

May 30, 2019



D.C. Update: Impact of opioids on women and children, new NASADAD policy staff, and more

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### Around the Agencies

#### [CDC releases statement on misapplication of 2016 Guideline for Prescribing Opioids for Chronic Pain](#)

The Centers for Disease Control and Prevention (CDC) recently released a [media statement](#) on the misapplication of the the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain. The CDC states that, “some policies and practices that cite the Guideline are inconsistent with, and go beyond, its recommendations.” The authors outline examples of misapplication of the Guideline, and highlight advice from the Guideline that is critical for safe and effective implementation of the recommendations. As described in the media release, the CDC is raising awareness about the following issues that potentially harm patients:

- Misapplication of recommendations to populations outside of the Guideline’s scope. The Guideline is intended for primary care clinicians treating chronic pain for patients 18 and older.
- Misapplication of the Guideline’s dosage recommendation that results in hard limits or “cutting off” opioids.
- The Guideline does not support abrupt tapering or sudden discontinuation of opioids.
- Misapplication of the Guideline’s dosage recommendation to patients receiving or starting medication-assisted treatment (MAT) for opioid use disorder. The recommendation about dosage applies to use of opioids in the management of chronic pain, not to the use of MAT for opioid use disorder.

#### [NIAAA \*Spectrum\* features article on making evidence-based alcohol use disorder treatment more accessible](#)

An article in the latest issue of the National Institute of Alcohol Abuse and Alcoholism’s (NIAAA) [Spectrum](#) webzine addresses complications in finding quality alcohol use disorder (AUD) care. In 2017, NIAAA launched the [Alcohol Treatment](#)

[Navigator](#), “a comprehensive online resource to help people search for professionally led, evidence-based AUD treatment.” The Navigator educates consumers about AUD and treatment options, offers a list of questions to ask a potential provider, and notes 5 signs of higher quality treatment to recognize. It also provides help with searching for licensed professional therapists, specialty AUD treatment programs, and board-certified addiction doctors.

The article states that NIAAA is currently developing a complementary Clinician's Navigator, which aims to help physicians and other healthcare providers talk to their patients about treatment and assist with patient referrals. Also in development is a core clinician's resource, which will supply healthcare providers with essential information they need to know about alcohol to recognize its effects across all domains of health, and to help patients assess their risk.

### **NIH scientists publish editorial on impact of opiates on women and children**

The National Institutes of Health (NIH) released a [media advisory](#) about a recent editorial in the *American Journal of Obstetrics and Gynecology* by Diana W. Bianchi, M.D., Director of the National Institutes of Health (NIH) Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), and Matthew W. Gillman, M.D., S.M., Director of NIH's Environmental influences on Child Health Outcomes (ECHO) Program. The NIH scientists note in their editorial that women and children are bearing a substantial burden of the U.S. opioid epidemic. As described in the media release, “misuse of opioids before and during pregnancy can raise the risk of health consequences for both woman and child, potentially leading to intergenerational cycles of opioid overuse.” The NIH states that, “coordinated, long-term research is essential to filling gaps in current knowledge about how opioids affect women and children.”

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### **News from NASADAD**

#### **Emily Diehl joins NASADAD Public Policy Department**

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) is pleased to announce that Emily Diehl has joined our team as a Public Policy Associate. Emily Diehl is a graduate of Georgetown University with a B.S. in Healthcare Management and Policy. She came to NASADAD as an intern in January of 2019. Before arriving at NASADAD, Emily spent four years as a Patient Care Coordinator in a residential treatment facility in California and is a certified alcohol and drug counselor. Her knowledge of the substance use field and passion for helping others led her to Washington D.C. to promote effective addiction-related policies.



### **Upcoming Events**

#### **Upcoming Region 10 Opioid Summit**

The Northwest Addiction Technology Transfer Center (ATTC) Network has announced that their [Region 10 Opioid Summit](#) will be held August 7-8, 2019 in Vancouver, WA. The summit is an opportunity for professionals from Alaska, Idaho, Oregon, Washington, Indian Nations, urban Indian health programs, and recognized American Indian organizations to meet and discuss ways to address the opioid crisis. Breakout sessions will be focused on prevention, special interventions, and treatment, and recovery. The State alcohol and drug agencies in Region 10 have been working together to plan this event, and [registration](#) is now open.

#### **32nd annual NPN Conference registration is open**

The annual National Prevention Network (NPN) conference will be held August 27-29, 2019 at the Hilton Chicago. The conference is 3 days, complete with keynotes, breakouts, and networking opportunities. The conference theme for 2019 is "Building on Evidence-Based Prevention to Connect Communities." The purpose of the NPN Conference is to highlight the latest research in the substance use prevention field. It provides a forum for prevention professionals, coalition leaders, researchers, and federal partners to share research, best practices, and promising evaluation results for the purpose of integrating research into prevention practice. Learn more and register for the conference [here](#).



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## In the News

### Healthcare Cost and Utilization Project brief highlights high hospitalization rates for men with alcohol-related disorders

The Healthcare Cost and Utilization Project (HCUP) has released a [Statistical Brief](#) on the inpatient stays involving mental illness and substance use disorders at community hospitals among patients aged 5 years or older in the U.S. According to the brief, in 2016, alcohol-related disorders were the most common reason for hospitalizations among men ages 45 to 64 and, at every age, was a more common reason for male hospitalization than for female hospitalization.

### New York Times covers impact of fentanyl on older Americans

Earlier this month, *The New York Times* published an article, "[In Cities Where It Once Reigned, Heroin Is Disappearing](#)," which highlighted the reduction in heroin use and related deaths, but increase in fentanyl-related deaths in older populations. The *Times* states that, "While the diminishing supply should be a victory for public health and law enforcement, longtime users who managed to survive decades injecting heroin are now at far higher risk of dying from an overdose. That is because synthetic fentanyl, a deadlier drug that is much cheaper to produce and distribute than heroin, has all but replaced it."

As described in the article, while data from the Centers for Disease Control and Prevention (CDC) show that there were 7 percent fewer deaths involving heroin last year compared to the previous year, the rate of overdose deaths involving fentanyl increased by nearly 54 percent in 2017 for people ages 55-64 – more than for any other age group.

### Heroin overdose in U.S. emergency departments

A [study](#) recently published in the *American Journal of Public Health* analyzed heroin overdoses in U.S. emergency departments (ED) from 2017-2018. While overdose deaths involving opioids have quadrupled since 1999, the study analyzed ED data from the Centers for Disease Control and Prevention's (CDC's) Enhanced State Opioid Overdose Surveillance (ESOOS) program to understand changes in suspected heroin overdoses from 2017-2018. Overall, there was a significant yearly decrease of 21.5% in heroin overdose ED visits in the 23 ESOOS States. However, these declines were not consistent among States, with some States seeing significant decreases but others marked increases. Authors conclude that this data highlights the importance of using ED data as an early warning system for communities to better monitor and respond to overdoses.