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Short Communication

The Opioid Crisis; What Went Wrong

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In the United States, more than 130 people die every day from opioid overdose [1]. Initially prescribed as analgesic medication, opioid use continued to evolve over time from use to abuse and crisis to epidemic, now accounting for an annual economic burden of $75 million [2]. From 'opiophobia' in the 20th century to the 'opioid crisis' today there is a lot we can learn. The roots of the problem can be traced into the 90's, when the pharmaceutical companies reassured the healthcare professionals that opioids can effectively treat pain without dependence. This was followed by the American Pain Society's initiative of 'Pain as the 5th vital sign' which became widely accepted [3]. The liberal use of opioids for non-cancerous chronic pain was strongly recommended. Use of opioids for chronic pain resulted in better patient satisfaction rates that the hospitals welcomed. These dynamic shift in policies were based on two retrospective publications from the 1980s: the first described low (0.03%) addiction rates for inpatients receiving opioids for acute pain; [4] the second, a retrospective review of 38 patients, demonstrated that only 2 of 38 patients with chronic pain developed misuse or abuse issues when receiving opioids [5]. There were a number of publications in the 1990s that questioned the under treatment of chronic pain, an article was published in 1990 by Donald Malzack in the Scientific American that questioned why opioids were reserved for cancer pain and avoided in chronic pain states [6]. At the time when pathophysiology of chronic pain was still widely unknown.

The rate of opioid prescriptions increased from 72.4 in 2006 to 81.3 in 2012 per 100 persons [7]. The consequences of these were challenging. From 1999 to 2017, almost 218,000 people died in the United States from overdoses related to prescription opioids [8] and caused the US economy a staggering $55.7 billion (2007) in cost. In October 16, 2017, the US Government declared the opioid epidemic a public health emergency. Since the issue came under light, one realized the sparsity of research and evidence base guidelines in the use of opioids as pain killers. To deal with these shortcomings the Center for Disease Control (CDC) initiated efforts to better track and understand data related to growing opioid overdose epidemic. With increased funding in the last few years the CDC came up with an initiative that focused on 5 main components. The first and most significant was conducting surveillance and research, to make sure that the most recent and accurate data is available for health care workers to understand the severity of the problem and to invest in research for the better understanding of the epidemic and formulate preventive measures. Other components included the involvement of local communities and tribes in preventing overdoses, increasing the awareness of general public on the epidemic so that they can make informed decisions and implementation of guidelines for opioid prescription [9].

The results of these interventions were promising, according to CDC's newest report made public on 17 July 2019 showed a drop of 5.1% in deaths due to opioid overdoses in 2018 from the year before. The CDC research shows that an estimated 68,557 people died in 2018, down from 72,224 people in 2017. Deaths from natural and semi-synthetic opioids - painkillers like morphine, codeine and oxycodone fell by 14.5%, the sharpest drop for any drug category [10]. This downturn, however modest, suggests that efforts to improve the availability and efficacy of substance use treatment and to prevent addiction have started to show some results.

The opioid epidemic has resulted from myriad of causes and will not be solved by any simple solution. Physician's role in this

epidemic is one of the most defining factors in curbing it. Since the establishment of strict guidelines and emergence of this issue as a health crisis, physicians have become cautious in prescribing opioids for chronic pain. Whether a patient needs opioid for chronic pain, gauging the balance between relief and addiction risk all ultimately falls on the physician shoulders. In most of the cases it becomes highly subjective, and physicians need to decide what is in the best interest of their patients, both in short and long. One of the most important lessons from this crisis is ultimately putting faith in evidence-based research and investing time and resources in unraveling the science behind pain and addiction.

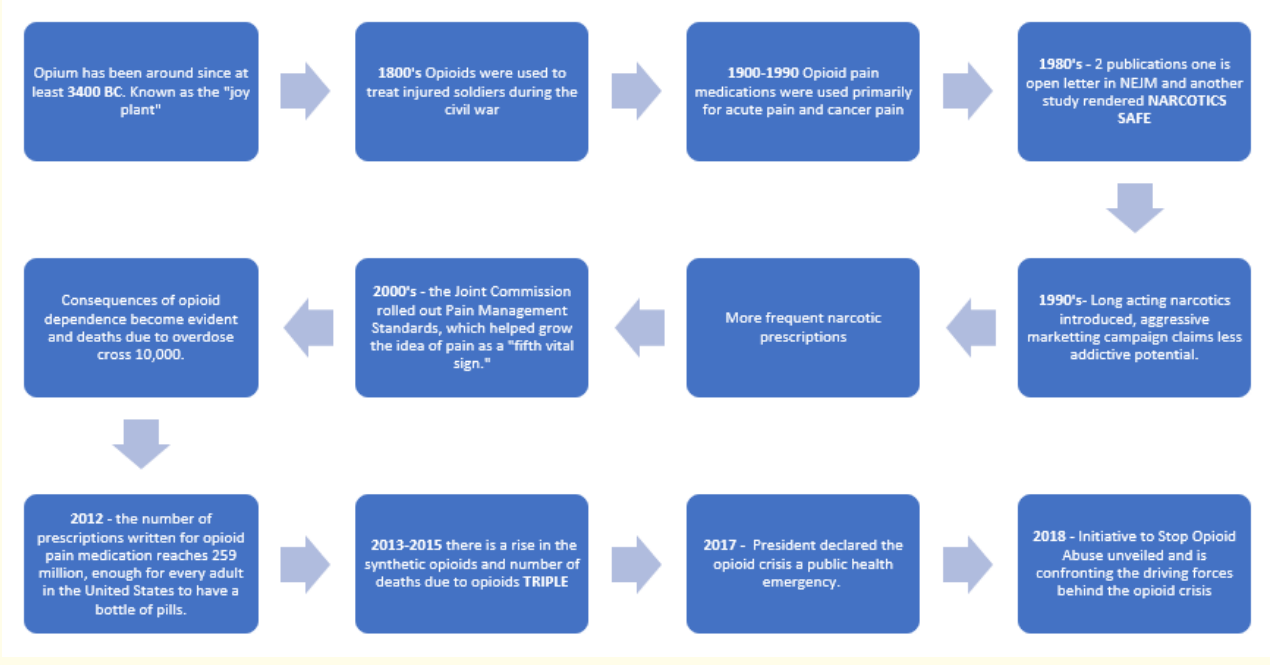

Figure 1: Timeline of Opioid.

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