



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Michelle Morse, MD, MPH
Interim Commissioner

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October 24, 2024

Gotham Center
42-09 28th St.
Long Island City, NY 11101

Dear Colleague,

Pain is one of the most common reasons adults seek medical care in the United States.¹ Pain management has grown increasingly complex over the last two decades, exemplified by the public health challenges of reducing the burden of suffering from pain while reducing the harms associated with the use of opioid analgesics.^{2,3} Further, Black and Latin patients are less likely than white patients to receive analgesics for acute pain, less likely to be referred to a pain specialist, and more likely to receive prescription opioids at lower dosages.⁴

The New York City Department of Health and Mental Hygiene (NYC Health Department) recently released a [Health Advisory](#) on how this inequity specifically plays out in sickle cell disease. Women have a higher prevalence of pain than men and are at higher risk of inadequate pain management.⁵ There is a pressing need to improve pain management nationwide, and it is imperative to address the enduring racial, ethnic, and gender inequities in pain treatment.⁶⁻⁸

The availability of safe and effective pain management is crucial for all New Yorkers. The NYC Health Department encourages and promotes the use of the Centers for Disease Control and Prevention (CDC) [Clinical Practice Guideline for Prescribing Opioids for Pain, United States, 2022](#),^a and associated training modules among clinicians and health systems.

- For the CDC's recommendations and guiding principles on the 2022 CDC Clinical Practice Guideline, visit bit.ly/GuidelineRecommendations.
- For the CDC's training module, visit bit.ly/CDCGuidelineTraining.
- For additional training modules from the NYC Health Department, visit nyc.gov/alcoholanddrugs and click on [Providers](#) at the top of the webpage.

The 2022 CDC Clinical Practice Guideline expands on its previous 2016 opioid prescribing guideline, synthesizing the most updated literature on evidence-based practices in pain management, particularly in the use of prescription opioids to treat acute, subacute, and chronic pain. Further, the 2022 CDC Clinical Practice Guideline promotes the use of overdose risk reduction strategies within pain management protocols, including the provision of naloxone and connections to substance use disorder care. Finally, the 2022 CDC Clinical Practice Guideline aims to rectify unintended consequences of the 2016 guidelines, including the inappropriate cessation of opioid pain therapy.

Although the adoption of the 2016 guidelines was associated with accelerated decreases in opioid prescribing and declines in potentially high-risk prescribing, it also resulted in a broadscale reduction in access to opioids for pain.³ This contributed to patient harm, including untreated and undertreated pain, serious withdrawal symptoms, worsening pain outcomes, psychological distress, overdose, and suicidal ideation and behavior.³ The 2022 CDC Clinical Practice Guideline seeks to address these issues by intending to improve communication between clinicians and patients about the benefits and risks of pain treatments, including opioid therapy; improve the effectiveness and safety of pain treatment; mitigate pain; improve function and quality of life for patients with pain; and reduce risks associated with opioid pain therapy, including opioid use disorder, overdose, and death.

We urge clinicians and health systems to familiarize themselves with the 2022 CDC Clinical Practice Guideline and its training modules. As health care professionals, we have a collective responsibility to provide effective, safe, and equitable pain management to all New Yorkers.

Sincerely,

A handwritten signature in black ink, appearing to be 'MM' or similar initials, written in a cursive style.

Michelle Morse, MD, MPH
Interim Commissioner
Chief Medical Officer

New York City Department of
Health and Mental Hygiene

a. The Mainstreaming Addiction Treatment (MAT) Act of 2022 eliminated the requirement for a special registration through the Federal Drug Enforcement Administration (commonly referred to as an X waiver) to prescribe or dispense buprenorphine for the treatment of opioid use disorder; the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain was issued prior, and thus contains outdated information regarding X-waiver requirements.

References

1. Dahlhamer J, Lucas J, Zelaya C, et al. Prevalence of chronic pain and high-impact chronic pain among adults—United States, 2016. *MMWR Morb Mortal Wkly Rep*. 2018;67(36):1001-1006. doi:[10.15585/mmwr.mm6736a2](https://doi.org/10.15585/mmwr.mm6736a2)
2. Polacek C, Christopher R, Mann M, et al. Healthcare professionals' perceptions of challenges to chronic pain management. *Am J Manag Care*. 2020;26(4):e135-e139. doi:[10.37765/ajmc.2020.42841](https://doi.org/10.37765/ajmc.2020.42841)
3. Bonnie RJ, Schumacher MA, Clark JD, Kesselheim AS. Pain management and opioid regulation: continuing public health challenges. *Am J Public Health*. 2019;109(1):31-34. doi:[10.2105/AJPH.2018.304881](https://doi.org/10.2105/AJPH.2018.304881)
4. Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC clinical practice guideline for prescribing opioids for pain—United States, 2022. *MMWR Recomm Rep*. 2022;71(No. RR-3):1-95. doi:[10.15585/mmwr.rr7103a1](https://doi.org/10.15585/mmwr.rr7103a1)
5. LeResche L. Defining gender disparities in pain management. *Clin Orthop Relat Res*. 2011;469(7):1871-1877. doi:[10.1007/s11999-010-1759-9](https://doi.org/10.1007/s11999-010-1759-9)
6. Morden NE, Chyn D, Wood A, Meara E. Racial inequality in prescription opioid receipt—role of individual health systems. *N Engl J Med*. 2021;385(4):342-351. doi:[10.1056/NEJMsa2034159](https://doi.org/10.1056/NEJMsa2034159)
7. Ly DP. Racial and ethnic disparities in the evaluation and management of pain in the outpatient setting, 2006-2015. *Pain Med*. 2019;20(2):223-232. doi:[10.1093/pm/pny074](https://doi.org/10.1093/pm/pny074)
8. Joynt M, Train MK, Robbins BW, Halterman JS, Caiola E, Fortuna RJ. The impact of neighborhood socioeconomic status and race on the prescribing of opioids in emergency departments throughout the United States. *J Gen Intern Med*. 2013;28(12):1604-1610. doi:[10.1007/s11606-013-2516-z](https://doi.org/10.1007/s11606-013-2516-z)