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National Center for Injury Prevention and Control  
Centers for Disease Control and Prevention  
4770 Buford Highway NE.  
Mailstop F-63  
Atlanta, GA 30341

Submission of Comments in Response to the Centers for Disease Control and Prevention's  
**"Proposed 2016 Guidelines for Prescribing Opioids for Chronic Pain"**

Dear Sir or Madam:

On behalf of the undersigned participants in the Collaborative for Effective Prescription Opioid Policies (CEPOP) we welcome the opportunity to submit comments on the Center for Disease Control and Prevention's *Proposed 2016 Guidelines for Prescribing Opioids for Chronic Pain*. As a diverse group of stakeholders, CEPOP is working to advance a comprehensive and balanced strategy to reduce opioid abuse and promote treatment options. We support effective policies and programs to prevent addiction and overdose, while ensuring patient access to safe, effective pain treatment.

We commend CDC for its recognition of the serious and urgent nature of the drug abuse problem in America. As the agency has helped to identify, approximately 6.1 million Americans who abuse or misuse prescription drugs and the more than 60 Americans die every day from a prescription drug overdose. Overdose deaths involving prescription pain medications, have quadrupled since 1999 and now outnumber deaths from all illicit drugs, including heroin and cocaine, combined. We believe that CDC's full engagement in the effort to confront this challenge is essential.

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At the same time, according to the Institute of Medicine, 100 million Americans suffer from chronic pain. The consequences of inadequate treatment of pain can be severe, and as the guidelines acknowledge, there is little high quality evidence on the role of opioids in treating chronic pain. We must ensure that responses to the opioid epidemic do not have unintended consequences of depriving patients suffering from chronic pain from the medication they need. We hope the final guidelines will help to resolve these two public health crises: misuse and abuse of opioids and chronic pain.

In that context, we offer the following comments.

### **Collaborate with the full spectrum of stakeholders**

CEPOP is an organization built on collaboration, and it was created as a forum to allow stakeholders from across a wide array of perspectives to convene to build a comprehensive strategy on promoting pain treatment options and reducing misuse and abuse. In a similar vein, we encourage CDC to engage a broad-range of organizations and experts from across the stakeholder base to advise the agency on the development of new policies and guidelines, including these prescriber guidelines. We believe this approach is essential for an effective and sustainable effort.

### **Continue to build the evidence base**

While significant work has been done to examine the problems associated with current opioid prescribing practices and use, there is much more that can be done to better understand what the appropriate prescribing guidelines should be and how they may be most effectively and appropriately used to assist physicians and patients alike. We urge the CDC to continue to pursue, in coordination with other public and private sector research organizations and recognized experts, this research to rapidly develop the knowledge base surrounding appropriate opioid use, alternatives to opioids in both the inpatient and outpatient setting, and optimal prescribing practices.

### **Ensure appropriate balance between safe use and access**

The serious problem of prescription opioid misuse and abuse has become increasingly apparent to the American public and national, state and local policymakers and law enforcement officials. The negative impact on families, communities and the nation at large is alarming, and we look forward to continuing to work with CDC and other federal, state and local agencies to address it. At the same time, there is well documented clinical need for appropriate use of these medications to treat patients who are genuinely suffering from chronic and acute pain. Accordingly, we must be careful to not allow such limits to lead to increased health inequities for patients who do not have easy access to prescribers or pharmacies or cannot afford additional copays.

We encourage CDC to fully engage both pain management and opioid use disorder experts in crafting guidelines that more effectively address multiple dimensions – appropriate access and eliminate misuse and abuse - of this public health challenge. We also encourage the CDC to acknowledge in its prescribing guidelines that there is a need for pain care which at times requires the use of opioids. Additionally, it is vital that the agency recognizes that these issues arise both in the management of chronic and acute pain and in multiple treatment settings, including physician offices, hospital inpatient and outpatient departments, and community clinics. This type of comprehensive thinking will yield the most effective solutions for the U.S. healthcare system and the American public.

**Addressing potential risk of opioid use**

We support the recommendation that providers should incorporate into the management plan strategies to mitigate patient risk, including considering offering naloxone when certain factors that increase risk for opioid overdose are present. We also believe that providers should inform the patient of the risk associated with other people, besides the patient, accessing opioids that are not stored securely, as well as information on safe disposal of unused medication.

Thank you again for your continued leadership on this critical issue. We look forward to working with CDC and other federal agencies to assist with our shared goal of balancing appropriate patient access to pain management while eliminating opioid misuse and abuse.

Sincerely,

American College of Preventive Medicine  
American Public Health Association  
AmerisourceBergen Corporation  
axialHealthcare  
Community Anti-Drug Coalitions of America  
The Honorable Mary Bono  
Kentucky Office of Drug Control Policy  
Mallinckrodt Pharmaceuticals  
National Association of County and City Health Officials  
National Athletic Trainers' Association  
National Hospice and Palliative Care Organization  
Pacira Pharmaceuticals  
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