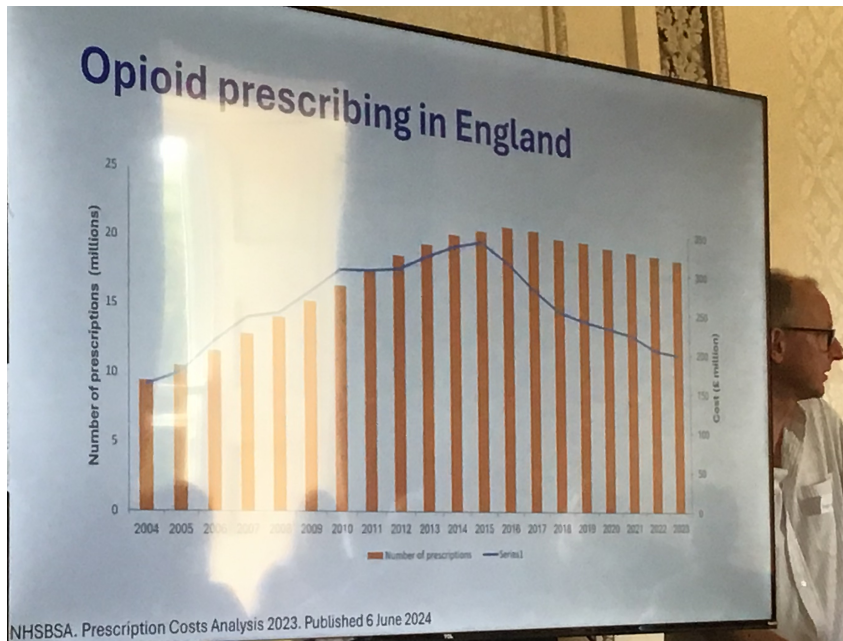


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Does the UK have a problem with (prescribed) Opioids
June 2024

Biopsychobiological are important in pain experienced, but also Cultural and Spiritual.

Historical perspective
Prescribing trends

Public Health
Contribution of post operative opioids

Definitions:
Epidemic
Public health emergency current of impending situation that has a widespread harm...inferring the govt/ healthcare services need to act.

E.g Trump declaring opioid

crisis as public health emergency but it didn't result in more public funds to address this.

Opioid crisis....

E.g Ant & Dec ...Ant addicted to prescription drugs

Opioid use not new...dating back to Mesopotamia, and pendulum use....Laudanum/ opiate dens
In Mid 1980s cancer pts were dying in pain

In late 90s

- pain relief as a human right
- role of Pharma and advocacy groups
- Undertreatment of pain seen as malpractice
- pain as 5th vital sign

Early 2000

- small trials showing efficacy of opioids in non-cancer pain

2010

- increasing understanding about what evidence means & how to interpret it
- harms associated becoming more apparent: mix of physiological and psychological

Opioid related deaths in terms of the US

1st wave prescription medication

2nd wave heroine

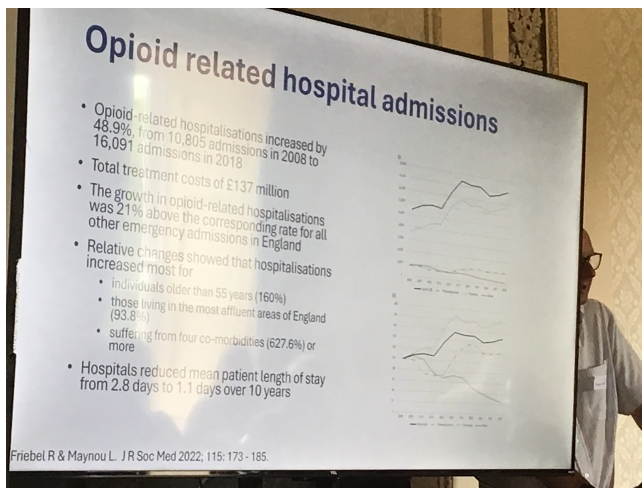
3rd Fentanyl

4th wave combined substances

Also important to gain balance, and some areas of world where opioids are scarce or unavailable, but others (N America, Europe, Aus) consume about 90% of opioid consumption.
So balance is important...

