

Dear Fellow Chronic Illness Warrior,

There has been a lot of buzz regarding some federal legislation introduced by Representatives Terri Sewell (AL) and David McKinley (WV) to "expand access to non-opioid medications", aka the [Non-Opioids Prevent Addiction in the Nation \(NO-PAIN\) Act \(H.R. 5172\)](#).

While we at CIAAG support access to non-opioid and non-pharmacological treatments as complementary therapies, we are greatly concerned this legislation will hinder a physician's ability to provide the individualized care you may need.

The proposed legislation claims to be addressing one of the recommendations made by the HHS Pain Management Task Force Report which identified "Multiple, non-opioid therapies are underutilized in the preoperative, inflammatory, musculoskeletal, and neuropathic injury settings" as a current gap in pain care. The report also states that "Non-opioids should be used as first-line therapy whenever appropriate in the inpatient and outpatient settings."

This is deeply concerning as time is of the essence in the acute care setting as injuries can quickly become serious. This new legislation could result in a delay or a denial of care, increasing medical errors which could potentially lead to patient bodily injury and/or psychological distress.

In addition, the [Press Release](#) from Representative Terri Sewell's office is littered with inaccurate information regarding the correlation of prescription medications and the overdose crisis.

Let's review a few of those items below:

"According to the Centers for Disease Control & Prevention (CDC), opioids are the main driver of drug overdose deaths accounting for 47,600 deaths in 2017 and 130 American's a day."

This is a very manipulative way to present data and one that is often deployed when discussing the overdose crisis as demonstrated by Dr. Josh Bloom in his [article](#), "The Opioid Epidemic in 6 Charts Designed to Deceive You", which breaks down the true figures of the overdose crisis including contributing poly-pharmacy. When accounting for these variables, the true overdose deaths attributed to prescriptions alone was approximately 5,000 individuals.

"Research shows that patients receiving an opioid prescription after short-stay surgeries have a 44% increased risk of opioid use."

Putting aside the short-comings of this study that took place in Ontario, Canada in 1997-1998, there are a number of serious conflicts of interest associated with this statement.

Let's take a look at this statement...

This statement was taken from a report, "[United States for Non-Dependence](#)", produced by Choices Matter which is a "national movement designed to educate and empower patients to have discussions with their doctors". The [Choices Matter Campaign](#) was launched in August of 2016 by Pacira Pharmaceuticals who manufactures [non-opioid](#) pain management products such as Exparel (bupivacaine), a post-operative, local anesthetic.

The press release from Terry Sewell's office appears to rely on the research used to produce the United States for Non-Dependence report in 2017. The report was based on a survey about opioid dependence and addiction following opioid treatment for surgical pain. The data was independently analyzed by Quintiles IMS Institute who [merged](#) with IMS Health and became IQVIA.

Our research finds, a second [report](#) was created titled "Exposing a Silent Gateway to Persistent Opioid Use" a Choices Matter Status Report. IQVIA conducted the research with [funding](#) from Pacira Pharmaceuticals for both reports. By producing the data for Pacira that is being used to promote the legislation, IQVIA is creating an opportunity for Pacira's products to meet the market demand.

[IQVIA](#) also provides data to the federal government. In March 2018, it was discovered that IQVIA has miscalculated the amount of pharmaceutical fentanyl that had been distributed and sold by over 20%. As a result of this [error](#), the FDA also identified additional quality control issues which in turn raised serious questions about the reliability of the IQVIA's database which is used by the DEA to set opioid production quotas. Since this time, there have been shortages of pharmaceutical grade fentanyl available in hospital settings which has created another opportunity for Pacira to market their product (Exparel).

The Choices Matter Campaign has partnered with [Gary Mendell](#) who runs the anti-opioid addiction group Shatterproof. He is now promoting non-opioid, multi-modal pain management as seen on his website; the "[Plan Against Pain Campaign](#)".

By legislating the [EMT Best Practices](#) recommendations, that non-opioid options are to be utilized first, this not only opens the market but creates a market demand for other non-opioid options like Exparel. Given the financial benefit, Pacira Pharmaceuticals could gain if this legislation were to pass, and with their seemingly undue influence on the factors driving this legislation, it is our duty to ask our representatives to take a closer look at this proposed bill.

In considering legislation, we always need to examine the motives and individuals involved and ask our representatives to do the same. When these types of decisions are based on research, the research should be performed with transparency and oversight, not by an entity that has a potential conflict of interest and ability to self enrich.

See Below for our Call to Action

Advocate Army Library:

CIAAG Members Only: Check out this week's new items to the Advocate Army Library. We have added documents to enable you to email and/or bring to meetings with your representatives, along with updates from federal agencies, clinical trials and documents exposing the dark side of the "recovery industry".

We recommend our members use these documents to help raise awareness while sharing factual information with stakeholders and decision-makers. This will ensure they are educated on the impact the proposed legislative changes may have on the public health and safety of their constituents.

