

Need for Reframing of Prevention Strategies to Combat Opioid Epidemic

To THE EDITOR:

We would like to comment on the manuscript published in JAMA by Busse et al titled "Opioids for Chronic Noncancer Pain: A Systematic Review and Meta-analysis" with a systematic review and metaanalysis (1). This systematic review and meta-analysis of opioids for chronic non-cancer pain suffers from highly variable and imperfect data. The review demonstrated that opioid use was associated with statistically significant but small improvements in pain and physical functioning alongside increased risk of vomiting compared with placebo. This is in agreement with previous systematic reviews providing limited or no evidence of effectiveness of opioids in chronic non-cancer pain (2,3). Despite declining opioid prescriptions, opioid deaths continue to escalate. It is essential to refocus and redirect the effects of prevention of opioid abuse (4). Recent data from the CDC shows that escalating deaths are related mostly to synthetic opioids and heroin, with recent increase in deaths related to cocaine and methamphetamine, whereas, deaths due to natural and semi-synthetic opioids continue to be stable contributing to 20% of total drug-related deaths. In fact, prescription opioid-related deaths increased 18% from 2009 to 2017 compared to 179% from 2001 to 2009. In contrast, fentanyl deaths increased 898% from 2009 to 2017 compared to 208% from 2001 to 2009.

It is interesting to note that to combat the opioid epidemic; some states are proposing medical marijuana as a substitute for opioids (5). It is ironic to note that marijuana is considered a gateway for the opioid epidemic. As currently reflected, opioids have become a gateway for the heroin and synthetic fentanyl epidemic.

Advocated for years, it is crucial to not overprescribe, and to take time to explain risks and harms to patients before they fill their first prescription. Redoubling efforts to improve the process of care when prescribing opioids may not be enough. Regulatory efforts are hindering appropriate management of pain by causing prescribers to without opioids which unfortunately can lead

to withdrawal, and patient suicides. Extensive removal of opioids from patients who are dependent, may lead to illicit street purchasing of opioids. This is illustrated by a steady decline in opioid prescriptions of 22% from 2013 to 2017, yet stable prescription opioid deaths.

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