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April 11, 2022

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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

**RE: Docket No. CDC-2022-0024, Proposed 2022 CDC Clinical Practice Guideline for Prescribing Opioids**

Dear Sir or Madam:

On behalf the American Psychiatric Association (APA), the national medical specialty society representing over 37,000 psychiatric physicians who treat mental health and substance use disorders, I am pleased to submit APA's comments in response to the *Proposed 2022 Guideline for Prescribing Opioids for Chronic Pain*.

As you know, prescription opioid misuse and opioid use disorder, despite occurring at slightly lower rates in the past 5 years, continues as a serious problem across nearly every demographic group in the United States. According to SAMHSA's National Survey on Drug Use and Health, in 2020, approximately 9.5 million people misused opioids in the past year. Among the 9.5 million people who misused opioids in the past year, 9.3 million people misused prescription pain relievers.<sup>1</sup> The stigma of addiction and against clinicians who treat it continues to deter patients from seeking appropriate, evidence-based care. APA takes this public health crisis very seriously and is engaged on several fronts to improve addiction treatment and prevent opioid misuse, while balancing the needs of patients with pain. Thank you for allowing the public to comment on this important issue.

Overall, the APA finds the 2022 guidelines to be an improvement over the 2016 version Clinical Practice Guideline for Prescribing Opioids. The 2022 draft intends to apply to acute, subacute and chronic pain; whereas the 2016 guideline intended only to address chronic pain, and the inclusion of all types of pain is a notable improvement. The APA supports the emphasis on the need for individualized patient care decisions. Four recommendations were positively changed as well to place increased emphasis on risks and benefits rather than solely focus on a numeric dose or quantity of an opioid analgesic. Furthermore, we also appreciate the reference to addressing health inequities in the treatment of substance use

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<sup>1</sup> Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

disorders and ensuring that marginalized and minoritized populations aren't inadvertently harmed by the guidelines.

The APA has concerns regarding the guideline's heavy emphasis towards tapering, which can destabilize many patients, although it does point out the dangers of doing so. If a patient with chronic pain is well controlled at a particular dosage of opioid medication, is tolerating that dosage well, shows functional improvement, and does not wish to reduce their dosage, they should be maintained at the present dosage. The 2016 and 2022 guidelines strongly support non-opioid therapies. There is limited recognition, however, of the barriers to access of these therapies imposed by health insurance companies, or any actions CDC will undertake to remove those barriers.

The APA requests further clarification on the following:

- Cognitive-behavioral *psychotherapy* appears to be one of the more efficacious treatments for chronic pain. The guideline would benefit from emphasizing it more and calling attention to the need to develop the workforce to deliver it.
- The 2022 recommendation concerning medications to treat opioid use disorder needs to be clarified. The revised recommendation in the 2022 draft could be interpreted to support withdrawal management only rather than evidence-based medications to treat opioid use disorder (MOUD) such as buprenorphine, methadone or naltrexone.
- Rather than stating that non-steroidal anti-inflammatory drugs (NSAIDs) or acetaminophen are better for treating acute pain from a renal calculus than are opioids, we recommend specifying ketorolac for the treatment of treating acute pain from a renal calculus.

Thank you again for the opportunity to comment. We appreciate the review of the guidelines and urge for improvements to help balance the needs of people with pain with addressing the opioid crisis.

Sincerely,

A handwritten signature in black ink that reads "Saul Levin, MD, MPA". The signature is written in a cursive style.

Saul Levin, MD, MPA, FRCP-E, FRCPsych

CEO and Medical Director