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Research Topic: Opioid hysteria and the social prejudice against the chronically ill

OPIOID HYSTERIA AND THE SOCIAL PREJUDICE AGAINST THE CHRONICALLY ILL

Research Problem

In 2023, 24.3% of adults in the USA had chronic pain, 8.5% of whom had high-impact chronic pain that limits daily life or work [1]. Diseases such as fibromyalgia, Ehlers-Danlos syndrome, and Complex regional pain syndrome are incurable conditions that coincide with unbearable pain and fatigue, which severely impair an individual's life. For this reason, the people in chronic pain states have a significant prevalence of anxiety and depression (A/D) symptoms, with 39.5% of those with high-impact chronic pain having A/D symptoms along with a high risk for suicide death. [2] [3]. Thus, many chronically ill patients rely on opioid related pain meds as a tool to ease their pain and allow them to perform basic tasks. However, the ongoing opioid crisis, marked by a sharp rise in opioid overdose deaths, has resulted in the portrayal of these substances as addictive drugs that are exclusively taken as a measure to escape into a deep sense of euphoria and thus inducing a stigma against chronically ill patients who are dependent on these medications. Misinterpretation of this crisis has prompted the DEA to issue increasingly strict and often vague guidelines on opioid prescribing. While intended to curb misuse, these regulations carry serious consequences: even well-meaning practitioners risk investigation or loss of their medical license if their prescriptions are deemed illegitimate. As a result, many healthcare providers have grown fearful and reluctant to prescribe opioids, even when medically justified, leaving patients with chronic or severe pain caught in the crossfire. [4][5]

Existing Literature

Studies have brought attention to the unfair treatment of the chronically ill, highlighting both the psychological and physiological toll of discrimination. An example is a study published in SSM Population Health, which notes that 18.4% of adults aged 50 and older in the United States with chronic illnesses like diabetes, heart disease, or lung disease reported experiencing discrimination among healthcare facilities, where their interactions with these places are defined by a lack of respect and poor service [6]. These adverse experiences had strong correlations with lower provider trust, lower satisfaction with care, and poor self-reported health. Another study, published in Psychoneuroendocrinology, pointed out that individuals exposed to repetitive unfair treatment in a medical context or everyday life scored much higher on allostatic load, a physiological stress biomarker [7]. This increased biological load denotes the physical consequences of decades-long discrimination and stress that can accelerate the progression of chronic illnesses and weaken overall well-being. Notwithstanding such a challenge and the role that opioids have played in pain management among many chronically ill persons in the United States, there still exists a significant gap in research comparing the dangers and disadvantages associated with restricting prescription opioids and whether the guidelines were able to overcome the opioid crisis. Moreover, there lies a severe scarcity in the literature on chronic pain patients' experiences due to opioids being depicted as psychoactive drugs that are used by addicts to get into a psychedelic state. Understanding the impact of this stigmatization and the risk-reward of prescription opioids is thus crucial for helping chronically ill patients alleviate their pain, mentally and physically.

Research Question

→ Does the fearmongering of opioids promoted by societal stigmatization correlate with declining mental health amongst chronically ill patients?

→ Does suppressing prescriptions result in a lower overdose?

Methodology

This study is based upon various complementary datasets based on the US spanning from 1999-2023. The research utilizes a mixed-methods approach; combining quantitative trend analysis and comparative assessments on the relevant secondary data to determine the risk-reward balance between prescribing necessary opioids versus the danger of non-prescribed patients seeking illicit alternatives, considering factors such as overdose rates, long-term mental health decline, and suicide mortality.

Datasets:

1. Prescription opioid overdose death rate in the US (1999-2023) [8]
    - Variables: Annual death rates per 100,000 population, temporal trends
    - Source: Statista database on US prescription opioid overdose mortality

2. Total Opioid Overdose deaths [9]
    - Variables: Total overdose deaths, specific causes
    - Source: CDC National Center for Health Statistics

3. Mental Health Outcomes following Opioid discontinuation [10] [11]
    - Variables: Suicide rates among chronic pain patients, depression and anxiety measures
    - Source: PubMed studies

4. Non-prescription Opioid use patterns [12]
    - Variables: Substance abuse patterns, illicit drugs procurement
    - Source: PLOS ONE article

Analytical Method

Quantitative Analysis:

1. **Trend Analysis-** A time-series examination of prescription opioid overdose rates between 1999-2023 is conducted initially, and then the annual percentage changes are calculated and inflection points are identified. Correlation analysis done between restrictions and overdose trends.
2. **Comparative Assessment-** At first, a comparison is derived between overdose rates between prescription and non-prescription opioids and risk-ratio calculations between different patient populations is calculated. Demographics are considered.
3. **Outcome examination-** The outcomes measured are mental health decline rates following opioid discontinuation, suicide mortality rates amongst chronic pain patients and illicit drug use prevalance of patients who were denied necessary opioids for treatment.

Project Practicalities:

Secondary data will be acquired and cleaned within the first week. A comprehensive statistical analysis will be conducted in the subsequent 2 weeks and the results will be interpreted and arranged in the week after. The final manuscript will be prepared and submitted in the 4th week of the study's duration. The total estimated time to complete the research is 4 weeks.

The study population includes vulnerable populations: chronic illness and substance use disorder. Hence, analysis will be done sensitively to avoid stigmatization of such demographics. The results will be objective and rational without any perpetuating emotional biases. The limitations of secondary data analysis will be acknowledged clearly. Findings will be contextualized solely to present evidence on the hypothesis, and harmful narratives will be avoided strictly. Moreover, the results are intended to advocate for improved patient care rather than reinforcing negative stereotypes amongst these populations.

6. Roadblocks and Potential Limitations:

This research relies entirely on secondary data in the U.S., since time and resource constraints prevent primary data collection. The latest data sets might not be readily available, and some secondary sources might be biased. Additionally, variables such as mental health deterioration or suicide may not be affected only by the denial of prescriptions, as some other factors might overlap, making causality harder to establish.

7. Expected outcomes:

An examination of data regarding the deaths involving both prescribed and non-prescribed opioids can help us determine whether legitimate prescription of opioids can play a significant role in the general opioid overdose epidemic. The difference within is critical to the distinction between the effects of illicit drug use and medically controlled pain management. Moreover, questioning the necessity of limiting access to opioid medication for patients with chronic conditions, as a result worsening the quality of their lives, increasing the possible transition to illegal sources, we will be able to judge whether all this is worth limiting access to drugs or whether this measure is harming rather than helping. The current analysis can assist in greater opioid policy-making, one that safeguards the health of the population at large and does not miss the population struggling with chronic pain.

8. Conclusion:

The methodology described seeks to test the hypothesis that reducing prescription rates for patients who require opioids for pain management not only fails to achieve the intended safety outcomes but also tends to exacerbate the risks these patients might face. If the study supports the hypothesis, this research will present evidence that will compel fewer restrictions on opioid based treatments for documented medical conditions. Moreover, the findings will help humanize chronically ill patients and remove the stigma that comes from taking narcotics for legitimate symptoms. The study will help recognize the importance of opioid therapy for chronic pain conditions whilst tackling the harm that current stringent regulatory practices bring forth.

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