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January 13, 2016

Thomas Frieden, MD
Director, Centers for Disease Control and Prevention
4770 Buford Highway NE., Mailstop F-63
Atlanta, GA 20241

Re: Docket No. CDC-2015-0112

Dear Dr. Frieden:

On behalf of 28 of the largest metropolitan health departments, representing over 50 million Americans, the Big Cities Health Coalition (BCHC) would like to thank you for the proposed *Guideline for Prescribing Opioids for Chronic Pain (Guideline)*. The *Guideline* would improve the health of millions of Americans and save numerous lives across the nation if implemented. Further, it is an important part of a multi-pronged approach needed at the federal, state, and local level to combat the opioid addiction crisis facing the nation today.

Opioid overdoses, including both prescription drugs and heroin, take more than 60 lives a day, and opioids-related death rates have never been higher. The problem for most users begins with prescription drug use and later abuse. In the United States, 1 in 10 of people misusing prescription drugs will switch to heroin, and over 435,000 Americans reported the use of heroin in the 2014.

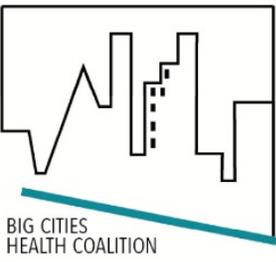
Local health departments are responsible for protecting the health and well-being of their residents. They work to help reduce the toll of opioid abuse and overdose through the following:

- SURVEILLANCE - Monitoring both local and state data to analyze opioid and heroin use, overdose, drug use-related infections, and mortality trends.
- EDUCATION - Educating health care providers on proper opioid prescribing practices and encourage use of Prescription Drug Monitoring Programs.
- TRAINING - Training first responders and community members to use lifesaving overdose reversal medications, such as naloxone.
- TREATMENT AND RECOVERY - Promoting substance abuse treatment programs including those that use medication-assisted treatment.
- CROSS-CUTTING PARTNERSHIPS - Creating local task forces to develop and implement “take back” programs that allow for safe disposal of unused prescription drugs.

BCHC members believe that with wide dissemination and education, the *Guideline* will discourage the trend of over prescribing that has helped to fuel this epidemic over the last 20 years. We believe that the *Guideline* balances the need to ensure adequate pain management with the need to ensure safe prescribing practices, which are not mutually exclusive concepts. Below we outline what we consider key pieces of the *Guideline*.

Patient and Provider Education: BCHC commends recommendation three, “Before starting and periodically during opioid therapy, providers should discuss with patients known risks and realistic benefits of opioid therapy and patient and provider





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responsibilities for managing therapy (recommendation category: A, evidence type: 3),” and further notes the need for provider outreach as well. As the *Guideline* is finalized, there will be one-stop, evidence-based information through which the public health community and others can do outreach with patients and providers.

Minimal Dosing: BCHC commends recommendation five, “When opioids are started, providers should prescribe the lowest effective dosage,” and urges CDC to set a minimal dosage threshold as low as possible where evidence still exists regarding its efficacy in treating pain.

Limited Prescription Duration: BCHC is supportive of recommendation six, “Three or fewer days usually will be sufficient for most nontraumatic pain not related to major surgery (recommendation category: A, evidence type: 4),” in order to minimize the risk of patients misusing or abusing prescription opioids.

Use of Prescription Drug Monitoring Programs (PDMPs): BCHC commends recommendation nine, “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 (recommendation category: A, evidence type: 4),” and supports the use the PDMPs to the fullest extent possible. These programs need to be strengthened in a number of states so that they can be use most effectively moving forward – including making it easier to access data in a timely manner.

Co-prescribing: BCHC is supportive of co-prescribing of naloxone for patients on long-term opioids and where clinically appropriate. This may be necessary as it is difficult to predict which patients who take prescription opioids are at risk for overdose and many patients do not feel they are at risk for overdose. Prescribing to all patients on opioids will help patients understand naloxone is being prescribed for risky drugs, not risky patients.

Overall, this national guideline will be a valuable tool to help improve patient care and safety by reducing the risk of negative health consequences associated with opioid analgesics, including overdose death.

We appreciate the opportunity to provide comment on the *Guideline* and are happy to provide additional information if necessary. If you have any questions, please do not hesitate to contact me via email (cjuliano@naccho.org) or phone (202-783-3627).

Sincerely,

Chrissie Juliano, MPP
 Director, Big Cities Health Coalition



Public Health
 Prevent. Promote. Protect.

