

CDC Guideline for Prescribing Opioids for Chronic Pain, 2016

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National Center for Injury Prevention and Control



Three Pillars of CDC's Work

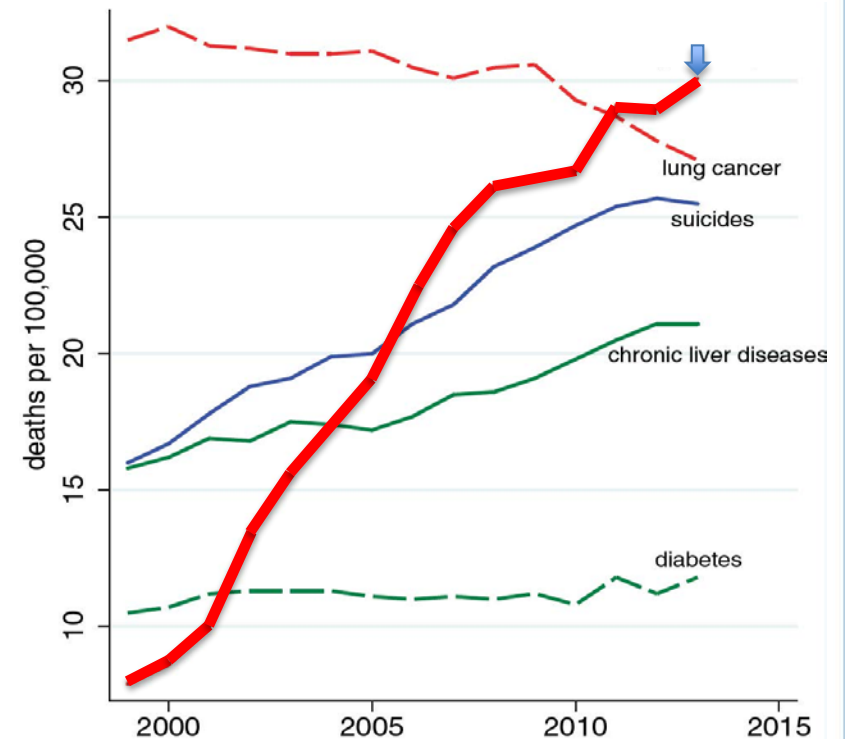
- **Improve data quality and track trends**
- **Strengthen state efforts by scaling up effective public health interventions**
- **Supply healthcare providers with resources to improve patient safety**



