

The CDC Clinical Practice Guideline for Prescribing Opioids for Pain—United States, 2022 & The Quest Health Trends Report[®]—Drug Misuse in America 2022

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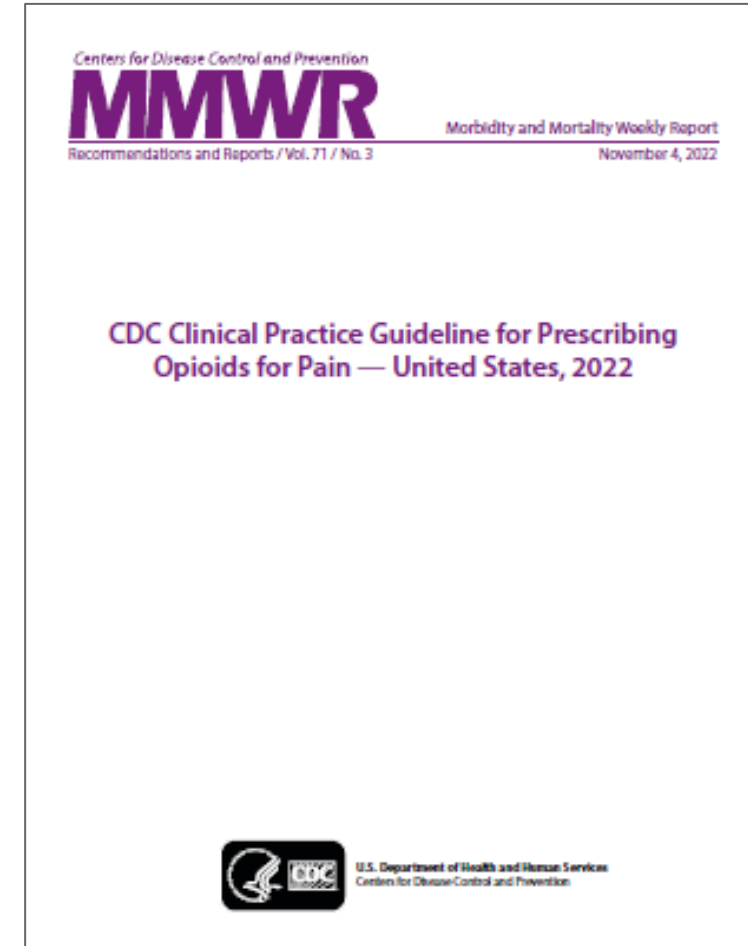
The CDC Clinical Practice Guideline for Prescribing Opioids for Pain

November 4, 2022

The CDC issues new clinical practice guidelines for prescribing opioids for pain

CDC Clinical Practice Guideline for Prescribing Opioids for Pain—United States, 2022¹

- Provides **12 evidence-based recommendations for primary care and other clinicians who provide pain care**, including those prescribing opioids, for outpatients aged 18 years and older with:
 - Acute pain (duration less than 1 month)
 - Subacute pain (duration of 1-3 months)
 - Chronic pain (duration of 3 months or more)
- **Has been updated and expanded** (vs. the 2016 guidelines) to address different types of pain, and help clinicians and patients weigh the benefits and risks of a full range of pain treatment options, including prescription opioids



1. Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: <http://dx.doi.org/10.15585/mmwr.rr7103a1>

The 2022 Clinical Practice Guideline¹

The 2022 Clinical Practice Guideline is intended to help clinicians:

- Improve communication with patients about the benefits and risks of pain treatments, including opioid therapy for pain (emphasizes shared decision-making by patients and clinicians)
- Improve the safety and effectiveness of pain treatment
- Mitigate pain
- Improve function and quality of life for patients with pain
- Reduce the risks associated with opioid pain therapy (including opioid use disorder, overdose, and death)
- Ensure equitable access to effective, informed, individualized, and safe pain management that improves patients' function and quality of life

1. Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: <http://dx.doi.org/10.15585/mmwr.rr7103a1>

