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Policies across the country derived from the 2016 CDC Guideline are responsible for significant loss of life and suffering in this country. Tapering and discontinuing opioid therapy for chronic pain have been associated with multiple negative outcomes in both publicly and commercially insured populations. Outcomes include increased illicit opioid use, increased use of emergency medical services and opioid-related hospitalizations, increased rates of mental health crises and overdose events, and increased mortality from overdose and suicide. Even the CDC stated “ the guidelines were NOT Intended to be applied as inflexible standards of care across patients, and/or patient populations by healthcare professionals, health systems, pharmacies, third-party payers, or governmental jurisdictions or to lead to the rapid tapering or discontinuation of opioids for patients” YET they are responsible for abrupt opioid tapers and abrupt discontinuation without collaboration with patients, rigid application of opioid dosage thresholds, duration limits by insurers and by pharmacies, and patient dismissal and abandonment. Taking away a viable option for pain sufferers and forcing them to choose suicide or street drugs when they could live a life with their pain managed by a physician. Reflexive and one-size-fits-all approaches to tapering or discontinuing opioids prescribed for chronic pain should be avoided. A personalized, patient-centered approach to opioid management can prevent iatrogenic harm and death — but it will take time and require the perseverance to develop trusting relationships between patients and clinicians. The CDC is touting that the revision they issued in 2022 was a better “guideline “ when in all honesty it’s just a re-jumble of the original 2016 Guideline which has caused unimaginable harm to those suffering in pain. Opioids are a safe, effective treatment for pain but patients should be informed of the dangers of addiction Pain patients rarely become addicted to illicit drugs. Doctors, should be valued for their insight, their education. They should be allowed to prescribe opioids without limitations, based on the patients condition. Every body is different, some metabolize medications differently There should be no MME limitations AT ALL-MME is an unscientific calculation The CDC has done nothing but create an atmosphere of fear and death. It should NOT be involved in the prescribing of pain medication to those who need them STOP with the references to prescription opioids when illicit drugs are the issue this country needs to fight.