Drug overdose is the leading driver of rising midlife mortality

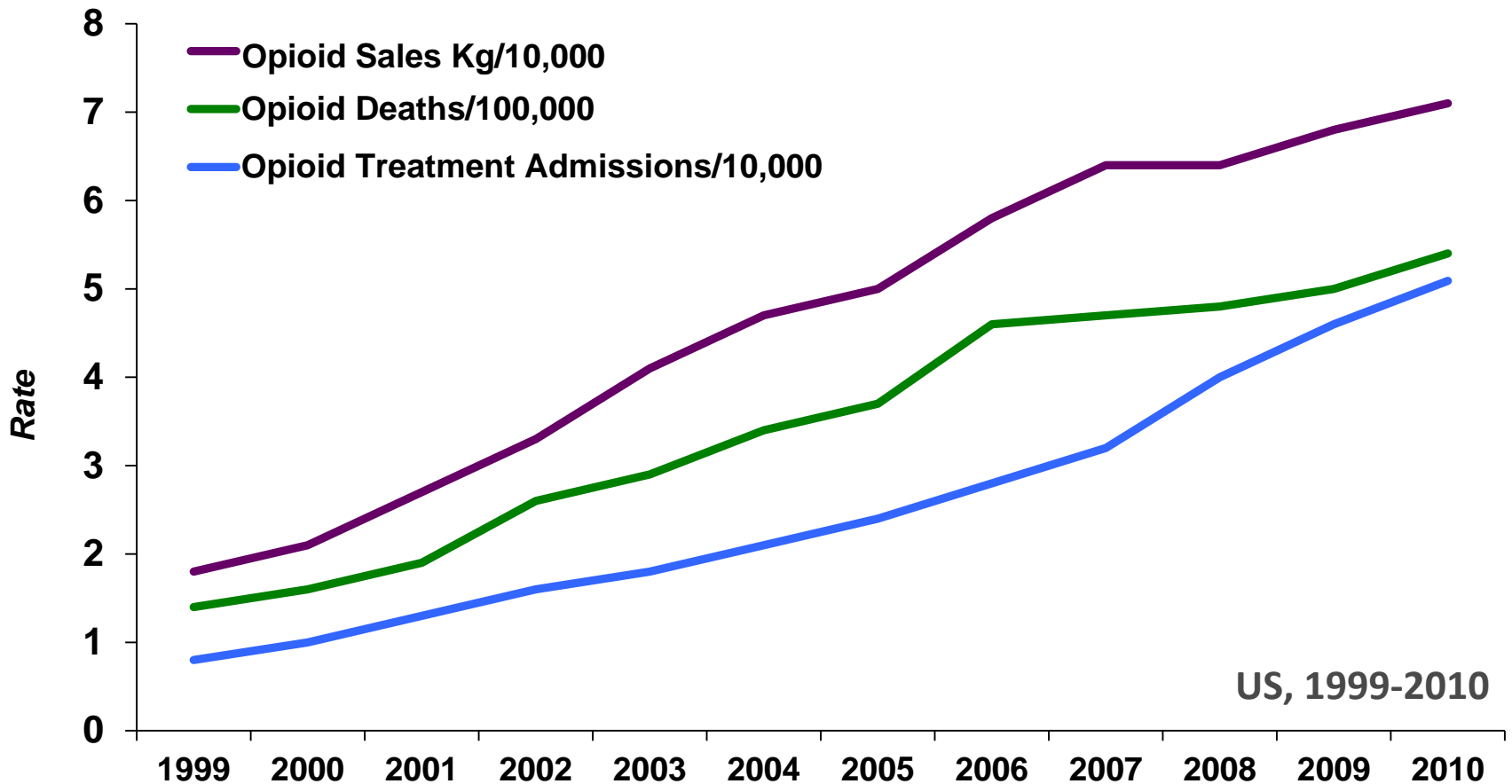
- Increases in midlife drug poisoning, liver disease, and suicide are persistent & large enough to drive up all-cause midlife mortality
- If non-Hispanic white mortality for ages 45-54 had continued declining at the 1979-1998 rates, half a million deaths would have been avoided in the past 15 years

Death rates from poisoning increased >4x among non-Hispanic whites aged 44-54 between 1999 to 2013



