

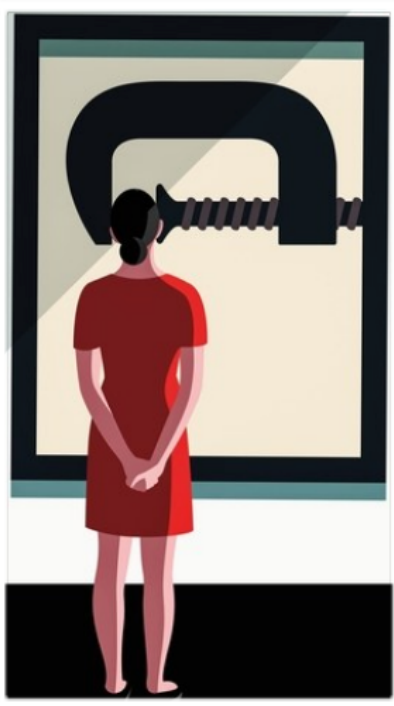


CO*RE NEWS

* leading provider of opioid education *

Pain

This *New Yorker* [article](#) explores the potential of brain-based research to accurately measure individual pain, which may lead to more effective treatments. “For scientists, pain has long presented an intractable problem: it is a physiological process, just like breathing or digestion, and yet it is inherently, stubbornly subjective—only you feel your pain.” Scientists have begun finding ways to capture the experience in quantifiable, objective data with experimental methods to survey the neural landscape of pain.



Experts recommend that patient-reported [outcome tools](#) be created with input from the population that is being studied. A new measure of chronic lower back pain called the Patient Assessment for Low Back Pain Symptoms incorporates such input and has good reliability and validity, according to a recent article in the journal *Pain*.

The StimRouter neuromodulation system launched. The minimally invasive, long-term perineuromodulation device is intended to [treat chronic pain](#)

from the peripheral regions through stimulation of the peripheral nerve.



Case Western Reserve's Department of Biomedical Engineering and MetroHealth Medical Center applies high-frequency current stimulation to sensory nerves to [interrupt the pain](#) signals that opioids would normally be used to address.



The FDA is gathering input from patients who live with chronic pain as the agency considers policies to prevent misuse of opioids while ensuring continued access to patients who need the drugs. The agency requested patient input on a public docket and held a meeting with patients to learn how pain affects their daily lives, and the data could help inform clinical trials.

Researchers suggest that intravenous ketamine be used to treat acute pain, either as a sole treatment or as an opioid adjunct. Novel guidelines initiated by the American Society of Regional Anesthesia and Pain Medicine along with the American Academy of Pain Medicine suggest that subanesthetic ketamine infusions be used for painful surgery, including for patients with opioid dependence or tolerance.

Washington University researchers say they have found an experimental non-opioid drug, known as EMA401, that, unlike almost all other pain treatments, doesn't target nerve cells but instead works through immune cells.

Fentanyl

Two trends emerge from the latest CDC statistics. First, deaths from heroin and prescription opioids are falling. Combined, the two drugs were responsible for 29,600 deaths in the 12 months to October 2017, 4% below their peak in figures released five months earlier. Second, deaths from synthetic opioids such as fentanyl rose 12% between May and October last year, to 26,760.



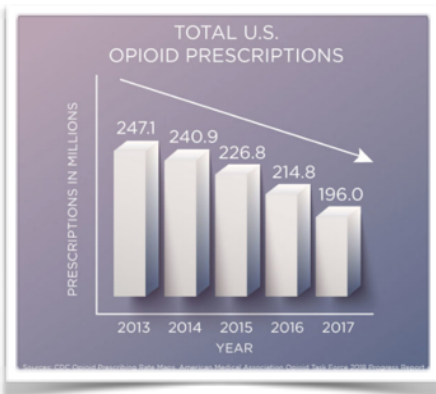
Ten states saw a twofold increase in the number of fentanyl overdose deaths during the first half of last year, compared with the second half of 2016, with the most substantial increases and largest numbers found in Ohio. The study also found the number of carfentanil overdose deaths almost doubled within the period.

Public confusion over abuse of pain medications and illicit drugs is causing some families and patients to turn down opioid drugs such as fentanyl, said palliative care physician Romayne Gallagher. "When you're hearing constantly in the news about people dying on the street and it appears they're dying from the very same drugs your doctor wants to give you, it's not surprising people were and continue to be confused about these medications."

Experts say the trade war with China could have indirect effects on US efforts to reduce the opioid epidemic, such as impeding efforts to stop the flow of fentanyl into the country.



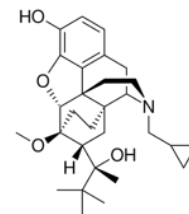
Naloxone, Buprenorphine, Use Disorder, and Overdoses



The number of opioid prescriptions in the U.S. dropped 22% from 2013 to 2017, while use of state monitoring programs increased, naloxone prescribing more than doubled in 2017 and the number of clinicians who were certified to provide treatment for patients with opioid use disorder rose, according to an American Medical Association report. "What is needed now is a concerted effort to greatly expand access to high-quality care for pain and for substance use disorders," said Dr. Patrice Harris, chair of the AMA's Opioid Task Force. See CO*RE's new Field Notes post on this topic.

The California Department of Public Health issued a statewide standing order for naloxone. The order functions as a standing prescription enabling all California organizations that work to reduce or manage drug addiction — such as sober living facilities, needle exchange programs and residential treatment centers — to distribute naloxone to patients and members of the community.

Opioid overdoses are killing so many Americans that demographers say they are likely behind a striking drop in life expectancy. Yet most of the more than two million people addicted to opioid painkillers, heroin and synthetic fentanyl get no treatment. A small cadre of primary care doctors prescribe buprenorphine to try to locally curb the opioid epidemic. This *NEJM* editorial advocates for primary care physician medical treatment of opioid use disorder with buprenorphine.



