Richard Martin, RPh

Dear Dr. Martin:

Thank you for your letter to the Centers for Disease Control and Prevention (CDC).

As director of CDC’s National Center for Injury Prevention and Control, which addresses prescription drug related issues, I want to thank you for sharing the difficulties you have experienced with obtaining the medications you need to manage your pain. As an emergency physician, I see the issue of pain experienced by patients. From a patient with a fractured arm to a patient with chronic pain issues who needs a referral to a pain specialist, I am touched by the stories of people who are living with pain. I’ve also witnessed the prescription drug overdose epidemic from the frontlines and patient safety and care is my first concern. Patients, such as yourself, with chronic pain deserve safe and effective pain management treatment. Given the opioid epidemic in the country today, our aim is to focus on addressing the needs of patients living with chronic pain while also reducing the risk of opioid-related overdose, death, and dependence.

One way that we can ensure patients have access to safer, more effective treatment while reducing the number of people who misuse, abuse, or overdose from these risky drugs is by improving the way the opioids are prescribed. It is for this reason that the CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016 (Guideline) was developed. To develop the Guideline, CDC followed a rigorous scientific process, which included the best available scientific evidence, consultation with experts, and more than 4,350 public comments. The public comments included letters from more than 160 professional, community, and advocacy organizations and many individuals whose lives have been deeply touched by this issue—either by suffering with chronic pain or by having lost loved ones to opioid addiction.

The Guideline is a set of voluntary recommendations intended to guide primary care providers as they work in consultation with their patients to address chronic pain. It helps physicians assess how to safely maintain or discontinue opioid use in patients who are currently on an opioid treatment plan. Specifically, the Guideline includes a recommendation to taper or reduce dosage only when patient harm outweighs patient benefit of opioid therapy. The Guideline is not a rule, regulation, or law. It is not intended to deny access to opioid pain medication as an option for pain management. It is not intended to take away physician discretion and decision-making.

It is important to note that while prescription opioids can be part of pain management, they have serious risks. CDC encourages providers and patients to carefully consider both the benefits and
serious risks of these medications in making decisions about chronic pain management. Furthermore, CDC encourages physicians to continue to use their clinical judgment and base their treatment on what they know about their patients. It is the ultimate goal of the Guideline to ensure people who need them have access to opioids, while reducing opioid related deaths.

I also want to be sure you know how to contact the suicide prevention hotline should you be considering harming yourself. Please know that help is available. It’s free and confidential to call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Thank you, again, for your letter.

Sincerely,

Debra Houry, MD, MPH
Director
National Center for Injury Prevention and Control