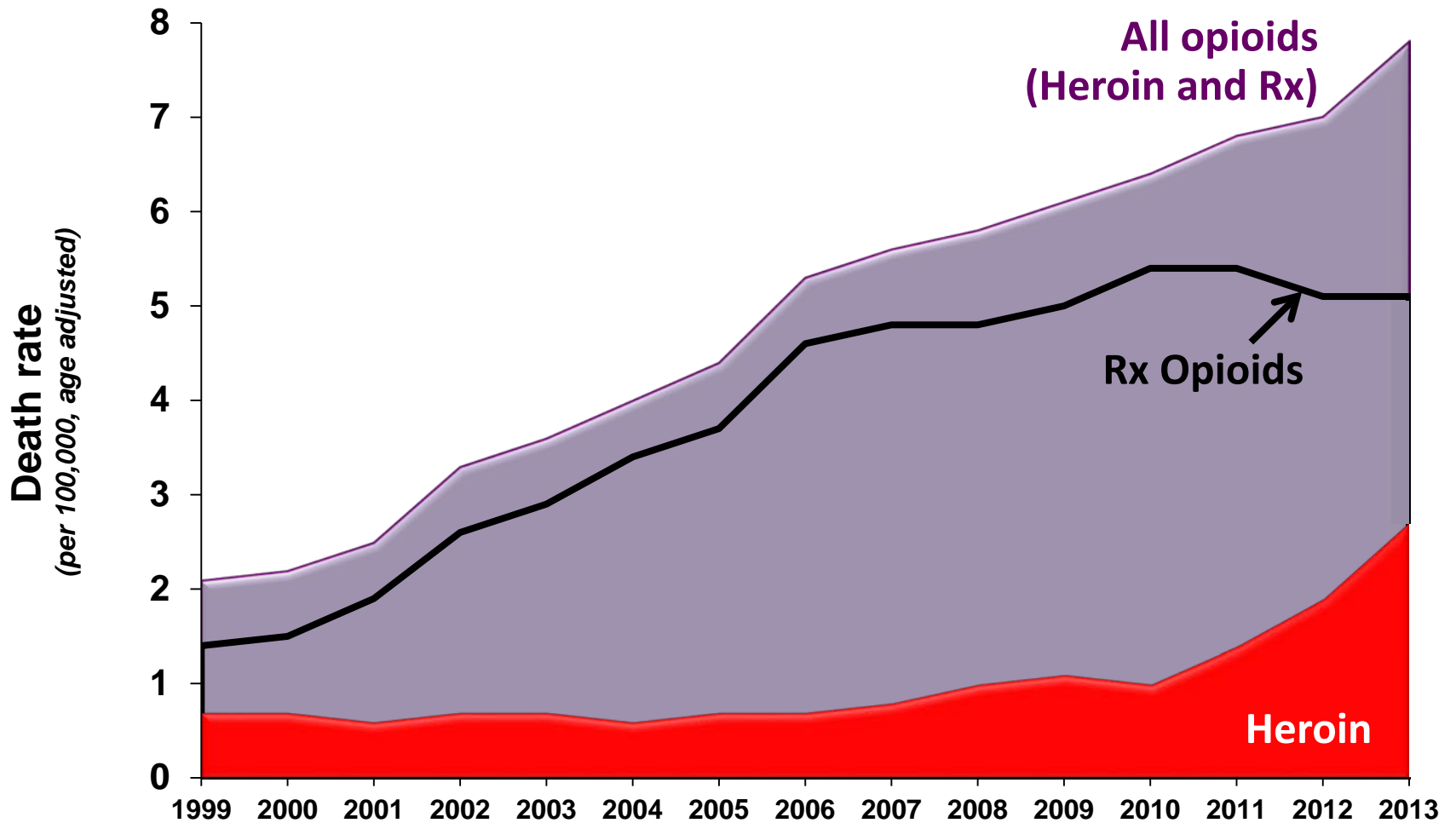
Case & Deaton. *Rising morbidity and mortality in midlife among white Non-Hispanic Americans in the 21st century.* PNAS [epub Nov 2, 2015].
Note: Poisonings include alcohol and Rx/illicit drugs.

Opioid overdose deaths, sales, and treatment admissions rise in parallel



US, 1999-2010

Death rates from heroin overdose are increasing rapidly



3 out of 4 people reporting
Rx opioid and heroin use in
past year took Rx opioids first

