Partnership for a Drug-Free New Jersey
in Cooperation with the Governor's Council on Alcoholism and Drug Abuse and the NJ Dept. of Human Services

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PREVENTION EDUCATION KNOWLEDGE
OPIOID EDUCATION FOUNDATION OF AMERICA

OFFICE OF THE ATTORNEY GENERAL STATE OF NEW JERSEY

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New Jersey Coordinator for Addiction Responses and Enforcement Strategies

Alternatives to Opioids

The New CDC & VA Opioid Guidelines: What Prescribers Need to Know

March 30, 2023

Today's webinar has been approved for 1.0 EMT CEU, and American Academy of CME, Inc., designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™ and ANCC credit. We have no disclosures for faculty or planners for this learning activity.

The Partnership For A Drug-Free New Jersey
In Cooperation with the Governor's Council on Alcoholism & Drug Abuse and the NJ Dept. of Human Services

Update on the opioid crisis:
Why more cautious prescribing is still needed

Andrew Kolodny, MD
Medical Director, Opioid Policy Research Collaborative
Heller School for Social Policy and Management
Brandeis University

President,
Physicians for Responsible Opioid Prescribing

12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class

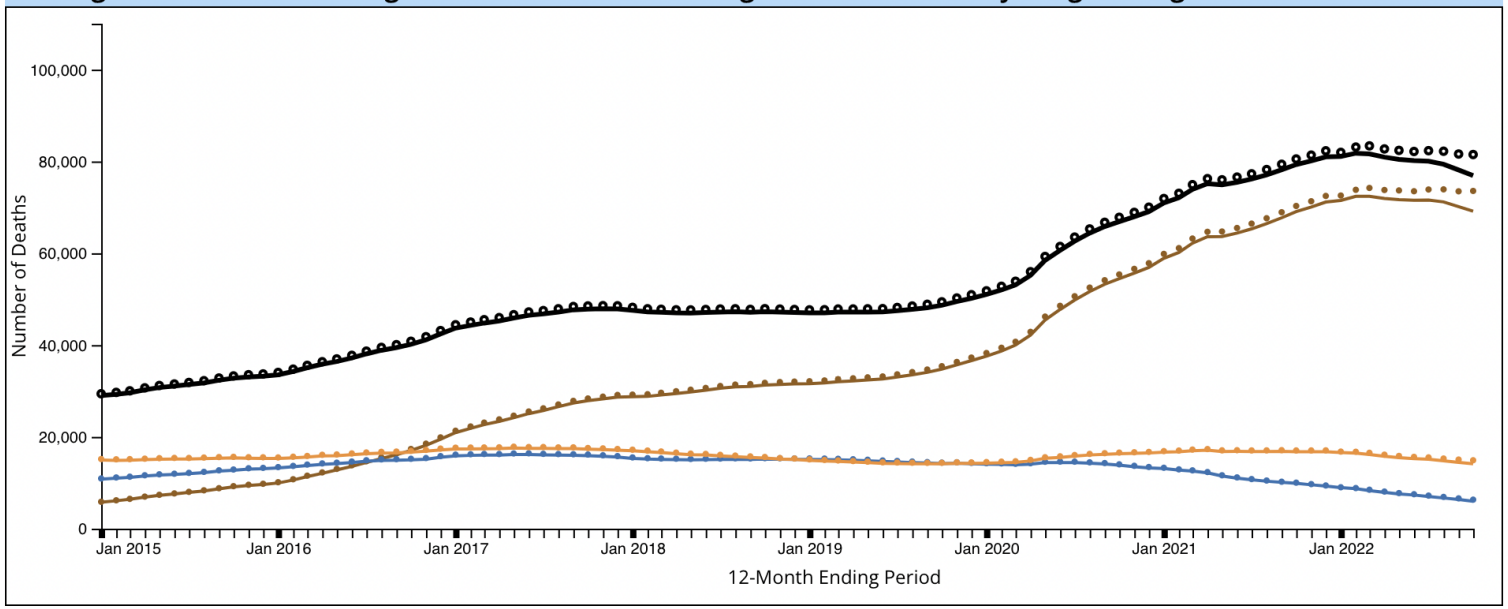
Based on data available for analysis on: March 5, 2023

*After opening the **drug class dropdown**, click the top of the dropdown menu again to make the checkboxes disappear.*

Select Jurisdiction: United States

Select specific drugs or drug classes: Select drug class

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



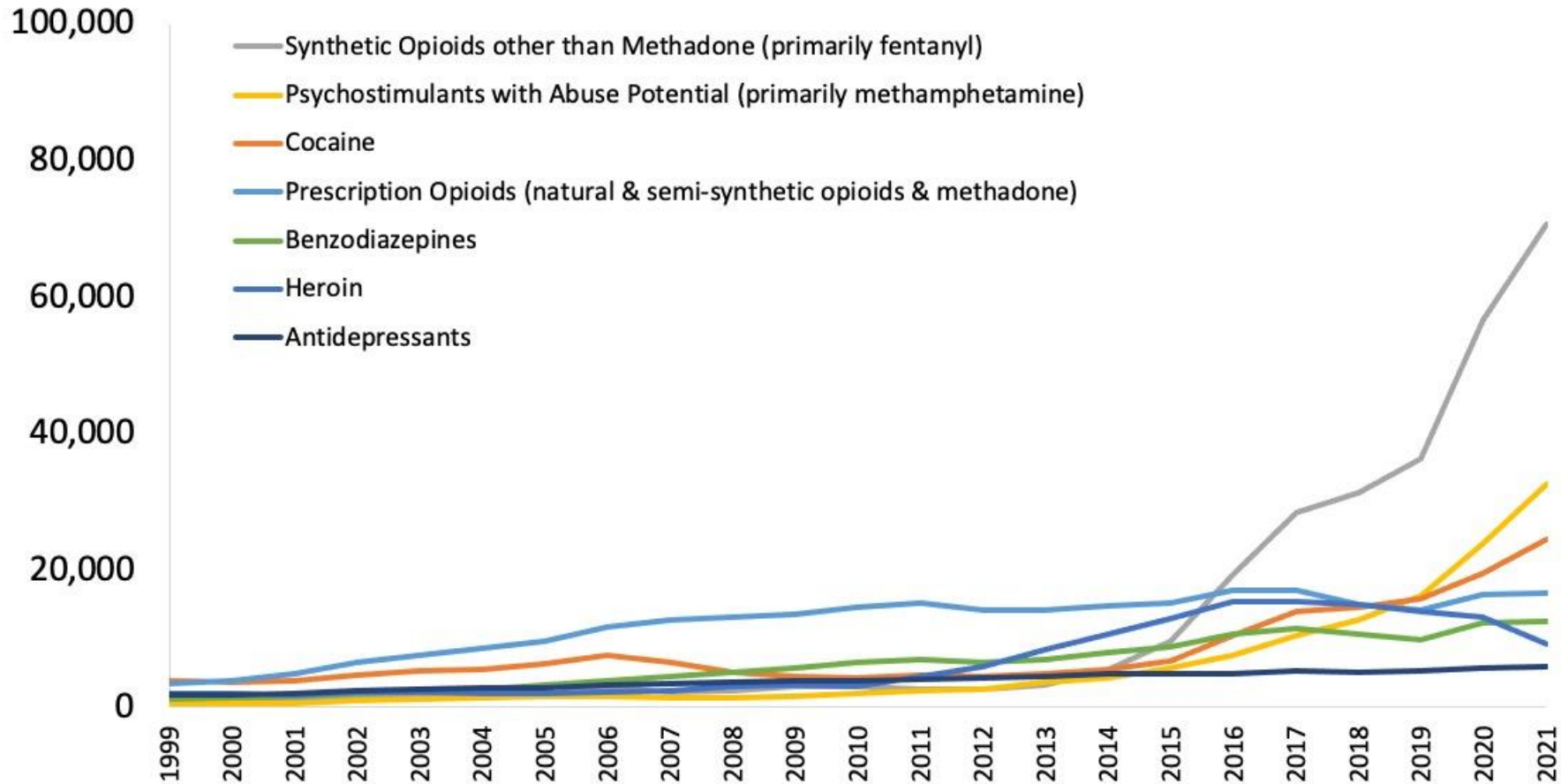
Legend for Drug or Drug Class

- Heroin (T40.1)
- Natural & semi-synthetic opioids, incl. methadone (T40.2, T40.3)
- Opioids (T40.0-T40.4,T40.6)
- Synthetic opioids, excl. methadone (T40.4)