Prescribing trends:

ONLY recent minor reduced prescribing

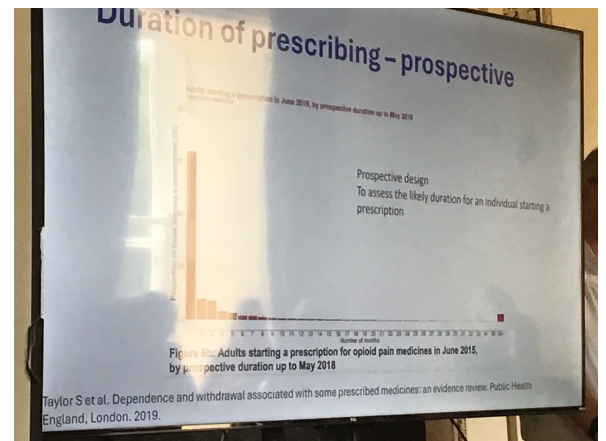


- this represents bulk...tells us nothing about individuals.

Duration of prescribing data

From March 2018 back to 2015,

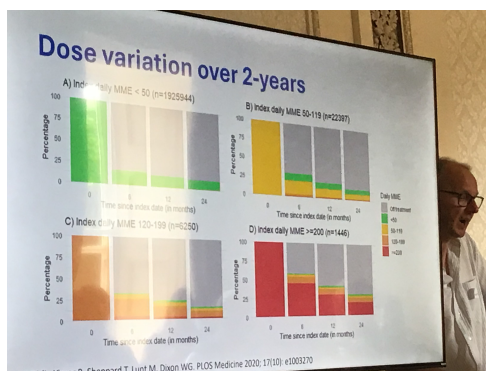
Most had a short period but very long tail, looking at repeat prescriptions, but this equated to half a million people having opiates prescribed >3yrs.



The Clinical practice resource data link sources looked at tying prescribing to clinical records, so looked at clinical conditions they had, and the harms suffered. .

Also looked at doses, and higher doses much less likely to be reduced over time.

Also significant regional variation in prescribing too.



Also high line related to Methodone.

Tramadol and codeine are next highest. But although lower levels, the trends are all increasing for Fentanyl, Buprenorphine and Oxycodone.

In Scotland deaths are not classified in the same way, and considered anomalous, as sign incr no. of opioid related deaths.

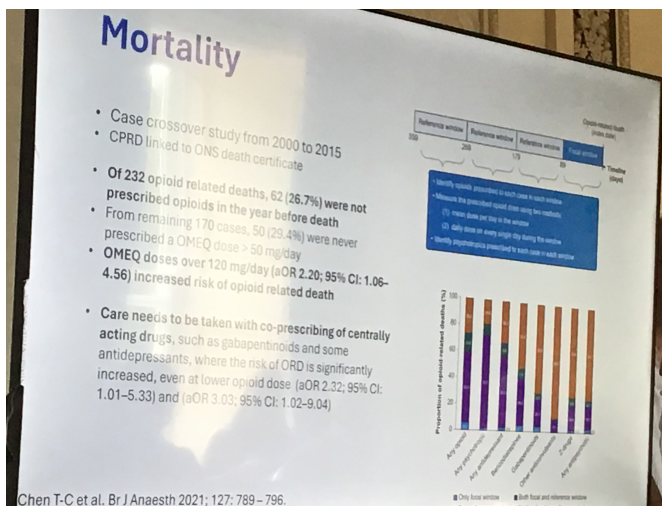
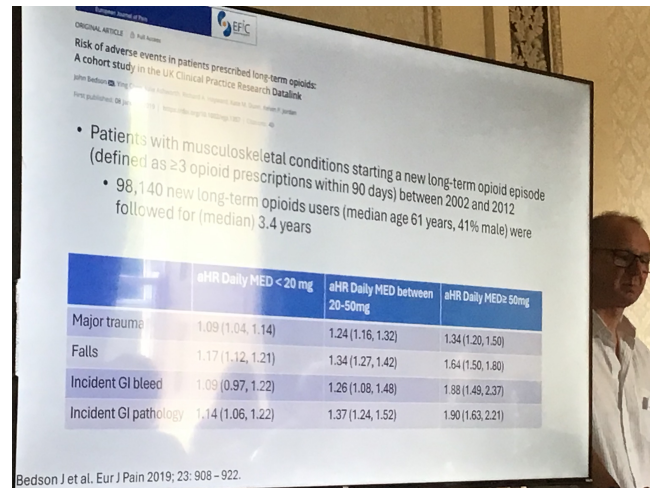
UKBiobank found 5% of people were regularly prescribed opioids

Signif more pts prescribed any form of opioids died cf others not on opioids.

