

“Federal Register Comments” for the Proposed 2022 CDC Clinical Practice Guideline for Prescribing Opioids

Docket Number: [2022-02802](#)

April 11, 2022

Comments on the CDC 2022 revision of the Treatment of Chronic Pain with opioids.

The National Pain Council Calls for both the 2016 CDC Guideline for Chronic Pain & the 2022 Proposed Opioid Prescribing Guideline to be Rescinded.

On June 16, 2020, the American Medical Association (AMA) [sent a strongly worded letter](#) from James Madara M.D., the CEO at AMA to Deborah Dowell MD, the Chief Medical Officer at the CDC Injury Prevention and Control division (writers of CDC *Guideline for prescribing opioids in chronic pain, 2016*), by saying: “It is clear that the CDC Guideline has harmed many patients”.

How many have been harmed by the Guideline? The CDC should have these figures as it was tasked with monitoring any unintended consequence, by their scientific advisors in January 2016.

The National Pain Council (NPC) has estimated the number of unintended consequences at seven million “harmed patients”. Some have taken their own lives, in order to stop the constant pain that no longer was treated with opioid pain medications, following the CDC’s drug tapering ideas.

Doctors are now frightened of medical boards following the widespread adoption of the CDC Guideline and even more frightened of the close relationship between the federal drug police (DEA) and the CDC hierarchy and their consultants. This has led to mass terminations of patient’s pain medication regimens. In addition, prescribers hear of fellow colleagues that are imprisoned (Ex: Dr. Steven Henson, and Dr. Joel Smithers) both who were sentenced to 40 years, while being accused of drug trafficking, without any evidence of trafficking.

No other guidelines for the treatment of “chronic pain” with “opioids” (opioid pain medications) have been deemed harmful. Why has this particular guideline been [deemed harmful by the AMA?](#)

The answer lies in the pervasive “fear of addiction phobia” generating false premises for the Guideline, even after the FDA said they were not supportable ([FDA 2012-P-0818](#)).

The CDC began to overstep its bounds early on with a publication in 2006, implicating prescription drugs (but not prescribed prescription drugs, 80% being stolen). Of course when one hears “prescription drugs” they assume the doctor is responsible, which is not true. The CDC has less than full disclosure of the facts.

The CDC tracks the numbers of deaths from injuries. Drug overdose deaths migrated into this area through data collection. Right or wrong, it is not proper for the CDC to take the data (much of it misapplied) and then write new exclusionary medical treatment plans for chronic pain.

The proposed Guideline attempts to rewrite the traditional medical treatment of chronic pain - by avoiding the only effective treatment of severe pain; opiates.

The FDA approves only one medication for **severe** pain - opioids. There is no other way to control severe pain - nothing even comes close. If you don't treat severe pain with opioid pain medicine you cannot treat severe pain. If you do not treat type one diabetes with insulin, you do not treat diabetes. The CDC Guideline actively discourages the use of the primary drug for severe pain, leaving the horrors of untreated severe pain, in some people every day for decades, as other things are tried that do not work.

The CDC needs to get out of the business of writing medical practice manuals, as they were not authorized to do so, in the first place. The [2016 Guideline](#) was never needed. Other opiate guidelines contain the same recommendations. The CDC's mission to reduce the use of real pain medicines would not have worked without the falsely created dose limits (90 mg and now 50 mg) which was rejected by the FDA ([FDA 2012-p-0818](#)).

The FDA issues the rules all other agencies must follow. No agency outranks the FDA. The CDC violated this hard and fast rule in governmental procedure.

The *Guideline* was published internally without external peer review, mandatory for anyone when trying to reverse FDA regulations. The CDC is trying to reverse centuries of medical precedent, not to mention eliminating compassion for the patient in pain, currently receiving less pain control than their pets.

The CDC *Guideline* violated Constitutional restrictions on the federal government, attempting to regulate medical practice, reserved only for individual states.

The medical community does not need another opioid guideline, and certainly not one written by the Federal Government who has utilized “opioid phobic” and “lunatic fringe” consultants from “Physicians for Responsible Opioid Prescribing” (PROP). PROP is an extremist pain nihilist group, who inserted multiple FDA rejected “false truths” into the Guideline as hired consultants.

If the CDC had not incorporated key falsehoods, the humanitarian crisis we see today of 7 million “pain refugees”, which is ten times larger than the opioid crisis itself, would not have occurred.

The Director of the CDC in 2016, Thomas Frieden M.D, before his departure from the CDC in the middle of the storm he created, stated pain medicines are essentially “Heroin Pills”. His damaging and false statements lit the fuse for doctor prosecutions. Dr Frieden [said](#): “Overprescribing opioids—largely for chronic pain—is a key driver of America’s drug-overdose epidemic.

It is time that Dr. Frieden comes out of hiding to explain himself and defend the accusations his words that led to prosecution for older, solo practicing physicians.

Dr. Walensky's CDC stands alone within the Federal Government by writing far-reaching medical policy changes, that they were not prepared nor authorized to write. When the flawed policy was adhered to, severe harm resulted; however the guideline stubbornly remained in place.

The original, 2016 CDC Guideline and the 2022 revisions with its more damaging 50mg dose maximum and suggestions to use alternative drugs and methods that do not work, and patients have already failed; is cruel and unwarranted. The Guideline was never appropriate, nor necessary, especially not at the Federal level. This is a state and local medical practice issue, the treatment of chronic pain and the use of opioid pain medications in general.

If CDC imposes the 50mme dosage cutoff point it, then it must be approved by FDA.

The 2016 CDC Guideline and its 2022 revisions must be withdrawn immediately before more harm occurs. There is no reason for additional guidelines beyond what already exists, and there is no reason for any more deaths that occurred with the implementation of the 2016 CDC Guideline.

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