



January 13, 2016

Debra Houry, MD, MPH
Director, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329-4027

Comment: Docket No. CDC-2015-0112
Proposed 2016 Guideline for Prescribing Opioids for Chronic Pain

Dear Dr. Houry:

Consumer Watchdog is pleased to submit comments in support of the Center for Disease Control and Prevention's Proposed 2016 Guideline for Prescribing Opioids for Chronic Pain.

The CDC's recommendations to fight opioid abuse are hardly radical, or even particularly unique. They track actions the medical and public health communities have taken across the country as they come to understand the opioid crisis and recommend changes in prescribing and prevention to stem the tide of overprescribing and save lives.

Opioid overdose has become a public health crisis.

Overwhelming evidence gathered by the Centers for Disease Control and Prevention (CDC) depicts an opioid overdose crisis precipitated by overprescribing that is sweeping the United States. These disturbing truths include:

- The amount of painkillers prescribed and sold in the United States has nearly quadrupled since 1999.
- Drug overdoses are the number one cause of accidental death in the United States, and most of those overdoses are due to prescription – not illegal – drugs.
- Prescription opioid addiction is the strongest risk factor for heroin addiction.
- Drug-induced deaths have become more common than alcohol-induced or firearm-related deaths.
- Opioid overdose deaths hit record levels in 2014, with the most commonly prescribed painkillers the number one cause of overdose death.

- Physicians are the largest source of prescription drugs for users with the highest risk of overdose.
- Free drugs from friends and family are the number one source of drugs for all prescription drug abusers.

In Consumer Watchdog's home state, deaths involving opioid prescription medications have increased 16.5 percent since 2006, according to the California Department of Public Health (CDPH). In 2012, there were more than 1,800 deaths from all types of opioids, and 72 percent involved prescription opioids, including accidental prescription drug overdose and those who struggle with unrelenting prescription drug addiction.

Emergency department visits, substance abuse treatment admissions, law enforcement and other economic costs associated with opioid abuse have also skyrocketed in recent years.

The CDC's recommendation that providers review a patient's prescription history before prescribing opioids places it squarely within existing and successful state practices.

Consumer Watchdog has for many years advocated for a California policy similar to the CDC's recommendation that providers prescribing highly-addictive opioid painkillers be required to review a patient's prescription history before prescribing.

Recommendation 9 states:

Providers should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving high opioid dosages or dangerous combinations that put him or her at high risk for overdose. Providers should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months

Forty-nine states currently have prescription drug databases in place. Twenty-four states have requirements that prescribers or dispensers access the database in some circumstances. As of 2015, 10 states had enacted laws mandating that prescribers and in some cases dispensers use the prescription drug database specifically when starting opioid therapy and periodically during the course of treatment. Those states include: Kentucky, Tennessee, New York, West Virginia, Oklahoma, Nevada, New Mexico, Ohio, Massachusetts and New Jersey. Several other states have similar legislation pending, including California. SB 482 authored by California state Senator Ricardo Lara will require prescribers to check the state's database, the Controlled Substance Utilization

and Review and Evaluation System or CURES, before prescribing opioid narcotics and other controlled substances for the first time to a patient, and annually thereafter.

Although most state laws requiring use of PDMPs are fairly new, studies conducted in several of the first states to adopt a mandate provide convincing evidence of reduced doctor-shopping, lower opioid prescription rates, and physician appreciation for the utility of the databases to inform prescribing.

- **New York** enacted legislation requiring prescribers to check the state's prescription drug database before prescribing painkillers in 2012. Within a year the state saw a 75% drop in patients seeing multiple prescribers for the same drugs, activity that puts patients at higher risk of abuse and overdose.¹
- Research by the University of Kentucky examining the impact of the 2012 **Kentucky** law found: the number of patients who "shop-around" for prescriptions declined by 52%, opioid prescriptions to doctor-shopping individuals fell 54%, and overdose-related deaths declined for the first time in six years in 2013.²
- That same year, **Tennessee** required prescribers to check its' prescription drug monitoring program. Within one year, Tennessee saw a 36% drop in patients who were seeing multiple prescribers to obtain the same drugs.³
- In February 2015, a Report to the **Tennessee** General Assembly found: 41 percent of Tennessee prescribers report that they are less likely to prescribe controlled substances after checking the database; 34 percent of prescribers are more likely to refer a patient for substance abuse treatment; and, 86 percent of prescribers report that the database is useful for decreasing doctor shopping.⁴

In June, the Robert Wood Johnson Foundation and the Trust for America's Health included mandatory use of state PDMPs as one of ten key indicators of leading evidence-

¹ The Prescription Drug Monitoring Program Center of Excellence at Brandeis, "Mandating PDMP participation by medical providers: current status and experience in selected states"
http://www.pdmpexcellence.org/sites/all/pdfs/COE%20briefing%20on%20mandates%20revised_a.pdf