The 2022 Clinical Practice Guideline¹

The 2022 Clinical Practice Guideline **IS NOT**

- A replacement for clinical judgment or individualized, person-centered care
- Intended to be applied as inflexible standards of care across patients, and/or patient populations by healthcare professionals, health systems, pharmacies, third-party payers, or governmental jurisdictions
- A law, regulation, and/or policy that dictates clinical practice or a substitute for FDA-approved labeling
- Applicable to:
 - Management of pain related to sickle cell disease;
 - Management of cancer-related pain;
 - Palliative care; or
 - End-of-life care
- Focused on opioids prescribed for opioid use disorder

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The 2022 Clinical Practice Guideline consists of 12 evidence-based recommendations

The 12 recommendations are grouped into four areas of consideration.



Determining whether or not to initiate opioids for pain

(Recommendations 1, 2)



Selecting opioids and determining opioid dosages

(Recommendations 3, 4, 5)



Deciding duration of initial opioid prescription and conducting follow-up

(Recommendations 6, 7)



Assessing risk and addressing potential harms of opioid use

(Recommendations 8, 9, 10, 11, 12)

Recommendation 10 is dedicated to “*toxicology testing*”

Recommendation Overview

Recommendation 10

- **Before starting opioids and periodically (at least annually) during opioid therapy, clinicians should consider the benefits and risks of toxicology testing to assess for prescribed opioids and other prescription and nonprescription controlled substances that increase risk for overdose when combined with opioids¹**
 - *Clinicians should consider toxicology test results as potentially useful data, in the context of other clinical information*
 - *Toxicology tests can provide information about drug use that is not reported by the patient*
 - *In addition, toxicology tests can assist clinicians in identifying when patients are not taking opioids prescribed for them, which might in certain cases indicate diversion or other clinically important issues such as difficulties with adverse effects*

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Recommendation 10

Key Implementation Considerations

Statements pertaining to—**patient care, bias/stigma, practice policies, communication of testing results**

- Clinicians, practices, and health systems should aim to **minimize bias in testing and should not apply this recommendation differentially**
- Practice policies regarding testing and frequency can help minimize bias. For example, routine use of testing with standardized policies at the practice or clinic level might help destigmatize their use
 - Because truly random testing might not be feasible in clinical practice, some clinics obtain a specimen at every visit but only send it for testing on a random schedule
- Toxicology testing should not be used in a punitive manner but should be used in the context of other clinical information to inform and improve patient care
 - Clinicians should explain to patients that toxicology testing is intended to improve their safety
- If unexpected results from toxicology screening are not explained, **a confirmatory test on the same sample using a method selective enough to differentiate specific opioids and metabolites** (e.g., gas or liquid chromatography–mass spectrometry) might be warranted
 - **Clinicians should use unexpected results to improve patient safety and consider reevaluating more frequently** and/or offer treatment or refer the patient for treatment with medications for opioid use disorder

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Recommendation 10

Key Implementation Considerations (continued)

Statements pertaining to—**how to test / testing best practices**

- **Clinicians should be familiar with the drugs included in toxicology screening panels used in their practice and should understand how to interpret results for these drugs**
- **Limited** toxicology screening can be performed with relatively inexpensive presumptive immunoassays
 - Screening (presumptive testing) for a class of drugs might not detect all drugs in that class. For example, fentanyl testing is not included in widely used toxicology assays that screen for opiates as a class
 - False positive and false negative presumptive results are not uncommon, emphasizing importance of clinician education surrounding toxicology (drug) testing
- **Confirmatory testing should be used when:**
 - Toxicology results will inform decisions with major clinical or nonclinical implications for the patient;
 - A need exists to detect specific opioids or other drugs within a class, such as those that are being prescribed, or those that cannot be identified on standard immunoassays; or a need exists to confirm unexpected screening toxicology test results
 - Restricting confirmatory testing to situations and substances for which results can reasonably be expected to affect patient management can reduce costs of toxicology testing

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The Quest Diagnostics Health Trends[®]

