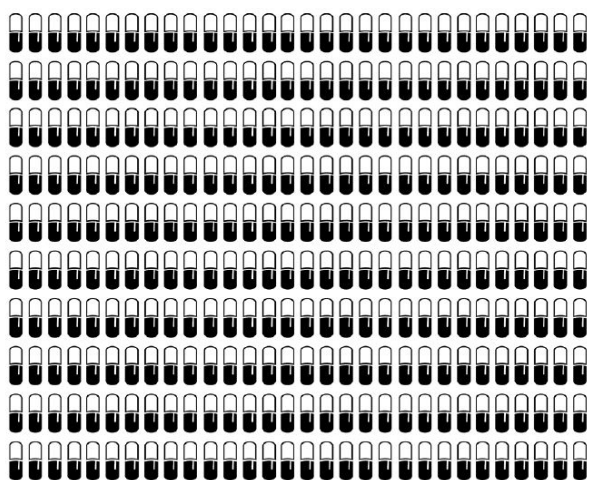
FLORIDA AGAINST OPIOID DEPENDENCE

Florida's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Floridian with 40 pills.¹



= 10,000,000

Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

60.9 PRESCRIPTIONS

In 2017, Florida providers wrote
60.9 opioid prescriptions for
every 100 persons compared
to the average U.S. rate of 58.7
prescriptions.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

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2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Florida Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/florida-opioid-summary>

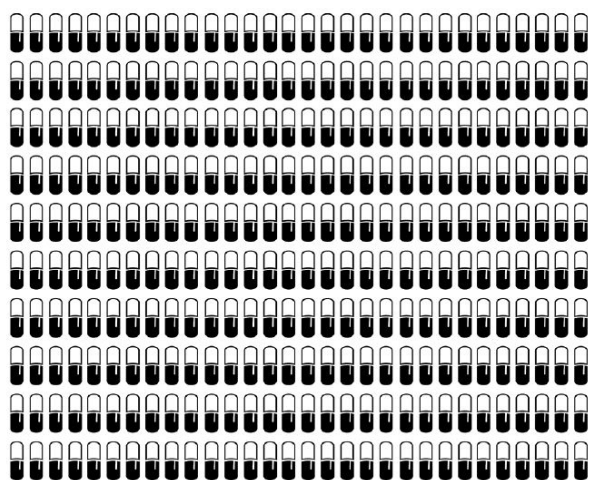
GEORGIA AGAINST OPIOID DEPENDENCE

Georgia's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Georgian with 43 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

70.9 PRESCRIPTIONS

In 2017, Georgia providers wrote
70.9 opioid prescriptions for
every 100 persons compared
to the average U.S. rate of 58.7
prescriptions.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

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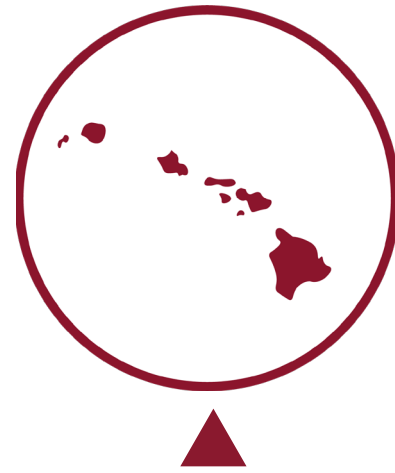
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3. National Institute on Drug Abuse. Georgia Opioid Summary. Last updated March 2019. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/georgia-opioid-summary>

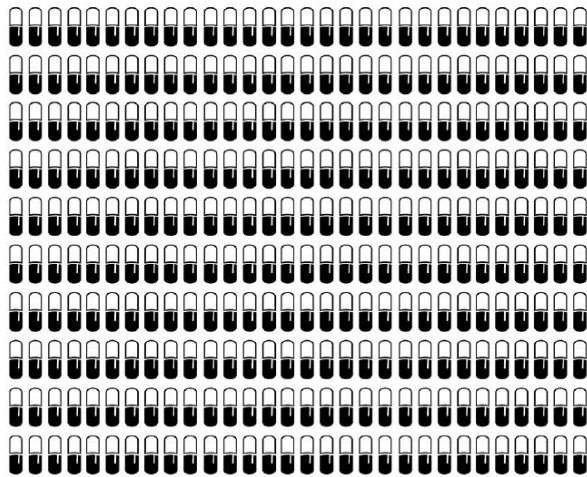
HAWAII AGAINST OPIOID DEPENDENCE

Hawaii's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Hawaiian with 23 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

37 PRESCRIPTIONS

In 2017, Hawaii providers wrote 37.0
opioid prescriptions for every 100
persons, compared to the average U.S.
rate of 58.7 prescriptions.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

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3. National Institute on Drug Abuse. Hawaii Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/hawaii-opioid-summary>

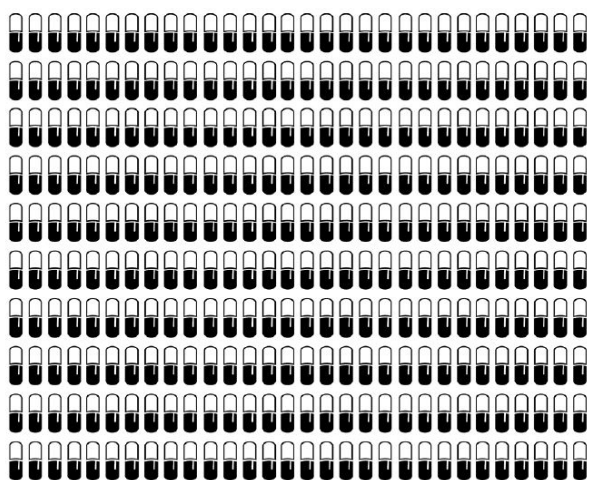
IOWA AGAINST OPIOID DEPENDENCE

Iowa's Operating Rooms Have Become Gateways
to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Iowan with 36 pills.¹



= 10,000,000

Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

56.4 PRESCRIPTIONS

In 2017, Iowa providers wrote
56.4 opioid prescriptions for every
100 persons. The average U.S.
rate in the same year was 58.7
prescriptions per 100 person.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

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3. National Institute on Drug Abuse. Iowa Opioid Summary. Last updated March 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/iowa-opioid-summary>

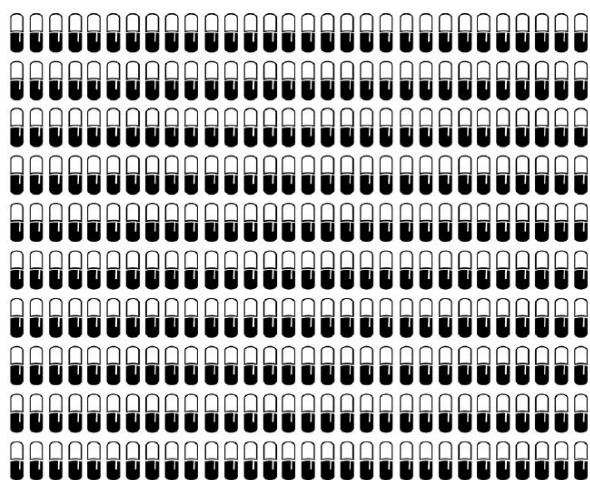
IDAHO AGAINST OPIOID DEPENDENCE

Idaho's Operating Rooms Have Become Gateways
to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Idahoan with 50 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

70.3 PRESCRIPTIONS

In 2017, Idaho providers wrote
70.3 opioid prescriptions for every
100 persons. The average U.S.
rate in the same year was 58.7
prescriptions per 100 person.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Idaho Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/idaho-opioid-summary>

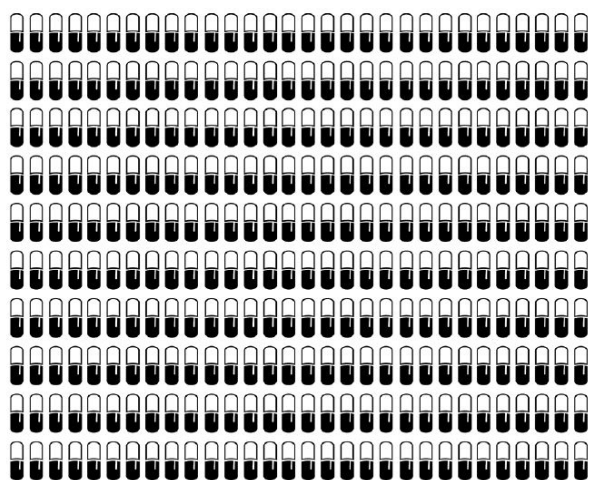
ILLINOIS AGAINST OPIOID DEPENDENCE

Illinois' Operating Rooms Have Become Gateways
to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Illinoisan with 33 pills.¹



