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Thomas R. Frieden, M.D., M.P.H.
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dear Dr. Frieden,

Thank you for developing the *Guideline for Prescribing Opioids for Chronic Pain*. This document is an important resource for clinicians when treating patients with chronic conditions, and I hope it will be used to help reduce the number of people vulnerable to misuse, abuse, and overdose related to opioid drugs. However, given the frequency in which patients are first exposed to opioids in the acute care setting, specific guidelines on the use of opioids and alternative pain management methods in this setting may be useful in further reducing dependency and opioid use disorders. Therefore, I write to encourage the CDC to expand upon this initial guidance to include recommendations and prescribing practices of opioids in acute care settings.

An opioid crisis has swept across Massachusetts and the nation. According to data from the Massachusetts Department of Public Health, in 2015, between both confirmed and estimated deaths, up to 1,747 people in the state died from an opioid overdose.¹ By comparison, there were almost 1,400 opioid-overdose deaths in 2014, and 698 in 2012 when the opioid crisis began to surge,² reflecting a 150-percent increase in the number of deaths in only three years.

While the *Guideline for Prescribing Opioids for Chronic Pain* recommends a three-day dosage protocol to diminish the prevalence of drug diversion and addiction,³ it does not thoroughly discuss appropriate opioid use in acute care settings or how opioid prescriptions in this setting can contribute to the overall opioid epidemic. Nor does it fully discuss the myriad of pain management alternatives that can be used pre-surgery and post-surgery to reduce opioid prescribing.

¹ <http://www.mass.gov/eohhs/docs/dph/stop-addiction/current-statistics/data-brief-overdose-deaths-nov-2016-ma-residents.pdf>

² *Id.*

³ <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

Many patients who visit their local hospital or surgical center are treated with opioids or sent home with opioids, prescribed by well-meaning doctors, to treat their acute pain. Unfortunately, we know that use of prescription opioid painkillers can lead to dependency and can fuel the use of more potent illicit substances such as heroin. As noted by the American Society of Addiction Medicine, “Four in five new heroin users started out misusing prescription painkillers.”⁴ The National Institute of Drug Abuse also highlighted a study in which 86 percent of the, “[y]oung, urban injection drug users interviewed in 2008 and 2009 had used opioid pain relievers non-medically prior to using heroin.”⁵ Expanding opioid prescribing guidance to robustly include an acute care strategy would help to ensure patients, physicians, and the general public at large, is educated about the impact of opioid use in a variety of care settings.

The relationship between the misuse of prescription opioids, heroin, and, more recently, illicit fentanyl, is undeniable. The CDC reported that 2014 was a record-breaking year for overdose deaths that included prescription opioids and heroin, with more than 28,600 or 61 percent of all overdoses involving those drugs.⁶ In Massachusetts this year, more than half of all opioid overdose deaths involve heroin and nearly 75 percent involve illicit fentanyl, marked increases over prior years.⁷ An acute care opioid prescribing road map that builds upon the *Guideline for Prescribing Opioids for Chronic Pain* and also outlines available treatment alternatives is an important public health service to combat America’s opioid crisis.

Thank you for your ongoing commitment to addressing the opioid overdose epidemic. With input from relevant stakeholders, I encourage you to develop and publically disseminate crucial opioid prescribing information for acute care. Patients and clinicians alike would benefit from acute care guidance that has the potential to positively impact patient outcomes, mitigate opioid dependence, and reduce prescription opioid-related deaths.

Thank you for your consideration.

Sincerely,



Edward J. Markey
United States Senator

⁴ <http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>

⁵ <https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-heroin-abuse/prescription-opioid-use-risk-factor-heroin-use>

⁶ <https://www.cdc.gov/drugoverdose/>

⁷ <https://www.bostonglobe.com/metro/2016/05/01/heroin-and-prescription-opioids-form-especially-toxic-mix-mass/WejrwoaMOjM1vQFD9ov2GK/story.html>; <http://www.mass.gov/eohhs/docs/dph/stop-addiction/current-statistics/data-brief-overdose-deaths-nov-2016-ma-residents.pdf>