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Comments Received:

The Implementation and Uptake of the CDC Clinical Practice Guideline for Prescribing Opioids for Pain, as it has been put into practice, has been nothing short of a disaster. The fact that these "guidelines" became iron law despite gaping inaccuracies and intentional misrepresentations in the numbers used to create them is shameful and has resulted in thousands of fatal accidental overdoses, and thousands more Americans subjected to medical malpractice akin to torture by way of medical professionals unwilling to treat acute or chronic pain, by refusing to prescribe opioid pain medication in ANY situation, even for terminally ill patients as they die in torment.

This can't possibly have been seen as the correct course of action to take in combating an entirely separate issue of ILLICIT aka "street" drugs responsible for rapidly climbing rates of substance abuse and overdoses, since the government's own data showed that legitimate prescription opioid medications were only 2-4% of the overall cause?

It cannot, and has not, gone unnoticed that while legitimate prescriptions for opioids written for the treatment of pain have become incredibly scarce, as has an adequate supply of these medications to the point of "shortages" (artificially created by the DEA's restrictions on manufacturing of these medications year after year), overdoses caused by illicit supply continue to climb

When people cannot access a safe supply via Rx, the only choices left are to suffer, to turn to alcohol, to seek out unsafe drugs on the illicit markets, or to choose suicide over continuing to exist in intolerable pain.

This is particularly evident in the suicide rates of American's veterans; a majority of whom lived in chronic pain, and like thousands of other pain patients, were now suddenly denied treatment or worse, had their safe and effective prescriptions tapered down by force and then taken away by the implementations of these restrictions after years, even decades, of stability and quality of life provided by having their pain controlled.

These "guidelines" have helped nobody; ODs went UP, illicit drugs became stronger and more deadly, and people who were leading productive lives on their regimens of safely supplied prescription pain control became overcome by disability, unable to function anymore or have any quality of life, forced to drop out of the workforce and unable to participate in their families' lives, bedridden and trapped.

Again I ask: how could forcing these reductions in prescription medication possibly have been thought to be at all helpful when prescription drugs were never the problem? Why was this non-distinction of OD rates of Rx drugs versus illicit supply allowed in good conscience and why is it allowed to continue?

How is punishing people with permanent, disabling injuries and incurable, chronic diseases that cause intractable pain, some of them terminal, doing anything to address the issues caused by illicit drugs? Some of these pain patients, forced out from any access to safe Rx meds, are now turning to those same illicit, deadly street drugs because it's the only option left.

Attached is an article written by a pain specialist, a doctor at a prominent Massachusetts hospital, questioning whether she's done more harm than good by following these "guidelines" and refusing to prescribe adequate pain control to her patients.

As a chronic pain patient myself, I can say with certainty: WE ARE BEING HARMED, NOT HELPED.