



Opioid addiction in America has reached epidemic proportions, largely because of an explosion in prescriptions for opioid medications for pain. We urgently need alternative pain treatments and a better understanding of how to treat opioid addiction. But research hasn't yet shown which alternatives work best for different patients in different settings and situations.

PCORI-funded **comparative clinical effectiveness research (CER)** can fill these evidence gaps. PCORI's larger portfolio of pain-care research includes studies comparing strategies to reduce high-dose opioid use and unsafe opioid prescribing. PCORI also supports research on the best ways to manage and treat opioid addiction. The studies also examine the roles of patients, clinicians, health systems, and payers in safe, effective pain management and addiction treatment approaches.

RESEARCH ADDRESSING QUESTIONS THAT MATTER

PCORI funds CER to determine which healthcare options work best for which patients, based on their needs and preferences. CER produces evidence that helps people make better-informed healthcare choices. PCORI-funded studies are answering critical questions that matter to a variety of stakeholders, such as:



CLINICIAN

What works best to safely and appropriately reduce opioid use for people with pain? And how can I best treat patients with addiction to opioids?

Studies are testing team-based care, care plans, and medication monitoring to manage pain first and then safely reduce opioid use, when appropriate. Studies are also comparing standard care and personalized treatment for addiction.



PATIENT

How effective are nondrug options for treating pain? And what's the best way to decrease opioid use?

Studies are evaluating the comparative effectiveness of mindfulness meditation, cognitive behavioral therapy, physical therapy, and other treatments for pain and opioid use disorders.



HEALTH SYSTEM LEADER

How can we improve our clinicians' prescribing practices and also ensure we match patients with the right addiction treatment?

Studies are testing the impacts of approaches such as trainings, electronic health record alerts, and payment policies on prescribing. They are also testing ways to match patients with appropriate intensity of addiction treatment.



CAREGIVER

How can patients best become empowered about opioid use?

Studies are investigating the effectiveness of educational materials, electronic health records, and risk tools to educate patients about opioids and help them become more involved in treatment decisions.



PAYER

How can medication-assisted therapy (MAT) be better implemented and more widely used?

MAT is an evidence-based treatment for opioid use disorders. Studies are assessing its integration in primary care and how to complement it with other recovery services.

**247
MILLION**

opioid
prescriptions
were written in
2013, about one
for every adult in
the United States.

**66
PERCENT**

of all opioid
overdose
deaths involve
a prescription
opioid.

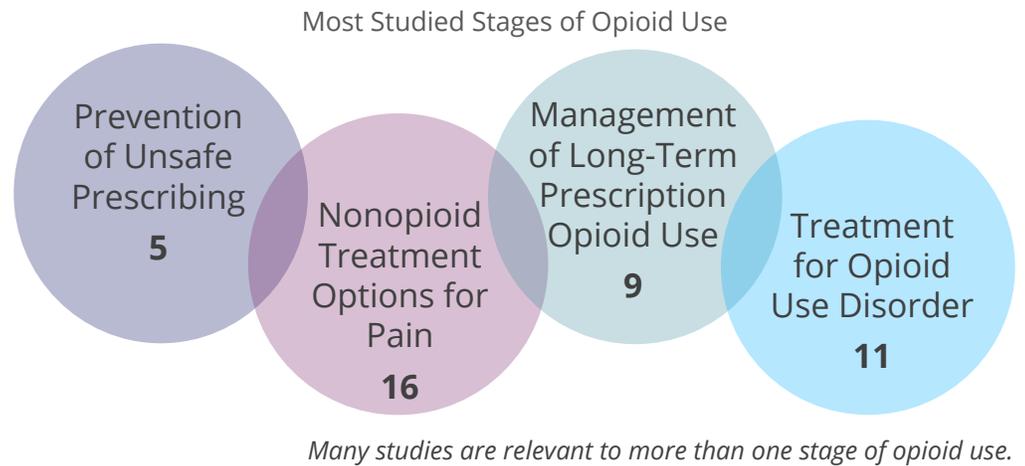
1 IN 4

people who
receive opioids
in primary care
struggle with
dependence.

*Source: Centers for Disease
Control and Prevention*

BY THE NUMBERS

As of July 2021, PCORI has awarded **\$164 MILLION TO FUND 37** CER studies related to opioid use.



STUDIES ACROSS THE CARE SPECTRUM

PREVENTION

Twenty studies look at **preventing inappropriate opioid use** from the start, testing how communication tools, health-system strategies, or payment policies can improve prescribing practices and encourage use of non-opioid medication and alternative therapies (e.g., acupuncture and cognitive behavioral therapy).

LONG-TERM THERAPY

Nine studies examine ways to improve pain management while reducing risk to patients. Most test nonmedication approaches (e.g., meditation) and behavioral techniques (e.g., cognitive behavioral therapy), patient-centered methods to reduce opioid dose, patient and clinician communication strategies, and tools to lessen pain and improve function.

OPIOID USE DISORDER

Eleven studies evaluate ways to **reduce harm** among opioid-dependent patients. Interventions take place in federally qualified health centers, addiction clinics, obstetrics clinics, and a prison. These studies test medication-assisted treatment (which combines medications such as buprenorphine with counseling) and add-on nonmedication treatments (such as therapy and peer support), as well as ways to optimally match treatment settings and interventions to an individual's unique problems and needs.