

Press Release

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FOR IMMEDIATE RELEASE

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SAFE Glen Cove Coalition: CDC Proposes New Guidelines for Treating Pain, Including Opioid Use

The Centers for Disease Control and Prevention (CDC) proposed 12 new recommended guidelines for prescribing opioid painkillers that remove its previous recommended ceilings on doses for chronic pain patients and instead encourage doctors to use their best judgment.

But the overall thrust of the recommendations was that doctors should first turn to “nonopioid therapies” for both chronic and acute pain, including prescription medications like gabapentin and over-the-counter ones like ibuprofen, as well as physical therapy, massage and acupuncture.

The 12 recommendations are the first comprehensive revisions of the agency’s opioid prescribing guidelines since 2016 and a fine line exists between embracing the need for doctors to prescribe opioids to alleviate some cases of severe pain while guarding against exposing patients to potential Opioid Use Disorder. The drugs serve an important medical purpose, especially for easing the immediate agony from traumatic injuries, In those instances when opioids seem the way to go, the recommendations said, doctors should start with the lowest effective dose and prescribe immediate-release pills rather than long-acting ones.

The 2016 guidelines generated anger and fear in many chronic pain patients, many of whom rely on doses far higher than the recommended ceiling of 90 morphine milligram equivalents daily. Hundreds of pain medicine specialists protested as well. Though the dosing ceilings were merely a recommendation, dozens of states codified them. Fearing criminal and civil penalties, many doctors misapplied them as rigid standards, tapering chronic pain patients too abruptly and even tossing some from their practices. These sweeping actions cut off medications for some patients battling chronic pain and substance disorders, sometimes without the option of tapering down the medications or undergoing substance dependence treatment. As the sources of medications decreased patients turned to illicit substances like heroin and fentanyl. Fatal overdoses rose from 63,000 in 2016 to more than 100,000 last year, many of them driven by the powerful synthetic opioid fentanyl. Deaths from fentanyl have doubled in the US in the past two years – but teens in particular have been hit hard by fentanyl overdoses, with the death rate tripling in that time.

The new proposed recommendations step back from the notion of one-size dosing fits all and instead builds in flexibility to recognize that pain care needs to be individualized. The recommendations make it abundantly clear that doctors should regularly reassess the benefits and risks of opioids.

Additionally, the new Guidelines suggests that when patients test positive for illicit substances, doctors should offer counseling, treatment and, when necessary, careful tapering. Because doctors had interpreted the 2016 dosing limits narrowly, some had worked up one-strike policies and were summarily ejecting such patients.

The Centers for Disease Control and Prevention (CDC) is a federal agency that conducts and supports health promotion, prevention and preparedness activities in the United States, with the goal of improving overall public health. To learn more about the CDC please visit www.cdc.gov.

The SAFE Glen Cove Coalition is conducting an opioid prevention awareness campaign entitled. "Keeping Glen Cove SAFE," in order to educate and update the community regarding opioid use and its consequences. To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition or visit SAFE's website to learn more about the Opioid Epidemic at www.safeglencove.org.

