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Drug Overdose Response Investigation (DORI) Data Collections 0920-1054

Comment On: CDC-2017-0055-0001
Drug Overdose Response Investigation (DORI) Data Collections 0920-1054 2017-14915

Document: CDC-2017-0055-0011
Comment from (Pepin Tuma)

Submitter Information

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Organization: Academy of Nutrition and Dietetics

General Comment

Please find attached comments from the Academy of Nutrition and Dietetics.
-Pepin Tuma

Attachments

Academy Comments to CDC re DORI

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September 15, 2017

Leroy A. Richardson
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE., MS-D74
Atlanta, Georgia 30329

Re: Drug Overdose Response Investigation (DORI) Data Collections (Docket No. CDC-2017-0055)

Dear Sir or Madam:

The Academy of Nutrition and Dietetics (the "Academy") appreciates the opportunity to submit comments to the Centers for Disease Control and Prevention (CDC) in response to the data collection published in the July 17, 2017 Federal Register regarding the Drug Overdose Response Investigation (DORI) Data Collections (Docket No. CDC-2017-0055). The Academy is the world's largest organization of food and nutrition professionals, with more than 100,000 members comprised of registered dietitian nutritionists (RDNs),[a] nutrition and dietetic technicians, registered (NDTRs), and advanced-degree nutritionists. We are committed to improving the nation's health through food and nutrition and providing medical nutrition therapy (MNT)[b] and other nutrition counseling services to meet the health needs of all citizens, including those with eating disorders (EDs) or substance use disorders (SUD).

The Academy supports the proposed data collection as necessary for the proper performance of the functions of the agency, particularly given the practical utility resulting from the collections. We respectfully offer recommendations below from Academy member David A. Wiss, MS, RDN, on behalf of our Behavioral Health Nutrition Dietetic Practice Group for potential improvements to the data collections and as support for the claim that **nutrition can play a very important role in promoting wellness during the recovery process, thereby helping to reduce relapse and accidental overdose or death.**

[a] The Academy recently approved the optional use of the credential "registered dietitian nutritionist (RDN)" by "registered dietitians (RDs)" to more accurately convey who they are and what they do as the nation's food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

[b] Medical nutrition therapy (MNT) is an evidence-based application of the Nutrition Care Process focused on prevention, delay or management of diseases and conditions, and involves an in-depth assessment, periodic re-assessment and intervention. [Academy of Nutrition and Dietetics' Definition of Terms list, http://www.eatright.org/scope/, accessed 31 June 2012.] The term MNT is sometimes used interchangeably with, but is sometimes considered different from, nutrition counseling in health insurance plans.

A. Eating Patterns and Substance Use Disorders

There are several studies that document substandard eating patterns during drug use, including inadequate intake leading to micronutrient deficiencies [1-6] and malnutrition [7-11]. Abnormal preference for sweetened foods and beverages have been documented in alcoholics [12-14] and other SUDs [15, 16] particularly opioids [17-25]. While micronutrient deficiencies and malnutrition are often corrected by abstinence and recovery, dysfunctional eating patterns such as bingeing and night-eating are often exacerbated during sobriety. Early recovery should be considered a critical time to get nutritional support (e.g. dietary counseling) by a qualified professional such as an RDN.

The overlap between SUDs and EDs has received significant attention in the scientific literature [26-41]. Authors have recently begun to suggest that these disorders be treated concurrently rather than separately. In members' personal experience working in both fields, patients will oscillate between treatments and are seldom treated concurrently. While it is true that RDNs are a requirement for ED treatment, there is no present requirement for RDNs in SUD treatment settings. Based on members' experience working with SUD treatment centers, the use of RDNs is rare most likely because nutrition services are not covered by insurance for SUD. We note that the failure to address food and body image issues in SUD treatment is likely contributing to poor outcomes.

It is predictable that individuals entering treatment for SUD will find other substances to abuse, including food [42-45], caffeine [46, 47], and nicotine [46, 47]. While some would argue that it makes sense to allow unlimited access to such substances during early recovery, others believe that the lack of nutrition and health standards are contributing to poor treatment outcomes. Evidence suggests that gastrointestinal health is linked to mental health [48-51] with strong implications for anxiety and depression. Given what is known about the importance of gut health, it seems that improved health and nutrition should be considered a prime intervention for SUD recovery. RDNs in treatment settings are highly qualified to discuss health habits including caffeine and nicotine in the context of nutrition and gastrointestinal health.