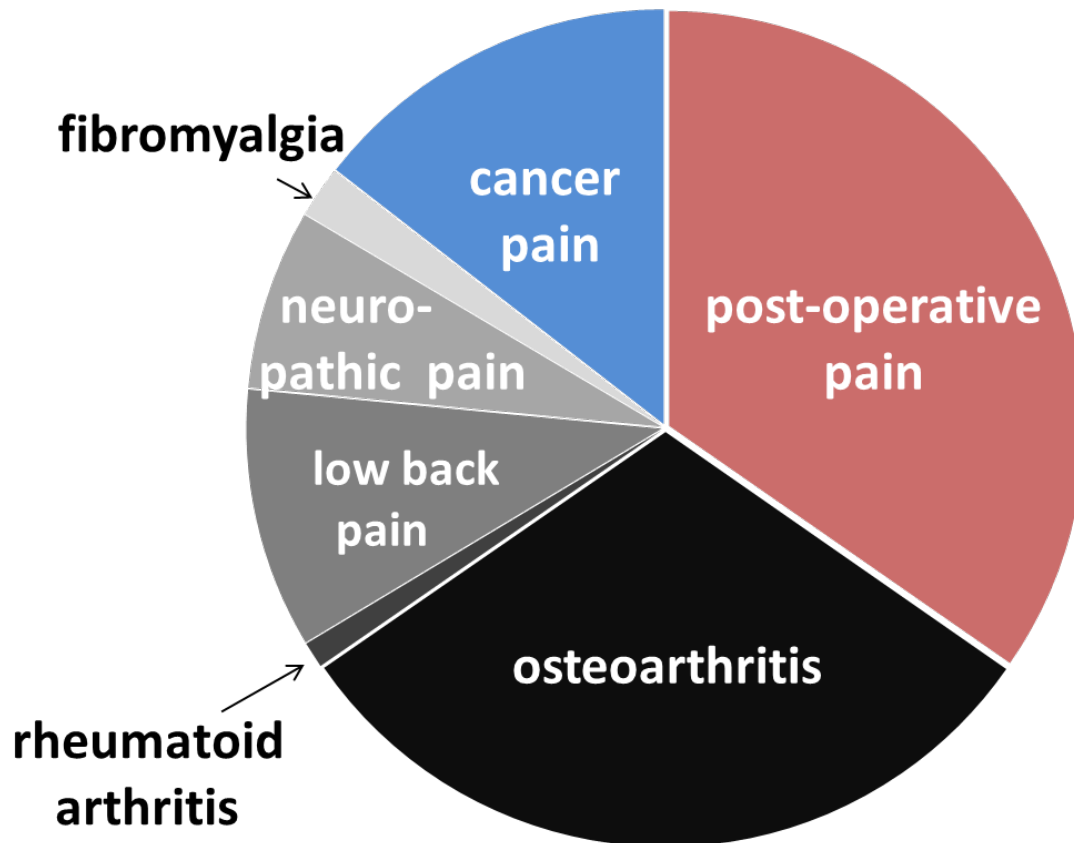


Jones, C.M., Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers – United States, 2002–2004 and 2008–2010. Drug Alcohol Depend. (2013).

Half of US opioids market is for chronic, non-cancer pain

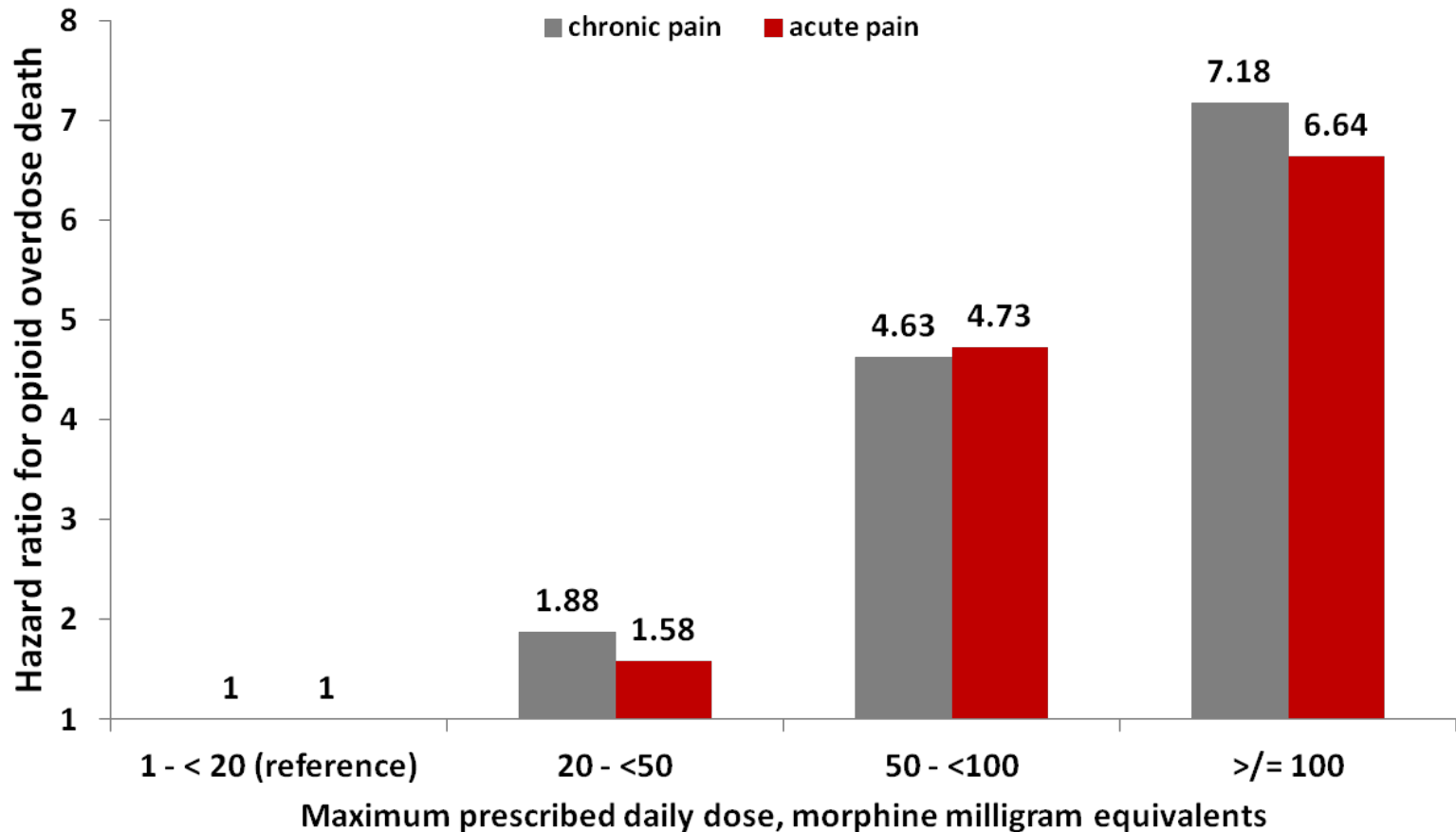
U.S. opioids market revenues for 7 leading indications, 2010