² University of Kentucky College of Pharmacy's Institute for Pharmaceutical Outcomes and Policy, "Kentucky House Bill 1 Impact Evaluation" <http://pharmacy.mc.uky.edu/display.php?id=1158>;
<http://www.chfs.ky.gov/NR/rdonlyres/842D66B1-612C-4A26-9FE2-C526329D0BEE/0/KentuckyHB1ImpactStudyExecutiveSummary03262015.pdf>

³ The Prescription Drug Monitoring Program Center of Excellence at Brandeis, "Mandating PDMP participation by medical providers: current status and experience in selected states"
http://www.pdmpexcellence.org/sites/all/pdfs/COE%20briefing%20on%20mandates%20revised_a.pdf

⁴ Tennessee Department of Health, "Controlled Substance Monitoring Database 2015 Report"
https://www.tn.gov/assets/entities/health/attachments/CSMD_AnnualReport_2015.pdf

based strategies to help reduce injury and violence.⁵ The Johns Hopkins Bloomberg School of Public Health called for mandatory use of prescription drug databases in November in its report on prescription opioid misuse.⁶ Countless other experts have weighed in with the same message: requiring providers to check prescription drug databases before prescribing opioids and other addictive medications will save lives.

Right now, many providers still don't have all the facts about opioids.

A December survey of physicians by Stanford researchers⁷ found that most physicians believe, erroneously, that a few bad apple doctors running pill mills for cash are the source of most opioid prescriptions. In fact, general practitioners are the source of the majority of opioid prescriptions.

Pharmaceutical marketing continues to be a source of misinformation about the uses and dangers of opioid painkillers. For example, a recent survey by Johns Hopkins Bloomberg School of Public Health researchers found that, “nearly half of the internists, family physicians and general practitioners surveyed incorrectly thought that abuse-deterrent pills – such as those formulated with physical barriers to prevent their being crushed and snorted or injected – were actually less addictive than their standard counterparts. In fact, the pills are equally addictive.”⁸

Prescription opioids are a lifeline for many patients in pain, and they must remain a real and accessible option for patients who need them. Nothing in these guidelines should discourage physicians from including opioids in the treatment options they discuss with patients. Yet no one can deny that something must be done about out of control opioid prescribing. Improving provider education about opioid use and expanding the information available to providers as they develop a treatment plan is imperative to start reversing this public health crisis.

⁵ Robert Wood Johnson Foundation and Trust for America's Health, “The Facts Hurt: A State-By-State Injury Prevention Policy Report” <http://www.rwjf.org/en/library/articles-and-news/2015/06/deaths-from-injuries-up-significantly-over-past-four-years-in-17.html>

⁶ Johns Hopkins Bloomberg School of Public Health, “The Prescription Opioid Epidemic: An Evidence-Based Approach” <http://www.jhsph.edu/research/centers-and-institutes/center-for-drug-safety-and-effectiveness/opioid-epidemic-town-hall-2015/2015-prescription-opioid-epidemic-report.pdf>

⁷ JAMA Internal Medicine, “Distribution of Opioids by Different Types of Medicare Prescribers” <http://archinte.jamanetwork.com/article.aspx?articleid=2474400>

⁸ Johns Hopkins Bloomberg School of Public Health, “Survey: Many Doctors Misunderstand Key Facets of Opioid Abuse” <http://www.jhsph.edu/news/news-releases/2015/survey-many-doctors-misunderstand-key-facets-of-opioid-abuse.html>

Patients suffer every day we delay opioid reform.

Kristin Greene, a San Diego, California resident, was a vibrant woman who loved horses and had a room full of trophies during a decade of equestrian competition that showcased her abilities. After her first child was born, she suffered from post-partum depression and severe migraine headaches, and began to take strong prescription medicine to help. Kristin's use of powerful prescription medications turned to addiction, and her behavior eventually began to alarm her family. But despite their desperate efforts over the next few years to prevent her from hurting herself, Kristin committed suicide on Nov. 28, 2013 by overdosing on prescription narcotics.

In her room, after her death, officials and her family found 60 prescriptions, many for medications that were powerful and potentially addictive, including sedatives, anti-anxiety medicines and narcotics, written by nine different medical professionals in the previous five years. Had Kristen's doctors or pharmacists been required to check the state prescription drug database before filling those prescriptions, her death may have been prevented.

A key piece of information – a patient's prescription history – is currently missing from providers' toolbox. It is inconceivable that physicians or hospitals would object to having one more piece of information on hand to make the best-informed decisions about a patient's care.

An overhaul of prescribing practices in the United States is necessary to save lives. We urge the CDC to move quickly to implement the proposed guidelines.

Sincerely,

A handwritten signature in black ink that reads "Carmen Balber". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Carmen Balber
Executive Director