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As a chronic pain patient, I know firsthand the devastation these so-called “guidelines” have caused. From their creation to widespread enforcement, patient-centered care was glaringly absent. Instead of offering compassionate solutions, the CDC imposed a deeply flawed Morphine Milligram Equivalent (MME) scale. This arbitrary measure ignored critical factors such as body weight, age, tolerance, metabolic rates, and each patient’s knowledge of what works for their pain.

This one-size-fits-all approach left chronic pain patients vastly under-medicated, many suicidal, and nearly all without hope. Millions now face daily life in agony, stripped of effective treatments. Instead of being seen as individuals deserving care, we’ve been abandoned in the name of solving a crisis we didn’t create.

The forced tapering or abrupt discontinuation of opioid prescriptions has driven some patients to suicide. A Pain Medicine study showed that chronic pain patients denied proper care experienced suicidal thoughts at alarming rates. The truth is simple: chronic pain patients are suffering and dying because their pain is ignored, and their care criminalized.

The creation of these harmful rules was fueled by anti-opioid advocacy groups like Physicians for Responsible Opioid Prescribing (PROP), led by Andrew Kolodny. Kolodny was instrumental in shaping the CDC guidelines and remains one of the most vocal proponents, despite mounting evidence of harm.

PROP’s agenda prioritized cutting opioid prescriptions at all costs, ignoring patient realities. The group spread misinformation conflating responsible opioid use with addiction and failed to distinguish between dependence and abuse. Several PROP members even had financial ties to addiction treatment centers, raising questions about their validity.

Though intended as guidance, states and the DEA adopted the CDC guidelines as rigid mandates. Doctors, fearing prosecution or license revocation, abruptly stopped or reduced prescriptions. This left countless chronic pain patients without effective care, as doctors abandoned safe prescribing to protect themselves.

Our only hope is for the CDC to acknowledge its error, rescind the guidelines, and urge states and the DEA to follow suit. Chronic pain patients need:

- Patient-Centered Care: Treatment tailored to individual needs, not arbitrary rules.
- Compassion: Recognition that chronic pain patients are not addicts but individuals seeking relief from debilitating pain.
- Accountability: An admission of the harm caused and a commitment to fixing it.

We must stop punishing chronic pain patients. Compassion and care, not stigma and abandonment, are the only paths forward.