B. Nutrition Education and Interventions During Treatment

Several studies have demonstrated links between nutrition education and positive outcomes in SUD treatment settings [52-57]. Some of the studies have suggested that nutrition education has led to reduced rates of relapse, but higher quality research with greater sample sizes are needed to confirm these findings. Given the opioid epidemic and alarming number of overdose and deaths, however, it seems unwise to wait for more data before using nutrition as an intervention strategy.

Nutrition interventions during recovery may promote abstinence and prevent or minimize the onset of chronic illness, improving resource allocation. A review article from the United Kingdom on the role of healthy eating advice as part of drug treatment in prisons concluded that "substance-misuse is a major factor in recidivism and if this could be reduced through improvement of nutritional status, it could be a cost effective means of helping to tackle this problem" [58]. Given the opioid epidemic, public health measures necessitating nutrition standards in treatment settings should be considered critical. There

is a timely need for specialized nutrition expertise in SUD treatment centers, and RDNs are highly qualified for the job.

C. Summary

The Academy appreciates the opportunity to offer comments regarding the data collections for the Drug Overdose Response Investigations. We are pleased to offer our assistance and expertise for this and other issues. Please contact either Jeanne Blankenship at 312-899-1730 or by email at jblankenship@eatright.org or Pepin Tuma at 202-775-8277 ext. 6001 or by email at ptuma@eatright.org with any questions or requests for additional information.

Sincerely,

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Academy of Nutrition and Dietetics

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References

1. Gawad, S.S.A.E., et al., *Effects of drug addiction on antioxidant vitamins and nitric oxide levels.* J. Basic Appl. Sci. Res., 2010. 1(6): p. 485-491.
2. Hossain, K.J., et al., *Serum antioxidant micromineral (Cu, Zn, Fe) status of drug dependent subjects: Influence of illicit drugs and lifestyle.* Subst Abuse Treat Prev Policy, 2007. 2: p. 12.
3. Mannan, S.J., et al., *Investigation of serum trace element, malondialdehyde and immune status in drug abuser patients undergoing detoxification.* Biol Trace Elem Res, 2011. 140(3): p. 272-83.
4. Santolaria-Fernandez, F.J., et al., *Nutritional assessment of drug addicts.* Drug Alcohol Depend, 1995. 38(1): p. 11-8.
5. Varela, P., et al., *Human immunodeficiency virus infection and nutrtiional status in female drug addicts undergoing detoxification: anthropometric and immunologic assessments.* Am J Clin Nutr, 1997. 191997(66): p. 504S-508S.
6. Islam, S.K.N., K.J. Hossain, and M. Ahsan, *Serum vitamin E, C and A status of the drug addcits undergoing detoxification: influence of drug habit, sexual practice and lifestyle factors.* European Journal of Clinical Nutrition, 2001. 55: p. 1022-1027.
7. Baptiste, F., *Drugs and diet among women street sex workers and injection drugs user in Quebec City.* Candian Journal of Urban Research, 2009. 18(2): p. 78-95.
8. Saeland, M., et al., *High sugar consumption and poor nutrient intake among drug addicts in Oslo, Norway.* Br J Nutr, 2011. 105(4): p. 618-24.
9. Anema, A., et al., *Hunger and associated harms among injection drug users in an urban Canadian setting.* Substance Abuse Treatment, Prevention, and Policy, 2010. 5(20).
10. Nazrul Islam, S.K., et al., *Nutritional status of drug addicts undergoing detoxification: prevalence of malnutrition and influence of illicit drugs and lifestyle.* Br J Nutr, 2002. 88(5): p. 507-13.
11. Ross, L.J., et al., *Prevalence of malnutrition and nutritional risk factors in patients undergoing alcohol and drug treatment.* Nutrition, 2012. 28(7-8): p. 738-43.
12. D., M., et al., *Carbohydrate craving by alcohol-dependent men during sobriety: Relationship to nutrition and serotonergic function.* Alcoholism: Clinical and Experimental Research, 2000. 24(5): p. 635-643.
13. Kampov-Polevoy, A., J.C. Garbutt, and D. Janowsky, *Evidence of preference for a high-concentation sucrose solution in alcoholic men.* Am J Psychiatry, 1997. 154(2): p. 269-270.
14. Krahn, D., et al., *Sweet intake, sweet-liking, urges to eat, and weight change: relationship to alcohol dependence and abstinence.* Addict Behav, 2006. 31(4): p. 622-31.

