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BULLETIN: CDC OPIOID UPDATE

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by Lynne Peterson

Health and Human Services (HHS) Secretary Sylvia Burwell and Thomas Frieden, MD, MPH, director of the Centers for Disease Control and Prevention (CDC) held a conference call with reporters to discuss the CDC's final guideline on opioids. The guideline was published in the *New England Journal of Medicine* immediately after the call.

The bottom line: CDC is recommending that doctors rarely use opioids except for cancer pain, end of life, or palliative care. He clearly put the burden on physicians not to prescribe opioids saying, "The prescription opioid epidemic is doctor-driven. It can be reversed in part by doctors...Prescription opioid overdose deaths can be prevented by improving prescribing practices...Physicians are key to reversing the epidemic...The science of opioids for chronic pain is clear...For the vast majority of patients, the risks outweigh their transient benefits, and there are alternatives...For chronic pain, a doctor has to go to a pretty high bar to see that the likelihood of doing harm is higher than doing good."

Sec. Burwell said, "The Opioid epidemic is one of the most pressing public health issues in the U.S. today. Last year, more Americans died from drug overdoses than car crashes...We believe this guideline will help healthcare professionals provide better and safer care to patients with chronic pain and drive down opioid use disorder, overdose, and death."

She said HHS has three priority areas:

1. Getting naloxone in the hands of first responders and anyone else who is a responder. She noted the FDA approval of nasal naloxone.
2. Expanding access to medication assistance for drug abuse treatment.
3. Providing tools to help primary care doctors make the most informed prescribing decisions.

Dr. Frieden was surprisingly negative about the benefits of opioids, equating them with heroin. He said, "It is increasingly clear that opioids carry substantial risks but only uncertain benefits, especially compared to other pain treatments. Beginning treatment with an opioid is a momentous decision, and it should only be done with full understanding by the clinician and the patient of the substantial risks and uncertain benefits involved. We know of no other medication that is used routinely that kills people so frequently...While some opioids – buprenorphine and others – may carry a slightly lower risk of dependence, almost all the opioids on the market are just as addictive as heroin."

He cited some numbers about the dangers of opioids:

- 250 million prescriptions are written each year, "and any one of those prescriptions could potentially kill someone."
- People taking >200 mme (morphine milligram equivalent) per day have a 1 in 32 chance of dying in 2.5 years.
- Primary care physicians write ~50% of opioid prescriptions.
- ~5% of patients account for 70% of opioid prescriptions.

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The guideline calls for use of the lowest effective dose of immediate-release opioids when treating acute pain, not prescribing more than needed. Dr. Frieden said that means “3 days is often enough and more than 7 days is rarely needed.” He said the CDC guidelines were written by CDC staff, and “CDC stands by them.”

The guideline makes 12 recommendations, based on three principles:

1. Non-opioid therapy is preferred for chronic pain, outside of active cancer, palliative care, and end of life care. Opioids should not be a first-line treatment for chronic pain and should only be used when the benefits outweigh the risks.
2. When opioids are used, doctors should “start low and go slow.”
3. Caution should be used when prescribing opioids, and patients should be monitored closely.

Among the other key points Dr. Frieden made were:

- **Abuse-deterrent formulations** did not get much if any support from Dr. Frieden. He said, “While it is important that abuse-deterrent formulations be more widely available, they don’t prevent opioid use or overdose when taken by mouth...The formulations that are abuse-deterrent are no less addictive...No medication has yet been discovered that can separate the pain relieving ability of an opioid from its addictive properties.”
- **No long-term benefit and little chronic benefit to opioids.** He said, “There is no evidence that opioids can control chronic pain long term.” In fact, he described opioids as “so addictive and so lethal.” He added, “The best treatment is not necessarily the one that provides immediate relief...It is the one that provides the best over time.”
- **Alternative pain therapies need to be increased.** He suggested that exercise therapy, NSAIDs, and “other treatments and modalities” can be effective for chronic pain with far lower risks, adding, “For the majority of patients, there are effective alternatives to the...all too often fatal risks of opioids.”
- **There are few benefits to opioids.** He said, “The benefits are generally transient and unproven...In fact, studies suggest that people treated with opioids may experience more pain than patients not treated with opioids.”
- **The guideline is voluntary**, but insurers, healthcare facilities, and states may take action based on them.
- **The goal of the guideline**, and the measure by which its effectiveness will be judged, is whether the number of opioid-related deaths comes down.

Asked if the FDA should be more stringent in approving opioids in the future, Dr. Frieden appeared to say No, that the FDA has to make its decisions based on its mandate of safe and effective.

