# Field– Medicine

# Opioid Hysteria and the Social Prejudice Against the Chronically Ill

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*Abstract –*

A large proportion of residents in the United States of America are victims of chronic diseases that have been inflicting extreme pain over a prolonged period. These aches, often lasting decades, have caused patients to rely on opioid related pain meds as a tool to ease their pain and allow them to perform basic tasks. However, the portrayal of opioids as an addictive drug that is exclusively taken as a measure to escape into a deep sense of euphoria has induced a stigma against chronically ill patients who are dependent on these medications. Misinterpretation of the opioid crisis has resulted in patients being deprived of legitimate prescription drugs by medical practitioners. Having these pain-relieving medications discontinued or rejected can result in exacerbating the declining mental health among the chronically ill.

This study highlights how the negative perspective on opioids has affected chronic pain patients.

An anonymous survey was conducted with structured questionnaires around the general impression of opioid related pain meds amongst 33 participants residing in the U.S. The survey responses were recoded and analyzed in SPSS using descriptive statistics, a composite stigma index, Crosstabs with Chi-square tests, and correlations. Moreover, regression and correlation analysis were applied to examine the relations between opioid prescription rates and prescription and total opioid overdose deaths.

Survey analysis showed that the stigma index averaged around 2.0–2.5 on a 5-point scale. Furthermore, both aware and unaware groups rated opioids as highly dangerous ($\chi^2$(1, N=33) = 0.34, p = .561). Moreover, from 2010-2023, opioid prescription rates decreased approximately 53.8%. In this timeframe, fatal prescription opioid overdoses had a weak positive relationship with prescription rates (r(14)=0.095, p= 0.7428). Each unit decrease in opioid prescription per 100 persons reduced prescription overdose deaths by 0.0022 per 100,000 population ($\beta$ = 0.0022). The model presented an $R^2$ value of 0.0093. Overall, this relation was statistically insignificant and may be attributed to random variables. However, prescription dispensation rate and total overdose mortality had a strong inverse correlation with high statistical significance (r(14) = -0.9588, p = 0.0000016). Each unit decrease in prescription opioid dispensation rates per 100 persons increased total overdose mortality by 0.38 per 100,000 population ($\beta$ = -0.38). The model presented a great fit, with an $R^2$ value of 0.92.

The general American population has had an overall negative perception of opioids, implying discriminatory misconceptions associated with opioid use. These negative beliefs have had many unintended consequences amongst chronic pain patients- tapering and discontinuation of opioids, experiences of discrimination in healthcare settings, prior authorization requirements, and restrictions on insurance policies. These systemic roadblocks have led to significant mental health consequences, including anxiety, depression, and a diminished sense of trust in medical institutions, alongside financial and physical strain for patients, all of which contribute to their reduced quality of life. Moreover, the restrictions on prescribing opioids initially introduced to reduce harm have failed to tackle the crisis as opioid overdoses have continued to rise and instead contributed to worsening health outcomes, with patients being at greater risk of suicide or overdose after being deprived of their medications.