15. Janowsky, D.S., O. Pucilowski, and M. Buyinza, *Preference for higher sucrose concentrations in cocaine abusing-dependent patients.* J Psychiatr Res, 2003. 37(1): p. 35-41.

16. Hamamoto, D.T. and N.L. Rhodus, *Methamphetamine abuse and dentistry.* Oral Dis, 2009. 15(1): p. 27-37.

17. Alves, D., et al., *Housing and employment situation, body mass index and dietary habits of heroin addicts in methadone maintenance treatment.* Heroin Addict Relat Clin Probl, 2011. 13(1): p. 11-14.

18. Canan, F., et al., *Eating disorders and food addiction in men with heroin use disorder: a controlled study.* Eat Weight Disord, 2017.

19. McDonald, E., *Hedonic mechanisms for weight changes in medication assisted treatment for opioid addiction.* 2017.

20. Morabia, A., et al., *Diet and opiate addiction: A quantitative assessment of the diet of non-institutionalized opiate addicts.* British Journal of Addiction, 1989. 84: p. 173-180.

21. Neale, J., et al., *Eating patterns among heroin users: a qualitative study with implications for nutritional interventions.* Addiction, 2012. 107(3): p. 635-41.

22. Nolan, L.J. and L.M. Scagnelli, *Preference for sweet foods and higher body mass index in patients being treated in long-term methadone maintenance.* Subst Use Misuse, 2007. 42(10): p. 1555-66.

23. Richardson, R.A. and K. Wiest, *A Preliminary Study Examining Nutritional Risk Factors, Body Mass Index, and Treatment Retention in Opioid-Dependent Patients.* J Behav Health Serv Res, 2015. 42(3): p. 401-8.

24. Waddington, F., et al., *Nutritional intake of opioid replacement therapy patients in community pharmacies: A pilot study.* Nutrition & Dietetics, 2015. 72(3): p. 276-283.

25. Zador, D., P.M. Lyons Wall, and I. Webster, *High sugar intake in a group of women on methadone maintenance in South Western Sydney, Australia.* Addiction, 1996. 91(7): p. 1053-1061.

26. Baker, J.H., et al., *Eating disorder symptomatology and substance use disorders: prevalence and shared risk in a population based twin sample.* Int J Eat Disord, 2010. 43(7): p. 648-58.

27. Buckholdt, K.E., et al., *Emotion regulation difficultes and maladaptive behaviors: Examination of deliberate self-harm, disordered eating, and substance misuse in two samples.* Cognitive Therapy and Research, 2015. 39: p. 140-152.

28. Bulik, C.M., M. Slof, and P. Sullivan, *Comorbidity of eating disorders and substance-related disorders.* Medical Psychiatry, 2004. 27: p. 317-348.

29. Calero-Elvira, A., et al., *Meta-analysis on drugs in people with eating disorders.* Eur Eat Disord Rev, 2009. 17(4): p. 243-59.

30. Cohen, L.R., et al., *Survey of eating disorder symptoms among women in treatment for substance abuse.* Am J Addict, 2010. 19(3): p. 245-51.

31. Courbasson, C.M., C. Rizea, and N. Weiskopf, *Emotional Eating among Individuals with Concurrent Eating and Substance Use Disorders.* International Journal of Mental Health and Addiction, 2008. 6(3): p. 378-388.

32. Czarlinski, J.A., D.M. Aase, and L.A. Jason, *Eating disorders, normative eating self-efficacy and body image self-efficacy: women in recovery homes.* Eur Eat Disord Rev, 2012. 20(3): p. 190-5.

33. Dennis, A.B., T. Pryor, and T.D. Brewerton, *Integrated Treatment Principles and Strategies for Patients with Eating Disorders, Substance Use Disorder, and Addictions.* 2014: p. 461-489.

34. Eichen, D.M., et al., *Weight perception, substance use, and disordered eating behaviors: comparing normal weight and overweight high-school students.* J Youth Adolesc, 2012. 41(1): p. 1-13.

35. Gadalla, T. and N. Piran, *Eating disorders and substance abuse in Canadian men and women: a national study.* Eat Disord, 2007. 15(3): p. 189-203.

