

# CDC Guideline for Prescribing Opioids for Chronic Pain

## Setting the Record Straight

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**More than 2 million Americans suffer from an opioid addiction.** An additional 95 million people used prescription painkillers in the past year. Opioids are more commonly used than tobacco - and more deadly. Drug overdoses are now the leading cause of death for Americans under 50 years of age, with 142 Americans dying every day from an opioid overdose.

In 2016, CDC issued a [Guideline for Prescribing Opioids for Chronic Pain](#) that was intended to improve patient safety and the effectiveness of pain treatment. But since its release, the Guideline has been criticized by some as harmful to chronic pain patients. It's time to set the record straight, so that we are clear on the challenges and can work together on real solutions that help all Americans who struggle with chronic pain.

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### Does the CDC Guideline deny opioids to cancer patients?

**No.** The Guideline was developed as a tool to raise awareness among doctors, insurance providers and patients of the potential for opioid addiction. The Guideline also promotes evidence-based pain care and works to improve safe opioid prescribing. The CDC Guideline recognizes the need for people in active cancer treatment, palliative care, end-of-life care, acute sickle cell crisis, or short-term post-surgical pain to get the opioids they need to manage their pain.

### Does the CDC Guideline call for forced or involuntary tapers?

**No.** The Guideline does not recommend abrupt tapering or sudden discontinuation of opioids. Instead, the Guideline recommends that clinicians evaluate the risks and benefits of continued opioid therapy with patients at least every 3 months. Depending on that evaluation, clinicians may wish to consider other therapies or work with patients to use lower doses of opioids. This recommendation was based on evidence that patients able to successfully taper their opioid use have a lower risk of overdose - and may even experience reduced pain.

### Does the CDC Guideline set hard dosage limits or dosage ceilings?

**No.** The Guideline does not call for dosage limits or dosage ceilings. It recommends that when opioids are started, clinicians should prescribe at the lowest effective dosage. Additionally, the Guideline recommends that clinicians reassess the risks and benefits before increasing dosage to more than 50 MME/day and avoid increasing dosage to more than 90 MME/day without justification. This recommendation was based on evidence of potential dependence on opioids and the lack of evidence that higher dosages result in long-term benefits for pain relief.

### Does the CDC Guideline apply dosage limits to medication-assisted treatment (MAT)?

**No.** The Guideline's recommendation about dosage applies to use of opioids in the management of chronic pain and not to the use of medication-assisted treatment (MAT) for opioid use disorder. In fact, the Guideline recommends the use of evidence-based MAT in combination with behavioral therapies for patients with opioid use disorder.

### Was the CDC Guideline developed using appropriate administrative processes?

**Yes.** Development of the Guideline was in compliance with federally required administrative processes, as confirmed by the House Committee on Oversight and Reform. The CDC also applied strict conflict-of-interest restrictions to the authors of the Guideline. The HHS Task Force on Pain Management report, on the other hand, was written by [members](#) with ties to the drug industry and was strongly criticized by [39 attorneys general](#).



## Was the CDC Guideline developed based on strong evidence?

**Yes.** In fact, the Guideline was rated as high-quality by the ECRI Guidelines Trust Scorecard - a tool that rates clinical practice guidelines against Institute of Medicine standards for trustworthiness. CDC also relied on input from a multi-disciplinary group that included experts in pain management and representatives of patients and the public.

## What is fueling criticism of the CDC Guideline?

Numerous reports have attributed opposition to the Guideline to opioid manufacturers.

For example, a 2017 [analysis](#) published in JAMA Internal Medicine found that, of the 158 organizations that submitted comments on the draft Guideline, opposition was significantly higher among organizations funded by opioid drug makers. A 2018 Senate [report](#) similarly found that there was a “direct link between corporate donations and the advancement of opioid-friendly messages” in the comments submitted on the draft Guideline. A recent [STAT article](#) summarizes how false criticisms are being fueled by opioid manufacturers.

This is not new. The World Health Organization (WHO) recently [rescinded](#) its opioid-prescribing guidelines after acknowledging undue influence by opioid drug makers.

## Is the opioid crisis under control?

While there has been a decrease in outpatient opioid prescribing, there is still much work to be done. Health insurance providers nationwide are working closely with state and federal leaders, as well as doctors and other clinicians, to address the opioid epidemic. Recognizing that addressing the crisis is complex and multi-faceted, insurance providers use a comprehensive approach encompassing prevention, early intervention, treatment and recovery. Promotion of evidence-based guidelines, such as the CDC [Guideline for Prescribing Opioids for Chronic Pain](#), are an integral part of the solution.