= 10,000,000

Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

2,202 DEATHS

In 2017, there were 2,202 drug overdose
deaths involving opioids — a rate of 17.2
deaths per 100,000 persons, compared to
the average national rate of 14.6 deaths
per 100,000 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Illinois Opioid Summary. Last updated March 2019. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/illinois-opioid-summary>

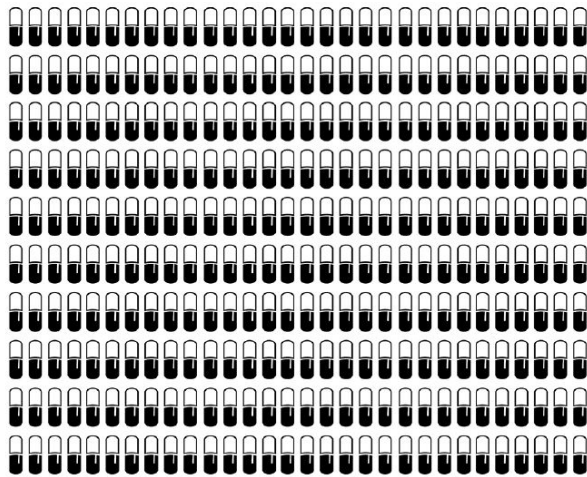
INDIANA AGAINST OPIOID DEPENDENCE

Indiana's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Hoosier with 52 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

74.2 PRESCRIPTIONS

In 2017, Indiana providers wrote
74.2 opioid prescriptions for
every 100 persons compared
to the average U.S. rate of 58.7
prescriptions.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

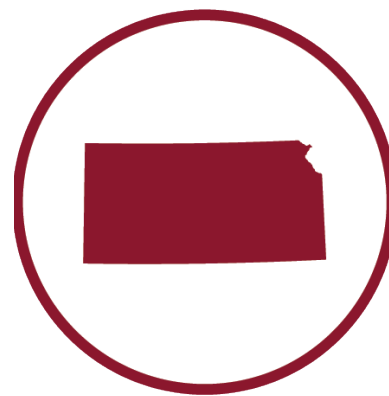
2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Indiana Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/indiana-opioid-summary>

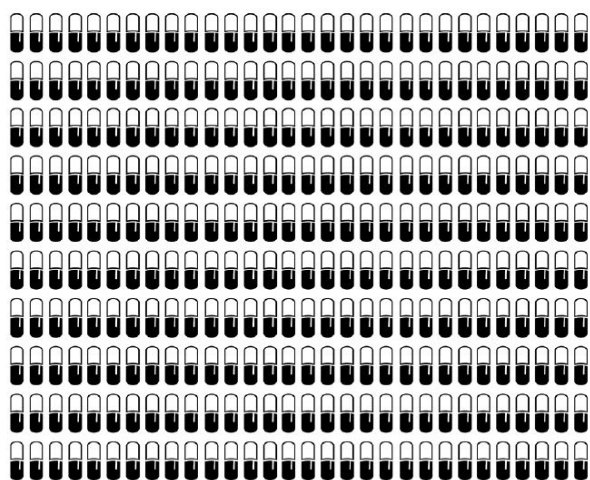
KANSAS AGAINST OPIOID DEPENDENCE

Kansas' Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Kansan with 50 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

69.8 PRESCRIPTIONS

In 2017, Kansas providers wrote
69.8 opioid prescriptions for
every 100 persons compared
to the average U.S. rate of 58.7
prescriptions.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Kansas Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/kansas-opioid-summary>

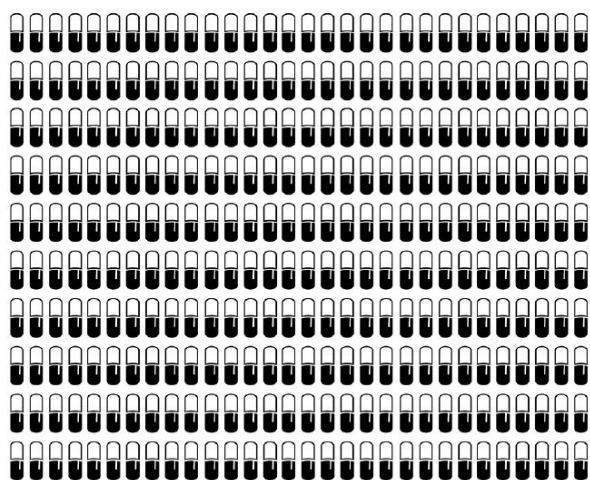
KENTUCKY AGAINST OPIOID DEPENDENCE

Kentucky's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Kentuckian with 59 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

86.8 PRESCRIPTIONS

In 2017, Kentucky providers
wrote 86.8 opioid prescriptions
for every 100 persons compared
to the average U.S. rate of 58.7
prescriptions.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Kentucky Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/kentucky-opioid-summary>

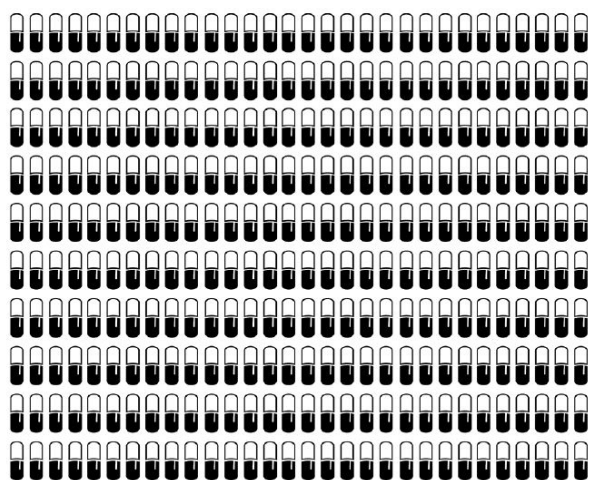
LOUISIANA AGAINST OPIOID DEPENDENCE

Louisiana's Operating Rooms Have Become Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access to Non-Opioid Pain Management Options



In 2017, enough opioids were prescribed to provide **every Louisianan with 52 pills.**²



= 10,000,000



Surgery-related overprescribing resulted in **3.3 billion unused pills available for misuse.**²

82 PILLS

Following surgery, patients receive an average of 82 opioid pills, whether they need them or not.¹

89.5 PRESCRIPTIONS

In 2017, Louisiana providers wrote 89.5 opioid prescriptions for every 100 persons. This was among the top five rates in the United States.³

3 MILLION

Nearly 3 million patients undergoing surgeries in 2016 became newly persistent opioid users.²

Giving more patients and doctors access to non-opioid pain management after surgery can stop this trend:

If the number of **opioid prescriptions** written each year is reduced by **10%** nationally, it would result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Louisiana Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/louisiana-opioid-summary>

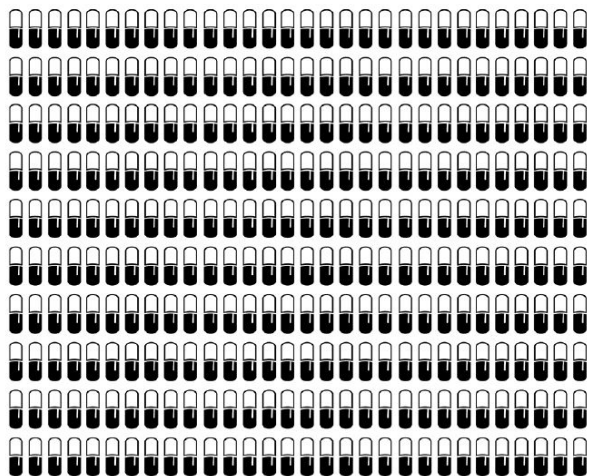
MASSACHUSETTS AGAINST OPIOID DEPENDENCE

Massachusetts' Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Massachusettsan with 25 pills.¹



= 10,000,000

Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

1,913 DEATHS

In 2017, there were 1,913 drug overdose
deaths involving opioids — a rate of 28.2
deaths per 100,000 persons, compared to
the average national rate of 14.6 deaths
per 100,000 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Massachusetts Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/massachusetts-opioid-summary>

