



April 11, 2022

The Honorable Rochelle Walensky, MD, MPH
Director
Centers for Disease Control and Prevention
4770 Buford Highway NE
Mailstop S106-9
Atlanta, GA 30341
Attn: CDC-2022-0024

Submitted online via www.regulations.gov

RE: CDC-2022-0024: Proposed 2022 CDC Clinical Practice Guideline for Prescribing Opioids

Dear Dr. Walensky,

Thank you for the opportunity to comment on the proposed clinical practice guideline, “CDC Clinical Practice Guideline for Prescribing Opioids—United States, 2022,” as published in the *Federal Register* on February 10, 2022. Our comments will focus on the recommendations from the Centers for Disease Control and Prevention (CDC) on the decision to initiate opioid use for acute pain patients. In this regard, we support the CDC’s recommendations prioritizing, where possible, the use of non-opioid therapies.

Prescription opioids were the most commonly misused prescription drug in the United States in 2020.ⁱ For patients with acute pain, prescription opioids remain the default modality to treat and manage pain. Estimates show that over 80 percent of surgery patients receive prescription opioids to manage their post-surgical pain.ⁱⁱ Frequently, these patients are prescribed over 80 pills after surgery, whether they need them or not – significantly exceeding international standards.ⁱⁱⁱ As a result, more than 3.75 million or 9.2 percent of patients initiate long-term opioid use after a low-risk surgery.^{iv}

Long-term opioid use can have devastating consequences. In some cases, those initiating long-term opioid use following a surgery graduate to other, illicit forms of opioids. In fact, data from the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that

approximately 80 percent of heroin users initiated their opioid use habit through prescription opioid pills.^v

CDC estimates suggest that over 105,000 Americans died from a drug-related overdose in the 12 months ending in October 2021 – a 15 percent increase from 2020.^{vi} Of these drug-related overdose fatalities, 75 percent (79,481) involved opioids.^{vii} This suggests that, on average, 217 Americans died every day from an opioid-related drug overdose from November 2020 through October 2021.^{viii} This figure means that rates of opioid-related drug overdose deaths have increased by nearly 90 percent in just three years' time.

We urge the CDC to implement guidelines that prioritize non-opioid therapies for acute pain to effectively impact the cycle of opioid dependency, misuse, and abuse.

Unfortunately, the critical and personal decision on whether to initiate opioid use is not made by the patient, their family or their caregivers, or their medical providers. Instead, this decision is dictated by where a patient is being treated and whether that facility has made non-opioid pain options available to their patients or providers. As the CDC noted in the draft guideline, coverage for non-opioid treatments continues to be a significant barrier to accessing the vast array of alternatives available, which leaves acute pain patients vulnerable to the risks associated with opioid-based therapies. Increasing and expanding access to the waterfront of safe, effective, and non-addictive approaches to acute pain is even more important given today's overdose crisis our nation currently faces.

Furthermore, the CDC must consider the consequences of exposing patients in recovery and patients with substance use disorder when determining the initiation of opioid-based treatment for acute pain. 23 million Americans are in recovery^{ix} and 22 million Americans have an active substance use disorder, including more than 1 million Medicare beneficiaries who have been diagnosed with an opioid use disorder in the past year.^x Managing acute pain without opioids is essential to maintaining their sobriety or progress toward recovery.^{xi} Due to the nature of addiction, research has suggested that between 40 to 60 percent of people with addiction will experience relapse; moreover, 85 percent of individuals will relapse within a year of treatment.^{xii} The CDC must do all within its authority to protect patients and give these populations a choice to manage pain with non-opioid options.

Voices for Non-Opioid Choices supports the following recommendations:

- 1. Nonopioid therapies are effective for many common types of acute pain. Clinicians should only consider opioid therapy for acute pain if benefits are anticipated to outweigh risks to the patient (recommendation category: B, evidence type: 3).*

The evidence supporting non-opioid pain relief for acute patients is clear. Non-opioid therapies have been consistently proven to provide effective analgesic support for acute pain patients,^{xiii} while also dramatically reducing patient exposure to and consumption of

prescription opioids.^{xiv} Additionally, with few opioids, patients can avoid costly opioid-related adverse drug events and unnecessary rehospitalizations.^{xv}

- 2. Nonopioid therapies are preferred for subacute and chronic pain. Clinicians should only consider initiating opioid therapy if expected benefits for pain and function are anticipated to outweigh risks to the patient. Before starting opioid therapy for subacute or chronic pain, clinicians should discuss with patients the known risks and realistic benefits of opioid therapy, should work with patients to establish treatment goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks (recommendation category: A, evidence type: 2).*

Before considering if opioid therapy is necessary to treat acute pain, it is critical to consider the patient's history with substance use disorder and the risks associated with re-exposing the patient, their family, and caregivers to opioid-based treatments. Research has shown that patients with an active substance use disorder are more likely to persistently use opioids 6-months post-procedure.^{xvi} Furthermore, two-thirds of post-surgical patients report unused prescription opioids, which leaves a reservoir of excess pills available for potential misuse and abuse.^{xvii}

The CDC, with these recommendations, has a unique opportunity to update and improve clinical practice in how we treat acute pain in the United States. In doing so, the CDC can change the status quo for acute pain patients by ensuring non-opioid options are considered first-line treatment options.

We appreciate the CDC's commitment to a patient-centered Guideline, which includes the prioritization of non-opioids as a viable and accessible option for acute pain patients.

Thank you for your consideration of these comments.

Sincerely,

Bridget Anshus
Director of Strategic Communications

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- ⁱⁱ Hah, J. M., Bateman, B. T., Ratliff, J., Curtin, C., & Sun, E. (2017). Chronic Opioid Use After Surgery: Implications for Perioperative Management in the Face of the Opioid Epidemic. *Anesthesia and analgesia*, 125(5), 1733–1740. <https://doi.org/10.1213/ANE.0000000000002458>
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- ^v Center for Behavioral Health Statistics and Quality (CBHSQ). Table 7.50A. 2014 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD; 2015
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- ^{ix} Partnership Staff. (2012). Survey: Ten Percent of American Adults Report Being in Recovery from Substance Abuse or Addiction. Partnership to End Addiction. Retrieved from <https://drugfree.org/newsroom/news-item/survey-ten-percent-of-american-adults-report-being-in-recovery-from-substance-abuse-or-addiction/>
- ^x Office of Inspector General (2021). Data Brief: Many Medicare Beneficiaries Are Not Receiving Medication to Treat Their Opioid Use Disorder. <https://oig.hhs.gov/oei/reports/OEI-02-20-00390.pdf>
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