36. Grilo, C.M., et al., *Eating disorders in female inpatients with versus without substance use disorders.* Addict Behav, 1995. 20(2): p. 255-260.

37. Ho, V., S. Arbour, and J.M. Hambley, *Eating Disorders and Addiction: Comparing Eating Disorder Treatment Outcomes Among Clients With and Without Comorbid Substance Use Disorder.* Journal of Addictions Nursing, 2011. 22(3): p. 130-137.

38. Luce, K.H., P.A. Engler, and J.H. Crowther, *Eating disorders and alcohol use: Group differences in consumpion rates and drinking motives.* Eating Behaviors 2007. 8: p. 177-184.

39. Root, T.L., et al., *Substance use disorders in women with anorexia nervosa.* Int J Eat Disord, 2010. 43(1): p. 14-21.

40. Root, T.L., et al., *Patterns of co-morbidity of eating disorders and substance use in Swedish females.* Psychol Med, 2010. 40(1): p. 105-15.

41. Specter, S.E. and D.A. Wiss, *Muscle Dysmorphia: Where Body Image Obsession, Compulsive Exercise, Disordered Eating, and Substance Abuse Intersect in Susceptible Males.* 2014: p. 439-457.

42. Michaelides, M., et al., *Translational neuroimaging in drug addiction and obesity.* ILAR Journal, 2012. 53(1): p. 59-68.

43. Muele, A., T. Hermann, and A. Kubler, *Food addiction in overweight and obese adolescents seeking weight-loss treatment.* European Eating Disorders Review, 2015. 23: p. 193-198.

44. Nair, S.G., et al., *The neuropharmacology of relapse to food seeking: methodology, main findings, and comparison with relapse to drug seeking.* Prog Neurobiol, 2009. 89(1): p. 18-45.

45. Volkow, N.D. and R.A. Wise, *How can drug addiction help us understand obesity?* Nat Neurosci, 2005. 8(5): p. 555-60.

46. Junghanns, K., et al., *The consumption of cigarettes, coffee and sweets in detoxified alcoholics and its association with relapse and a family history of alcoholism.* Eur Psychiatry, 2005. 20(5-6): p. 451-5.

47. Yudko, E. and S.I. McNiece, *Relationship between coffee use and depression and anxiety in a population of adult polysubstance abusers.* J Addict Med, 2014. 8(6): p. 438-42.

48. Huang, R., K. Wang, and J. Hu, *Effect of Probiotics on Depression: A Systematic Review and Meta-Analysis of Randomized Controlled Trials.* Nutrients, 2016. 8(8).

49. Rieder, R., et al., *Microbes and mental health: A review.* Brain Behav Immun, 2017.

50. Singh, R.K., et al., *Influence of diet on the gut microbiome and implications for human health.* J Transl Med, 2017. 15(1): p. 73.

51. Skosnik, P.D. and J.A. Cortes-Briones, *Targeting the ecology within: The role of the gut-brain axis and human microbiota in drug addiction.* Med Hypotheses, 2016. 93: p. 77-80.

52. Barbadoro, P., et al., *The effects of educational intervention on nutritional behaviour in alcohol-dependent patients.* Alcohol and Alcoholism, 2011. 46(1): p. 77-9.

53. Grant, L.P., B. Haughton, and D.S. Sachan, *Nutrition education is positively associated with substance abuse treatment program outcomes.* J Am Diet Assoc, 2004. 104(4): p. 604-10.

54. Curd, P., K. Ohlmann, and H. Bush, *Effectiveness of a voluntary nutrition education workshop in a state prison.* J Correct Health Care, 2013. 19(2): p. 144-50.

55. Cowan, J.A. and C.M. Devine, *Process evaluation of an environmental and educational nutrition intervention in residential drug-treatment facilities.* Public Health Nutr, 2012. 15(7): p. 1159-67.

56. Cowan, J.A. and C.M. Devine, *Diet and Body Composition Outcomes of an Environmental and Educational Intervention among Men in Treatment for Substance Addiction.* Journal of Nutrition Education and Behavior, 2013. 45(2): p. 154-158.

57. Lindsay, A.R., et al., *A gender-specific approach to improving substance abuse treatment for women: The Healthy Steps to Freedom program.* J Subst Abuse Treat, 2012. 43(1): p. 61-9.

58. Sandwell, H. and M. Wheatley, *Healthy eating advice as part of drug treatment in prisons.* Prison Service Journal, 2009.

