



Attorney General Doug Peterson

News Release

FOR IMMEDIATE RELEASE
January 15, 2016

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Prescription drug abuse in Nebraska is an extensive problem addressed by local law-enforcement officers, school systems, and medical care providers. Ranging from students raiding the family drug cabinet to a full-fledged addict manipulating the prescription of opiate drugs in order to feed an addiction or sell to the addicted, creating an epidemic in our state.

Unfortunately, Nebraska is one of only two states that currently does not have a mandatory prescription monitoring program (PDMP) in place. This environment makes it easier to doctor shop for pain med prescriptions or falsify a prescription.

The Unicameral is seriously examining changes in policy to combat prescription drug abuse. AG Peterson applauds State Senators Howard and Lindstrom for addressing Nebraska insufficiencies through Nebraska's current legislation.

AG Peterson also commends the Nebraska Medical Association, Nebraska Pharmacists Association, Nebraska Hospital Association, Nebraska Dental Association, and the Nebraska Veterinary Medical Association for collectively addressing opioid addiction by educating their members and participating in the dialogue to develop legislative answers.

"Awareness and education are fundamental in identifying and addressing opioid addiction epidemic in our state," said Peterson, "I appreciate that these organizations are actively addressing concerns through their associations."

Yesterday, Peterson joined 35 Attorneys General¹ in sending a letter to the Center for Disease Control (CDC) urging adoption of the CDC's Proposed 2016 Guidelines for Prescribing Opioids for Chronic Pain. The Guidelines provide a foundation for practice in order to reduce deaths and injuries and clear guidance for prescribers to assess the appropriate balance between the potential harms and benefits of opioid use. The letter recognizes doctors will need to adapt the guidelines to meet the individual needs of their patients.

¹ Arkansas, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Washington, West Virginia, and Wisconsin.



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January 13, 2016

Via Electronic Submission

Dockets Management
Centers for Disease Control and Prevention
United States Department of Health & Human Services
1600 Clifton Road
Atlanta, GA 30329

Re: *Docket No. CDC-2015-0112*
Proposed 2016 Guideline for Prescribing Opioids for Chronic Pain

Dear Dr. Frieden:

As attorneys general whose states and residents have been affected by the epidemic of opioid abuse, addiction, diversion, overdose, and death, we write to urge the speedy adoption of the CDC's Proposed 2016 Guideline for Prescribing Opioids for Chronic Pain (the "Guidelines").

As statewide public officials who work collaboratively with law enforcement, we are regularly confronted with the problems caused by opioid abuse. While some states have reduced the number of deaths due to opioid drug overdose, overall deaths from overdoses continue to rise in our nation. Unfortunately, the opioid overdose deaths and emergency room visits continue to increase in proportion to the increase in prescribed opioids.¹ In order to reduce these deaths and injuries, we must provide clear guidance for prescribers to assess the appropriate balance between the potential harms and benefits of opioid use.

The increase in overdose deaths has made the efforts to improve informed prescribing both a law enforcement and public safety issue. Unfortunately, many prescribers, particularly primary care and family physicians, note they can lack clear and practical guidance in deciding when and how to prescribe opioids. Some are afraid to prescribe opioids at all, for fear that they will jeopardize their patients – or even their licenses. Others provide their patients with opioids when alternative treatments may serve as a more effective long term method of care.

We recognize that the Guidelines are just that. The Guidelines provide a foundation for practice, recognizing that doctors will need to adapt them to meet the individual needs of their patients. But the core message — that many patients can be treated with lower doses or alternative treatment methods,

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¹ See Vital Signs: Overdoses of Prescription Opioid Pain Relievers --- United States, 1999—2008; Morbidity and Mortality Weekly Report, Nov. 4, 2011.

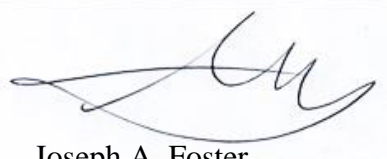
provides much-needed direction to doctors. It gives doctors the knowledge and confidence to prescribe opioids when appropriate, and to more safely manage patients on opioids. The Guidelines also recognize that opioids remain an important tool for responding to extreme or intractable pain.

By better informing and guiding prescribers, these Guidelines will not only provide a strong framework for providers, but they will also improve the access to opioids for patients for whom they are the best choice. For these reasons, we urge the CDC to promptly adopt these Guidelines.

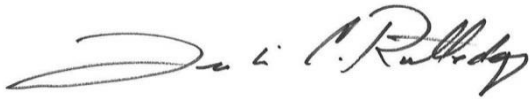
Respectfully submitted,



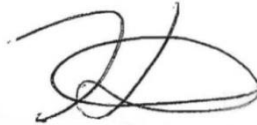
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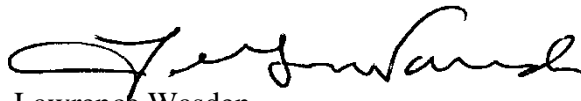
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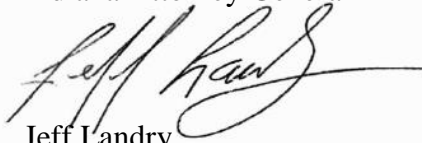
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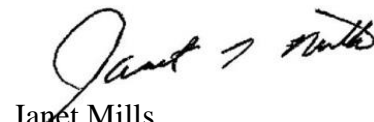
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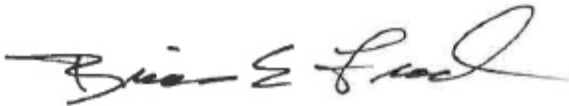
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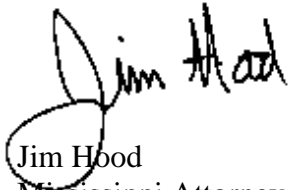
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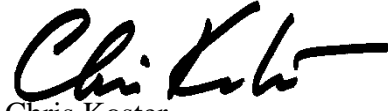
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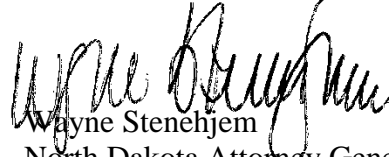
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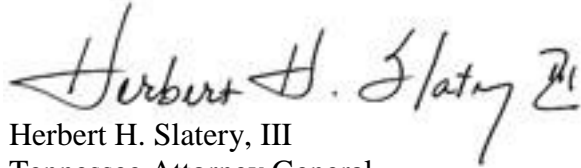
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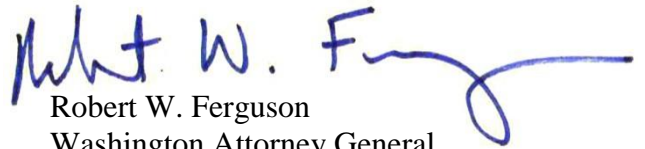
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