---- Reported Value

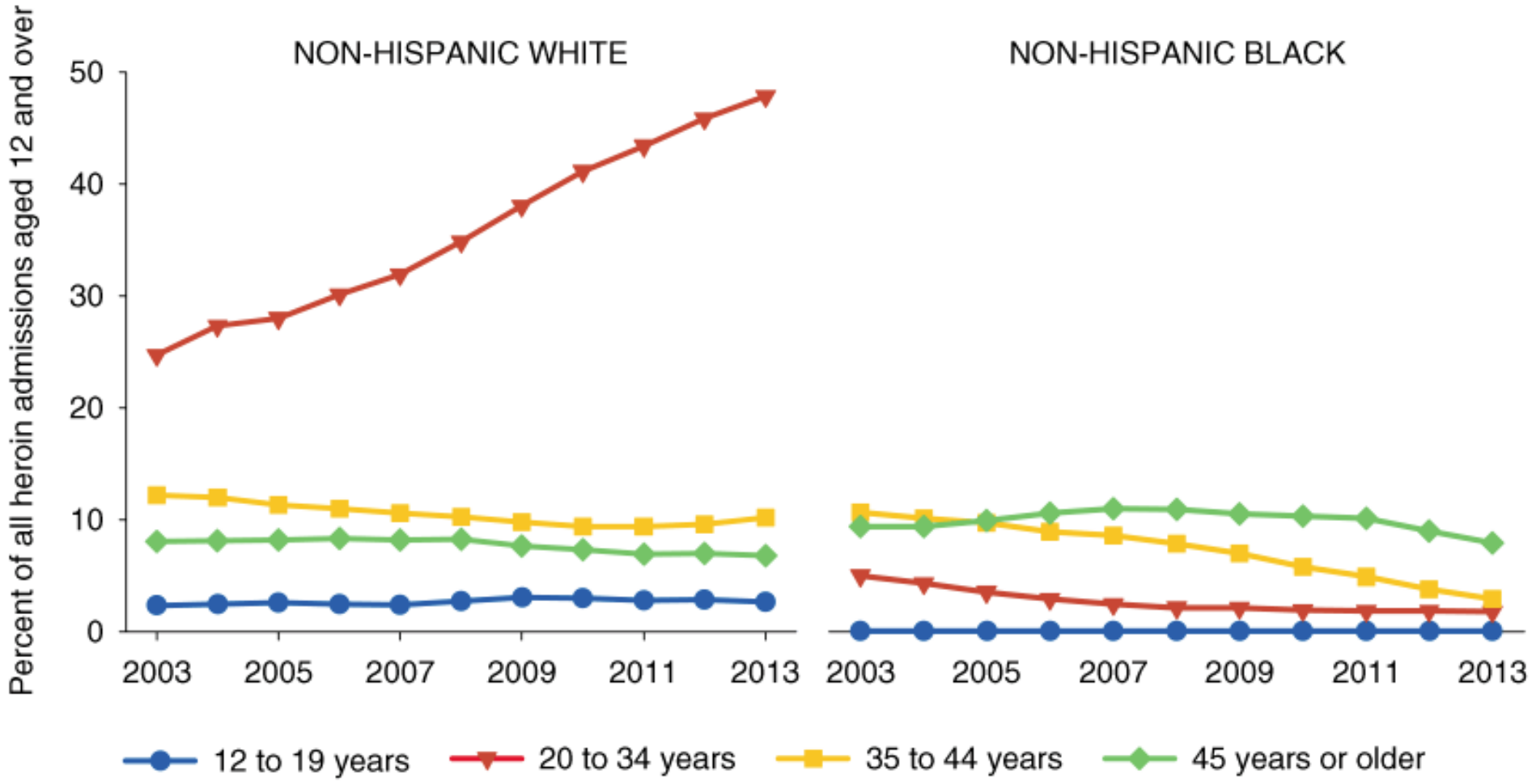
O Predicted Value

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2021



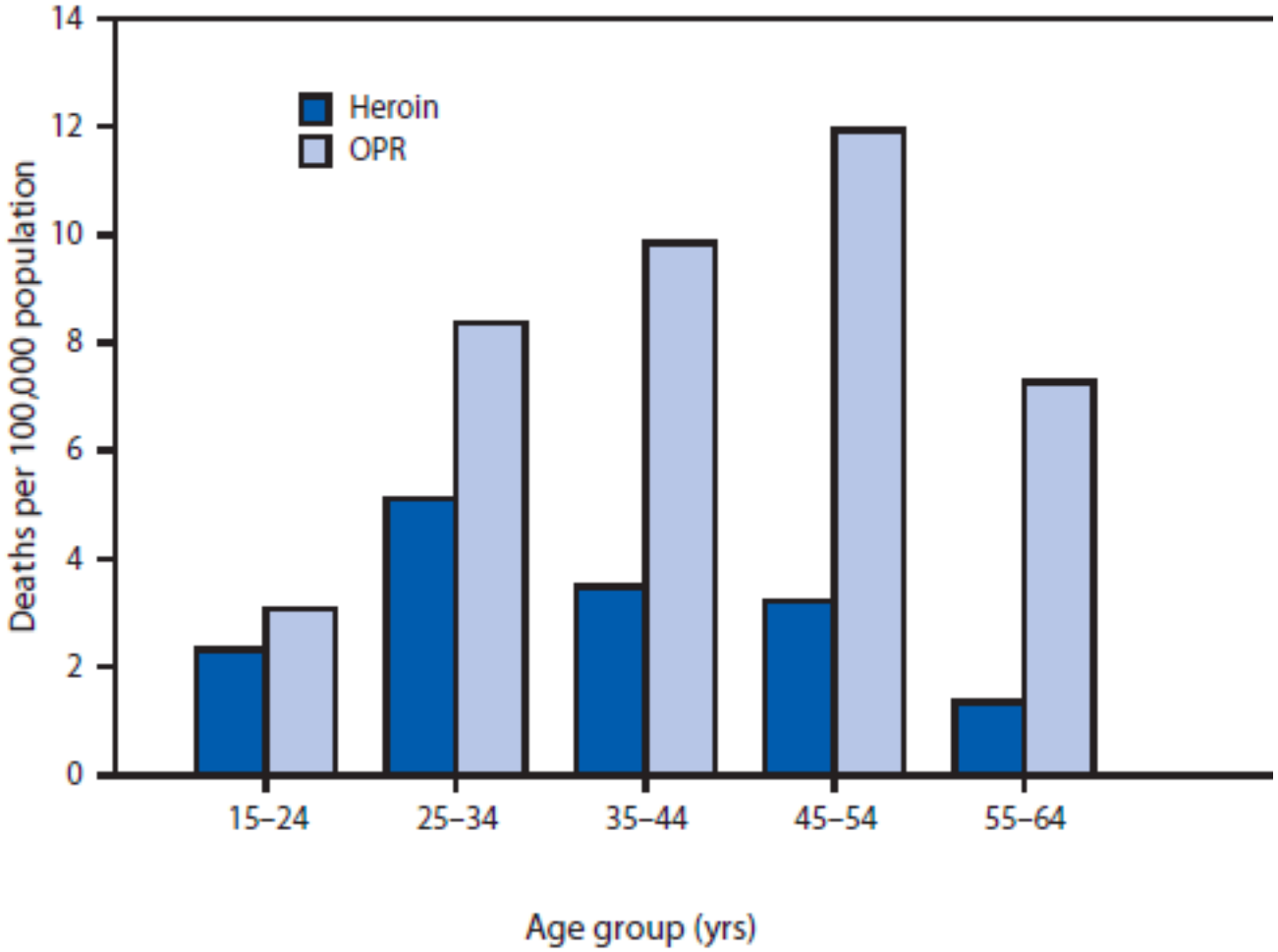
*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

Heroin treatment admissions : 2003-2013

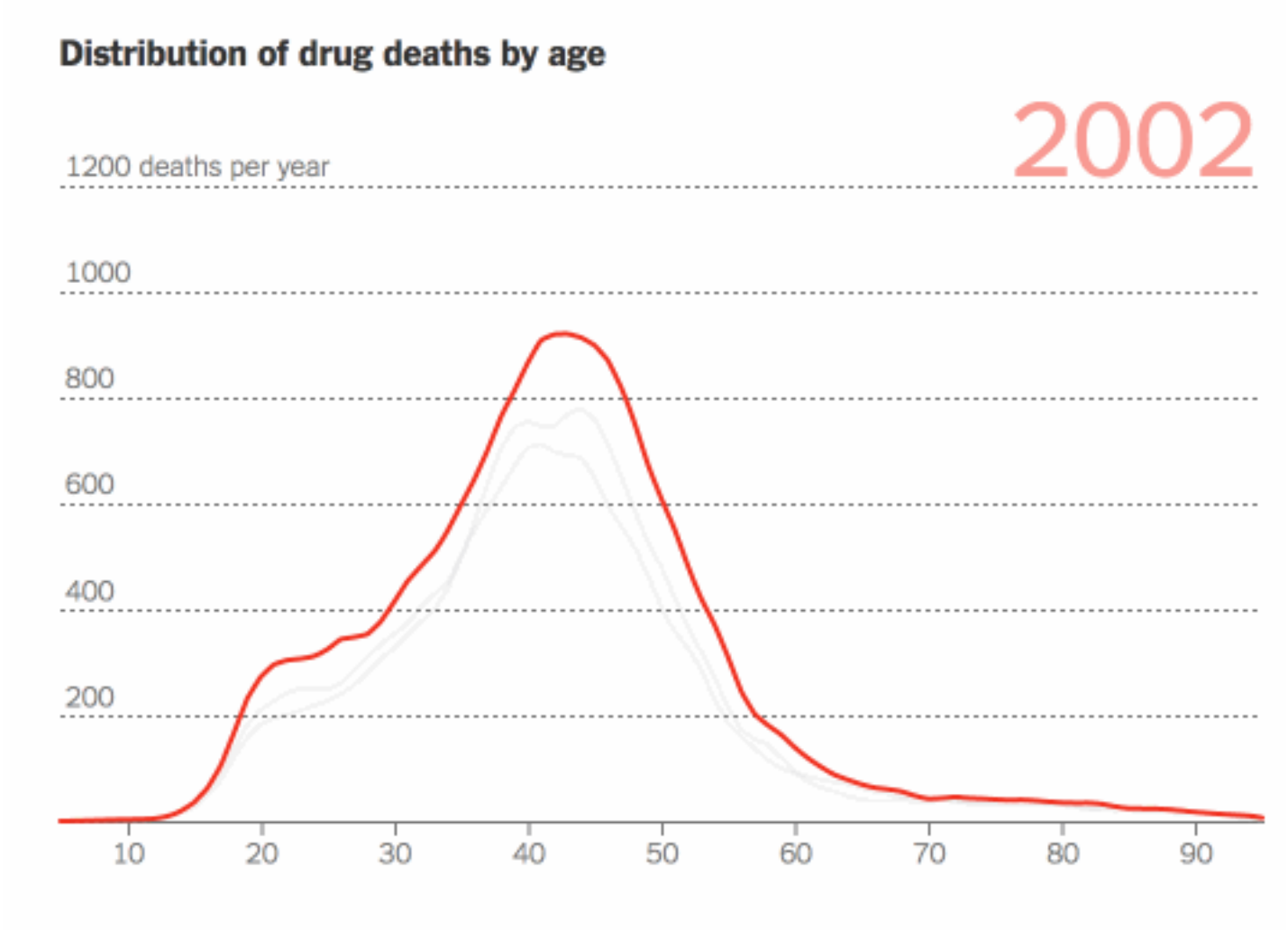


SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 01.23.15.