BUT a quarter of deaths not related to prescriptions of opioids but this also suggests other co-prescribed medications may play a part.

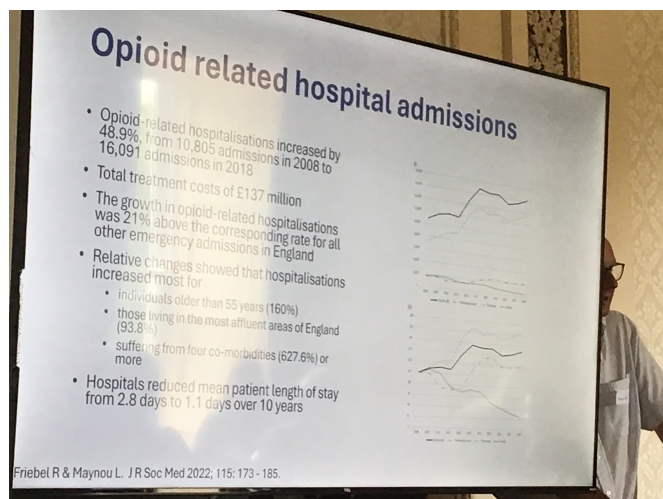
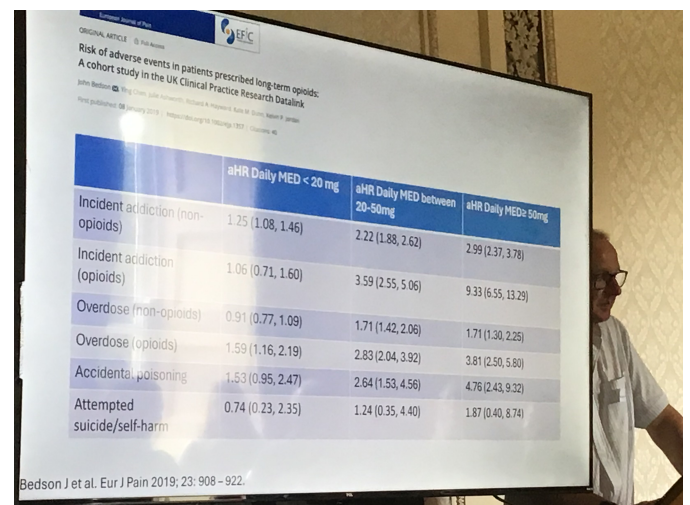
Harms, Physical and Psychological

Dearth of evidence, but 1 study looked at this

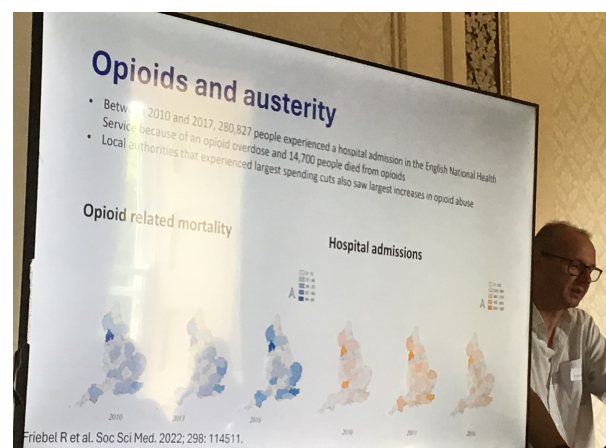


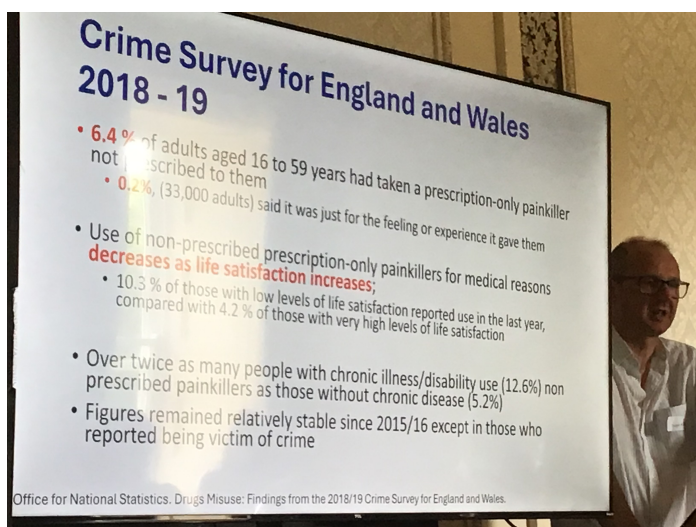
Bone, ligament all or head trauma also related to a dose dependent opioid prescribed.

