



Editorial

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How to prevent opioid abuse and addiction

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Opioid abuse has become an increasingly serious problem. According to Macintyre et al. [1], the uncontrolled and indiscriminate prescription of opioids has led to an opioid crisis that has spread throughout the world. Park et al. [2] reported that opioid abuse is an unsettling social problem, with the numbers of users in their 20s continuing to rise. Additionally, the distribution structure currently involves secret trading on Internet-based services using Bitcoin.

The United States has suffered many casualties owing to COVID-19. Surprisingly, however, in 2021, the greatest cause of death in young people aged 18–45 years in the United States was from the misuse and abuse of narcotic drugs. The US Centers for Disease Control and Prevention (CDC) found that drug misuse and abuse significantly increased during the pandemic. Approximately 107,000 people died from drug overdoses in 2021, an increase of more than 14% in one year and more than 50% in two years. In particular, a 22% increase in mortality was found to be associated with synthetic opioids such as fentanyl [3].

Citing data from the US CDC, Yoon [4], a reporter for the Hidoc News magazine, stated that the life expectancy for Americans in 2021 was 76.1 years, the lowest since 1996. One of the reasons for this decline in life expectancy, which had been on the rise for decades, was opioid misuse.

A recent documentary produced by the Korea Broadcasting Station on the current reality of drug addiction in United States included interviews with those wandering on “zombie streets” to determine why they started taking these drugs. According to this documentary, many start taking drugs for pain control after surgery or for chronic pain after body injury.

The *Korean Journal of Anesthesiology* (KJA) has included various articles investigating methods to reduce opioid use during the postoperative period, including regional, multimodal, and balanced analgesia [5–7]. During training, anesthesiologists learn about the side effects and the potential for misuse and abuse of drugs, particularly opioids. Regional anesthesia techniques are effective at reducing intraoperative opioid use and postoperative pain, nausea, and vomiting in patients undergoing laparoscopic cholecystectomy (LC) [7]. This issue of the KJA included a study on the effect of the thoracic paravertebral block (TPVB) [8]. The authors performed a TPVB either prior to skin incision or after skin closure to compare the effects of preemptive visceral analgesia on opioid consumption and postoperative pain intensity during the first 24 h after LC. They showed that pre-incisional TPVB was effective at reducing 24-h postoperative opioid consumption and controlling postoperative pain, providing evidence for the effectiveness of preemptive visceral analgesia. The authors also suggested that the preemptive visceral analgesic effect of pre-incisional TPVB should be studied for surgeries other than LC. Henshaw et al. [9] argued that opioid abuse should be recognized as a new disease and suggested that enhanced postoperative monitoring, multimodal analgesia, and a plan for preoperative opi-

oid management may help modify the risks of adverse postoperative outcomes. Thus, the need for anesthesiologists to join in the efforts to reduce opioid use during the perioperative period and take a lead in discovering new pain management methods is growing.

In 2016, the CDC decided to limit the prescription period for narcotic analgesics and recommended that clinicians prioritize non-narcotic analgesics when prescribing pain medications. The Korean Ministry of Food and Drug Safety (FDA) has been operating a Narcotics Information Management System and announced in 2021 the activation of a patient medication history inquiry service to help physicians prevent the misuse and abuse of drugs at the prescription stage, and an expansion of the provision of prescription history information to medical personnel can help prevent overprescription.

Currently, excessive use of opioids are a problem for criminal organizations as well as for people in everyday life. Physicians prescribing narcotics must be particularly vigilant and should participate in reducing the use of opioids and attempt to find other alternatives.

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Conflicts of Interest

No potential conflict of interest relevant to this article was reported.

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