A study in the *Annals of Internal Medicine* found that only three in ten patients who survived an opioid overdose were prescribed medication-assisted treatment to prevent a subsequent life-threatening event. The findings, based on data from 17,568 people in Massachusetts who overdosed on opioids, showed 3,022 received buprenorphine and 2,040 received methadone. The groups had a 40% and 60% lower death rate, respectively, after one year, compared with patients who were not prescribed any medications.

A study in *JAMA Network Open* found patients who used both benzodiazepines and opioids faced a five times higher risk of opioid-related overdose in the first 90 days of their treatment, compared with those who received only opioids. The findings, based on 71,248 patients with an average age of 66.5 years, showed the risk was highest during the first days of concurrent use and then decreased.

A study presented at the annual AANP National Conference found opioid discontinuation and opioid withdrawal symptom treatment in opioid-dependent individuals may be facilitated using non-narcotic, alpha-2 adrenergic agonist lofexidine. The findings, based on data from two studies involving 319 patients, showed that patients on lofexidine stayed longer and had significantly lower withdrawal symptom intensity scores, compared with those on placebo.

Federal and State Initiatives



Both houses of Congress are busy this summer before the midterm election considering more than fifty bills aimed at combatting the opioid crisis.

Moving the process out of committee and on to the Senate, House lawmakers passed measures to:

...give the National Institutes of Health more authority to study nonaddictive painkillers and prevent opioid smuggling through international mail.

...give Medicaid beneficiaries with opioid and cocaine addiction greater access to treatment in certain inpatient facilities.

...lift certain prescribing restrictions on the opioid addiction drug buprenorphine; enact electronic prescribing for Medicare beneficiaries; require the CMS to release guidance on how to treat opioid-exposed infants; and make federal offices assess how telehealth can be used to treat addiction under Medicare.

A Senate vote on legislation to address the opioid crisis may be pushed until after Labor Day. Senate Majority Leader Mitch McConnell still considers the bill a priority, according to a spokeswoman, but public health advocates are concerned that any delay will cost more lives. Any Senate-passed plan would have to be reconciled with House legislation that combined more than 50 bills addressing aspects of the crisis.

The California State Compensation Insurance Fund cut its spending on prescription opioids by 74 percent. It slashed spending on opioids from \$21.7 million in 2014 to \$5.6 million in 2017 and reduced the number of opioid prescriptions it covered by 60 percent during the same period, from 140,300 prescriptions to 56,200.

Just three companies--McKesson, AmerisourceBergen and Cardinal Health--shipped a total of 1.6 billion doses of opioids to Missouri from 2012 through 2017, according a report from Senator Claire McCaskill, D-Mo. The report also highlights differences in reporting of suspicious orders and recommends the Drug Enforcement Administration return to standards allowing for the use of immediate suspension orders when lax compliance is uncovered.

The number and dosages of opioid prescriptions being filled for Medicare Part D subscribers have declined overall, but about 71,000 subscribers are at "serious risk of opioid misuse or overdose," and about 15,000 "appear to be doctor shopping," an HHS Office of Inspector General report says. The CMS is implementing policies to



address opioid misuse, such as allowing pharmacy and prescriber lock-in rules and issuing "care coordination alerts" when a daily dosages exceed 90 milligrams morphine equivalent dose.

The HHS/FDA-issued five-point plan to combat opioid epidemic explains current action and programs the agency has implemented to help.

States that allow medical marijuana use exhibit lower rates of opioid prescription, according to new research published in *JAMA*. Cannabis legalization could be the most effective tool in managing the opioid epidemic, according to this opinion piece.



Youth Movement

Educators and counselors in schools nationwide are being called upon to help students affected by the opioid epidemic, even though education funding has been cut and there are fewer counselors to respond to the demand. "I think we expect [...] schools to handle everything. ... Well, they can't do it all," said Chad Napier, prevention and education coordinator for the Appalachia High Intensity Drug Trafficking Area in West Virginia and Virginia.

An alternative treatment protocol for infants exposed to opioids can help reduce withdrawal pain, separation from mothers and cost. It involves proactively treating babies at high risk for withdrawal with methadone rather than keeping them in the neonatal intensive care unit, separated from their mothers, while waiting to see if they develop withdrawal symptoms.



Researchers found that 86.1% of calls to U.S. poison control centers for youths ages 19 and younger who were exposed to buprenorphine were among those younger than 6 and 89.2% of exposures across all age groups were unintentional. The findings in *Pediatrics*, based on 2007 to 2016 National Poison Data System data, found half of the exposures resulted in hospitalization. Drowsiness, vomiting, miosis and respiratory depression were the most prevalent clinical effects of buprenorphine exposure.

Children and teens had a 15% mean annual opioid use prevalence between 1999 and 2014 and had 38.3 opioid-related adverse events per 100,000 prescriptions, 88.6% of which were related to outpatient opioid prescriptions, according to a study in *Pediatrics*. The findings, based on data involving 401,972 Tennessee youths on Medicaid ages 2 to 17, also showed that opioid prescriptions and opioid-related adverse events were most likely among those ages 12 to 17.

A study in the journal *Psychiatric Services* showed that 50.5% of opioid prescriptions for teens included just two to three days' supply in 2005, compared with 36.7% in 2016, while prescriptions involving four to five days' supply rose from 30.2% to 37.7% of opioid prescriptions for teens during the same period. However, the study showed one-day opioid prescriptions increased by 3.6% in 2016, suggesting increased efforts to reduce adolescent opioid prescribing, researchers said.

Website Wonder of the Month

New Field Notes post:
Data Trends: Opioid Prescribing, Overdose Deaths, and More.