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Document: CDC-2017-0055-0006
Comment from (Candi Simonis)

Submitter Information

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General Comment

I look at the reports on how the "opioid epidemic", has got to be stopped and addressed. I am, along with millions of other Americans, are on the other end of opioids.
I am on the end of the chronic pain disease epidemic. As the CDC, DEA and Medicaid and medicare, and numerous other government associates, are blaming Doctors for the over prescribing of medication, NOBODY, is looking at or reading the statistics from chronic pain disease patients. How about not addressing these drugs as dangerous and addictive. Let's look at them as lifesaving and medically necessary for the million of Americans in chronic pain. Chronic pain is a disease. It is now becoming an epidemic.
No other disease medication is scrutinized. Chronic pain is a disease. We as patients are being denied, dismissed and overlooked by our drs due to all the scrutiny associated with treating chronic pain disease. Our doctors are afraid to treat us adequately. We have a disease that medication is readily accessible to us and we are being denied. We pain patients are truly being discriminated against, due to people who use heroin, illegal fentanyl, and placed a blame on anyone but themselves. This is a witch hunt for drs who prescribe life saving medication and pain disease patients who benefit from this medication.
We have a chronic disease. We want to be able to take care of our homes, our children, our selves, as much as possible, but without access to our, potentially, life saving medications, we are unable to do so. We want to live not just exist in pain 24/7.
We need the government agencies to look at the real statistics, not the hand picked.

We need help. With all the headlines, topics and stories on how opioids are bad, let's look at what good they do for our disease of chronic pain and the million of Americans they help.

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Document: CDC-2017-0055-0005
Comment from (Candi Simonis)

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General Comment

I look at the reports on how the "opioid epidemic", has got to be stopped and addressed. I am, along with millions of other Americans, are on the other end of opioids.
I am on the end of the chronic pain disease epidemic. As the CDC, DEA and Medicaid and medicare, and numerous other government associates, are blaming Doctors for the over prescribing of medication, NOBODY, is looking at or reading the statistics from chronic pain disease patients. How about not addressing these drugs as dangerous and addictive. Let's look at them as lifesaving and medically necessary for the million of Americans in chronic pain. Chronic pain is a disease. It is now becoming an epidemic.
No other disease medication is scrutinized. Chronic pain is a disease. We as patients are being denied, dismissed and overlooked by our drs due to all the scrutiny associated with treating chronic pain disease. Our doctors are afraid to treat us adequately. We have a disease that medication is readily accessible to us and we are being denied. We pain patients are truly being discriminated against, due to people who use heroin, illegal fentanyl, and placed a blame on anyone but themselves. This is a witch hunt for drs who prescribe life saving medication and pain disease patients who benefit from this medication.
We have a chronic disease. We want to be able to take care of our homes, our children, our selves, as much as possible, but without access to our, potentially, life saving medications, we are unable to do so. We want to live not just exist in pain 24/7.
We need the government agencies to look at the real statistics, not the hand picked.

We need help. With all the headlines, topics and stories on how opioids are bad, let's look at what good they do for our disease of chronic pain and the million of Americans they help.

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Comment from (Candi Simonis)

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General Comment

This war on "opioids" is actually a war on chronic incurable diseases. A war on chronic pain disease patients who benefit from opioid medications. Medications that enable millions of Americans relief of chronic debilitating pain associated with these diseases.
The fiction, widespread hysteria and distorted truths about this "opioid epidemic", is killing legitimate chronic pain disease patients who use their medications responsibly. We are patients. 100 million Americans have one or more chronic incurable pain Diseases. As the CDC, DEA, FDA, Medicaid and Medicare, and numerous other government agencies, are blaming Doctors for the over prescribing of opioid medication. NOBODY, is looking at or reading the statistics from chronic pain disease patients. How about NOT addressing these drugs as dangerous and addictive. When all else fails: physical therapy, exercise, over the counter medications and numerous injections etc, we chronic pain disease patients, are left with one option to help us cope, opioid pain medication. Lets address this medication as lifesaving and medically necessary for the million of Americans with chronic diseases. Chronic pain is a disease. Chronic pain disease patients are now the epidemic. The addiction rate of chronic pain disease patients is .02-.6 %. We do not misuse or abuse our medications.
No other disease medication is scrutinized. We, as patients, are being denied, dismissed, overlooked and discriminated against, by our physicians, due to all the scrutiny associated with treating chronic pain disease with opioid medications. Our Dr's are afraid to treat us humanely, ethically and adequately. We have a disease that medication is readily accessible and beneficial

to us and we are being denied. We, pain patients, are being discriminated against, due to people who abuse illegal heroin and illegal fentanyl. This is a direct hunt for Doctors who prescribe life saving medication, for pain disease patients, that benefit from them. We have our privacy invaded, we no longer are able to have doctor/patient confidentiality. We now have insurance agencies, pharmacists, and other government agencies in our physicians offices, monitoring, prosecuting and policing our physicians.