Source: GBI Research. Opioids Market to 2017. June 2011



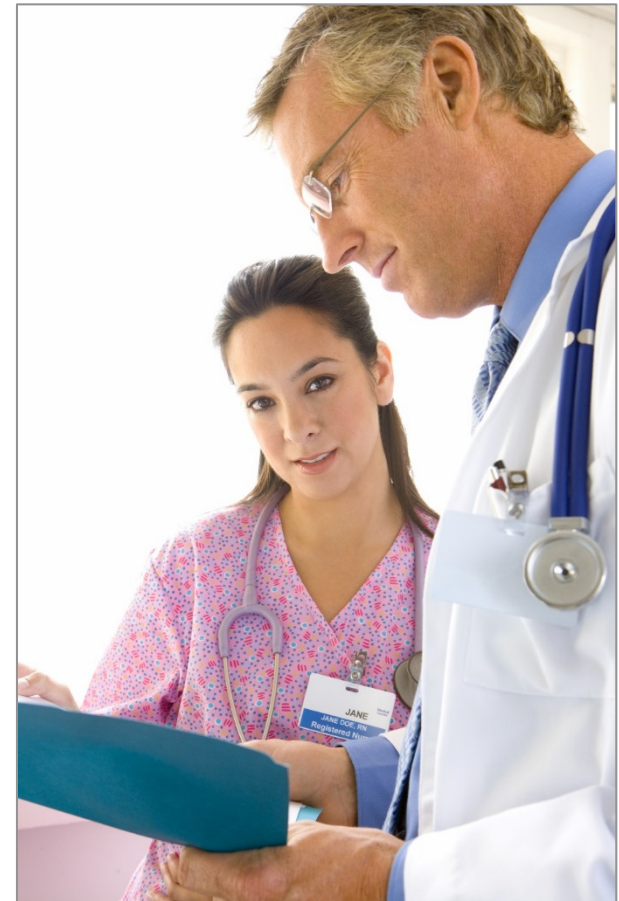
Amy S. B. Bohnert, PhD
Marcia Valenstein, MD
Matthew J. Bair, MD
Dara Ganoczy, MPH
John F. McCarthy, PhD
Mark A. Ilgen, PhD
Frederic C. Blow, PhD

Association Between Opioid Prescribing Patterns and Opioid Overdose-Related Deaths



Current Guideline Landscape

- **Gaps**
 - Incorporate new evidence
 - Use rigorous processes
 - Avoid conflicts of interest
 - Focus on primary care
- **Common Elements in Guidelines for Prescribing Opioids for Chronic Pain**



Guideline for Prescribing Opioids for Chronic Pain

- ✓ Primary care providers
- ✓ Patients ≥ 18 with chronic pain
- ✓ Outpatient settings

