



April 11, 2022

Rochelle Walensky, MD, MPH
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road NE
Atlanta, Georgia 30329

Re: Proposed 2022 CDC Clinical Practice Guideline for Prescribing Opioids

Dear Dr. Walensky:

The American Society of Acupuncturists (ASA) and National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)[®] appreciate the opportunity to respond to the Centers for Disease Control and Prevention's (CDC) February 2022 request for comments on its proposed clinical practice guideline, *Clinical Practice Guideline for Prescribing Opioids – 2022* [87 FR 7838].¹ Together, the ASA and the NCCAOM represent over 40,000 professional acupuncturists across the United States and seek to ensure that practitioners, patients, and payers are aware of, and have access to, evidence-based non-pharmaceutical pain-management treatments.

The CDC's 2016 clinical practice guideline for prescribing opioids for pain management dramatically undervalues evidence-based, non-pharmacologic pain-management alternatives. While entities within Health and Human Services (HHS) have acknowledged the detrimental effect that opioid misuse has had across the country, the national conversation continues to undervalue the role non-pharmacologic treatments could have in mitigating this crisis.²

For far too long, pain-management clinical practice guidelines look to opioids as the primary remedy for pain management. It is critical that entities such as the CDC update recommendations to align with the evidence base presented below, and firmly support non-pharmacologic strategies for pain care.

The ASA and the NCCAOM respectfully provide the following responses to the CDC's proposed recommendations as part of its 2022 practice guideline revision.

¹ Centers for Disease Control and Prevention, Health and Human Services. CDC Clinical Practice Guideline for Prescribing Opioids—United States, 2022. <https://www.federalregister.gov/documents/2022/02/10/2022-02802/proposed-2022-cdc-clinical-practice-guideline-for-prescribing-opioids>.

² Volkow ND, Jones EB, Einstein EB, Wargo EM. Prevention and Treatment of Opioid Misuse and Addiction: A Review. *JAMA Psychiatry*. 2019 Feb 1;76(2):208-216. doi: 10.1001/jamapsychiatry.2018.3126. PMID: 30516809.

Recommendation One

Nonopioid therapies are effective for many common types of acute pain. Clinicians should only consider opioid therapy for acute pain if benefits are anticipated to outweigh risks to the patient (recommendation category: B, evidence type: 3).

The ASA and the NCCAOM strongly agree with this recommendation. The CDC's 2016 guidelines related to opioids and chronic pain dramatically undervalue evidence-based, non-pharmacologic, pain-management alternatives. Research shows that acupuncture can effectively stimulate the production of the body's own "endogenous opioids" as well as natural anti-inflammatory compounds.^{3 4 5} Acupuncture can facilitate the body's natural chemistry to create the potential for similar—or sometimes better—benefits than synthetic drugs, without the risks of addiction or side effects. A 2016 study demonstrated that acupuncture was more effective than morphine in reducing overall pain levels quicker and with fewer adverse effects in the emergency department.⁶

According to a large observational study with more than 216,500 patient encounters published in the *BMJ*, patients who initially sought care from a licensed acupuncturist were 91-percent less likely to use opioids in the short- and long-term. This finding was similar to reductions seen in those receiving chiropractic care (90 percent), and physical therapy (85 percent).⁷

Recommendation Two

Nonopioid therapies are preferred for subacute and chronic pain. Clinicians should only consider initiating opioid therapy if expected benefits for pain and function are anticipated to outweigh risks to the patient. Before starting opioid therapy for subacute or chronic pain, clinicians should discuss with patients the known risks and realistic benefits of opioid therapy, should work with patients to establish treatment goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks (recommendation category: A, evidence type: 2).

The ASA and the NCCAOM agree with this recommendation. The national conversation has identified overprescribing and overreliance on opioids for acute and chronic pain-management as the main pathway to opioid addiction. It is critical that entities such as the CDC update recommendations to align with the evidence base, and firmly support non-pharmacologic strategies for pain care.

There is a strong evidence base for many non-pharmaceutical pain-management treatments that are both accessible and non-invasive such as acupuncture. Numerous studies show how acupuncture is effective for both acute and chronic care. A 2017 study showed that when members of the U.S. Air Force received acupuncture treatments for acute pain, opioid prescriptions decreased by 45 percent and patients experienced fewer symptoms, a greater

³ Zhang R, Lao L, Ren K, Berman BM. Mechanisms of acupuncture-electroacupuncture on persistent pain. *Anesthesiology*. 2014; 120(2):482-503.

⁴ 35. Zhao ZQ. Neural mechanism underlying acupuncture analgesia. *Progress in neurobiology*. 2008; 85(4):355-75.

⁵ McDonald JL, Cripps AW, Smith PK. Mediators, Receptors, and Signaling Pathways in the Anti-Inflammatory and Antihyperalgesic Effects of Acupuncture. *Evidence-based complementary and alternative medicine: eCAM*. 2015; 2015:975632.

⁶ Grissa, M. H. , Baccouche, H. , Boubaker, H. , Beltaief, K. , Bzeouich, N. , Fredj, N. , Msolli, M. A. , Boukef, R. , Bouida, W. & Nouira, S. (2016). *American Journal of Emergency Medicine*, 34 (11), 2112-2116. doi: 10.1016/j.ajem.2016.07.028.