Not a Member? That's ok! Sign up for Membership on our [website](#). All CIAAG Flyers, How-To Guides and meeting documents are **FREE** under Tier-1 Membership! See below for the various options of membership and select what best suits your needs.

New Items for Members Only:

Advocate Army

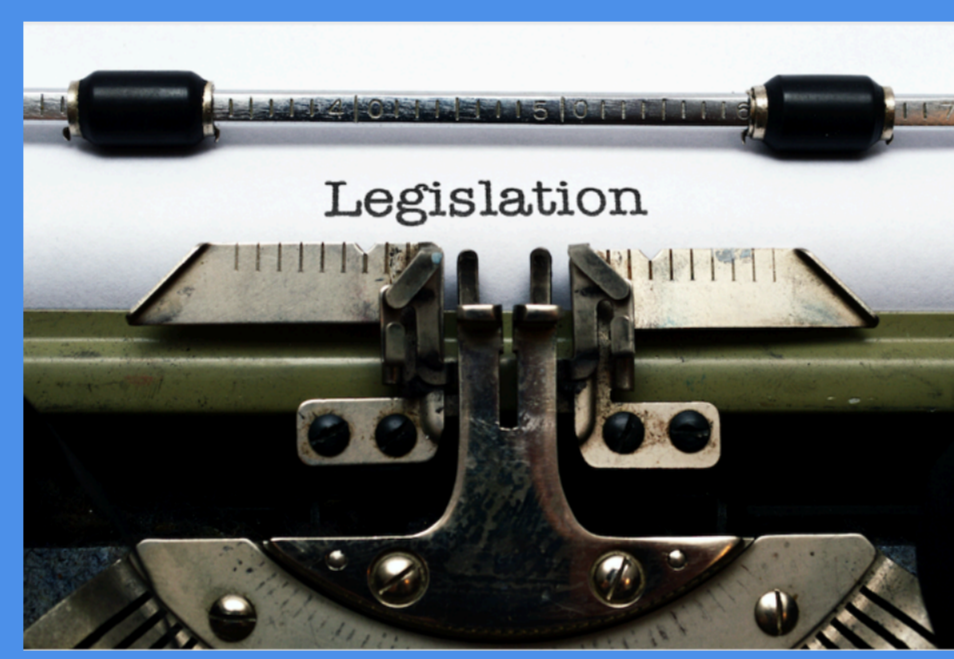
- N/A

Ambassador

- Acute Care, Prescription Opioid Use, and Overdose Following Discontinuation of Long-Term Buprenorphine Treatment for Opioid Use Disorder
- Access to Pain Management as a Human Right

Sergeant

- Acute Care, Prescription Opioid Use, and Overdose Following Discontinuation of Long-Term Buprenorphine Treatment for Opioid Use Disorder
- Access to Pain Management as a Human Right



December 24, 2019 - Call to Action: We are asking our members to call all individuals on the [Energy and Commerce](#) and [Ways and Means](#) Committees. The bill has been referred there.

Make sure when you are calling to say:

"I am a Member of Chronic Illness Advocacy & Awareness Group. I am calling to ask Representative (Insert Name) to Vote No on HR 5172 NO PAIN Act and to take note of the potential conflicts of interest that this legislation presents."

We encourage you to explain why you are against this bill. In addition, you can also send them a copy of this email to their office.

Don't forget to send a copy of your email to info@ciaag.net for your chance to be featured in The Advocate Corner for your chance to be entered in the Advocate of the Month contest.

We would like to thank the following members for their exemplary advocacy efforts:

Advocate of the Month!

This month we would like to thank the 48 individuals that stepped up in November/December to help us reach out to lawmakers in all 50 states! This was a tremendous effort and shows how powerful our community is when we come together! As a result of **your** efforts there is not a single lawmaker in the United States that can claim ignorance regarding the public health crisis born out of healthcare policy changes currently being devised.

Thanks to your efforts we have sent a message to 100% of the state lawmakers in the nation! No longer can they claim "ignorance" when it comes to the negative effects recent healthcare policies changes are having on the public health and safety.

Are you an Organization or Healthcare Advocacy Group interested in joining the CIAAG Coalition partnerships?

If so, reach out to us at info@ciaag.net and inquire how to become a partner and join our monthly collaboration call.

[Please Donate Here!](#)

Thank you for your support and your help in our effort to promote change and protect patient rights!

Together we are #CIAAGStrong!

Sincerely,

Lauren DeLuca & Shasta Rayne Hamer
 Founding President & Vice President

Chronic Illness Advocacy & Awareness Group, Inc., dba CIAAG

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Note: CIAAG is a 501(C)-3 organization therefore any and all donations are 100% tax deductible.

Things that donations will be used for:

- Travel
- Printing Flyers
- Promotional Materials

[Please Donate Here!](#)