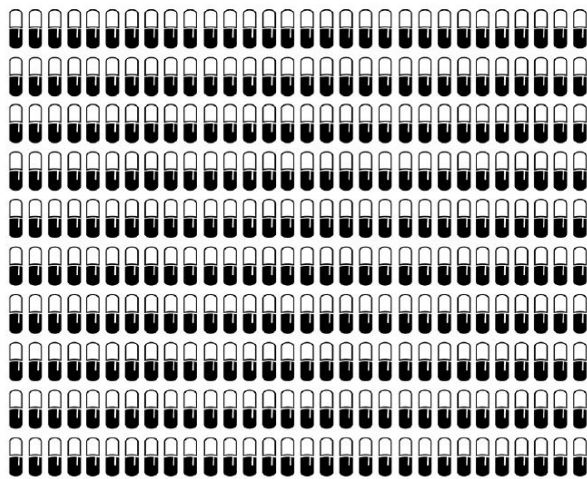
MARYLAND AGAINST OPIOID DEPENDENCE

Maryland's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Marylanders with 33 pills.¹



= 10,000,000

Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

1,985 DEATHS

In 2017, there were 1,985 drug overdose
deaths involving opioids—a rate of 32.2
deaths per 100,000 persons, which is
twofold greater than the average national
rate of 14.6 deaths per 100,000 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Maryland Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/maryland-opioid-summary>

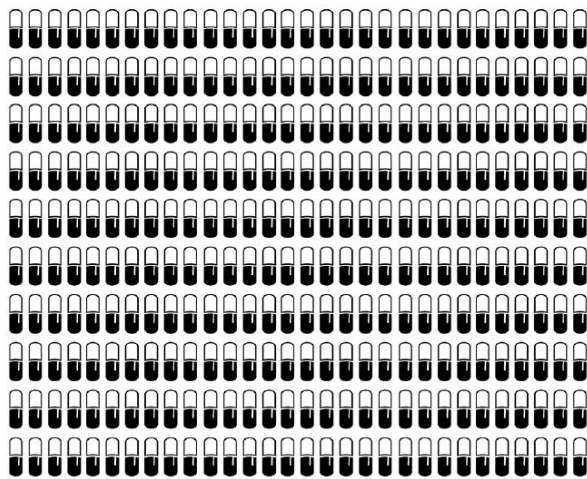
MAINE AGAINST OPIOID DEPENDENCE

Maine's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Mainer with 37 pills.¹



= 10,000,000

Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

360 DEATHS

In 2017, there were 360 drug overdose
deaths involving opioids — a rate of 29.9
deaths per 100,000 persons, compared to
the average national rate of 14.6 deaths
per 100,000 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Maine Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/maine-opioid-summary>

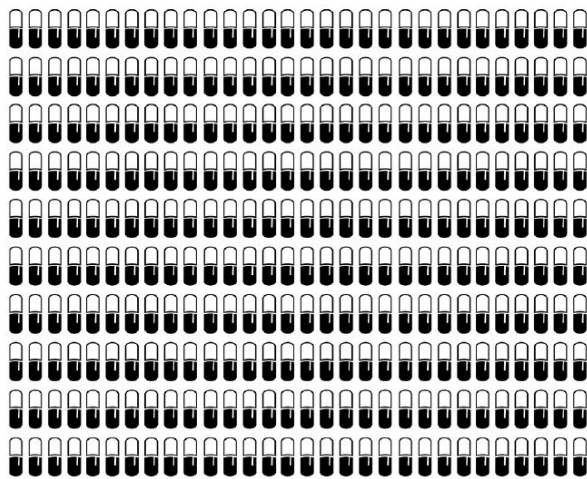
MICHIGAN AGAINST OPIOID DEPENDENCE

Michigan's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Michigander with 53 pills.¹



= 10,000,000

Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

2,033 DEATHS

In 2017, there were 2,033 drug overdose
deaths involving opioids — a rate of 21.2
deaths per 100,000 persons, compared to
the average national rate of 14.6 deaths
per 100,000 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Michigan Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/michigan-opioid-summary>

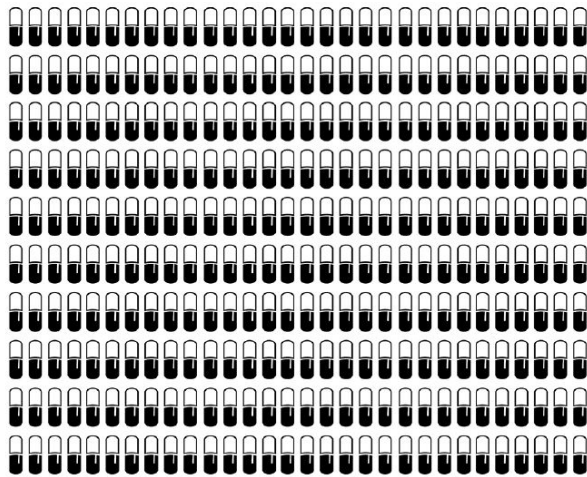
MINNESOTA AGAINST OPIOID DEPENDENCE

Minnesota's Operating Rooms Have Become Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access to Non-Opioid Pain Management Options



In 2017, enough opioids were prescribed to provide **every Minnesotan with 25 pills.**¹



= 10,000,000

Surgery-related overprescribing resulted in **3.3 billion unused pills available for misuse.**²

82 PILLS

Following surgery, patients receive an average of 82 opioid pills, whether they need them or not.¹

41 PRESCRIPTIONS

In 2017, Minnesota providers wrote 41.0 opioid prescriptions for every 100 persons compared to the average U.S. rate of 58.7 prescriptions.³

3 MILLION

Nearly 3 million patients undergoing surgeries in 2016 became newly persistent opioid users.²

Giving more patients and doctors access to non-opioid pain management after surgery can stop this trend:

If the number of **opioid prescriptions** written each year is reduced by **10%** nationally, it would result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Minnesota Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/minnesota-opioid-summary>

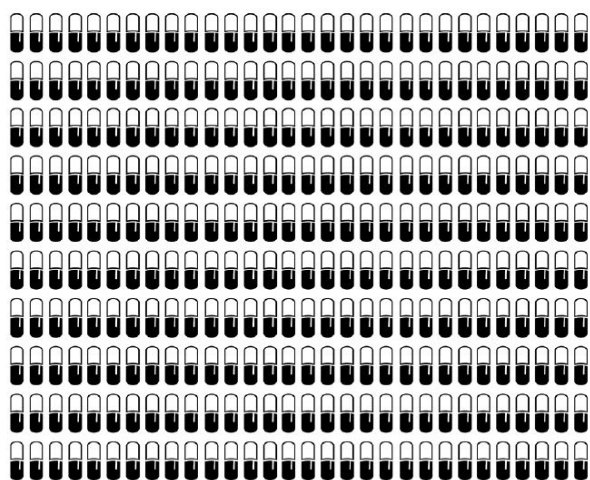
MISSOURI AGAINST OPIOID DEPENDENCE

Missouri's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Missourian with 52 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

71.8 PRESCRIPTIONS

In 2017, Missouri providers wrote 71.8
opioid prescriptions for every 100 persons
compared to the average U.S. rate of 58.7
prescriptions for every 100 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Missouri Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/missouri-opioid-summary>

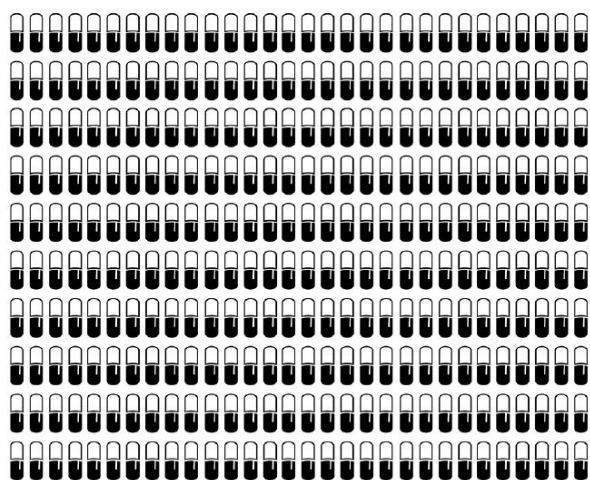
MISSISSIPPI AGAINST OPIOID DEPENDENCE

Mississippi's Operating Rooms Have Become Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access to Non-Opioid Pain Management Options



In 2017, enough opioids were prescribed to provide **every Mississippian with 49 pills.**¹



= 10,000,000



Surgery-related overprescribing resulted in **3.3 billion unused pills available for misuse.**²

82 PILLS

Following surgery, patients receive an average of 82 opioid pills, whether they need them or not.¹

92.9 PRESCRIPTIONS

In 2017, Mississippi providers wrote 92.9 opioid prescriptions for every 100 persons compared to the average U.S. rate of 58.7 prescriptions for every 100 persons.³

3 MILLION

Nearly 3 million patients undergoing surgeries in 2016 became newly persistent opioid users.²

Giving more patients and doctors access to non-opioid pain management after surgery can stop this trend:

If the number of **opioid prescriptions** written each year is reduced by **10%** nationally, it would result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Mississippi Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/mississippi-opioid-summary>