Self harm or suicide also related...



Huge costs of approx 150 million to NHS per year.
Maps very similar to prior socioeconomic data.





Opioids are given after surgery
This is an area that health care professionals need to consider.

Looking at service evaluations across 14 Trusts over a 1 month snapshot:
Most had no written info about duration of prescribing. This needs to be significantly improved.
This is usu the most junior drs without any guidelines or formal training either.

Split into sequential 90 day periods. HAD >90, 000 individuals. There is a difference between real life data as compared to cohort studies.
16% of cohort had a prescription in 1st 8

mo, and 8% went on to develop persisting use.
Predictors were multiple comorbidities, deprivation, open surgery, pre-op opioids use, and Mod Release opioids (not a safe choice).

Proportions used

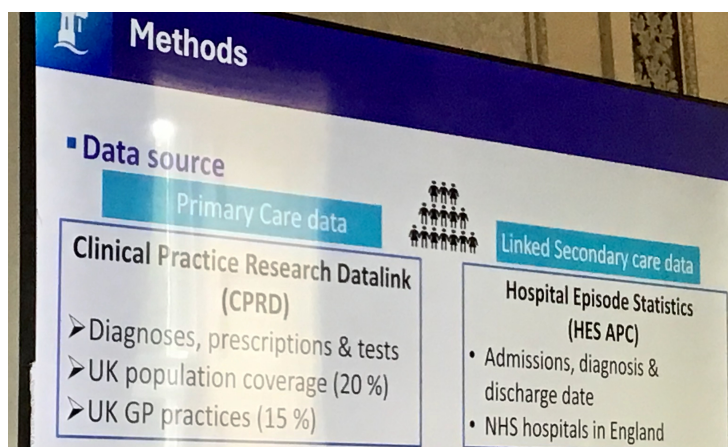
Codeine 44%

Tramadol 33%

Oxycodone prescribing INCReASED from 3% in 2010 to 8% in 2019

Tramadol prescribing decreased starting from 2014.

Comment from audience GP member: rare to get a complete picture as a pt or GP from discharge summaries.



The drives for shorted hospital stay but what to do about pain, and how to get across communication with/ from appropriate informed experts.

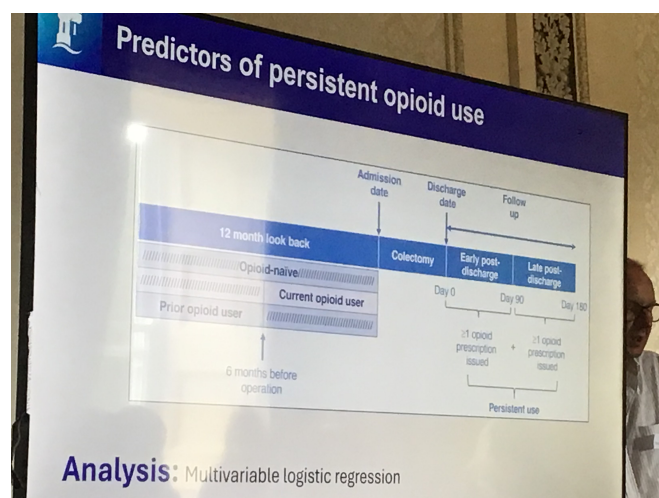
Oxycodone, is over-used, possibly from Pharma, based on marketing that it is better tolerated and more effective- but there is NO EVIDENCE Of that !

ORAT Opioid risk assessment too very useful

Word of Caution...

From clinicians view we need to be mindful of teh US experience: if not done in a controlled and supported manner then there are increased risks of metal health issues.

Now there are >7000 on high dose opioids
For every 62 people who stop (or dont start) you prevent 1 death (all cause mortality)



Summary

Interventions have had small impacts on reducing opioid prescribing.

Audience comments and questions;

Lack of access to surgery (hips and knee pain) may be anticipated to affect opioid prescribing..

Ans: this will be very dependent on area and alternative interventions.

GP- its awful at present: people living in limbo, invokes anger, frustration, and the emotional repercussions that exacerbate the pain also.