Death rates from overdoses of heroin or prescription opioid pain relievers (OPRs), by age group

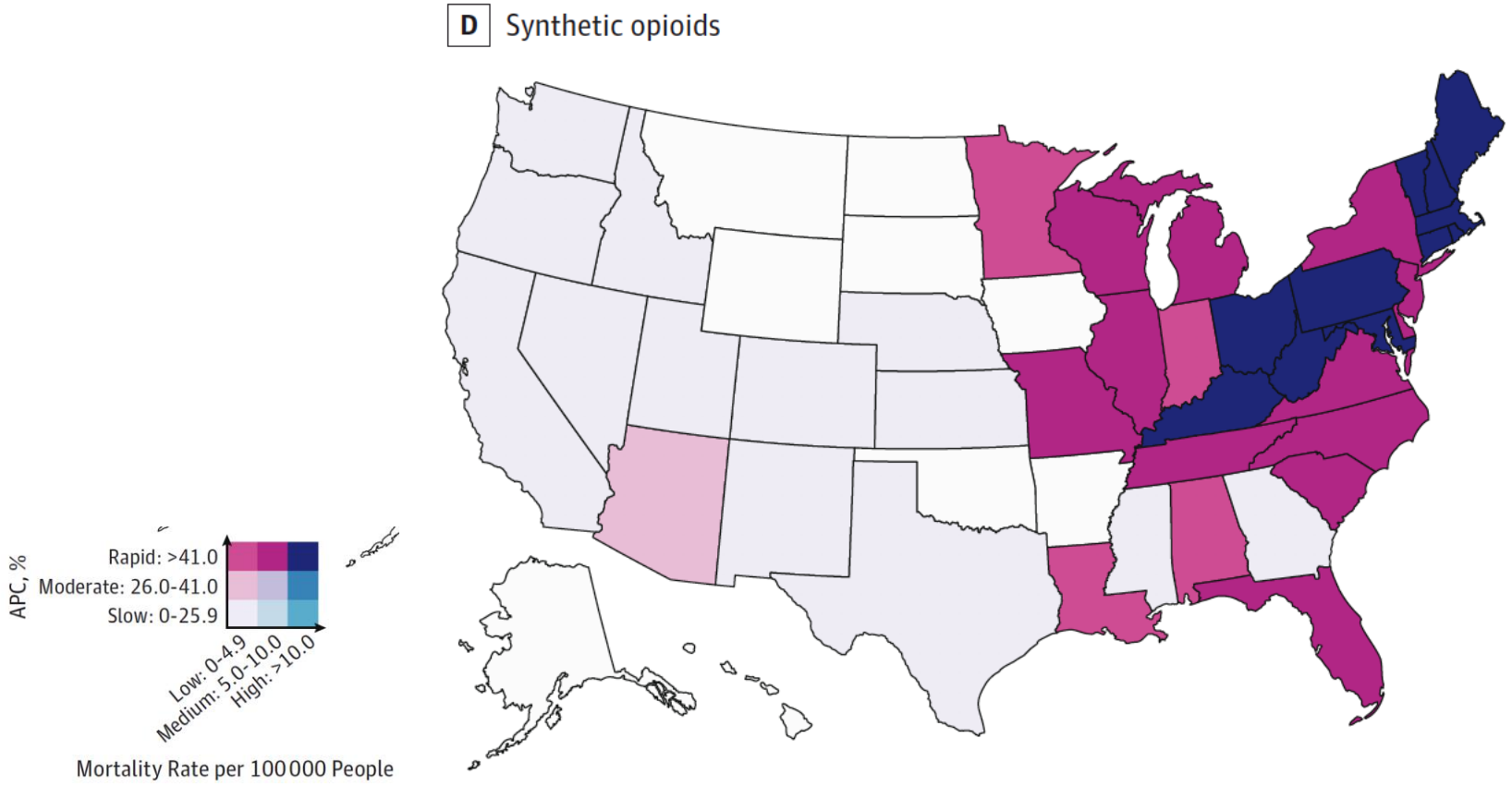


SOURCE: CDC. *Increases in Heroin Overdose Deaths — 28 States, 2010 to 2012* MMWR. 2014, 63:849-854



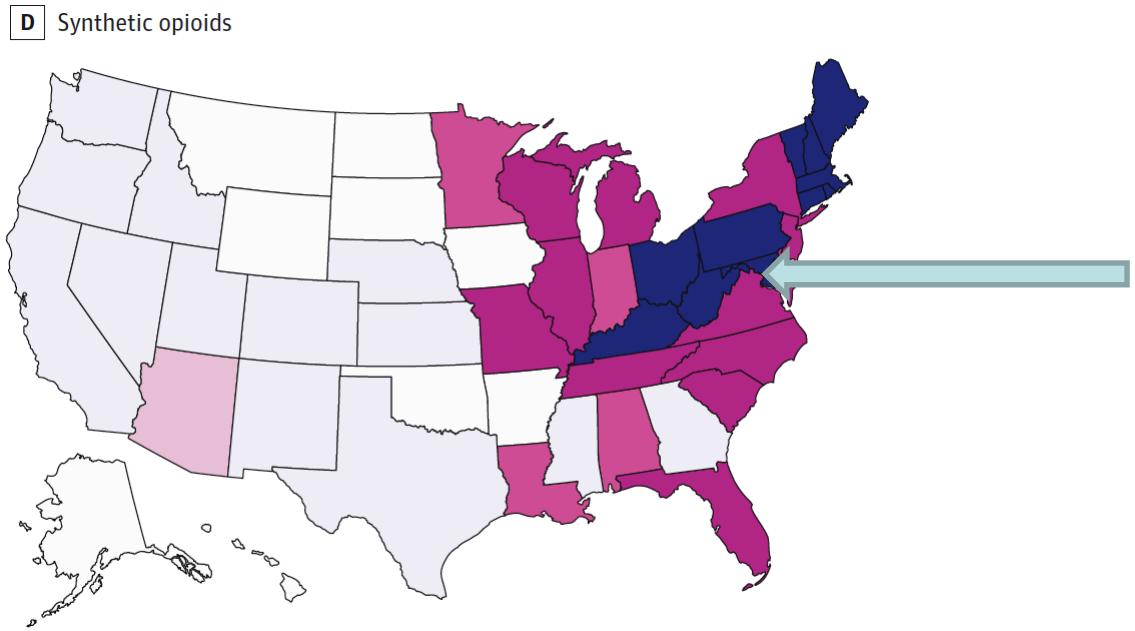
Source: J. Katz. NYT Short Answers to Hard Questions About the Opioid Crisis August 10, 2017

Growth and Level of the Synthetic Opioid OD Deaths, 2016



Source: JAMA Network Open. 2019;2(2):e190040. doi:10.1001/jamanetworkopen.2019.0040

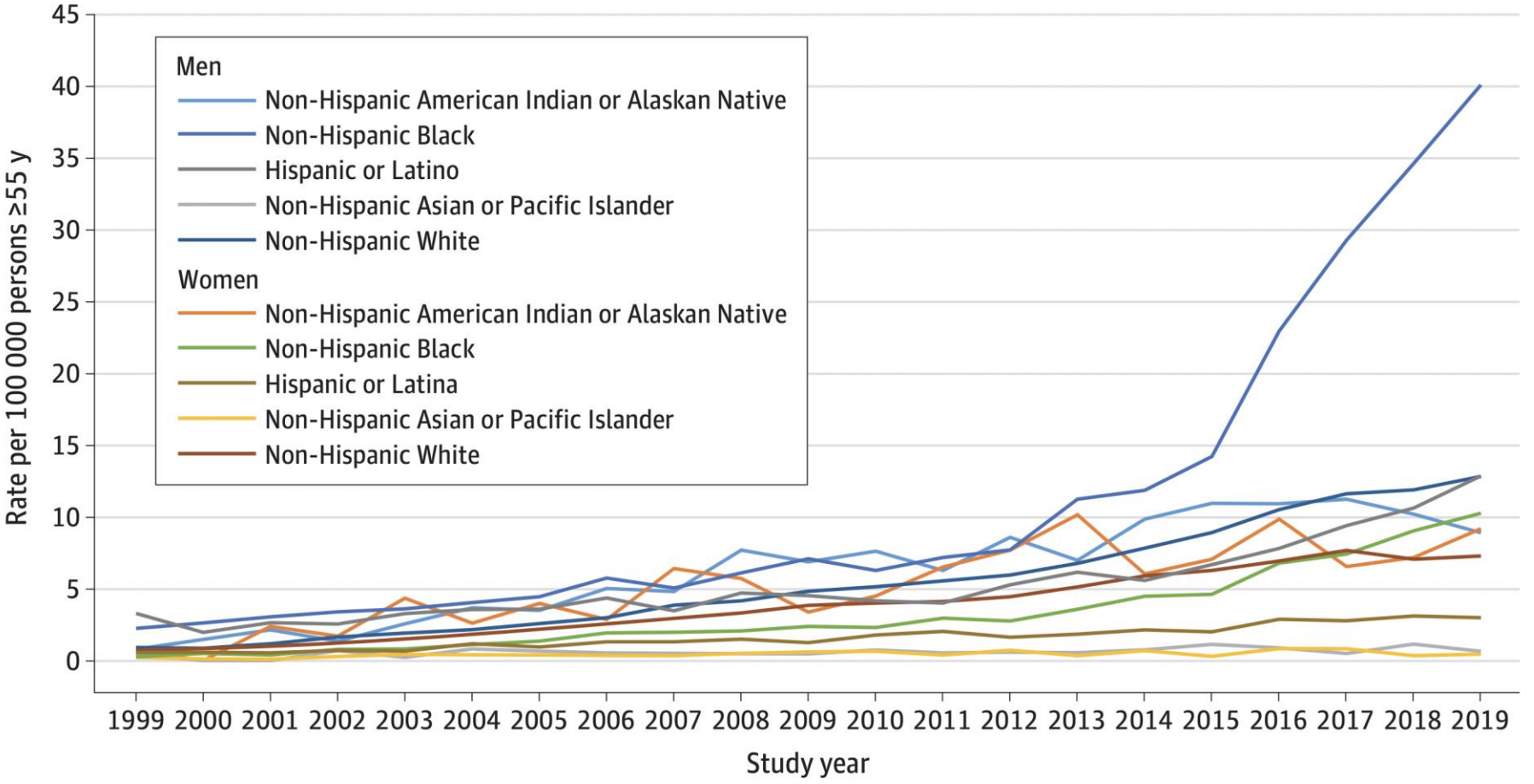
Growth and Level of the Synthetic Opioid OD Deaths, 2016



The District of Columbia had the fastest rate of increase in mortality from opioids in the country, more than tripling every year since 2013

Source: JAMA Network Open. 2019;2(2):e190040. doi:10.1001/jamanetworkopen.2019.0040

Figure 2. Rates of Opioid Overdose Deaths per 100 000 Persons 55 Years and Older by Sex and by Race and Ethnicity, 1999 to 2019



Mason M, Soliman R, Kim HS, Post LA. Disparities by Sex and Race and Ethnicity in Death Rates Due to Opioid Overdose Among Adults 55 Years or Older, 1999 to 2019. JAMA Netw Open. 2022;5(1):e2142982. doi:10.1001/jamanetworkopen.2021.42982

Three Opioid-Addicted Cohorts

1. 20-40 y/o, disproportionately white, significant heroin use, opioid addiction began with Rx use (addicted after 1995)

