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Commentary

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The Opioid Epidemic: Misuse, Tolerance and Addiction

Olivia Xu and Jingping Wang

Department of Anesthesia, Critical Care and Pain Medicine, Massachusetts General Hospital, USA

***Corresponding Author:** Jingping Wang, MD, PhD, Department of Anesthesia, Critical Care and Pain Medicine, Massachusetts General Hospital, 55 Fruit Street, Boston, MA 02114, USA, Tel: 617 643 2729; Fax: 617 726 7536; Email: jwang23@partners.org

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In 2017, the U.S. Department of Health and Human Services declared what became known as the opioid crisis, to be a public health emergency. The origin of this epidemic dates back to the 1990s, where pharmaceutical companies initially began reassuring medical professionals that prescribing opioid pain relievers would pose no risk to patients in need. Subsequently, providers began to gradually administer opioids in greater doses, which eventually resulted in widespread misuse of the drug. When it finally became clear that opioids could become dangerously addictive, it was already too late. “Devastating consequences of the opioid epidemic include increases in opioid misuse and related overdoses, as well as the rising incidence of newborns experiencing withdrawal syndrome due to opioid use and misuse during pregnancy” [1]. Today, an average of over 130 U.S. citizens die every day due to misuse and overdosing on opioids.

With such a widespread epidemic, it became important to track down the roots of the

problem. Experts found that patients who were given prescription pain relievers, heroin, and synthetic opioids became susceptible to potential misuse within the future. For example, Fentanyl is an extremely potent synthetic Opioid like morphine, but more powerful. Fentanyl, along with other synthetic Opioids, became responsible for almost 50% of Opioid related deaths in 2018. Moreover, prior substance abuse can make patients more prone to Opioid misuse or addiction. With such devastating consequences of Opioid prescriptions for medical purposes, physicians began to wean patients off Opioids and even left their practices, out of fear of losing their medical license and all credibility. “Today, in more than half of U.S. states, patients in acute pain from surgery or an injury may not by law fill an opioid prescription for more than three to seven days, regardless of the severity of their surgery or injury” [2]. Despite this, chronic and cancer pain patients are typically exempt from this rule, due to the increased severity in their pain. Although the Opioid crisis has brought about a dangerous concern for a patient’s life, not all patients who are prescribed Opioids for medical purposes become addicted. For example, many patients seem to develop a specific tolerance for the drug instead. In fact, a

substantial number of patients who end up misusing Opioids don't even receive it from a doctor under medical supervision.

With rising concerns over the Opioid Crisis, the U.S Center for Disease Control (CDC) has released a guideline on how to prescribe Opioids. The guidelines establish standards and expectations for weighing the costs and benefits of Opioid treatment, while simultaneously addressing the risks. For simplicity, the guidelines have been divided into three parts: 1. Determining the correct time frame in which to commence or continue Opioid treatment. 2. Selecting the correct dosage and duration for the Opioid, while scheduling follow-ups and a time to end the Opioid treatment. 3. Assessing the dangers and risks of Opioid use. The third part of the CDC guideline is extremely significant, because the safest way to go about Opioid usage for medical purposes, is to closely monitor the patient and ensure that they do not show signs of misuse and/or addiction.

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