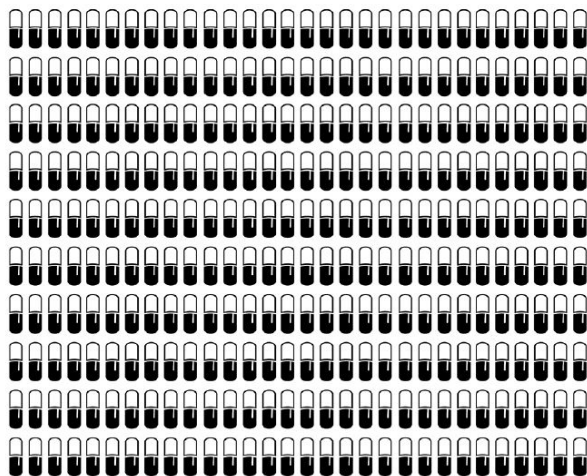
MONTANA AGAINST OPIOID DEPENDENCE

Montana's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Montanan with 40 pills.¹



= 10,000,000

Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

61.1 PRESCRIPTIONS

In 2017, Montana providers wrote 61.1
opioid prescriptions for every 100 persons
compared to the average U.S. rate of 58.7
prescriptions for every 100 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

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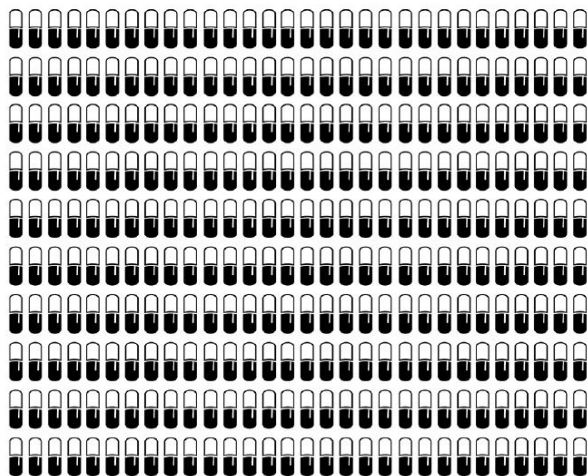
NORTH CAROLINA AGAINST OPIOID DEPENDENCE

North Carolina's Operating Rooms Have Become Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access to Non-Opioid Pain Management Options



In 2017, enough opioids were prescribed to provide **every North Carolinian with 47 pills.**¹



= 10,000,000



Surgery-related overprescribing resulted in **3.3 billion unused pills available for misuse.**²

82 PILLS

Following surgery, patients receive an average of 82 opioid pills, whether they need them or not.¹

1,953 DEATHS

In 2017, there were 1,953 drug overdose deaths involving opioids— a rate of 19.8 deaths per 100,000 persons, compared to the average national rate of 14.6 deaths per 100,000 persons.³

3 MILLION

Nearly 3 million patients undergoing surgeries in 2016 became newly persistent opioid users.²

Giving more patients and doctors access to non-opioid pain management after surgery can stop this trend:

If the number of **opioid prescriptions** written each year is reduced by **10%** nationally, it would result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

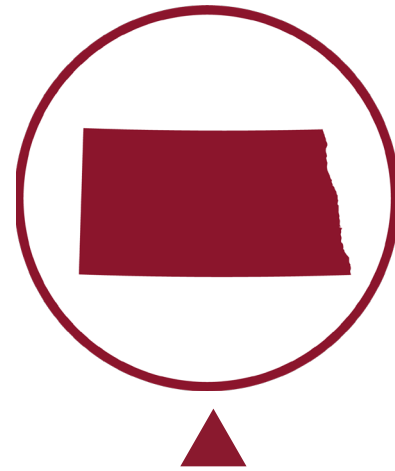
2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

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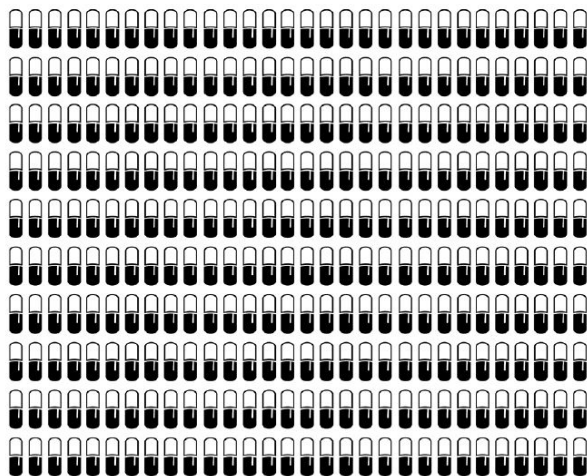
NORTH DAKOTA AGAINST OPIOID DEPENDENCE

North Dakota's Operating Rooms Have Become Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access to Non-Opioid Pain Management Options



In 2017, enough opioids were prescribed to provide **every North Dakotan with 27 pills.**¹



= 10,000,000



Surgery-related overprescribing resulted in **3.3 billion unused pills available for misuse.**²

82 PILLS

Following surgery, patients receive an average of 82 opioid pills, whether they need them or not.¹

41.5 PRESCRIPTIONS

In 2017, North Dakota providers wrote 41.5 opioid prescriptions for every 100 persons compared to the average U.S. rate of 58.7 prescriptions.³

3 MILLION

Nearly 3 million patients undergoing surgeries in 2016 became newly persistent opioid users.²

Giving more patients and doctors access to non-opioid pain management after surgery can stop this trend:

If the number of **opioid prescriptions** written each year is reduced by **10%** nationally, it would result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. North Dakota Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/north-dakota-opioid-summary>

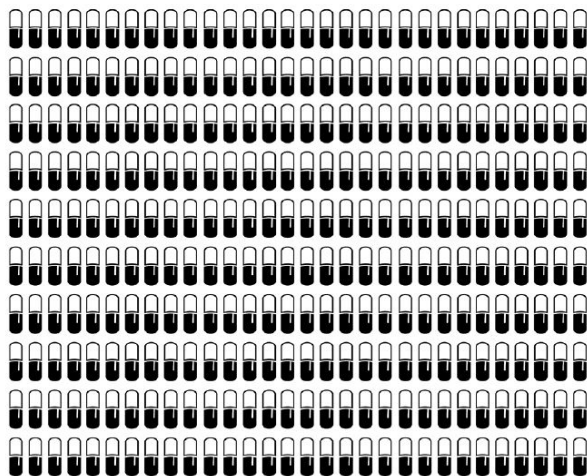
NEBRASKA AGAINST OPIOID DEPENDENCE

Nebraska's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every
Nebraskan with 36 pills.**¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills
available for misuse.**²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

56.6 PRESCRIPTIONS

In 2017, Nebraska providers wrote
56.6 opioid prescriptions for every 100
persons compared to the average U.S.
rate of 58.7 prescriptions.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

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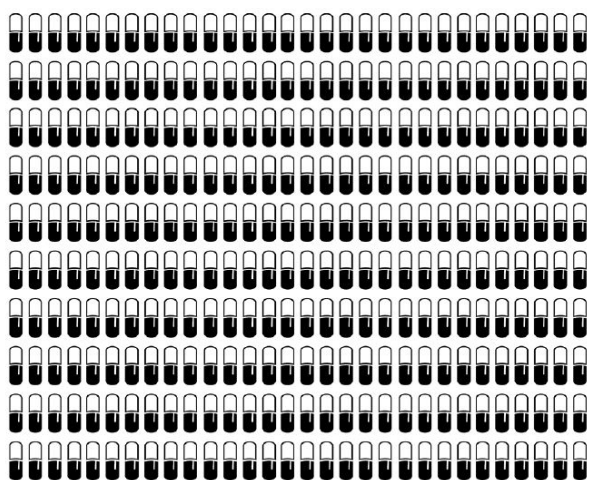
NEW HAMPSHIRE AGAINST OPIOID DEPENDENCE

New Hampshire's Operating Rooms Have Become Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access to Non-Opioid Pain Management Options



In 2017, enough opioids were prescribed to provide **every New Hampshire resident with 31 pills.**¹



= 10,000,000



Surgery-related overprescribing resulted in **3.3 billion unused pills available for misuse.**²

82 PILLS

Following surgery, patients receive an average of 82 opioid pills, whether they need them or not.¹

424 DEATHS

In 2017, there were 424 drug overdose deaths involving opioids—an age-adjusted rate of 34.0 deaths per 100,000 persons, more than twice the average national rate.³

3 MILLION

Nearly 3 million patients undergoing surgeries in 2016 became newly persistent opioid users.²

Giving more patients and doctors access to non-opioid pain management after surgery can stop this trend:

