



The opioid epidemic and crisis in US: how about Korea?

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Received September 3, 2019, Revised September 9, 2019, Accepted September 10, 2019

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In May, 2019, the American Pain Society (APS) officially shutdown and filed for bankruptcy due to issues regarding opioid prescription and abuse [1]. Also, several big pharmaceutical companies have been charged and ordered to pay millions of dollars due to their liability in the opioid epidemic. Even individual physicians were sentenced to several years in prison for over-prescription of opioid analgesics.

The present opioid crisis has developed over decades. However, if you look closely, its details continuously changed in relation to each other. In the 1980s, opioid prescription was starting to increase after the consensus statement from the American academy of pain medicine and the American pain society about opioid use in non-cancer pain [2]. After the end of the 1990s, an increase in chronic pain patients further accelerated the prescription of opioid analgesics, and it was after this that the real problem began [3]. In the 2010s, federal and state governments' efforts to regulate opioid overprescription seemed to stabilize these problems, but this led to those already addicted finding cheaper illegal opioids, such as heroin [4,5]. More recently, over 70,000 people died due to drug overdose in 2017, with opioids being the leading cause [6]. The numbers are still increasing [6]. Numerous articles have been published about the cause of the current opioid crisis, and several solutions have been suggested. Detailed accounts of the individual articles will be omitted here,

but this crisis is still ongoing and the US consumes over 80% of the opioids used worldwide [5].

The opioid medications which caused this crisis mostly can be prescribed in Korea. So, how about Korea? Is Korea safe from the opioid epidemic? Actually, this opioid epidemic and crisis could be only US issues. The US only makes up about 4% of world population but about 27% of deaths due to drug overdose occur in the US [7,8]. However, there is nothing wrong with being prepared. Although there have been no issues with opioid prescription and use so far, recognizing some key points and problems can prevent the crisis if we analyze the suggested solutions for stopping the US epidemic.

First, the need for a national healthcare system (NHS) is stated. In the absence of a national health care system, it is difficult to strictly monitor or uniformly control problems such as the opioid crisis. And the individuals responsible for instances of abuse are ambiguous under a private healthcare system which is, in turn, under control of private insurance companies [7]. Fortunately, this has nothing to do with Korea. The Korean NHS already restricts the quantity of opioid medications prescribed and the duration of these prescriptions, and the Narcotics Information Management System is operating under government control. Nevertheless, nonmedical use of prescribed opioids and identity theft are potential problems that can occur.

Second, on the other hand, the Korean NHS has a natu-

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Author contributions: Joon-Ho Lee: Writing/manuscript preparation.

ral weak point in regards to analgesic overuse. Since low medical insurance fees force physicians to treat a greater number of patients, there is not enough time to properly inquire into the details of a patient's pain. Simply prescribing an opioid is a fast and easy method to satisfy a patient's complaint, and also saves time [5]. Thorough evaluation is much more important than prescribing medications for treatment of chronic pain but it takes a lot of time, and there is no payment system for this in Korea, even in very rare but complex diseases such as complex regional pain syndrome. Prescribing opioids is not the only way to control chronic pain.

Third, a large number of patients with opioid addiction have concomitant psychological disorders. As most opioid-addicted patients have chronic pain, this is no surprise. In Korea, there are no data about the prevalence of concomitant psychiatric disease in opioid addicted patients, but also many chronic pain patients have chronic depressive disorders [9]. Obviously, treatment of coexisting psychological problems should accompany pain treatment, but in Korea, the entry barrier to meeting a psychiatrist is still high for several reasons [10].

Finally, the importance of the physician's education system should be emphasized. Although it is not mandatory, not by pharmaceutical companies but academic organization driven education should be taken [5]. To my knowledge, most physicians in Korea who prescribe opioids have almost never been educated about opioid use from an academic perspective. Also, most academic associations do not have educational programs about prescribing opioids (even simple analgesic medications), with the exception of the Korean Pain Society. Mandatory training is needed for those prescribing opioid.

To date, Korea is relatively safe from opioid overdoses and other opioid-related harms. However, as mentioned above, there are some potential pitfalls we can fall prey to. Further national data-based research about the current state of opioid medication are needed in the near future.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was

reported.

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