



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Thomas Farley, MD MPH

Commissioner

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2011 Advisory #28: Health Department Releases New Opioid Prescribing Guidance

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The Health Department offers prescribing guidance to reduce risks, particularly fatal drug overdose, associated with opioid analgesics.

Please distribute to all clinical staff in the Departments of Internal Medicine, Family Medicine, Emergency Medicine, Primary Care, Dentistry, Geriatrics, Oncology, Psychiatry, Neurology, Rehabilitation, Palliative Care, Pulmonology, Cardiology, Nephrology, Rheumatology, Endocrinology, Gastroenterology, Orthopedics and Generally Surgery. Please share with your non-hospital based primary care colleagues.

Dear Colleagues:

Health problems caused by opioid drugs have increased markedly in recent years. Between 2004 and 2009, the number of emergency department visits for opioid analgesic misuse and abuse in New York City (NYC) more than doubled, rising from approximately 4500 to more than 9000 visits. In 2009, 158 deaths, representing 1 in 4 unintentional drug poisoning (overdose) deaths in NYC involved prescription opioid analgesics, excluding methadone.

To reduce risks associated with opioid analgesics, the NYC Department of Health and Mental Hygiene (DOHMH) has released the attached City Health Information bulletin which includes: background on the burden of death and injury from prescription opioids; considerations for approaches to pain management; guidance for prudent prescribing of opioids for pain management; monitoring of patients receiving chronic opioid therapy; identification and referral of patients misusing prescription opioids and; communicating with patients about opioids

The attached guidance was developed by the DOHMH in consultation with expert clinical advisors. Key recommendations include the following:

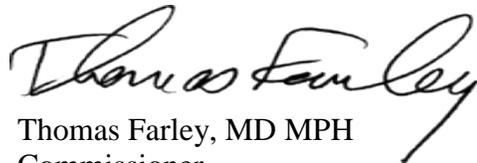
- For acute pain, if opioids are warranted, prescribe only short-acting agents.

- For acute pain, a 3-day supply is usually sufficient; do not prescribe more than a 7-day supply.
- Opioids should not be considered first-line medication for chronic noncancer pain. Avoid prescribing opioids for chronic noncancer pain unless other approaches have been demonstrated to be ineffective
- Risks of unintentional poisoning may be increased when opioids are taken with benzodiazepines because both cause respiratory depression. Whenever possible, avoid prescribing opioids in patients taking benzodiazepines because of the risk of fatal respiratory depression.
- Start opioid-naive patients and patients at increased risk of adverse events at the lowest possible effective dose and titrate slowly, as higher doses increase the risk of adverse events such as overdose. If dosing reaches 100 morphine-equivalent doses (MED) per day, thoroughly reassess the patient's pain status and treatment plan and reconsider other approaches to pain management.
- Episodic care providers in settings such as emergency departments, walk-in clinics, and dental clinics should not prescribe long-acting opioids.
- When opioids are prescribed, follow up and evaluate a patient's progress.
- Be sure that patients know opioid medications should be kept in a safe, locked cabinet and, unlike other medications, unused pills should be flushed down the toilet.

The full guidance is available in the attached City Health Information document, "Preventing Misuse of Prescription Opioid Drugs" and is also available at <http://www.nyc.gov/html/doh/downloads/pdf/chi/chi30-4.pdf>.

We ask that you carefully consider this guidance before prescribing opioids to your patients. As always, I appreciate your dedication to protecting the health of all New Yorkers and your help to prevent injuries and deaths associated with prescription opioids in New York City.

Sincerely,

A handwritten signature in black ink that reads "Thomas Farley". The signature is written in a cursive, flowing style.

Thomas Farley, MD MPH
Commissioner