2. 40 y/o & up, disproportionately white, mostly Rx opioids, opioid addiction began with Rx use (addicted after 1995)

3. 50 y/o & up, disproportionately non-white, mostly heroin users, opioid addiction began in teen years with heroin use (addicted before 1995)

In one year, drug overdoses killed more Americans than the entire Vietnam War did

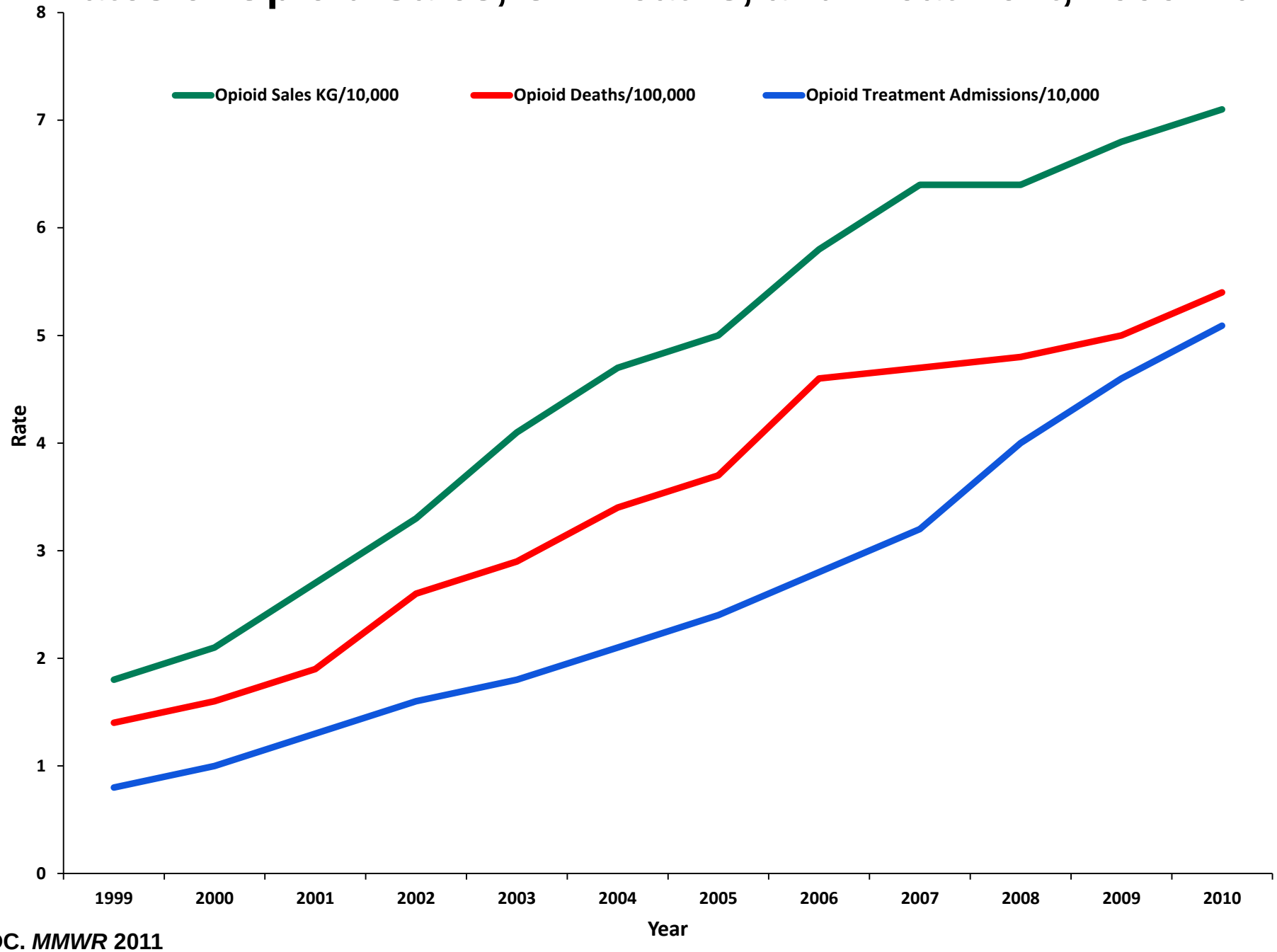
Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome

Children of the Opioid Epidemic Are Flooding Foster Homes. America Is Turning a Blind Eye.

For the first time, drug overdose deaths have surpassed 100,000 in a 12-month period

How the opioid crisis decimated the American workforce

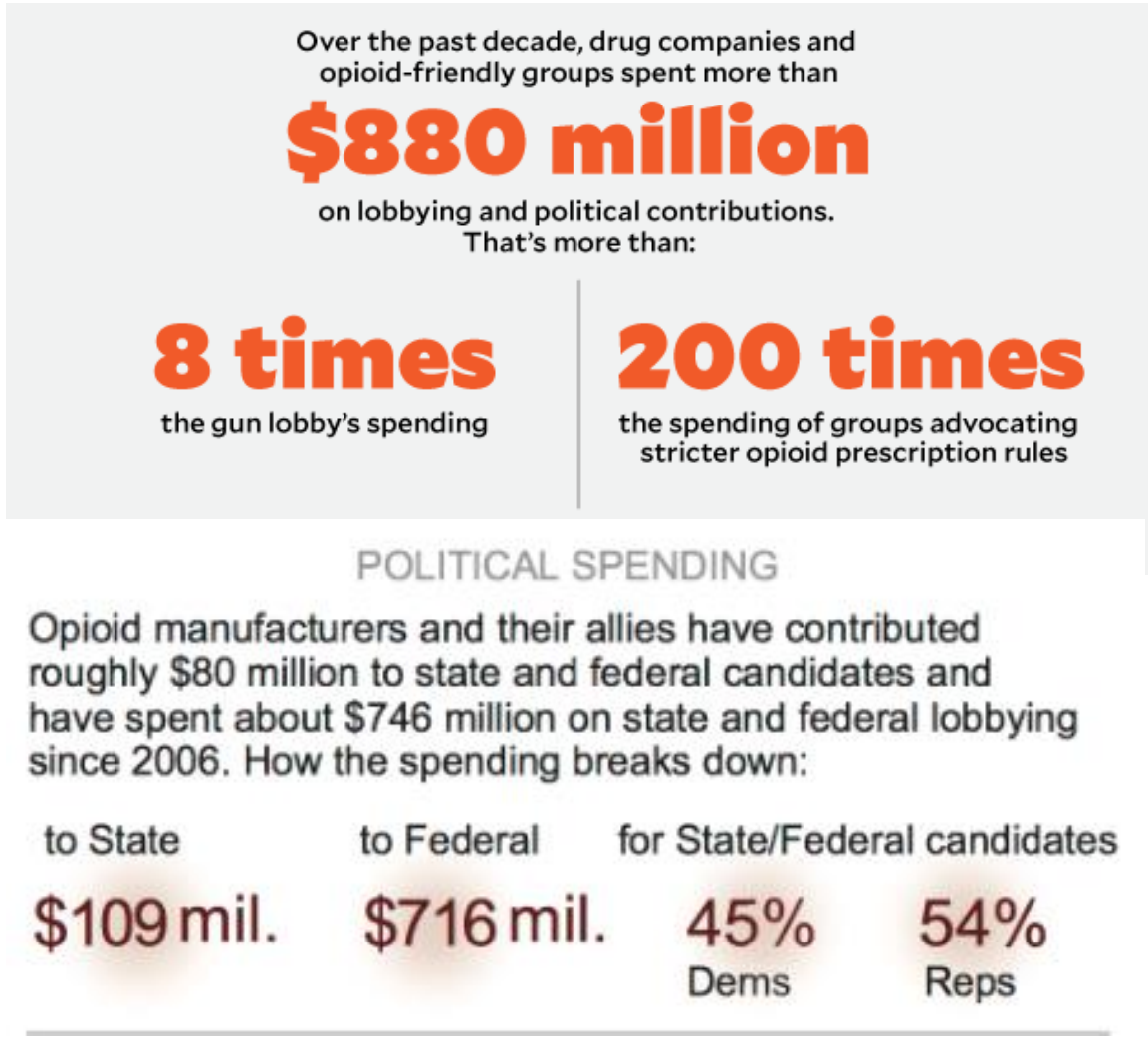
Rates of Opioid Sales, OD Deaths, and Treatment, 1999–2010