Though the statistics show a reduction in, opioid medications distributed, due to the CDC guidelines, death rates of overdoses from illegal opioids is rising.

The specific causes of deaths also needs to be closely investigated. The opioid in the person's system needs to be specified. Was it an illegal opioid, was it opioid medication specifically for that person, was there other drugs or alcohol involved? These statistics need to come out. These Government agencies do not want that information out, due to the fact that this "opioid epidemic", would then be debunked.

Let's put the shoe on the other foot. Restricting or taking away our medications is like FORCING people who do not want this medication to take it. One day those against these medications will need them but they will be denied.

We have a chronic disease. We want to be able to take care of our homes, our children, our selves, as much as possible. Without access to these life saving medications, we are unable to do so. We want to live, not just exist in pain 24/7.

We need the government agencies to look at the real statistics, not the hand picked. These agencies are not physicians. They are trying to doctor us, patients, without a medical license. They are also trying to police our physicians. This is a war on a disease, medications, physicians and patients.

We, chronic pain disease patients, need help. All the headlines, topics and stories on how opioids are bad and how people are abusing, misusing, overdosing, becoming addicted or dying from them. We need to look at the good they do and how they help our disease of chronic pain and the million of Americans who use them for some relief.

The government needs to put the focus on illegal drugs coming into, being manufactured and distributed in this country, illegal fentanyl, illegal heroin, methamphetamine, cocaine and all other ILLEGAL DRUGS. Not the legally prescribed and medically necessary medications we patients need. We chronic pain disease patients need help, but we are helpless due to the government and government agencies. There is stigma, scrutiny and discrimination against us due to a category of medications we desperately need and benefit from, opioid medications.

WE ARE PATIENTS NOT ADDICTS! !

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Document: CDC-2017-0055-0007
Comment from (Karol Cloud)

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General Comment

I am a 65 year old grandmother with chronic back pain due to a failed back surgery. I have also been diagnosed with fibromyalgia and a rare genetic disorder called porphyria. I have been denied proper pain management because of the government interference with legitimate pain patients. We have been unfairly vilified and labeled as drug addicts. Before back surgery, to deal with pain I had PT 8x, aqua therapy 2x, massage therapy, biofeedback, meditation, acupuncture several times, yoga, pilates, exercise class, stretches, chiropractor, bought an inversion table, balance ball, weights, and my own tens unit, vitamins, minerals and supplements, Healing Touch therapy, Reiki therapy, saw a mental health therapist & psychiatrist to learn how to deal with pain, saunas, hot tubs, heat and ice packs, went to 2 different pain management clinics before surgery and 2 more after looking for ways to alleviate the pain without pain meds. I even have a nerve stimulator implanted. I have heart issues and the stimulator has amplified the problem. Pain medication is the only way I have some life. You tell me what I did wrong? I believe I went to extremes to find a way to avoid being on pain meds the rest of my life. Have any of you hurt so much you are nauseous and vomiting? Have any of you been in so much pain you are crying and screaming for help? Have any of you ever been in so much unbearable pain you finally mercifully pass out? Have any of you felt pain so intensely excruciating you are begging your elderly mother and your spouse to help you end your suffering by helping you end your life? I HAVE! This has become a common occurrence in not only in my home but in the homes of millions of legitimate pain patients. Do you even

