



TRENDS-in-MEDICINE

BULLETIN:

CDC REPORT ON OPIOID PRESCRIBING TRENDS

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Centers for Disease Control and Prevention (CDC) officials held a teleconference with reporters to discuss their county-level report on trends in opioid *prescribing* in the U.S. between 2010 and 2015 (the latest date for which data are available). The report is timely since the FDA is holding a two-day public meeting on July 10-11, 2017, on testing and approval of abuse-deterrent opioids.

Among the key points from the CDC:

■ Extent of problem.

- Half of U.S. counties saw a decrease in the amount of opioids prescribed per person from 2010 to 2015, from 782 MME to 640 MME, but acting CDC Director Anne Schuchat, MD, said, “We still have too many people getting opioid prescriptions for too many days and too high a dose...The amount of opioids prescribed in 2015 was enough for every American to be medicated around the clock for 3 weeks.”
- The amount of opioids prescribed in 2015 was 3 times as high as in 1999 and is 4 times as high as in Europe. In 2015, 71 opioid prescriptions were written for every 100 Americans.
- Even a low-dose opioid taken for ≥ 3 months increases the risk of addiction 15-fold, but the average length of time people are taking prescription opioids decreased from 18 days in 2006 to 13 days in 2015.
- Most people who died from a heroin overdose started their addiction with a prescription opioid.
- Of the 52,000 overdose deaths in 2015, 33,000 were from opioids, and 15,000 of those were prescription opioids, though identifying the causative agent is not always possible.

■ Variation by county. Every state is affected, and there is a variation in opioid prescribing by counties in every state.

- There is “tremendous variations by county...It varies as much place to place as the weather.” There are still high prescribing counties/areas in every state. Counties with a higher number of diabetics or disabled people had higher opioid prescribing, but that does not explain the national trends.
- Six times more opioids were dispensed in the highest prescribing counties as the lowest prescribing counties.
- Kentucky, Ohio, and Florida had the highest prescribing rates in 2010, but all three of these have made very good progress in reducing inappropriate opioid prescribing. For example, Florida banned office dispensing of opioids, and all three states instituted prescription drug monitoring programs.

■ Who is responsible.

- Without exactly blaming primary care physicians and dentists as the bad actors, that’s exactly who Dr. Schuchat singled out for criticism. On the other hand, Dr. Schuchat said emergency department physicians were among the earliest physicians to change opioid prescribing practices.

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- More consistency is needed among healthcare providers on the appropriate use of opioids.
 - **CDC Guidelines.** It is too soon to determine the impact of the CDC's 2016 guidelines on opioid use, but there was an impact from the 2010 guidelines within 1-2 years, so the CDC is hopeful that there will be a quick impact from the 2016 guidelines. Dr. Schuchat said Cigna has seen a decline in opioid prescribing since 2016 among its patients.
 - **Naloxone.** Broader availability of naloxone is needed. And Dr. Schuchat noted that the CDC has seen shortages of naloxone in some areas.
 - **The drugs themselves.**
 - There are no specific opioids that stand out for abuse, except that long-acting opioids “seem to be associated with a greater overdose risk, especially when first started, particularly methadone.”
 - CDC attempted to see if there was an impact from abuse-deterrent opioids, but they didn't see any trends. Dr. Schuchat said, “There is little evidence of an impact of abuse-deterrent opioids...Even clinicians tend to misunderstand this...Many think this prevents addiction, and that is not true...They just prevent manipulation.”
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