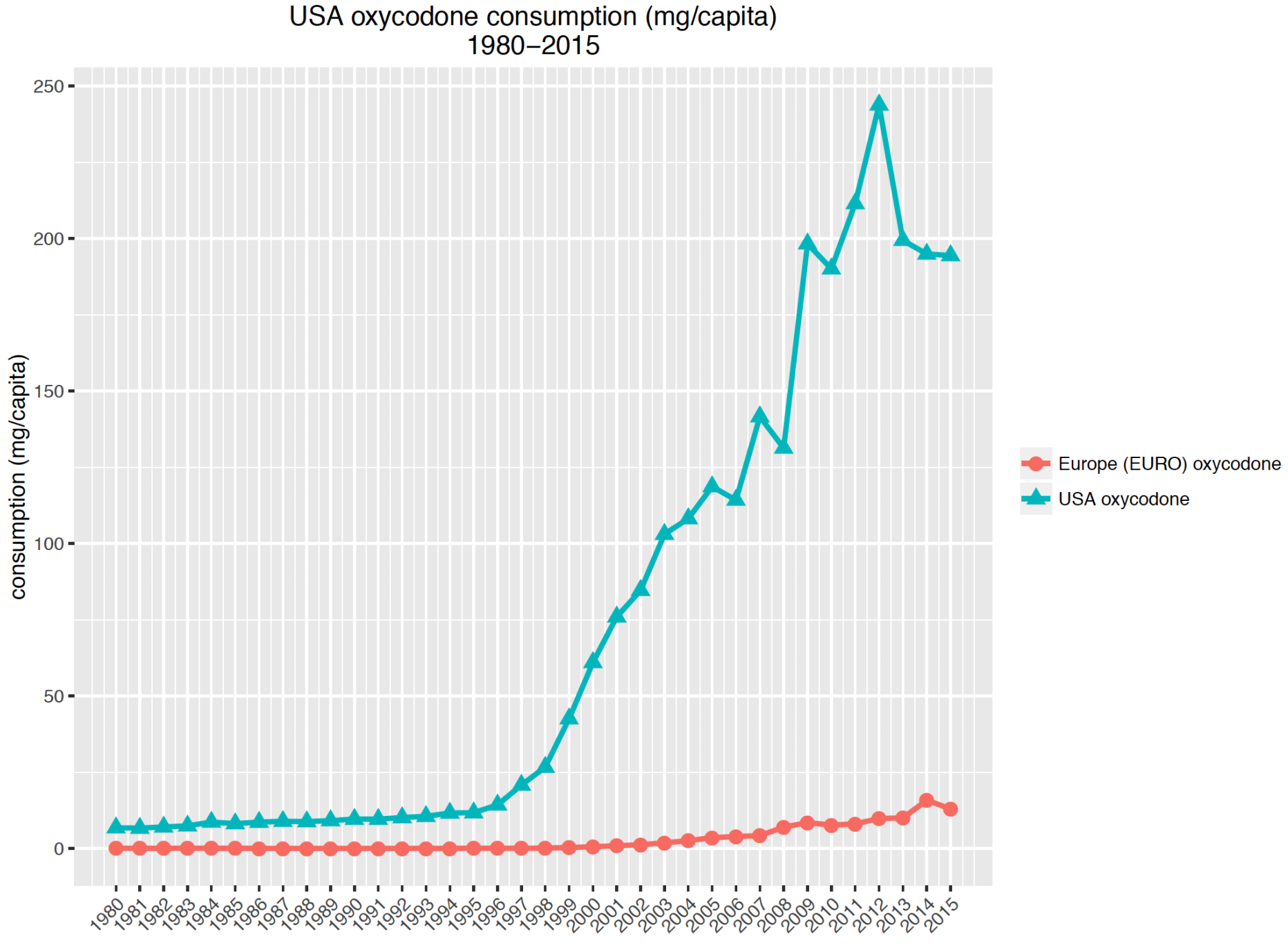


CDC. *MMWR* 2011

Pro-painkiller lobby shapes policy amid drug epidemic

Matthew Perrone and Ben Wieder, Associated Press and Center for Public Integrity





Sources: International Narcotics Control Board; World Health Organization population data

Industry-funded organizations campaigned for greater use of opioids

- Pain Patient Groups
- Professional Societies
- The Joint Commission
- The Federation of State Medical Boards

Johnson & Johnson And Drug Distributors Finalize $26 Billion Settlement To End Opioid Crisis Lawsuits

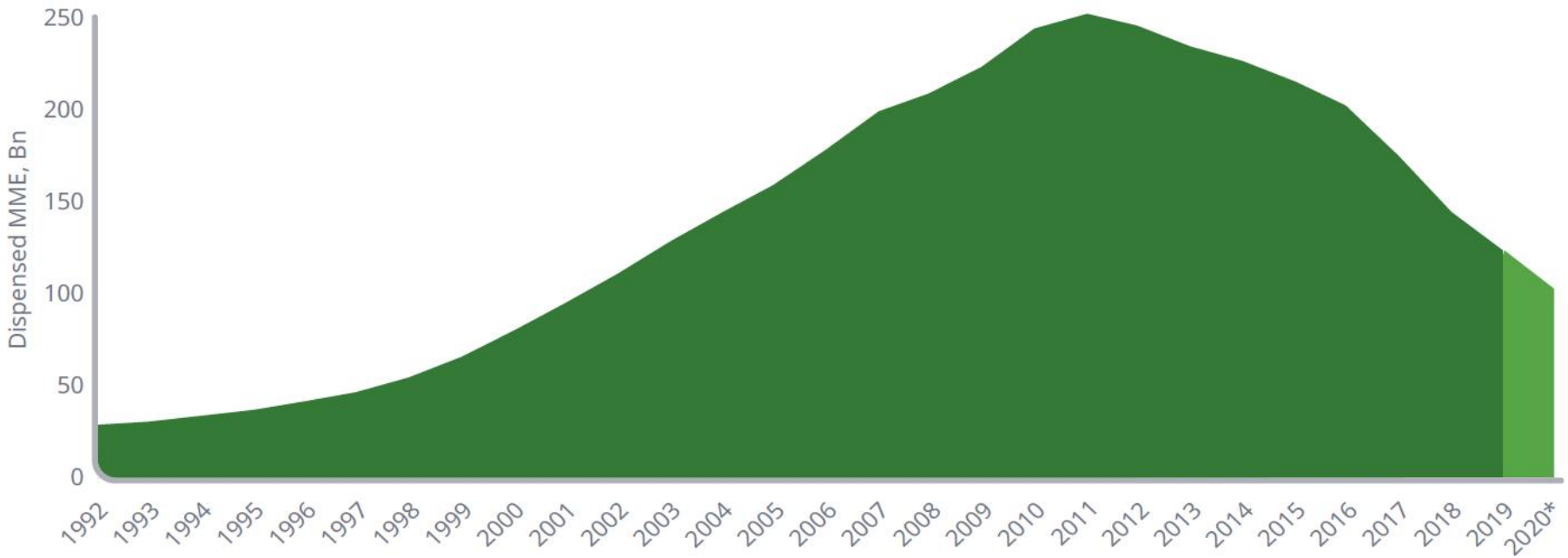
Alabama settles opioid claims with J&J, McKesson, Endo for $276 mln -attorney general

Walgreens to pay $683m to settle claims it exacerbated opioid crisis in Florida

Teva Pharm expects U.S. opioid case settlements to cost $2.6 bln

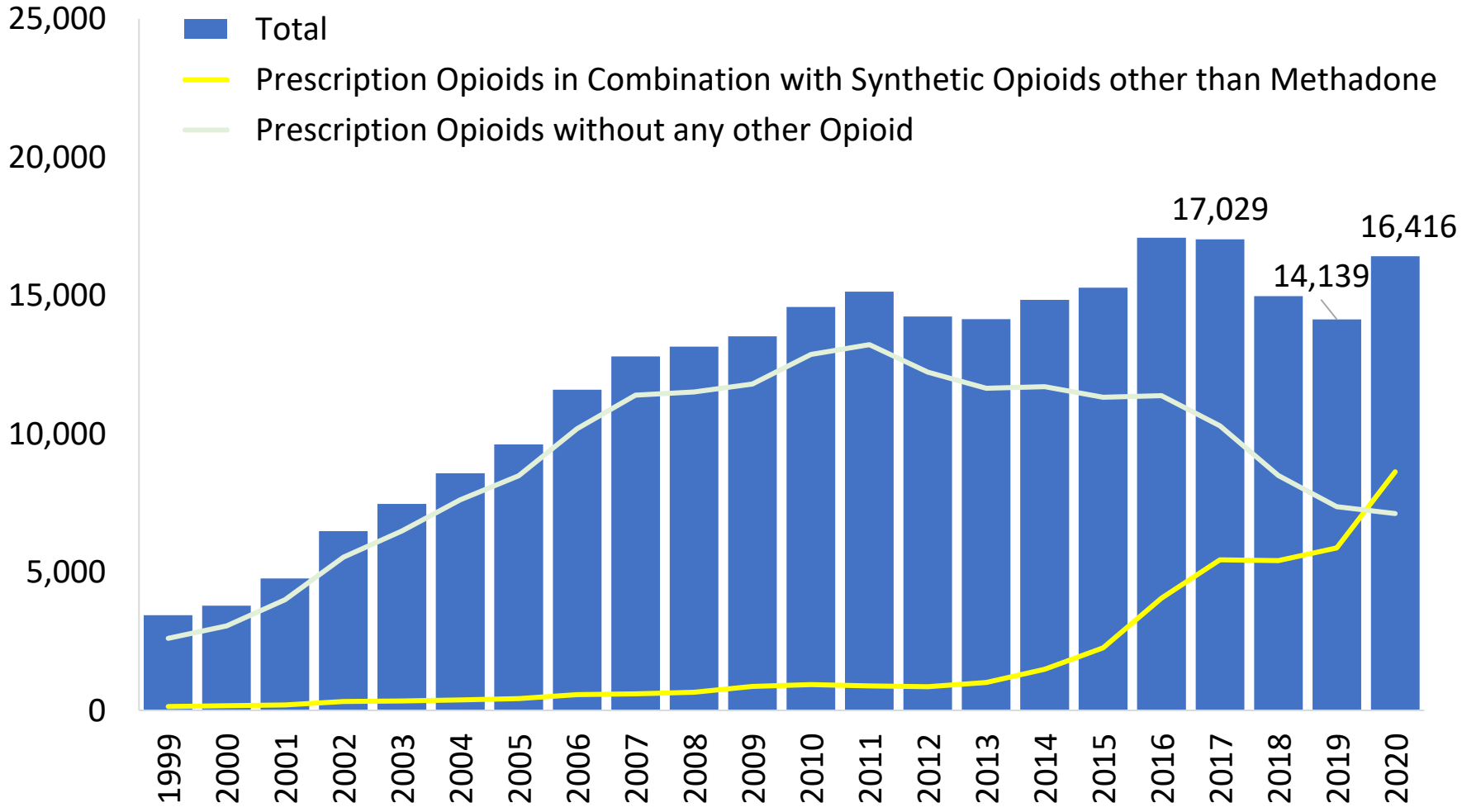
Prescription opioid use has declined to 60% of the peak volume in 2011 after another year of double-digit decline expected in 2020

Exhibit 1: Prescription Opioid Use in Morphine Milligram Equivalents (MME) Bn, 1992–2020*



Source: IQVIA Xponent, Mar 2020; IQVIA National Prescription Audit; IQVIA Institute, Nov 2020

Figure 4. National Overdose Deaths Involving Prescription Opioids*, Number Among All Ages, 1999-2020