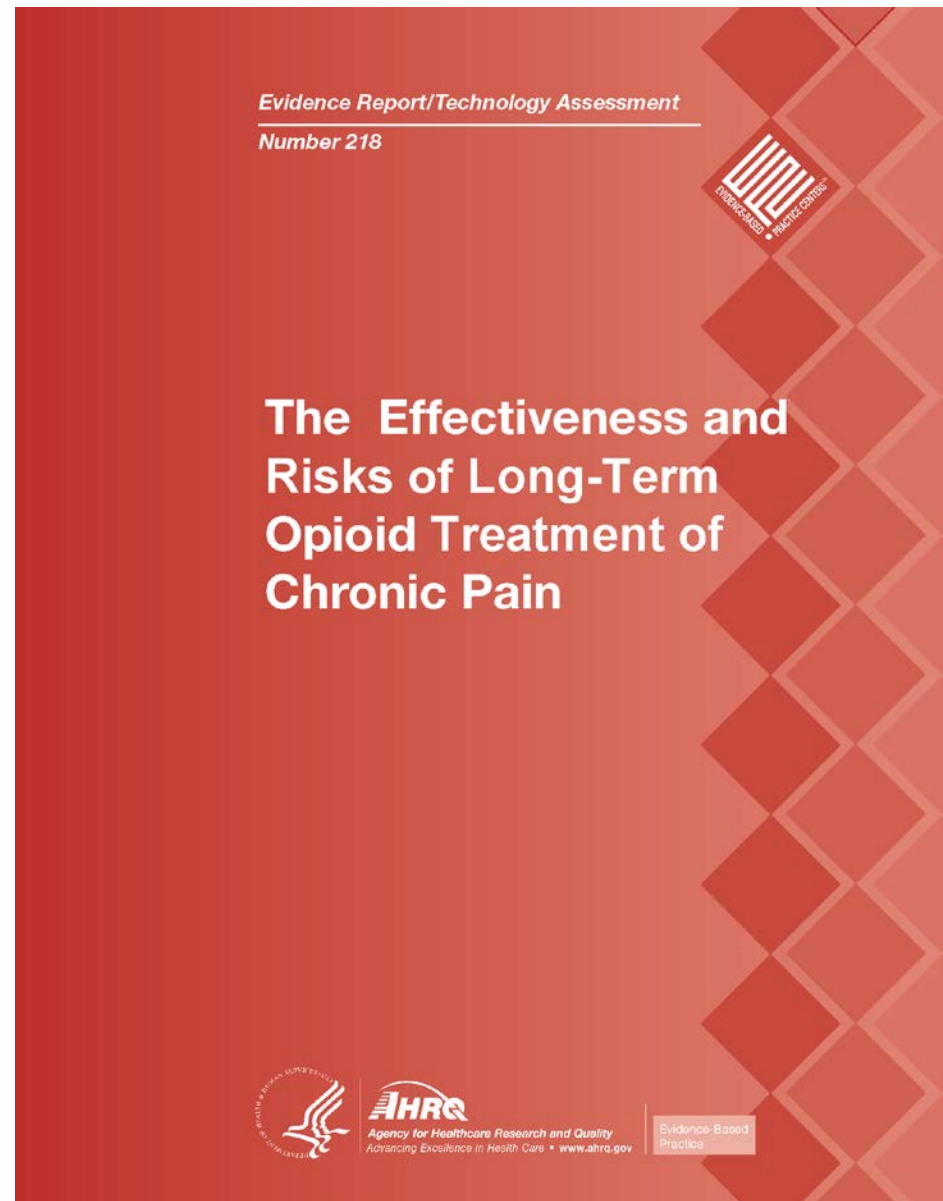
- ✗ *Not intended for patients undergoing active cancer treatment, palliative care, or end-of-life care*



Leveraging AHRQ

Systematic Review

Sept 2014



Clinical Practices Addressed in the Guideline

- **Determining when to initiate or continue opioids for chronic pain**
- **Opioid selection, dosage, duration, follow-up, and discontinuation**
- **Assessing risk and addressing harms of opioid use**



Draft guideline recommendations

- **Non-opioid therapy is preferred for chronic pain outside of active cancer, palliative, and end-of-life care.**
- **When opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose.**
- **Providers should always exercise caution when prescribing opioids and monitor all patients closely.**



CDC

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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