

United States Senate

WASHINGTON, DC 20510

February 3, 2016

The Honorable Debra Houry
Director, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dear Dr. Houry,

We write to encourage the Centers for Disease Control and Prevention (CDC) to issue prescribing guidelines for opioids in the case of managing acute pain, including pain following an injury, such as a broken bone, or a medical procedure, such as a wisdom tooth extraction, and to include adolescents and children in these guidelines. We also request that CDC investigate the effects of opioid prescriptions for acute versus chronic pain on opioid misuse, abuse, and addiction.

We applaud the efforts of the CDC in updating opioid prescribing guidelines for chronic pain. It is widely known that at least part of the opioid epidemic can be attributed to an overabundance of opioid prescriptions written by providers, and substantial research exists linking the use of opioids for chronic pain and opioid addiction. As there are now more than 2 million Americans suffering from an opioid use disorder, it is critical for prescribers to thoughtfully and responsibly prescribe these powerful narcotics.

However, not all individuals with opioid use disorders have chronic pain. For many, their difficulties with opioid addiction began after receiving an opioid prescription for acute pain. For example, a study published in the Journal of the American Dental Association found that 64% of surveyed dentists preferred prescribing hydrocodone with acetaminophen after a third molar extraction—a procedure commonly completed on teenagers and young adults—for an average of 20 pills per prescription. These researchers recognized that a 20-pill prescription may be more than necessary, and that writing prescriptions for larger numbers of pills, when only a few pills will suffice, may cause patients to misuse the remaining pills. One example of misuse is diverting or giving away pills to another person. Indeed, countless studies have shown that at least some teenagers divert these excess pills to their friends. Moreover, the National Institute on Drug Abuse (NIDA) reports that adolescents who abuse opioids are more likely to receive these medications from a friend or family member.

Another recent study utilizing data from NIDA found that teenagers who received an opioid prescription by Grade 12 were 33% more likely to abuse opioids after high school. Perhaps most striking, these researchers found the risk for opioid abuse was even higher among teenagers who reported little to no previous use of illicit substances. For these teenagers, this opioid prescription may be their first introduction to addictive substances. That it is prescribed

by a physician may create the notion that the substance is “safe,” leading to misuse of the substance.

Overprescribing of opioids for acute pain is therefore potentially problematic in two ways. First, individuals with acute pain, particularly those who have not had previous exposure to any illicit substances, may be at heightened risk to abuse or become addicted to these substances in the future. This trend may be particularly relevant for younger patients. Second, as the research has shown, these prescriptions contribute to the available supply of opioids and are frequently and inappropriately diverted to others. More research on opioid prescriptions for acute pain and its relation to illicit opioid use would further illuminate these potential paths to addiction.

Prevention of overprescribing or inappropriate prescribing of opioids is a key component to combating the opioid epidemic. By updating the prescribing guidelines for acute pain, including those prescribed to adolescents and children, we can minimize the initial exposure to opioid medications and further limit the number of opioid prescriptions, which can have positive downstream effects on combatting opioid abuse. Furthermore, investigating the link between opioid prescriptions for acute pain and opioid abuse would better inform efforts to reduce opioid use disorders.

Thank you in advance for your attention and cooperation with our request. We look forward to hearing from you on this matter.

Sincerely,



Kirsten Gillibrand
United States Senator



Shelley Moore Capito
United States Senator