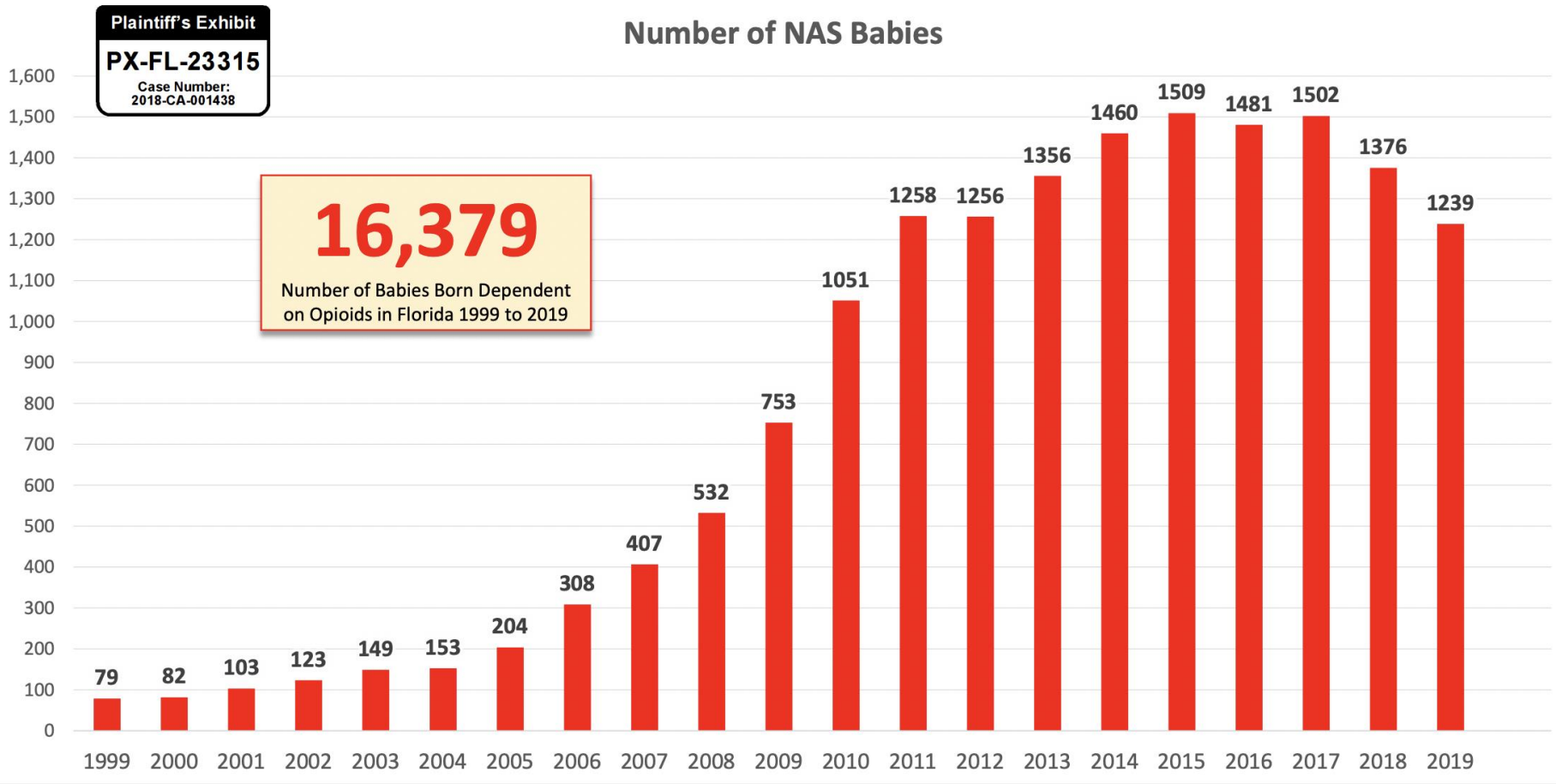


*Among deaths with drug overdose as the underlying cause, the prescription opioid subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2) or methadone (T40.3). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

In states across the U.S., neonatal opioid withdrawal is declining

Number of Babies Born Dependent on Opioids in Florida Each Year

Plaintiff's Exhibit
PX-FL-23315
Case Number: 2018-CA-001438



16,379

Number of Babies Born Dependent on Opioids in Florida 1999 to 2019

Source: Expert Report of Andrew Kolodny at 5, 17-18; DOH data.

Controlling the epidemic:

- **Prevent** new cases of opioid addiction
- **Treat** people who are already addicted
- **Harm Reduction**
- **Interdiction (Law Enforcement)**

Summary

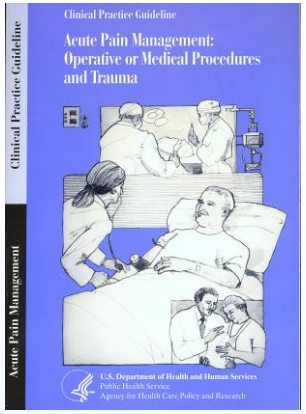
- The U.S. is in the midst of a severe epidemic of opioid addiction and overdose deaths, which worsened during Covid.

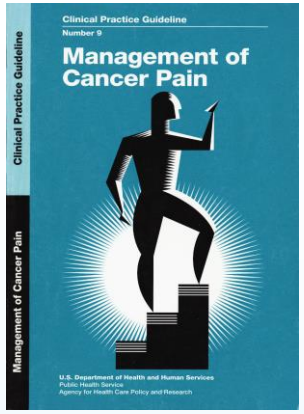
- To bring the epidemic to an end:
  - We must prevent new cases of opioid addiction
  - We must improve access to treatment for people already addicted

UW Medicine
DIVISION OF
PAIN MEDICINE

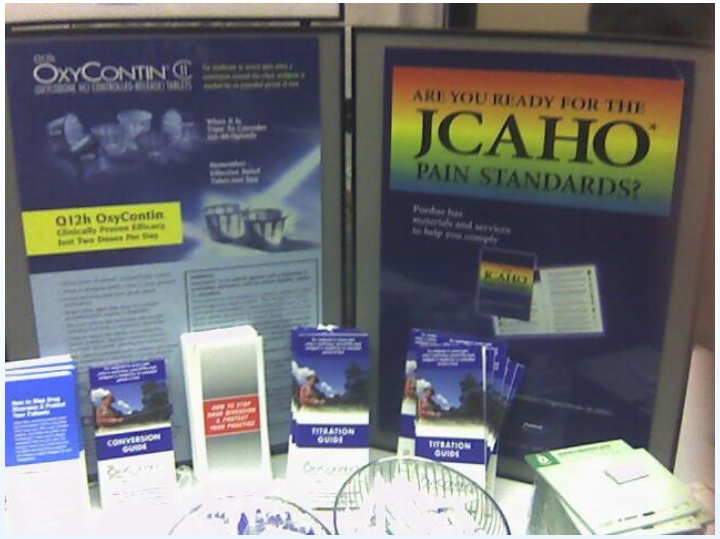
PROBLEM PRESCRIBING

Jane C Ballantyne
University of Washington, Seattle, US

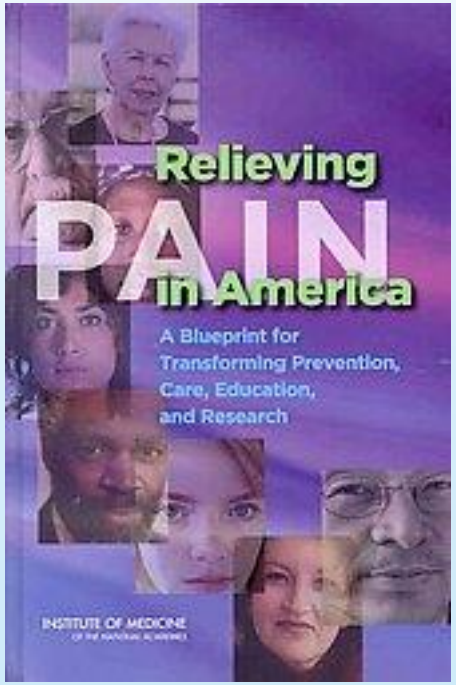




1991-2 Agency for Healthcare Policy and Research



2001 The Joint Commission for the Accreditation of Hospital Organizations



2011 Institute of Medicine

At least 100 million American suffer undertreated pain at a cost of $635 billion in medical bills, lost productivity and missed work. Described as a 'public health crisis'

AHCPR 1992, AHCPR 1994, JCAHO 2001, IOM 2011

What is wrong with this picture?

It equates existent pain with untreated pain

Distribution of Prescription Opiates to U.S. Pharmacies, 2000-2010 (DEA data)

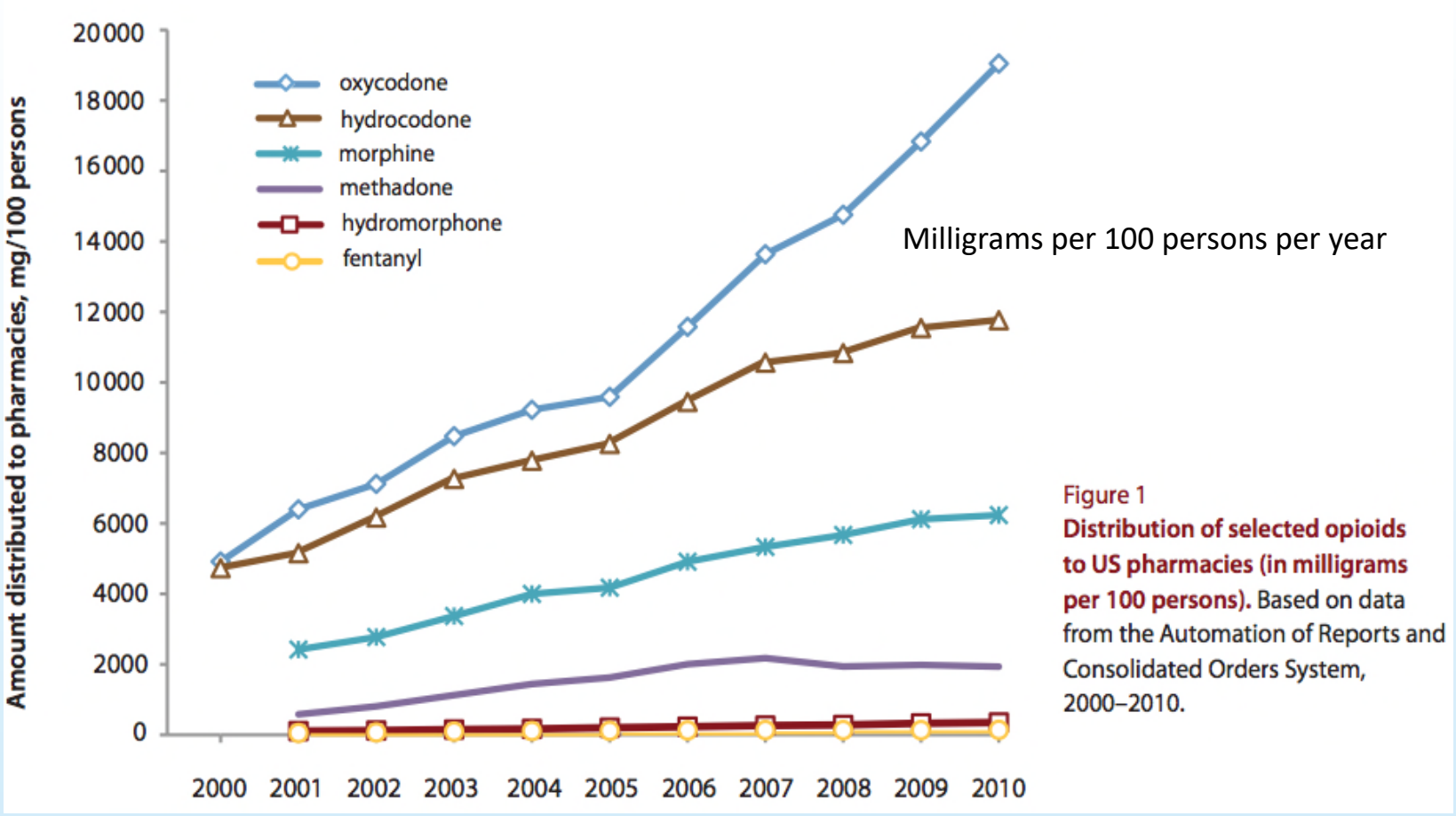


Figure 1
Distribution of selected opioids to US pharmacies (in milligrams per 100 persons). Based on data from the Automation of Reports and Consolidated Orders System, 2000–2010.

