PROP
Physicians for Responsible Opioid Prescribing

Physicians for Responsible Opioid Prescribing
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February 16, 2021

Susan R. Bailey, MD
President, American Medical Association
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RE: AMA's Opposition to Dose & Duration Guidance for Opioid Prescribing

Dear Dr. Bailey:

On behalf of Physicians for Responsible Opioid Prescribing (PROP), we are writing to share our concern about the AMA's recent public statements on opioid prescribing. It is disappointing that the AMA chose to fight key elements of the CDC's effort to address the scourge of overprescribing of opioids in its letter to Dr. Deborah Dowell.[1] While appropriately advocating for measures to help individuals struggling with opioid use disorder (OUD), the AMA concurrently repudiates the CDC's pain treatment recommendations on opioid dose and duration, guidance that is needed to reduce the incidence of OUD and opioid-related overdoses. In December, in both an *issue brief* specifically related to the opioid crisis during the COVID pandemic, and in a *policy roadmap* addressing opioid use disorder more broadly, industry friendly messaging on opioid use for pain can be found buried amid the effort to repair the problems created in the first place, and in no insignificant part, by erroneous messaging.[2]

[1] Letter from James Madara, M.D., CEO of the American Medical Association, to Deborah Dowell, M.D. Chief Medical Officer, National Center for Injury Prevention and Control, U.S. Centers for Disease Control and Prevention. Accessed on February 4, 2020. https://searchlf.ama-assn.org/undefined/documentDownload?uri=%2Funstructured%2Fbinary%2Fletter%2FLETTERS%2F2020-6-16-Letter-to-Dowell-re-Opioid-Rx-Guideline.pdf

[2] National Roadmap on State-Level Efforts to End the Nation's Drug Overdose Epidemic. December 2020. https://end-overdose-epidemic.org/wp-content/uploads/2020/12/AMA-Manatt-Health-National-Roadmap-December-2020-FINAL.pdf ; AMA Issue brief: Reports of increases in opioid- and other drug-related overdose and other concerns during COVID pandemic. Updated December 9, 2020. https://www.ama-assn.org/system/files/2020-12/issue-brief-increases-in-opioid-related-overdose.pdf

Particularly concerning are erroneous statements such as "the nation no longer has a prescription opioid-driven epidemic" and regressive policy recommendations including "the AMA urges governors and state legislators to take action [to] remove …. arbitrary dose, quantity and refill restrictions on controlled substances." Together, these statements send a strong message that opioid prescribing for pain is no longer problematic, and that the CDC's recommended guardrails are no longer needed. Nothing could be further from the truth. There is compelling evidence that many of those currently struggling with opioid dependence and addiction were introduced to opioids through use of medically prescribed opioids used to treat chronic pain. Medically prescribed opioids remain a common gateway to illicit opioid use and are themselves frequent causes of opioid addiction and overdose, even if illicit opioids currently cause the greater number of deaths. We also now know that the population of people most likely to progress to prolonged high dose prescription opioid usage, or turn to illicit opioids, are the most distressed amongst us. This is a population that has grown with the COVID-19 pandemic and is likely to continue to grow during pandemic recovery.

While it has been reported that some of the CDC's recommendations were misapplied as strict limits, this does not lessen the need for evidence-based opioid prescribing guidance on dose and duration. Revisions to the CDC guideline, developed in response to an urgent public health problem, are of course helpful when based on accumulating evidence and experiences. But that does not mean that sound principles contained in the guideline should be abandoned. Rather, misapplications of the guideline should be addressed specifically, while continuing to recognize that harmful past messages that promoted opioid use as safe and effective for an indefinite duration and dose contributed to rising rates of opioid use disorder and overdose deaths. Suggested dose and duration restrictions are not "arbitrary", they are based on considerable evidence of when harm far exceeds benefit. They only become "arbitrary" when applied too rigidly, or if they are used as license to abruptly cut prescribing to individuals that have become dependent on opioids for stability.

The evidence shows that opioids are helpful when prescribed appropriately for short-term pain (including end-of-life), and less helpful, and markedly more harmful, when prescribed for a long duration. This contention is supported by abundant clinical, epidemiological and biological data. All moral, ethical, regulatory, legal and political arguments that opioids are needed so that people do not suffer needlessly should apply specifically to short-term pain management where there is proven benefit, and not to long-term pain management where evidence of benefit is largely anecdotal, and there is compelling evidence of harm. It does not make sense to apply the moral argument to a treatment known to result in harm for the majority of those treated. Being unclear about this important distinction led to a soaring increase in opioid prescribing along with parallel increases in OUD and overdose deaths. Why then is the AMA applying the moral argument to the false premise that people will suffer needlessly if they do not have unrestricted access to opioids? By all means apply moral arguments and principles to make sure opioids are available for the right indications, but it makes no sense at all to suggest that removing guidance on opioid dose and duration is needed so that people with chronic pain do not suffer. This is simply a repeat of the pharmaceutical industry's playbook that led to an epidemic of opioid use disorder. Why is the AMA echoing messages from that playbook now that prescribing of opioids for chronic pain is trending in a more cautious direction? Why impede this trend when prescription opioid use remains far higher in the U.S. than in any other country on earth? Physicians were relieved to have the standards provided by the CDC guidelines. Removing these evidence-based norms for opioid prescribing will not help either physicians or patients.

Sincerely,

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