care how many legitimate pain patients have suffered so intensely excruciating pain and have reached their breaking point? Do you know people are suffering unimaginable pain? Do you know how many people have already done the unimaginable horror of taking their own lives? Many of us are forced to consider SUICIDE! It is the one of three options we have left, none of which should have ever had to be considered. Some legitimate pain patients have turned to alcohol. The alcohol distilleries are happy. Now, we have a new customer base for them. We also will have plenty of illnesses, accidents and deaths due to alcohol. We have a new group of alcoholics. Some legitimate pain patients have turned to alternative or illegal drugs with devastating consequences. The drug cartels and drug dealers are thanking the American government for the new customers. How can you expect people to live with excruciating pain? The last option is the most devastating to families. These are the legitimate pain patients who have tried to hang on! These are the legitimate pain patients who have committed suicide! How can anyone tell a child, a mother, a father, sister or brother why the government and majority of the medical profession have knowingly forced their loved one to live with excruciating pain and didn't even care? How do you explain to those same loved ones why the government has given the legitimate pain patients no chance of ever experiencing any joy, any type of life, especially any HOPE of a life with some controlled pain relief? Hope is the thing that has been deprived from legitimate pain patients. We acknowledge there is a drug problem and something does need to be done. We acknowledge there have been some people including some doctors who have abused medication. We are not the enemy. Doctors are threatened with losing their licenses and prosecution if they continue to treat their legitimate pain patients. Even pharmacist are afraid to stock pain meds. Now you are going to try to allow one prescription for 7 days only with no refills. Have none of you feel pain? Have none of you ever used pain meds? I know none of you really care! Talk to us! Ask us about the pain meds and how we have been given a chance to have some type of life with controlled pain relief. We know expecting to be pain free is totally unrealistic and we don't even ask for it. You have to talk to the families of legitimate pain patients. You need to hear about the devastation and tragic consequences your actions have affected them. You need to hear the cries of children who have lost a parent due to the inhumane cruelty they were forced to endure because facts were biased. Talk to my 85 year old mother! Ask her about our lives. Talk to my husband. Ask him how he feels when I am in severe intense pain and begging him to stop my suffering! I am imploring you to stop this cruel madness. I am fighting for my life! I don't want to be another statistic! I don't want to be the next suicide! If you continue down this path of total destruction of the legitimate pain patients and their families, you are going to have the blood of every legitimate pain patient who have reached their breaking point and commit suicide on your hands.

PUBLIC SUBMISSION

As of: 9/19/17 2:49 PM
Received: September 01, 2017
Status: Posted
Posted: September 05, 2017
Tracking No. 1k1-8yf9-73xz
Comments Due: September 15, 2017
Submission Type: Web

Docket: CDC-2017-0055
Drug Overdose Response Investigation (DORI) Data Collections 0920-1054

Comment On: CDC-2017-0055-0001
Drug Overdose Response Investigation (DORI) Data Collections 0920-1054 2017-14915

Document: CDC-2017-0055-0010
Comment from (Anonymous Anonymous)

Submitter Information

Name: Anonymous Anonymous

General Comment

Let's start our own petition to stop these people from limiting access to opiates. Millions of Americans rely on this medication
to relieve chronic pain. If you know how to get a petition started, please get the word out through social media. Me and many
others will sign it.

PUBLIC SUBMISSION

As of: 9/19/17 2:54 PM
Received: July 17, 2017
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Posted: July 19, 2017
Tracking No. 1k1-8xki-ovz2
Comments Due: September 15, 2017
Submission Type: Web

Docket: CDC-2017-0055
Drug Overdose Response Investigation (DORI) Data Collections 0920-1054

Comment On: CDC-2017-0055-0002
Drug Overdose Response Investigation (DORI) Data Collections 0920-1054 Federal Register, Volume 82 Issue 135 (Monday, July 17, 2017)

Document: CDC-2017-0055-0003
Comment from (JEAN PUBLIEEE)

Submitter Information

Name: JEAN PUBLIEEE

General Comment

I AM TOTALLY OPPOSED TO THE CDC BEING ALLOWED TO DO DRUG OVERDOES INVESTIGATIONS. THIS AGENCY IS EVIL, INEPT, NEGLIGENT AND CANNOT BE TRUSTED. IT HAS A HISTORY OF TAKING BRIBES FOR THINGS OF MONETAR VALUE THAT THEY WANT.I THINK SAMSHA SHOULD BE INVOLVED OR LOCAL POLICE, JUSTICE DEPARTMENTS. I AMIN FAVOR OF A BUDGET OF $0 FOR THIS AGENCY. I THINK THE CDC NEEDS TO BE INVESTIGATED BECAUSE WE CERTAINLY DO HAVE AN EPIDEMIC GOING AROUND THIS COUNTRY ON AUTISM AND WE KNOW WHEN A CHILD TAKES THAT FIND ANOTHER AGENCY FOR THIS FUNCTION, NOT THE CDC.

