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Debra Houry, M.D., M.P.H.
Director
National Center for Injury Prevention and Control
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RE: Centers for Disease Control and Prevention's Proposed 2016 Guideline for Prescribing Opioids for Chronic Pain (Docket number CDC-2015-0112)

Dear Drs. Frieden and Houry:

Public Citizen, a consumer advocacy organization with more than 400,000 members and supporters nationwide, strongly supports the Centers for Disease Control and Prevention's (CDC's) proposed 2016 Guideline for Prescribing Opioids for Chronic Pain.[1] The proposed guideline provides common-sense, evidence-based recommendations for primary care providers who prescribe opioids for chronic pain outside of active cancer treatment, palliative care, or end-of-life care, and it would represent an important step forward in efforts to address the severe drug addiction epidemic in the U.S. that has been fueled by overprescribing of opioids.

The CDC, perhaps more than any other agency within the U.S. Public Health Service, understands the public health urgency for developing opioid prescribing guidelines. The agency has carefully documented the increasing death toll from the expanding opioid addiction epidemic over the past two decades: Since 1999, more than 140,000 people have died from overdose related to opioid pain medication in the U.S.[2] More than 16,000 deaths occurred in 2013, four times the number of overdose deaths related to these drugs in 1999.[3] Furthermore, research conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA)

[1] Centers for Disease Control and Prevention. CDC guideline for prescribing opioids for chronic pain — United States, 2016. http://www.regulations.gov/#!documentDetail;D=CDC-2015-0112-0002. Accessed January 11, 2016.
[2] *Ibid*. Page 2.
[3] *Ibid*. Page 2.

revealed that in 2013, an estimated 1.9 million people abused or were dependent on prescription opioids.[4]

We endorse all of the recommendations in the CDC's proposed guideline and are particularly supportive of the following four recommendations:

(1) Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Providers should consider adding opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient.

(2) When starting opioid therapy for chronic pain, providers should prescribe immediate-release opioids instead of extended-release/long-acting opioids.

(3) When opioids are started, providers should prescribe the lowest effective dosage. Providers should use caution when prescribing opioids at any dosage, should implement additional precautions when increasing dosage to ≥50 morphine milligram equivalents (MME)/day, and should generally avoid increasing dosage to ≥90 MME/day.

(4) Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, providers should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three or fewer days usually will be sufficient for most nontraumatic pain not related to major surgery.

In developing the proposed guideline, the CDC appropriately consulted with subject matter experts, engaged and collaborated with other federal agencies — including SAMHSA, the National Institute on Drug Abuse, the Food and Drug Administration, and the Office of National Drug Control Policy — and solicited comments from a wide variety of nongovernment stakeholders, including numerous professional medical organizations representing specialties that commonly prescribe opioids (for example, pain medicine, physical medicine, and rehabilitation).[5]

Importantly, the CDC took reasonable steps to insulate the guideline development process from the corrupting influence of opioid drug manufacturers and their industry-funded surrogates.[6] For example, when seeking input from a core group of experts, the agency excluded experts who had a financial or promotional relationship with any company that makes a product that might be affected by the guidance. Such actions were appropriate given that the overprescribing of opioids has been driven in large part by the aggressive marketing efforts of the opioid industry, efforts that too often have involved illegal off-label promotion.

Finally, some critics of the proposed guideline have asserted that it will unduly restrict primary care providers' ability to prescribe opioids and prevent patients suffering from chronic pain from receiving necessary opioid treatment. These criticisms are unfounded. The proposed guideline is

[4] *Ibid*. Page 2.
[5] *Ibid*. Pages 4-7.
[6] *Ibid*. Page 6.

just that: a guideline. The recommendations would be completely voluntary — which is actually their greatest weakness — and would not place any enforceable restrictions on health care providers' opioid prescribing practices. Hopefully, primary care providers who prescribe opioids for chronic pain will abide by the recommendations once they are finalized.

In closing, we urge the CDC to issue a final guideline as soon as possible. Too many patients have already died from overdoses or suffered from addiction needlessly because of the overprescribing of opioids. Any further delay in finalizing the guideline would be unacceptable.

Thank you for the opportunity to comment on this important matter.

Sincerely,

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