Drug Misuse in America 2022—
A Decade Lost to the Drug Crisis

December 12, 2022

Quest issues Health Trends Report®—Drug Misuse in America 2022

A Decade Lost to the Drug Crisis

The new Quest Health Trends Report

- Provides insight into the drug misuse crisis based on more than 20 million deidentified clinical laboratory tests for drugs performed by Quest Diagnostics between 2012* and 2021

This report marks the tenth installment in the annual Health Trends—Drug Misuse in America Series

- Across this last decade, the drug crisis has shown no signs of abating, fueled by increased access to illicit drugs as well as barriers to healthcare access exacerbated by the COVID-19 pandemic



Quest Diagnostics Health Trends® Drug Misuse in America 2022: A Decade Lost to the Drug Crisis

Drug Misuse in America 2022—A Decade Lost to the Drug Crisis

Ten years ago, drug overdoses claimed nearly 42,000 lives annually in the United States¹; by the end of 2021, that number climbed to nearly 108,000.² **The drug crisis in America has shown no signs of abating!**

Top 5 Key Findings

- 1. Prescription drug misuse involving opioids and other controlled medications taken by patients under the care of a physician continues at a troubling rate. In 2021, nearly half (49%) of people tested showed evidence of drug misuse**, compared to 60% in 2012
- 2. Polysubstance use, or drug mixing, has increased.** In 2021, **52% of drug tests showed evidence of drug mixing, a relative increase of 58% from 33% in 2012**
- 3. Use of amphetamines has surged 5-fold.** In 2021, 9.2% of patients tested were positive for amphetamines, compared to 1.8% in 2012
- 4. Though individuals of all ages misused medications and illicit drugs at high rates, younger individuals (ages 18-34 years) were more likely to show signs of misuse**
- 5. Female patients were more likely to use pain-and-anxiety reducing prescription medications, such as opioids and benzodiazepines, while male patients had higher rates of illicit drugs, such as cocaine**

Drug Misuse in America 2022—A Decade Lost to the Drug Crisis

Conclusion: The crisis of prescription and illicit drug use is unlikely to end soon

- Much of today's national discourse on the drug crisis focuses on **harm reduction**
- Greater attention on **prevention** of drug misuse and SUD at the earliest stages of risk is needed
- Clinical drug tests provide objective insight into potential risk to inform clinical decisions and preempt the worst outcomes from drug misuse

But screening for drug misuse is only one part of the solution...

- Policies must also address the underlying dynamics that drive some individuals to misuse. Dynamics including:
 - Mental health conditions, particularly anxiety and depression
 - Social disparities of health, including poverty
 - Lack of access to healthcare
 - Reduction of stigma and prevention of bias

Standardization of care may help reduce physician bias in patient monitoring, clinical drug testing, and treatment decisions

Steps to address the drug misuse crisis

Harnessing the power of controlled medications to improve health, rather than harm it, will be essential to reducing drug misuse in the future

"As a pain specialist, it is beyond frustrating to see similar patterns of dangerous drug mixing and outright misuse today as those observed 10 years ago. As providers and policy makers reflect on the CDC's new opioid prescribing guidelines, our laboratory data demonstrates that the medical community must do more to create a truly preventive care model for identifying early signs of prescription drug misuse, similar to screening programs for cancer, heart disease and diabetes."

**Board-certified pain specialist and
report co-author Jeffrey Gudin, MD
Senior Medical Advisor, Drug Monitoring,
Quest Diagnostics**

- Reduce access to illicit drugs and limit use to controlled prescription medications based on careful review of potential benefits and harms
- Adopt preventive models of care to identify risk of, and preempt, drug misuse in early stages
- Provide community support to address socioeconomic disparities and increase access to physical and mental healthcare
- Expand treatment options, including harm reduction programs, and access to support services
- Educate the public on the dangers of misuse of controlled prescription drugs and illicit drugs
- Reduce stigma and bias to ensure equity and equality

Thank you for listening today!

Backup