If the number of **opioid prescriptions** written each year is reduced by **10%** nationally, it would result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. New Hampshire Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/new-hampshire-opioid-summary>

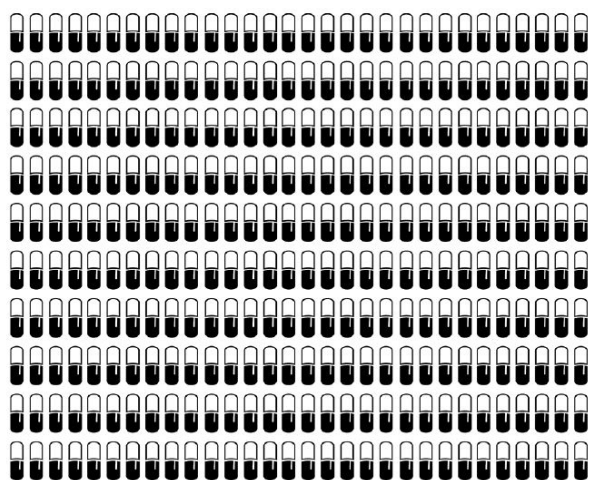
NEW JERSEY AGAINST OPIOID DEPENDENCE

New Jersey's Operating Rooms Have Become Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access to Non-Opioid Pain Management Options



In 2017, enough opioids were prescribed to provide **every New Jerseyan with 26 pills.**¹



= 10,000,000



Surgery-related overprescribing resulted in **3.3 billion unused pills available for misuse.**²

82 PILLS

Following surgery, patients receive an average of 82 opioid pills, whether they need them or not.¹

OVERDOSE DEATHS

The age-adjusted rate of drug overdose deaths increased significantly in 2017 to 30.0 deaths per 100,000 compared to the national rate of 21.7 deaths per 100,000 persons.³

3 MILLION

Nearly 3 million patients undergoing surgeries in 2016 became newly persistent opioid users.²

Giving more patients and doctors access to non-opioid pain management after surgery can stop this trend:

If the number of **opioid prescriptions** written each year is reduced by **10%** nationally, it would result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

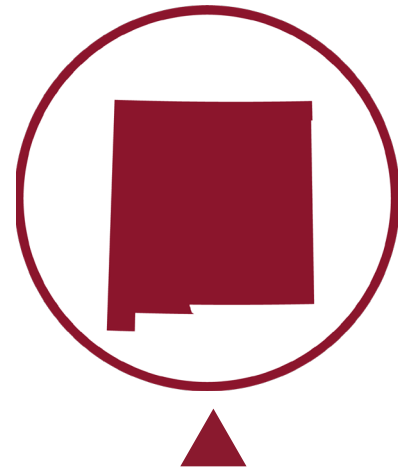
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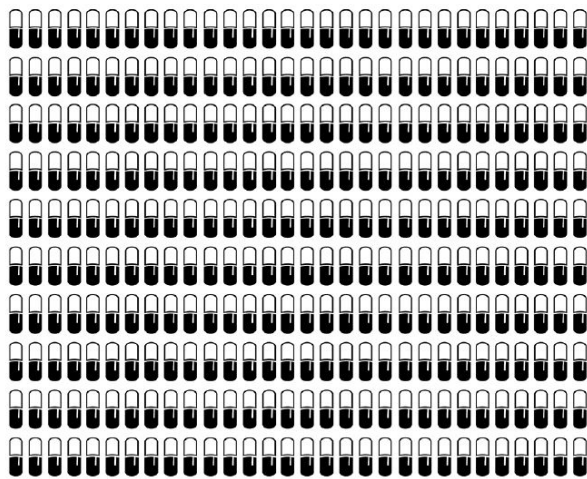
NEW MEXICO AGAINST OPIOID DEPENDENCE

New Mexico's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
New Mexican with 35 pills.¹



= 10,000,000

Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

332 DEATHS

In 2017, there were 332 overdose deaths
involving opioids — a rate of 16.7 deaths
per 100,000 persons compared to the
average national rate of 14.6 deaths per
100,000 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

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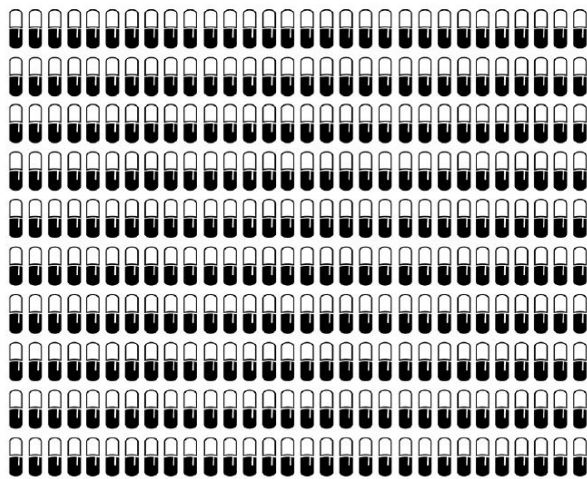
NEVADA AGAINST OPIOID DEPENDENCE

Nevada's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Nevadan with 53 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

73 PRESCRIPTIONS

In 2017, Nevada providers wrote 73
opioid prescriptions for every 100
persons compared to the average U.S.
rate of 58.7 prescriptions.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

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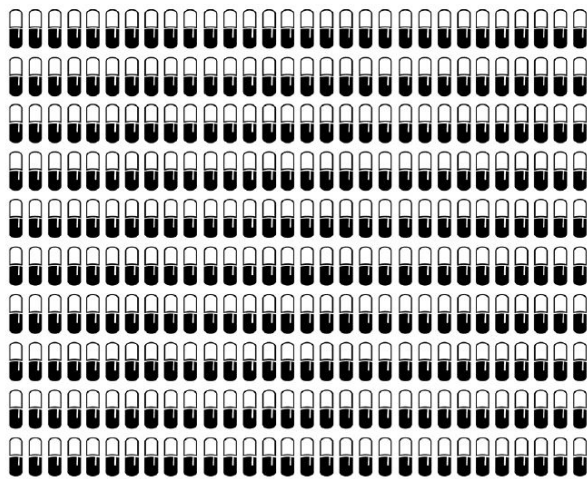
NEW YORK AGAINST OPIOID DEPENDENCE

New York's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every
New Yorker with 26 pills.**¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills
available for misuse.**²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

3,224 DEATHS

In 2017, there were 3,224 overdose
deaths involving opioids — a rate of 16.1
deaths per 100,000 persons compared to
the average national rate of 14.6 deaths
per 100,000 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

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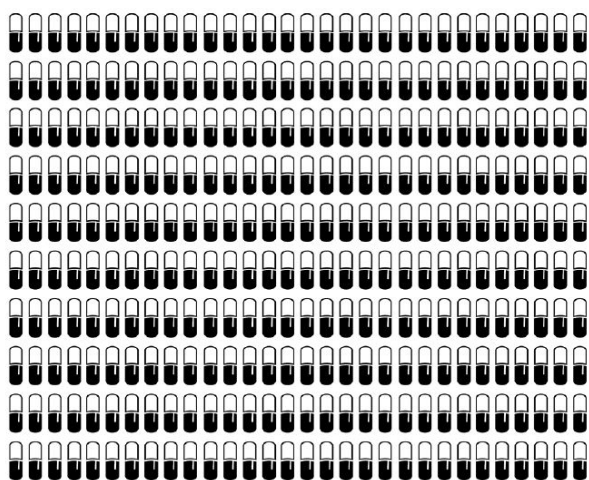
OHIO AGAINST OPIOID DEPENDENCE

Ohio's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide
every Ohioan 41 pills.¹



= 10,000,000

Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

4,293 DEATHS

In 2017, there were 4,293 overdose
deaths involving opioids - a rate of 39.2
deaths per 100,000 persons, which is
higher than the national rate of 14.6
deaths per 100,000 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

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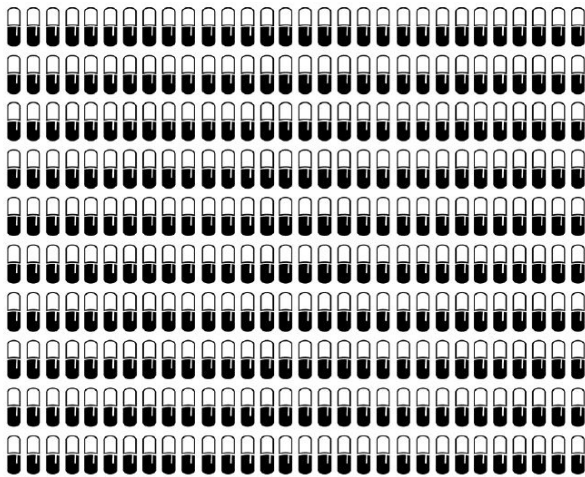
OKLAHOMA AGAINST OPIOID DEPENDENCE