⁷ Kazis LE, Ameli O, Rothendler J, et al. Observational retrospective study of the association of initial healthcare provider for new-onset low back pain with early and long-term opioid use. *BMJ Open* 2019;9:e028633. doi: 10.1136/bmjopen-2018-028633.

ability to function, and a larger sense of wellbeing.⁸ A systematic review and network meta-analyses of 21 different interventions for sciatica found that acupuncture produced better outcomes for global effect and pain-reduction than all other therapies except a cytokine-modulating procedure still in experimental stages.⁹ Acupuncture not only relieves pain, but also offers patients improved quality of life with a greater ability to function, as well as overall health.

The existing evidence base shows that non-opioid alternative approaches to managing acute and chronic pain are safer, while of equal or superior clinical effectiveness to opioids. In light of the magnitude of the opioid crisis, the CDC should not merely categorize acupuncture as a “possible option,” but as an important, recommended, and viable mainstream treatment option for acute and chronic pain.

Recommendation Three

When starting opioid therapy for acute, subacute, or chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids (recommendation category: A, evidence type: 4).

No ASA/NCCAOM Comment.

Recommendation Four

When opioids are initiated for opioid-naïve patients with acute, subacute, or chronic pain, clinicians should prescribe the lowest dosage to achieve expected effects. If opioids are continued for subacute or chronic pain, clinicians should use caution when prescribing opioids at any dosage, should carefully evaluate individual benefits and risks when considering increasing dosage, and should avoid increasing dosage above levels likely to yield diminishing returns in benefits relative to risks to patients (recommendation category: A, evidence type: 3).

No ASA/NCCAOM Comment.

Recommendation Five

For patients already receiving higher opioid dosages, clinicians should carefully weigh benefits and risks and exercise care when reducing or continuing opioid dosage. If risks outweigh benefits of continued opioid therapy, clinicians should optimize other therapies and work closely with patients to gradually taper to lower dosages or, if warranted based on the individual clinical circumstances of the patient, to appropriately taper and discontinue opioids. Unless there are indications of a life-threatening issue, such as warning signs of impending overdose, e.g., confusion, sedation, or slurred speech, opioid therapy should not be discontinued abruptly, and clinicians should not abruptly or rapidly reduce opioid dosages from higher dosages (recommendation category: B, evidence type: 4).

⁸ Crawford, Paul MD, Penzien, Donald MD, Coeytaux, Remy MD. Military Acupuncture. Reduction in Pain Medication Prescriptions and Self-Reported Outcomes Associated with Acupuncture in a Military Patient Population. Volume 29, Number 4, 2017.

⁹ Lewis RA, Williams NH, Sutton AJ, Burton K, Din NU, Matar HE, et al. Comparative clinical effectiveness of management strategies for sciatica: systematic review and network meta-analyses. The spine journal: official journal of the North American Spine Society. 2015; 15(6):1461-77.

The ASA and the NCCAOM strongly agree with this recommendation. Research demonstrates that acupuncture has the potential to reduce, or even in some cases, eliminate the need for opioids and non-opioid drugs while also helping to treat opioid addiction.^{10 11 12 13}

Studies shows that acupuncture is effective on its own and when integrated into a broad-based therapeutic strategy. Acupuncture is an effective intervention that is safe, accessible, and cost-effective. The Veterans Health Administration integrated acupuncture into its pain-management protocol and found that acupuncture both managed pain and significantly reduced opioid use among Veterans.¹⁴

The existing evidence effectively demonstrates that acupuncture is a valuable component to the universal efforts to reduce opioid reliance and overuse. It is one of the—if not the most—evidence-based methods of non-pharmacologic pain control available. Acupuncture also offers promising secondary benefits that may further boost health and well-being, quality of life, as well as potentially increase patient satisfaction with the medical encounter. Acupuncture has been well documented to improve symptoms of anxiety, depression, and insomnia—all health challenges common.

The ASA and the NCCAOM appreciate the CDC’s efforts to revise its guidance for prescribing opioids for pain-management. As the CDC revises its 2016 practice guideline recommendations for prescribing opioids, the ASA and the NCCAOM encourage the CDC to acknowledge, incorporate, and provide more information on non-pharmacologic, pain-management alternatives and their associated evidence.

The ASA and the NCCAOM commend the CDC for revising current recommendations for prescribing opioids for acute and chronic pain and look forward to opportunities to enhance the current research protocol for acupuncture.

Sincerely,



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Chair, American Society of Acupuncturists



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Chair, The National Certification Commission for Acupuncture and Oriental Medicine

¹⁰ Wen H, Cheung SYC. Treatment of drug addiction by acupuncture and electrical stimulation. *Asian J Med.* 1973; 9:138-41.

¹¹ Association NAD. National Acupuncture Detoxification Association <http://www.acudetox.com/about-nada/12-faqs2013>.

¹² Raith W, Schmolzer GM, Resch B, Reiterer F, Avian A, Koestenberger M, et al. Laser Acupuncture for Neonatal Abstinence Syndrome: A Randomized Controlled Trial. *Pediatrics.* 2015; 136(5):876-84.

¹³ Wu LZ, Cui CL, Tian JB, Ji D, Han JS. Suppression of morphine withdrawal by electroacupuncture in rats: dynorphin and kappa-opioid receptor implicated. *Brain research.* 1999; 851(1-2):290-6.

¹⁴ Sommers, Elizabeth, Vinjamury, Sivarama Prasad, Noborikawa, Jennifer. Pain and Opioid Use: Evidence for Integrating Acupuncture into Treatment Planning. *Global Advances in Health and Medicine.* Volume 10: 1-5. 2021.