CITY OF BALTIMORE

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Thomas Frieden, M.D., M.P.H.
Director, Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

RE: Public Comments CDC-2015-0112-0001

Dear Dr. Frieden:

Thank you for opportunity to provide comments on the Centers for Disease Control and Prevention's (CDC) Proposed 2016 Guideline for Prescribing Opioids for Chronic Pain (CDC-2015-0112-0001).

In Baltimore City, we have declared opioid abuse a public health emergency. This epidemic is claiming the lives of people across our city and county. We appreciate the CDC's efforts to encourage best practices for prescribing; in this case, for those suffering from chronic pain and also for bringing greater national attention to this public health crisis.

With approximately 19,000 active heroin users in Baltimore City and far more who misuse and abuse prescription opioid medications, our city cannot be healthy without addressing opioid addiction and overdose. In 2014, 303 people died from drug and alcohol overdose, which is more than the number of people who died from homicide. Drug addiction impacts our entire community and ties into nearly every issue facing our city including crime, unemployment, poverty, and poor health. It claims lives every day and affects those closest to us – our neighbors, our friends, and our family.

Our framework to fight addiction and overdose in Baltimore is built on three pillars:

1. Preventing deaths from overdose and save the lives of people suffering from addiction;
2. Increasing access to quality and effective on-demand treatment and provide long-term recovery support; and
3. Increasing addiction education and awareness for the public and for providers, in order to reduce stigma and encourage prevention and treatment.

Our work in each of these areas is multifaceted because addressing a disease like addiction requires a comprehensive approach.

Baltimore has led the charge in addressing this issue with one of the most aggressive opioid overdose prevention campaigns in the country and we seek to be a national model for addressing addiction and overdose. One of the most critical components of our opioid overdose prevention

effort is expanding access to naloxone – the lifesaving drug that reverses the effect of an opioid drug overdose. In April 2015, we issued best practice letters to every doctor in Baltimore requesting that they co-prescribe naloxone to patients receiving opioids. We fully support the proposed guideline for encouraging providers to "offer naloxone to patients when factors increase risk of opioid overdose, such as history of overdose, history of substance use disorder, or higher opioid dosages are present" (pg. 26 and 29). Primary care providers have an important role to play in helping people who are at-risk of an opioid overdose to access to naloxone by prescribing and/or dispensing it at their practice. We hope this recommendation will be adopted into mandates at the state and federal level.

Nationwide, over-prescribing and inconsistent monitoring of opioid pain medications is a major contributing factor to the overdose epidemic. According to the CDC, there were 259 million prescriptions written for opioids in 2014. That is enough for one opioid prescription for every adult American. To address this issue, we continue to educate doctors about the importance of using Prescription Drug Monitoring Program (PDMP) to assess a patient's prescription drug use history and to be judicious when prescribing opioids, including not using narcotics as the first line medication for acute pain and emphasizing the risk of addiction and overdose with opioids. The proposed guideline is right to encourage providers to "review a patient's history of controlled substance prescriptions in the PDMP" (pg. 29), as this can help to assess if a patient as at higher risk for an opioid use disorder and overdose. Many states already mandate providers to use the PDMP and we hope to see this mandated at the federal level so that there is consistent usage and up-to-date information.

Additionally, we agree with the CDC and most experts that opioids should not be the first-line treatment for chronic pain and "non-pharmacologic therapy and non-opioid pharmacologic therapy as a preferred method for treating chronic pain" (pg.17). We hope to see specific recommendation adopted by professional training programs (medical school, residency programs, nursing/physician assistant training programs, etc.) as well as medical societies across the country.

To truly curb the opioid abuse epidemic, we must ensure there is adequate access to high-quality, on-demand substance use disorder treatment. Primary care providers can play a critical role in linking opioid addicted patients to appropriate substance use disorder treatment, which the CDC recognizes as "evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies)" (pg. 33). Medication-assisted treatment (MAT) helps to manage a patient's addiction so that they can successfully achieve recovery and has been shown to be more effective in preventing relapse. Primary care providers can partner with community-based MAT organizations to ensure continuity of care for patients within their practice. Partnerships such as this will ensure better integration of primary care and behavioral health system at the community level.

The Baltimore City Health Department, together with our partners across the city and state, has made significant progress in tackling the opioid epidemic. However, there are some areas where we face continued challenges. Though there is much that can be done on the city and state levels, the federal government plays a critical role in the campaign against addiction and overdose. We believe three specific areas must be addressed:

1. Expand funding and availability of on-demand addiction treatment services

In order to successfully treat addiction, there needs to be additional federal funding to ensure sufficient high-quality treatment options available to those in need. Additional federal funding will help communities to expand treatment options and increase service capacity. It can also support the development of innovative, evidence-based programs that do not simply focus on the medical component of addiction but the broader psychosocial components. In addition, broader access to addiction treatment can be achieved through equitable health care insurance coverage for all. We hope the CDC will work with federal partners to ensure that Medicaid, Medicare, and private payers cover on-demand treatment for acute care (such as sobering, urgent care, and residential services), as well as ongoing treatment and services like medication-assisted treatment and case management.

2. Monitor and regulate the price and availability of naloxone.

Naloxone is a generic medication that is part of the World Health Organization's list of essential medications. Over the last two years, the price of naloxone has dramatically increased. In Baltimore, the cost per dose of naloxone has quadrupled—meaning that we can only save a quarter of the lives we could have saved. This is particularly problematic for cities and counties that must purchase naloxone for use by paramedics, police officers, and other front-line workers. Manufacturers have claimed that this price increase is related to increased demand. However, it is unclear why the cost of a generic medication that is available for much lower costs in other countries will be suddenly so expensive. We encourage the CDC to call for an investigation into the reason for the price increase, which would otherwise prohibit us from saving lives at a time that we need to the most.

3. Advocate for a national stigma-reduction and opioid-awareness campaign

Many local jurisdictions like Baltimore have launched public education campaigns. There is much more education that must be done in order to encourage people with addiction to access care and to disband stigmas that are leading many primary care providers to avoid providing treatment altogether. Local jurisdictions are also limited by funding constraints. The CDC can push for the launch of a national campaign to reduce stigma and to increase awareness of opioid addiction. This national campaign will provide the spotlight this critical issue requires.

The Baltimore City Health Department looks forward to the release of the final CDC guideline. We believe the guideline will be a valuable tool in educating providers about the important role they play in addressing the opioid epidemic and improve accountability as it relates to safe opioid prescribing practices.

Thank you again for the opportunity to provide comments and we look forward to working with the CDC to curb the opioid abuse epidemic in Baltimore City and across the country.

Sincerely,

Leana Wen, M.D. M.Sc.
Commissioner of Health

Adrienne Breidenstine
Director of Opioid Overdose Prevention & Treatment