Oklahoma's Operating Rooms Have Become Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access to Non-Opioid Pain Management Options



In 2017, enough opioids were prescribed to provide **every Oklahoman 61 pills**.¹



= 10,000,000

Surgery-related overprescribing resulted in **3.3 billion unused pills available for misuse**.²

82 PILLS

Following surgery, patients receive an average of 82 opioid pills, whether they need them or not.¹

88.1 PRESCRIPTIONS

In 2017, Oklahoma providers wrote 88.1 opioid prescriptions for every 100 persons compared to the average U.S. rate of 58.7 prescriptions.³

3 MILLION

Nearly 3 million patients undergoing surgeries in 2016 became newly persistent opioid users.²

Giving more patients and doctors access to non-opioid pain management after surgery can stop this trend:

If the number of **opioid prescriptions** written each year is reduced by **10% nationally**, it would result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

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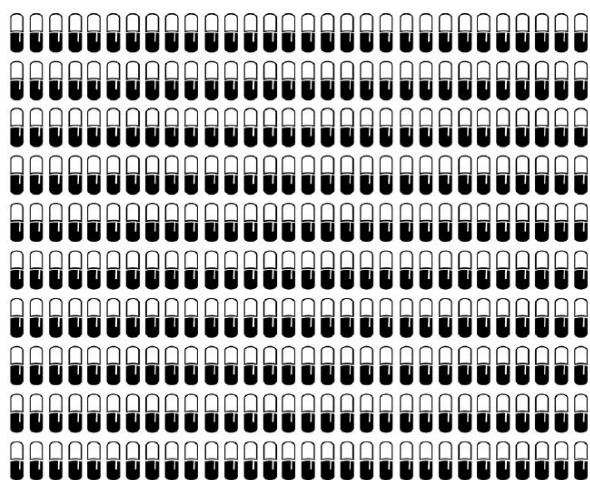
OREGON AGAINST OPIOID DEPENDENCE

Oregon's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Oregonian with 42 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

66.1 PRESCRIPTIONS

In 2017, Oregon providers wrote 66.1
opioid prescriptions for every 100 persons
compared to the average U.S. rate of 58.7
prescriptions.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

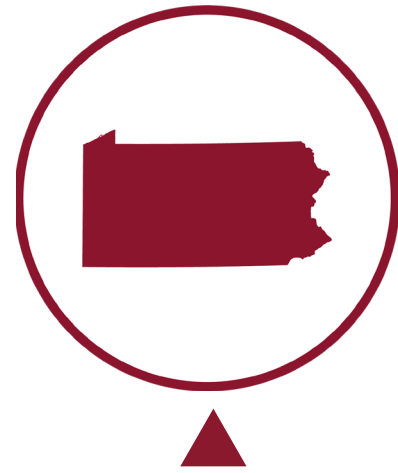
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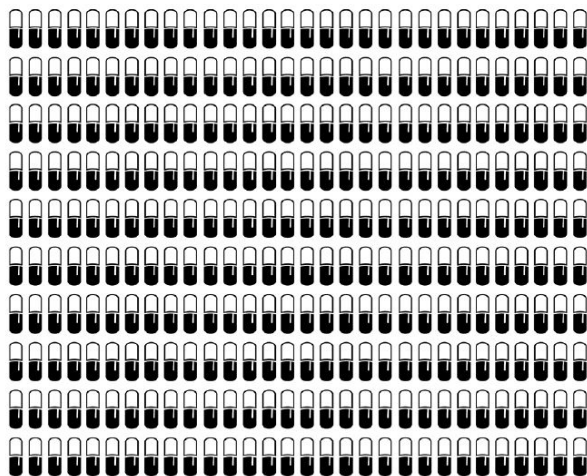
PENNSYLVANIA AGAINST OPIOID DEPENDENCE

Pennsylvania's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Pennsylvanian with 39 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

OVERDOSE DEATHS

The age-adjusted rate of drug
overdose deaths increased significantly
in 2017 to 44.3 deaths per 100,000
compared to the national rate of 21.7
deaths per 100,000 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Pennsylvania Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/pennsylvania-opioid-summary>

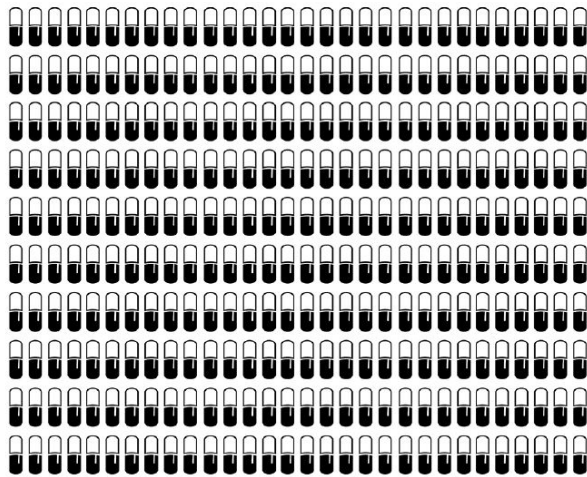
RHODE ISLAND AGAINST OPIOID DEPENDENCE

Rhode Island's Operating Rooms Have Become Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access to Non-Opioid Pain Management Options



In 2017, enough opioids were prescribed to provide **every Rhode Islander with 28 pills.**¹



= 10,000,000

Surgery-related overprescribing resulted in **3.3 billion unused pills available for misuse.**²

82 PILLS

Following surgery, patients receive an average of 82 opioid pills, whether they need them or not.¹

277 DEATHS

In 2017, there were 277 overdose deaths involving opioids — an age-adjusted rate of 26.9 deaths per 100,000 persons, compared to the average national rate of 14.6 deaths per 100,000 persons.³

3 MILLION

Nearly 3 million patients undergoing surgeries in 2016 became newly persistent opioid users.²

Giving more patients and doctors access to non-opioid pain management after surgery can stop this trend:

If the number of **opioid prescriptions** written each year is reduced by **10% nationally**, it would result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use — A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Rhode Island Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/rhode-island-opioid-summary>

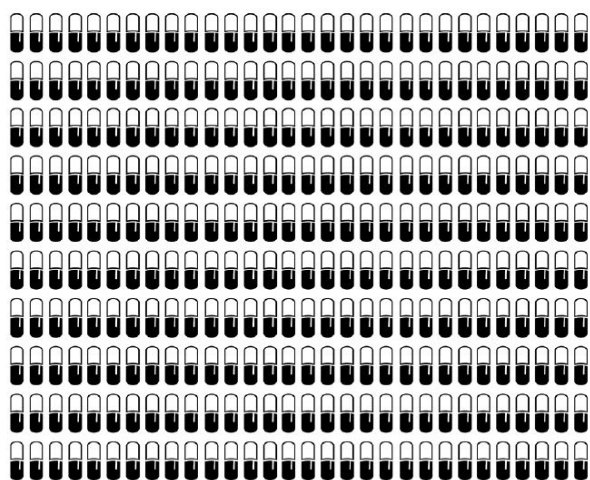
SOUTH CAROLINA AGAINST OPIOID DEPENDENCE

South Carolina's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
South Carolinian with 51 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

79.3 PRESCRIPTIONS

In 2017, South Carolina providers wrote
79.3 opioid prescriptions for every 100
persons compared to the average U.S.
rate of 58.7 prescriptions for every 100
persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

Sources

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3. National Institute on Drug Abuse. South Carolina Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/south-carolina-opioid-summary>

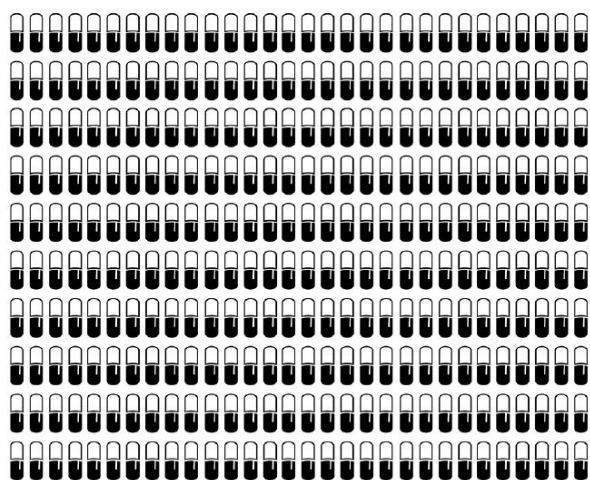
SOUTH DAKOTA AGAINST OPIOID DEPENDENCE

South Dakota's Operating Rooms Have Become Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access to Non-Opioid Pain Management Options