PUBLIC SUBMISSION

As of: 9/19/17 2:58 PM
Received: September 01, 2017
Status: Posted
Posted: September 05, 2017
Tracking No. 1k1-8yf9-wbgq
Comments Due: September 15, 2017
Submission Type: Web

Docket: CDC-2017-0055
Drug Overdose Response Investigation (DORI) Data Collections 0920-1054

Comment On: CDC-2017-0055-0002
Drug Overdose Response Investigation (DORI) Data Collections 0920-1054 Federal Register, Volume 82 Issue 135 (Monday, July 17, 2017)

Document: CDC-2017-0055-0009
Comment from (Anonymous Anonymous)

Submitter Information

Name: Anonymous Anonymous

General Comment

This so called "Opioid Epidemic" is going to restrict access for those who desperately need it. People in chronic pain should not
have to suffer because other people abuse or sell their medications. They should take responsibility for their own actions. We
should start our own petition to fight this. Anyone who knows how to start a petition, please contact me at 208-546-1975 and I
will help you.

PUBLIC SUBMISSION

As of: 9/19/17 2:57 PM
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Comments Due: September 15, 2017
Submission Type: Web

Docket: CDC-2017-0055
Drug Overdose Response Investigation (DORI) Data Collections 0920-1054

Comment On: CDC-2017-0055-0002
Drug Overdose Response Investigation (DORI) Data Collections 0920-1054 Federal Register, Volume 82 Issue 135 (Monday, July 17, 2017)

Document: CDC-2017-0055-0008
Comment from (Anonymous Anonymous)

Submitter Information

Name: Anonymous Anonymous
Organization: Anonymous

General Comment

Millions of people in chronic pain rely on opiates to relieve their pain. Do not limit opioid medications.
People need to take responsibility for their own actions. If they abuse or sell the medications prescribed by doctors, it is their
own fault. People who need this medication should not have to suffer because family members of those who abuse the meds
overdosed or died because of their own choices.

From:	NCIPC OMB (CDC)
To:	karolsue2002@yahoo.com
Cc:	NCIPC OMB (CDC)
Subject:	DHHS-Proposed Data Collection Docket No. CDC-2017-0055-0007
Date:	Wednesday, September 27, 2017 3:18:00 PM

Dear Ms. Cloud,

Thank you for reaching out and sharing your situation – we are sorry to hear about your personal experience with chronic pain. CDC appreciates your comments and feedback submitted and conducts a careful review, sharing with subject matter experts, to take each comment into consideration to inform the proposed scope of activity as articulated in the Federal Registry Notice. We appreciate your feedback and we will carefully review each comment submitted.

IRB/OMB Unit
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From:	NCIPC OMB (CDC)
To:	ptuma@eatright.org
Cc:	NCIPC OMB (CDC)
Subject:	DHHS-Proposed Data Collection Docket No. CDC-2017-0055-0011
Date:	Wednesday, September 27, 2017 3:15:42 PM

Ref: Academy of Nutrition and Dietetics

Dear Mr. Tuma,

CDC appreciates your feedback and welcomes comments regarding CDC's overall response to the opioid epidemic. Based on a thorough review of your comments, we are unable to identify specific recommendations for changes to the proposed scope of activity as articulated in the Federal Registry Notice focusing on emergency response investigations. We appreciate your well-researched request that nutritional standards be implemented in substance abuse treatment settings; however, that request is outside of the scope of the current data collection regarding emergency response investigations. We appreciate you taking the time to provide feedback.

IRB/OMB Unit
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From:	NCIPC OMB (CDC)
To:	Candisimonis@yahoo.com
Cc:	NCIPC OMB (CDC)
Subject:	DHHS-Proposed Data Collection Docket No.CDC-2017-0055-0004, CDC-2017-0055-0005, and CDC-2017-0055-0006
Date:	Wednesday, September 27, 2017 3:17:16 PM

Dear Ms. Simonis,

Thank you for reaching out and sharing your situation – we are sorry to hear about your personal experience with chronic pain. CDC appreciates your comments and feedback submitted and conducts a careful review, sharing with subject matter experts, to take each comment into consideration to inform the proposed scope of activity as articulated in the Federal Registry Notice. We appreciate your feedback and we will carefully review each comment submitted.

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