

HEALTHCARE LIABILITY

LEADERSHIP & INNOVATION

Is The Opioid Crisis Becoming Pandemic?

The U.S. and Canada has dealt with the opioid crisis for a number of years, resulting in numerous efforts implemented on a national and subnational level to tackle this crisis. Outside of the U.S. and Canada, awareness of the opioid crisis is growing but remains relatively low.

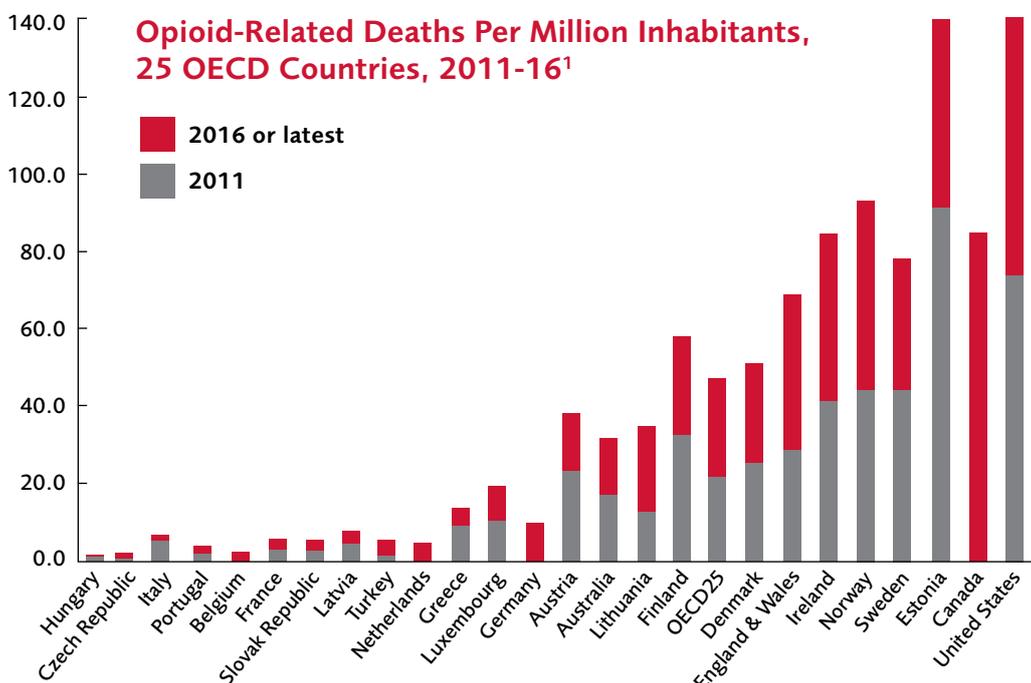
A new analysis from the Organisation for Economic Cooperation and Development (OECD) Health Policy¹ reveals the scale of the problem in other member countries of the OECD.

What Is The Opioid Crisis?

Opioids can be used as analgesic medications to treat moderate to severe pain. The use of these opioids over an extended period can lead to tolerance. In such cases, higher doses are required to achieve the desired analgesic effect, as well as leading to opioid dependence and addiction. The use of illicit opioids, such as heroin, over prolonged periods can also have similar dependence and addiction effects. This commentary will focus on issues around prescription opioid use.

How Is This Crisis Affecting OECD Countries Outside Of The U.S. And Canada?

A combination of the increased use of opioids as analgesics and as illicit drugs has resulted in an increased number of hospital attendances due to opioid overdose. Opioid-related deaths are the key indicator that this report used in order to measure the impact that opioid consumption is having in OECD countries. This includes both illicit and prescription opioids. Observe that the countries sitting above the OECD average of opioid related deaths, with increasing trends, are England & Wales, Ireland, Norway and Sweden. In Australia, of the 1,119 deaths, over 900 mentioned prescription opioids. This figure represents a rise of 62% between 2007 and 2016.



Source: EMCDA for European Countries and country responses to ORD data questionnaire.

What Factors Are Contributing To The Crisis?

Increased opioid prescription has occurred due to a number of factors, including:

1. Over a number of years, there were **claims about the safety of prescription opioids**, including a case series suggesting that opioid maintenance is safer and 'more humane' for those with chronic pain and no history of drug abuse.²
2. **Opioid manufacturers have influenced the incorporation of opioids into pain management plans** using marketing campaigns that emphasised that opioids were low risk and effective in reducing pain.³
3. **Overprescribing by physicians.** This can fall into three categories:
 - a. Patients who are successful in convincing their physician to treat their pain with opioids;
 - b. Doctors who treat patients with high doses of opioids; and
 - c. Doctors who abuse their position and prescribe opioids for patients who do not require them.
4. **Limited alternatives**, as a result of limited development of non-addictive treatments for chronic pain.⁴

Examples Of Policies To Address The Opioid Crisis

Prevention

An example of a policy to address the crisis includes improved opioid related literacy, in the form of patient information leaflets. A recent study has shown that this type of intervention can improve aspects of patient knowledge of opioids by 25%.⁵ Another example is called the Opioids Aware initiative in the UK, which provides patients with information in order to aid them to make an informed decision about starting opioid therapy.⁶

Opioid Prescription Support And Surveillance

- Clinical practice guidelines can inform physicians about the appropriate use of prescription opioids and has led to smaller percentages of patients being managed with high dose opioids. In addition, it has led to higher percentages of providers reducing the use of long-acting opioids for acute pain or in combination with benzodiazepines.⁷ In the U.S., the implementation of the Guidelines for Prescribing Opioids for Chronic Pain of the Centers for Disease Control and Prevention was associated with a decline in the overall opioid prescribing rate, when compared with the pre guideline period.⁸

- Stewardship programmes can offer oversight of the prescription of opioids. For example, in Australia, the Chief Medical Officer requested GPs, who were identified in the top 20% of opioid prescribers for their region, to reflect on their prescribing practices.⁹
- Disciplinary actions for physicians overprescribing opioid medications. In Germany, the narcotic drug law states that narcotic drugs can only be prescribed if there is no other therapeutic option.¹⁰

Regulation Of The Industry

- Restrict widespread marketing and financial incentives directed towards prescribers and patients. For example, a recent case, reported in *The Sunday Times*, revealed that an opioid manufacturer reduced its level of sponsorship of a local health event, and implied that this was due to a doctor's negative opinion of a product. Dr Kolodny, an expert in opioid policy research in Massachusetts, said that 'aggressive tactics to promote opioids have led to a public health crisis in the U.S. It frightens me to see the same playbook used abroad'.¹¹ The OECD suggests enhancing transparency of marketing relationships and financial relationships to help regulate the industry.¹
- Prescription monitoring programmes can effectively reduce the so-called 'doctor-shopping' strategies¹² and showed that the rise of problematic opioid use is slower in U.S. states with these programmes in force compared to states without them.¹³⁻¹⁵

Conclusion

The consumption of opioids and opioid-related deaths is increasing in Europe and Australia. This awareness prompts a requirement for these nations to address this issue, on an international, national and regional level. As the healthcare sector continues to transform through its digital revolution, providers should consider the issues contributing to the opioid crisis. By the provision of remote consultations, patients are now able to access medical care cross-border, have access to a number of different physicians, even for the same condition. Patients could potentially have increased availability of opioids as a result. Patient education, coordinated care and evidence based clinical guidelines, specific to the prescription of opioids, are strategies that can ensure the safe provision of opioid analgesics. There is also a need to address the complexities around the rising illicit opioid use, which is not in scope for this article.

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