In 2017, enough opioids were prescribed to provide **every South Dakotan with 36 pills.**¹



= 10,000,000



Surgery-related overprescribing resulted in **3.3 billion unused pills available for misuse.**²

82 PILLS

Following surgery, patients receive an average of 82 opioid pills, whether they need them or not.¹

49 PRESCRIPTIONS

In 2017, South Dakota providers wrote 49 opioid prescriptions for every 100 persons compared to the average U.S. rate of 58.7 prescriptions for every 100 persons.³

3 MILLION

Nearly 3 million patients undergoing surgeries in 2016 became newly persistent opioid users.²

Giving more patients and doctors access to non-opioid pain management after surgery can stop this trend:

If the number of **opioid prescriptions** written each year is reduced by **10% nationally**, it would result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

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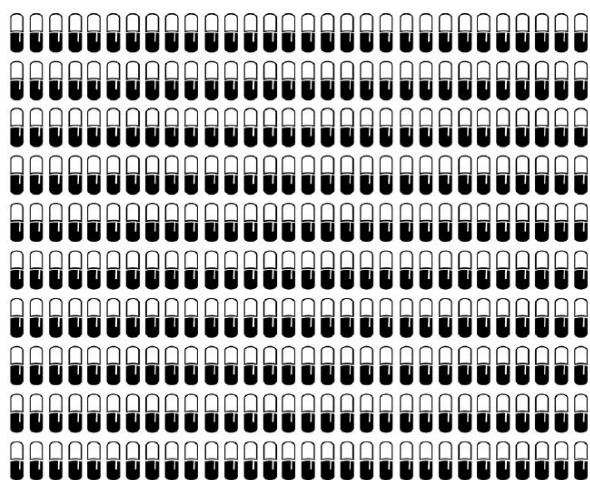
TENNESSEE AGAINST OPIOID DEPENDENCE

Tennessee's Operating Rooms Have Become Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access to Non-Opioid Pain Management Options



In 2017, enough opioids were prescribed to provide **every Tennessean with 62 pills.**¹



= 10,000,000



Surgery-related overprescribing resulted in **3.3 billion unused pills available for misuse.**²

82 PILLS

Following surgery, patients receive an average of 82 opioid pills, whether they need them or not.¹

94.4 PRESCRIPTIONS

In 2017, Tennessee providers wrote 94.4 opioid prescriptions for every 100 persons. This was the third highest prescribing rate in the country and 1.5 times greater than the average U.S. rate of 58.7 prescriptions.³

3 MILLION

Nearly 3 million patients undergoing surgeries in 2016 became newly persistent opioid users.²

Giving more patients and doctors access to non-opioid pain management after surgery can stop this trend:

If the number of **opioid prescriptions** written each year is reduced by **10%** nationally, it would result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

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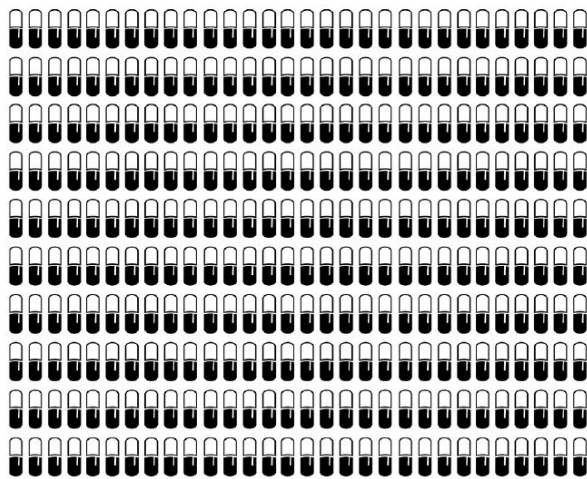
TEXAS AGAINST OPIOID DEPENDENCE

Texas' Operating Rooms Have Become Gateways
to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Texan with 34 pills.¹



= 10,000,000

Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

53.1 PRESCRIPTIONS

In 2017, Texas providers wrote 53.1
opioid prescriptions for every 100
persons compared to the average U.S.
rate of 58.7 prescriptions.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

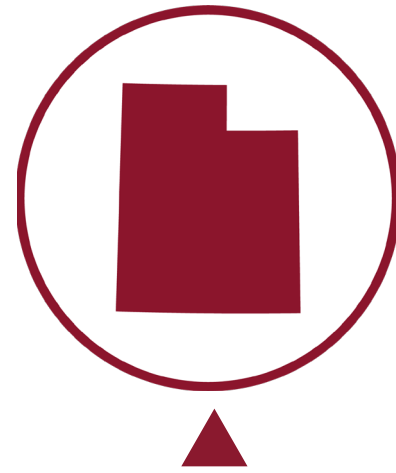
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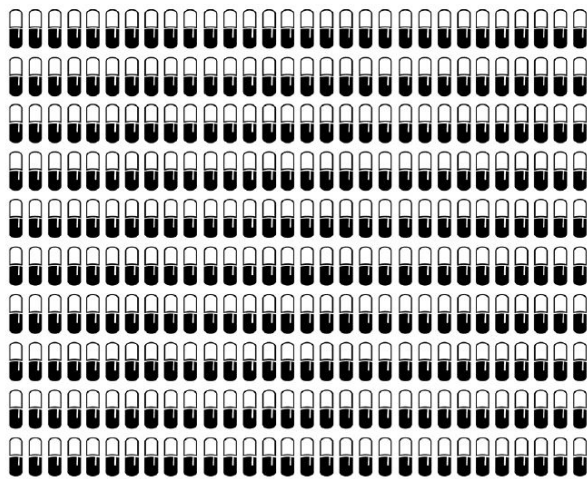
UTAH AGAINST OPIOID DEPENDENCE

Utah's Operating Rooms Have Become Gateways
to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Utahan with 42 pills.¹



= 10,000,000

Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

456 DEATHS

In 2017, there were 456 drug overdose
deaths involving opioids — a rate of 15.5
deaths per 100,000 persons, compared
to the national rate of 14.6 deaths per
100,000 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

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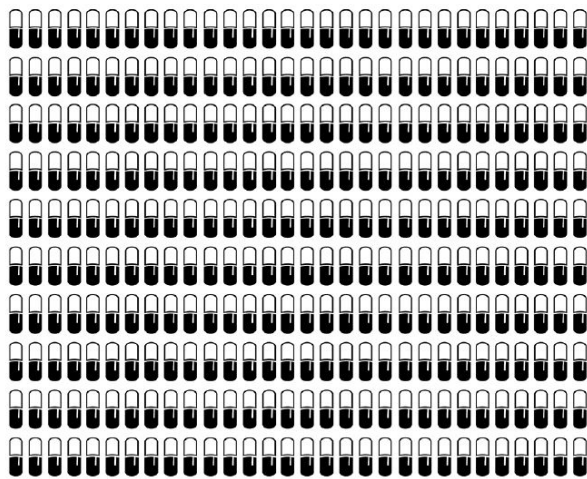
VIRGINIA AGAINST OPIOID DEPENDENCE

Virginia's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Virginian with 31 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

1,241 DEATHS

In 2017, there were 1,241 drug overdose
deaths involving opioids — a rate of 14.8
deaths per 100,000 persons, compared
to the national rate of 14.6 deaths per
100,000 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

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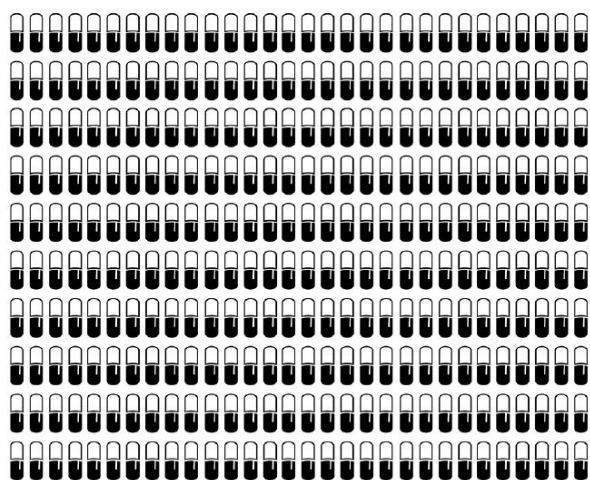
VERMONT AGAINST OPIOID DEPENDENCE

Vermont's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Vermonters with 32 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

114 DEATHS

In 2017, there were 114 drug overdose
deaths involving opioids — a rate of 20.0
deaths per 100,000 persons, compared
to the national rate of 14.6 deaths per
100,000 persons.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