Source: Kenan K, Mack K, Paulozzi L. Open Medicine 2012; 6:e41.

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Early Release / Vol. 65
March 15, 2016

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Misapplication of the 2016 Guideline (per CDC)

- Extension to patient populations not covered in the guideline (eg cancer and palliative care)
- Opioid tapers and abrupt discontinuation without collaboration with patients
- Rigid application of opioid dosage threshold
- Application of the guideline's recommendations for opioid use for pain to medication for OUD
- Duration limits by insurers and by pharmacies
- Patient dismissal and abandonment

CDC Clinical Practice Guideline for Prescribing Opioids–United States, 2022

Prepared by
Deborah Dowell, MD[1]
Kathleen R. Ragan, MSPH[1]
Christopher M. Jones, PharmD, DrPH[2]
Grant T. Baldwin, PhD[1]
Roger Chou, MD[3]

[1]Division of Overdose Prevention, National Center for Injury Prevention and Control, CDC, Atlanta, Georgia
[2]Office of the Director, National Center for Injury Prevention and Control, CDC Atlanta, Georgia
[3]Pacific Northwest Evidence-based Practice Center and Oregon Health & Science University, Portland, Oregon

Key findings of updated evidence review

"Diminishing returns" at higher than 50 MME

Alternatives to opioids often more effective for acute pain

Harm from abrupt rapid tapering

MME = morphine milligram equivalents

KEY DIFFERENCES BETWEEN 2016 AND 2022 GUIDELINES

1. Nonopioid approaches preferred for chronic pain	2. Nonopioid approaches preferred for chronic pain
4. Start with IR not ER/LA	3. Start with IR not ER/LA
5. Start with lowest effective dose. Extra precautions > 50 MME, avoid >90 MME	4. Start with lowest effective dose. Avoid increasing dosage above levels "likely to yield diminishing returns" (clearly identified as >50 MME in main body)
6. 3-7 days usually sufficient for acute pain	1. Only consider for acute pain if benefit exceeds risk 6. No greater quantity than needed for the expected duration of pain severe enough to require opioid
7. Reevaluate 3 monthly. Taper if benefits do not exceed risks	7. Reevaluate 3 monthly 5. For those already receiving high doses, consider tapering, but do not discontinue abruptly
8. Use risk management strategies 9. Use PDMP 10. Use UDT 11. Do not use concomitant benzodiazepines	8. Use risk management strategies 9. Use PDMP 10. Use UDT 11. Do not use concomitant benzodiazepines

IR = immediate release
ER /LA = extended release/long acting
MME = morphine milligram equivalence
PDMP = prescription drug monitoring program
UDT = urine drug toxicity

CH 16, 2022

date Now Open to Public for Comment

evised CDC Opioid Guidance arked by Pivot Away From Hard rescribing Caps, Embrace of Clini udgment

onald M. Pizzi

tory for pain experts, CD
s opioid prescribing guid

Joseph Feb. 10, 2022

oses Softer Guidance
ions

ealth agency is proposing changing — and in some instances
llers.

10, 2022, at 3:20 p.m.

February 10, 2022 | 3 min read

CDC proposes to roll back restrictions previously recommended for prescribing opioids

US could loosen some restrictions on prescribing opioids

CDC considers rolling back limits on which doses can be prescribed and for how many days in cases of acute pain

US could loosen some restrictions on prescribing opioids

CDC considers rolling back limits on which doses can be prescribed and for how many days in cases of acute pain

Melody Schreiber

HEALTH

In a victory for pain experts, CDC tones down its opioid prescribing guidelines

By Andrew Joseph Feb. 10, 2022 Rep

MARCH 16, 2022

Update Now Open to Public for Comment

Revised CDC Opioid Guidance Marked by Pivot Away From Hard Prescribing Caps, Embrace of Clinical Judgment

By Donald M. Pizzi

CDC Proposes Softer Guidance on Opioid Prescriptions

The nation's top public health agency is proposing changing — and in some instances, softening — guidelines for doctors prescribing opioid painkillers.

By Associated Press | Feb. 10, 2022, at 3:20 p.m.

February 10, 2022 | 3 min read

CDC proposes to roll back restrictions previously recommended for prescribing opioids

What the new guideline means for prescribers

Patients already on chronic opioids are a different group from patients not yet on chronic opioids

Do not taper abruptly

It is rarely necessary or advisable to start chronic opioid therapy

Nonopioids are often effective for acute pain

Daily doses > 50 MME are rarely helpful

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE USE OF OPIOIDS IN THE MANAGEMENT OF CHRONIC PAIN

2022

Department of Veterans Affairs
Department of Defense

1. We recommend against the **initiation** of opioid therapy for management of chronic non-cancer pain

2. We recommend against **long-term** opioid therapy, particularly for the younger age groups

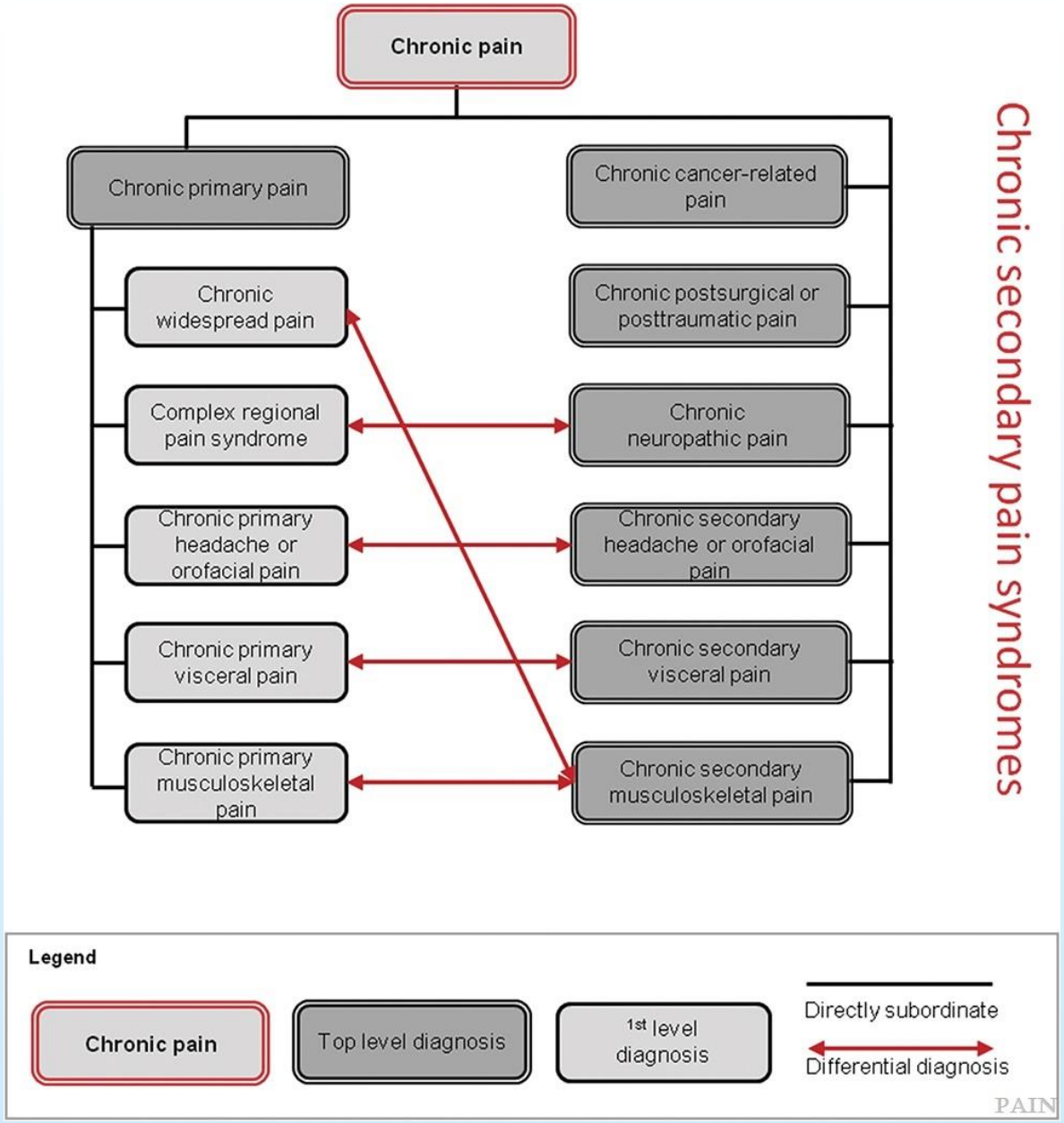
3. We recommend against long-term opioid therapy, particularly for patients with **SUD**

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE USE OF OPIOIDS IN THE MANAGEMENT OF CHRONIC PAIN

2022

Department of Veterans Affairs
Department of Defense

- The updated recommendation against opioid therapy in general for chronic pain is broader and *reflects the evidence that opioid therapy for any duration may be harmful*
- A new recommendation for buprenorphine in patient receiving daily opioid for the treatment of chronic pain
- No evidence to support one opioid over another for opioid maintenance treatment for OUD
- *Assess risk for suicide whenever making dose changes*
- *No evidence to support risk mitigation strategies*
- Although there are differences in the scope and aspects of pain management, the VA and CDC guidelines do not have any contradictory recommendations



From: Treede RD, Rief W, Barke A, et al. Chronic pain as a symptom or a disease: the IASP Classification of Chronic Pain for the International Classification of Diseases (ICD-11). Pain 2019;160(1):19-27.

