



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN
ATTORNEY GENERAL

DIVISION OF SOCIAL JUSTICE
HEALTH CARE BUREAU

January 13, 2016

Dr. Debra Houry, M.D., M.P.H.
Director, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Highway NE., Mailstop F-63
Atlanta, Georgia 30341

RE: Docket CDC-2015-0112,
Proposed 2016 Guideline for Prescribing Opioids for Chronic Pain

Dear Dr. Houry:

Thank you for your agency's efforts in developing the draft Guideline for Prescribing Opioids for Chronic Pain (the "Guideline"), which may represent an important tool in battling the epidemic of prescription drug abuse affecting our nation. New York has been a leader in fighting the abuse of prescription opioids, and I strongly encourage CDC to adopt the Guideline.

As you know, drug overdose rates are at a historic high. Most alarming is the rise in heroin and opioid overdoses. As data released last month by CDC data reflects, 18,893 people in the U.S. died from opioid pain reliever overdoses in 2014, a 16% increase from 2013.¹ In New York, from 2003 to 2012, deaths involving opioid analgesics increased four-fold, from 186 deaths in 2003 to 914 deaths in 2012.² At the core of this opioid overdose epidemic is the fact that physicians are writing more prescriptions for opioid pain relievers than ever before. As a result, the use of prescription opioids has increased ten-fold over the past 25 years in the United States.³ The experience in New York mirrors that of the nation as a whole. In New York City, between 2008 and 2011, the number of opioid painkiller prescriptions filled by New York City residents increased by 31%, from approximately 1.6 million to approximately 2.2 million.⁴

¹ National Center for Health Statistics, National Vital Statistics System, Mortality File, at http://www.cdc.gov/nchs/data/health_policy/AADR_drug_poisoning_involving_OA_Heroin_US_2000-2014.pdf.

² New York State Department of Health, Poisoning Deaths Involving Opioid Analgesics in New York State, 2003 - 2012, at https://www.health.ny.gov/statistics/vital_statistics/docs/poisoning_deaths_opioid_analgesics.pdf.

³ Susan Okie, *A Flood of Opioids, a Rising Tide of Deaths*, *New England Journal of Medicine* (November 18, 2010).

⁴ New York City Department of Health and Mental Hygiene, *Health Department Data Show Increase In Opioid Prescription Painkiller Deaths In New York City* (May 14, 2013), at <http://www.nyc.gov/html/doh/html/pr2013/pr013-13.shtml>.

The Guideline is addressed to primary care providers treating chronic pain outside of active cancer treatment, thus squarely focusing on an important segment of the medical community. Primary care physicians are the top prescribers of opioid pain medication in the United States. Nevertheless, research suggests that some PCPs may lack a sufficient understanding of how opioid pain medications can result in abuse and addiction. A recent study by the Johns Hopkins Bloomberg School of Public Health suggests that this may be contributing to the ongoing epidemic of prescription opioid abuse and addiction in the United States.⁵ Notably, nearly half of the internists, family physicians, and general practitioners surveyed mistakenly believed that “abuse-deterrent” opioid pills were less addictive than their standard counterparts.⁶ One-third of these practitioners said they believed that most prescription drug abuse is by means other than swallowing the pills as intended.⁷ According to the Food and Drug Administration, however, swallowing capsules or tablets is in fact the most common route of abuse of prescription opioids.⁸ Further highlighting the issue, another recent study found that over a median follow-up of 299 days, physicians dispensed opioids to 91% of patients after an overdose, 7% of whom experienced another overdose shortly thereafter.⁹ Proper prescribing practice suggests that adverse events, such as overdose, are compelling reasons to cease prescription opioids.¹⁰ Consequently, inconsistencies between proper practice and real-world conduct accentuate the need for health care practitioners to receive more guidance on how to properly prescribe opioid pain medications. While other factors may play a role in the concerning misuse and mismanagement of opioids, health care providers would benefit from stronger and more uniform national guidance on how to properly prescribe opioid pain medication – as set forth in the Guideline.

The nonbinding Guideline is based on solid clinical evidence and contains recommendations that promote the effective treatment of pain and may prevent inappropriate prescribing of opioids, thus saving lives. In particular, Recommendation 9 encourages health care providers to review their patients’ history of controlled substance prescriptions using state prescription drug monitoring program (“PDMP”) data to determine whether the patient is receiving opioid dosages that put him or her at high risk for overdose. Many states have created PDMPs, and some, such as New York, require prescribers to consult the database before prescribing controlled substances. New York’s historic Internet System for Tracking Over Prescribing (“I-STOP”) legislation was signed into law on August 27, 2012. This law made New York the first state in the nation to ensure every prescription for a controlled substance is tracked in a real-time database accessed by both prescribers and pharmacists. New York’s I-STOP

⁵ Catherine S. Hwang et al., *Primary Care Physicians’ Knowledge And Attitudes Regarding Prescription Opioid Abuse and Diversion*, *Clinical J. of Pain* (Jun. 22, 2015).

⁶ *Id.*

⁷ *Id.*

⁸ Food and Drug Administration, *Abuse-Deterrent Opioids: Evaluation and Labeling Guidance for Industry* (April 2015), at <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM334743.pdf>.

⁹ Marc R. Larochelle, et al., *Opioid Prescribing After Nonfatal Overdose and Association with Repeated Overdose*, *Ann. of Intern. Med.* (Jan. 5, 2016).

¹⁰ *Id.*

January 13, 2016

Page Three

program, which became mandatory in 2013, has helped reduce prescription drug abuse, decreasing doctor shopping by almost 75%.¹¹

Thank you for the opportunity to comment on the draft Guideline, and for your commitment to the promotion of public health in our state.

Sincerely,

A handwritten signature in black ink, appearing to read "Eric T. Schneiderman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Eric T. Schneiderman
New York Attorney General

¹¹ <https://www.governor.ny.gov/news/governor-cuomo-announces-progress-states-efforts-crack-down-prescription-drug-abuse>.