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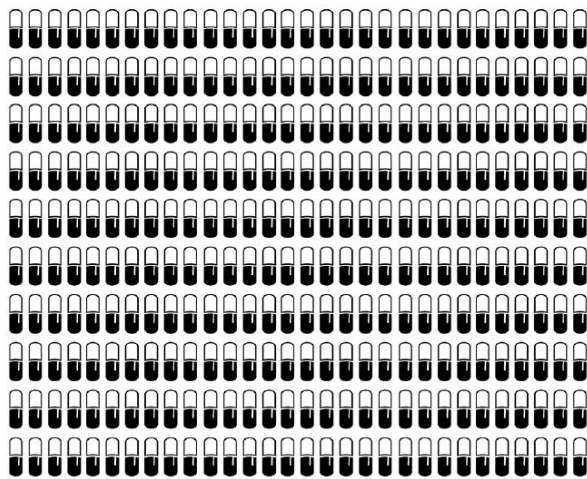
WASHINGTON AGAINST OPIOID DEPENDENCE

Washington's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
Washingtonian with 37 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

57.2 PRESCRIPTIONS

In 2017, Washington providers wrote
57.2 opioid prescriptions for every 100
persons compared to the average U.S.
rate of 58.7 prescriptions.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

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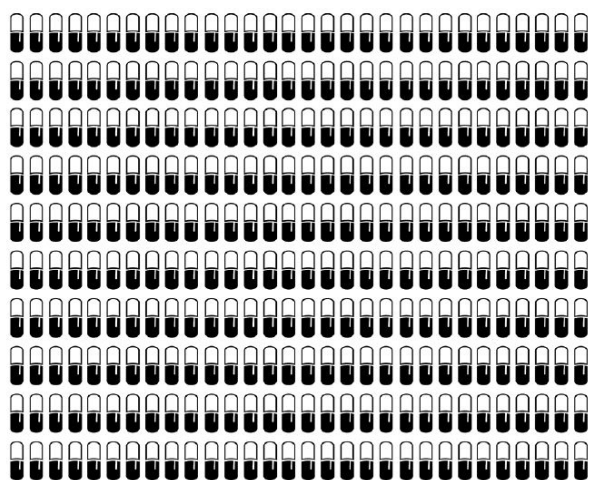
WISCONSIN AGAINST OPIOID DEPENDENCE

Wisconsin's Operating Rooms Have Become Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access to Non-Opioid Pain Management Options



In 2017, enough opioids were prescribed to provide **every Wisconsinite with 34 pills.**¹



= 10,000,000

Surgery-related overprescribing resulted in **3.3 billion unused pills available for misuse.**²

82 PILLS

Following surgery, patients receive an average of 82 opioid pills, whether they need them or not.¹

926 DEATHS

In 2017, there were 926 overdose deaths involving opioids — a rate of 16.9 deaths per 100,000 persons, and higher than the national rate of 14.6 deaths per 100,000 persons.³

3 MILLION

Nearly 3 million patients undergoing surgeries in 2016 became newly persistent opioid users.²

Giving more patients and doctors access to non-opioid pain management after surgery can stop this trend:

If the number of **opioid prescriptions** written each year is reduced by **10%** nationally, it would result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

1. "Exposing a Silent Gateway to Persistent Opioid Use – A Choices Matter Status Report." October 2018. [Analysis in the report was based research conducted by IQVIA Institute for Human Data Science]

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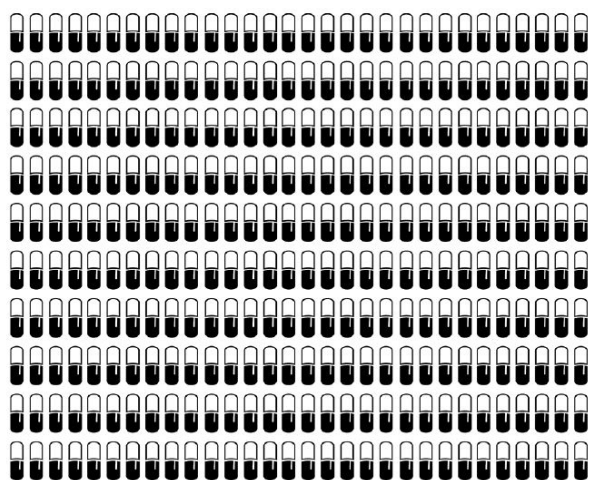
WEST VIRGINIA AGAINST OPIOID DEPENDENCE

West Virginia's Operating Rooms Have Become
Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access
to Non-Opioid Pain Management Options



In 2017, enough opioids were
prescribed to provide **every**
West Virginian with 52 pills.¹



= 10,000,000



Surgery-related
overprescribing resulted
in **3.3 billion unused pills**
available for misuse.²

82 PILLS

Following surgery, patients
receive an average of 82 opioid
pills, whether they need them
or not.¹

833 DEATHS

In 2017, there were 833 drug overdose deaths
involving opioids — a rate of 49.6 deaths
per 100,000 persons, threefold higher than
the national rate of 14.6 deaths per 100,000
persons. This is the highest age-adjusted rate
of drug overdose deaths involving opioids.³

3 MILLION

Nearly 3 million patients
undergoing surgeries in 2016
became newly persistent
opioid users.²

**Giving more patients and doctors access to non-opioid pain management
after surgery can stop this trend:**

If the number of
opioid prescriptions
written each year
is reduced by **10%**
nationally, it would
result in:²

- 300,000 fewer patients becoming persistent
opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and
misuse

Sources

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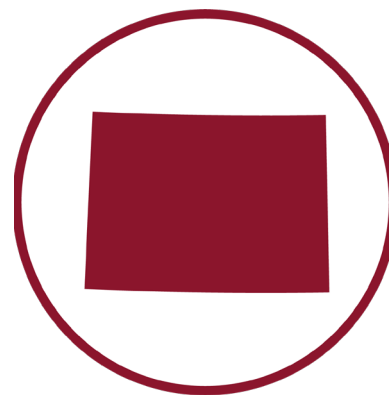
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3. National Institute on Drug Abuse. West Virginia Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/west-virginia-opioid-summary>

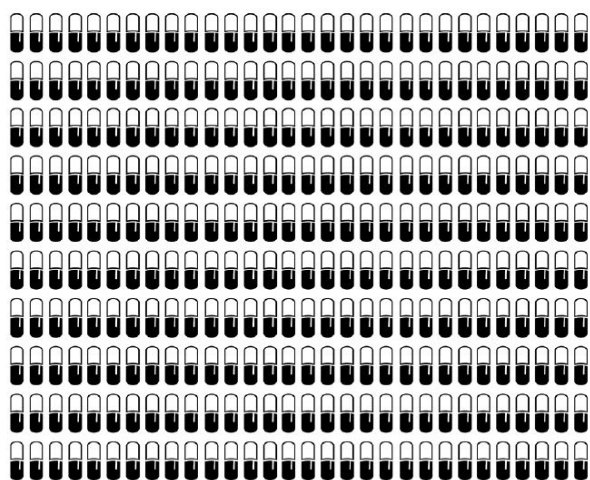
WYOMING AGAINST OPIOID DEPENDENCE

Wyoming's Operating Rooms Have Become Gateways to Opioid Addiction

Lawmakers Can Act Now to Give Patients Access to Non-Opioid Pain Management Options



In 2017, enough opioids were prescribed to provide **every Wyomingite with 38 pills.**¹



= 10,000,000



Surgery-related overprescribing resulted in **3.3 billion unused pills available for misuse.**²

82 PILLS

Following surgery, patients receive an average of 82 opioid pills, whether they need them or not.¹

64.8 PRESCRIPTIONS

In 2017, Wyoming providers wrote 64.8 opioid prescriptions for every 100 persons. The average U.S. rate in the same year was 58.7 prescriptions per 100 persons.³

3 MILLION

Nearly 3 million patients undergoing surgeries in 2016 became newly persistent opioid users.²

Giving more patients and doctors access to non-opioid pain management after surgery can stop this trend:

If the number of **opioid prescriptions** written each year is reduced by **10% nationally**, it would result in:²

- 300,000 fewer patients becoming persistent opioid users following surgery each year
- \$830 million saved annually in drug costs alone
- 332 million fewer pills available for diversion and misuse

Sources

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2. "United States of Non-Dependence: An Analysis of the Impact of Opioid Overprescribing in America." September 2017. [Analysis in the report based on research conducted by the Quintiles IMS Institute]

3. National Institute on Drug Abuse. Wyoming Opioid Summary. Last updated May 2019. <https://www.drugabuse.gov/opioid-summaries-by-state/wyoming-opioid-summary>