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE USE OF OPIOIDS IN THE MANAGEMENT OF CHRONIC PAIN

2022

Department of Veterans Affairs
Department of Defense

Sidebar B: Non-opioid Treatments for Chronic Pain

- Rehabilitation and manipulative therapies (e.g., provided by physical therapists, occupational therapists, chiropractors)
- Pharmacologic therapy (e.g., over-the-counter medications, non-opioid prescription pain medications)
- Interventional procedures (e.g., trigger point injections, joint injections, acupuncture)
- Psychological and behavioral interventions (e.g., motivational interviewing, CBT)
- Complementary and integrative treatments (e.g., yoga, tai chi)

Abbreviations: CBT: cognitive behavioral therapy

When it comes to patients already on high doses

- Do not taper or discontinue abruptly
- Only exceptions would be concerns about safety (usually concerns diversion or abuse, rarely concerns suicide or accidental overdose, always requires steps to maximize safety)
- Follow HHS and other tapering guidelines
- Make use of buprenorphine (effective for pain, opioid dependence and OUD)

Why chronic opioids are neither safe nor effective

Neuroadaptations to continuous opioid use

Clinically manifest as tolerance and dependence

Tolerance: need for higher dose to achieve the same effect

Dependence: need to continue taking to avoid withdrawal

But underlying adaptations are actually identical, and dependence should be thought of as a manifestation of tolerance

Tolerance

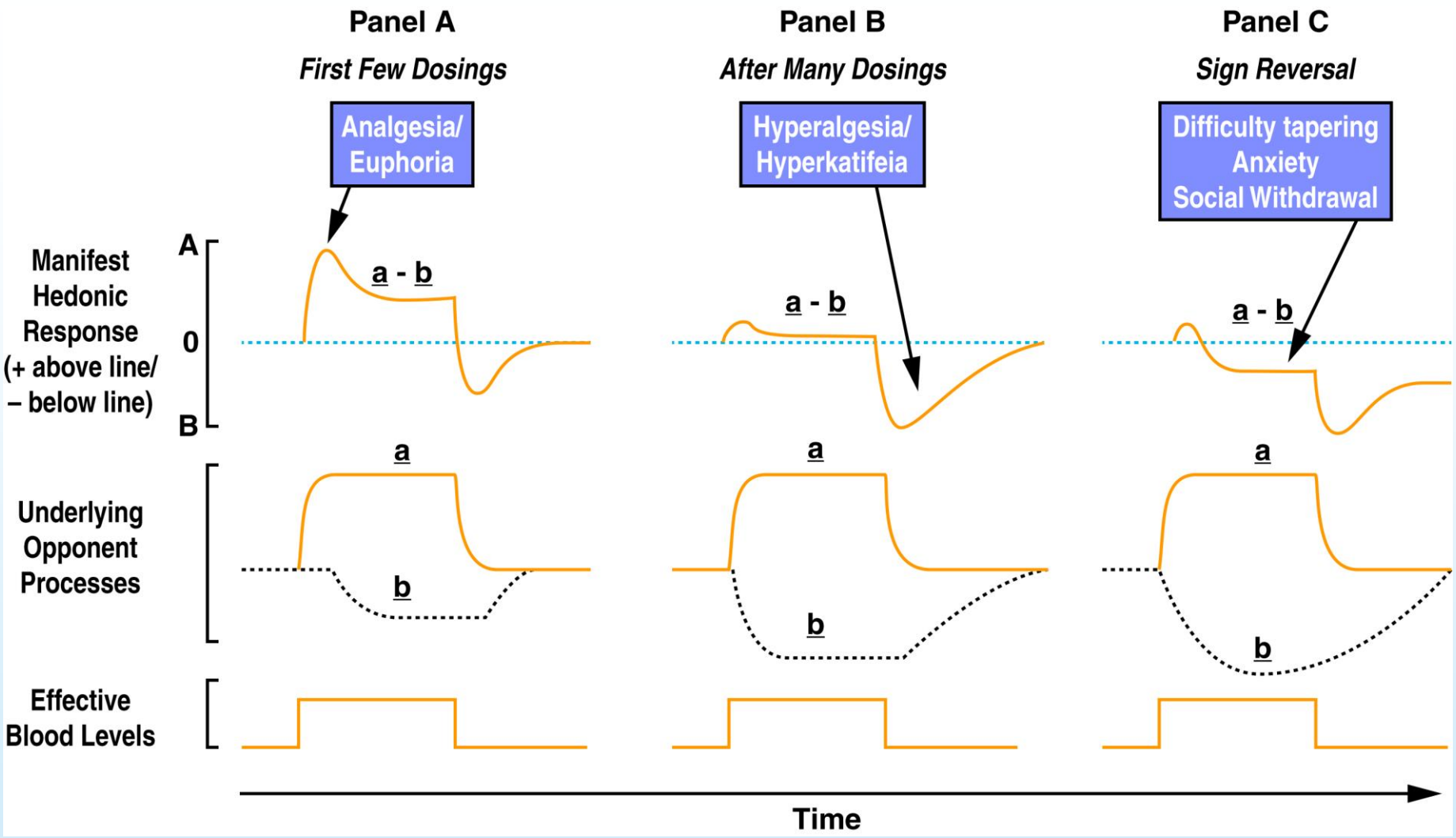
Desensitization: reversible

Opponent process: persistent, enigmatic and pervasive

Opponent-process theory of affective regulation linked to drugs

- *a-process*
  - Eliciting of pleasurable emotional state
- *b-process*
  - Counterregulatory, opponent-processes
  - Produces opposite effects such as dysphoria and depressed mood
  - Argued to have longer latency, more inertia, slower recruitment and more sluggish decay
  - Temporally linked to *a-process*
  - However, with repetition (continued drug use), *b-process* becomes sensitized and develops more rapidly
  - Argued to eventually mask the *a-process*

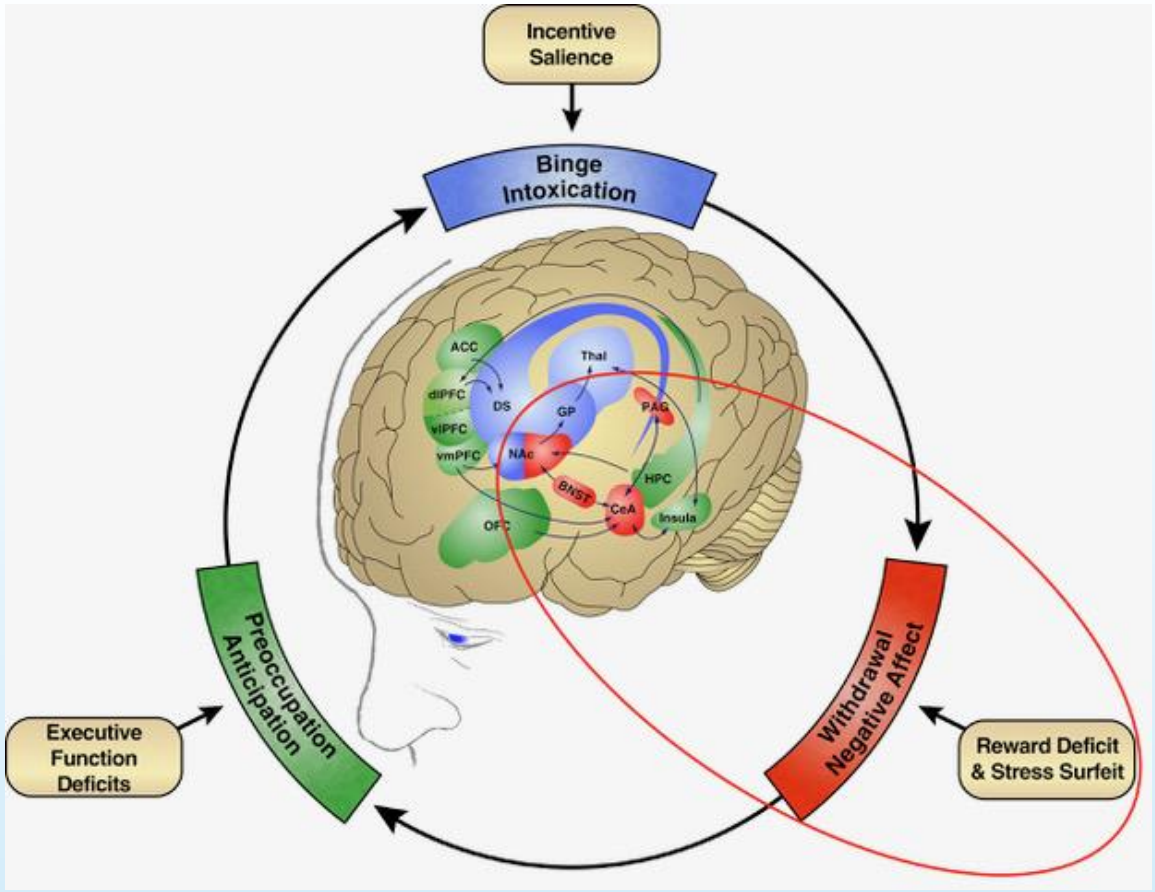
Solomon & Corbit 1974, Laulin 1999, Colpaert 1996



a process refers to a positive hedonic response, *b process* refers to the negative hedonic response

Dependence

- A manifestation of tolerance
- Effects most obvious during drug withdrawal
- However, not confined to drug withdrawal because the underlying changes are subject to conditioning and regulation



Koob & Volkow Lancet Psychiatry 2016;3:760

The 3 stages of addiction

Stage 1

Binge/intoxication stage

Rewarding effects of drugs of abuse
Development of *exaggerated incentive salience*
Development of drug seeking habits

Stage 2

Withdrawal/negative affect stage

Rebound, drug opposite effects
Increases in negative emotional states
Dysphoria
Stress-like symptoms
Decreases in sensitivity to natural rewards
Social withdrawal

Stage 3

Preoccupation/anticipation stage

Craving
Pathological drug seeking
Compromised executive function
Low reward system functioning
High stress system functioning

Adapted from Koob and Volkow, Lancet Psychiatry 2016

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UPCOMING WEBINAR

The Collateral Impact of Opioid Misuse

11 a.m. Thursday, April 27, 2023

Register at KnockOutDay.DrugFreeNJ.org/events

The Partnership For A Drug-Free New Jersey
In Cooperation with the Governor's Council on Alcoholism & Drug Abuse and the NJ Dept. of Human Services