Opioids, opioids, and more opioids.

Over the last few months there has been increasing political and media spotlight on opioid prescribing. The Health Secretary has announced that additional prominent warnings on packaging highlighting the risk of addiction, there have been large campaigns by national newspapers, and several radio programmes raising concerns about opioids to the general population. No doubt this will have an impact on the conversations that healthcare professionals working in management have with the people they meet on a daily basis and there is a need for consistent messages from different healthcare professionals to ensure consistency of message.

The health and social consequences of the opioid ‘crisis’ or ‘epidemic’ in North America are cited widely and the media often draw similar parallels as it makes a headline. However, whilst there has been a substantial increase in the number of opioid prescriptions issued in all parts of the UK, there does not appear to be the same levels of morbidity and mortality as reported in the USA and Canada. One problem is that publicly available sources of prescribing and outcome data are presented at a population level that do not permit analysis at the level of an individual person.

This issue of the *British Journal of Pain* contains two articles about opioids. The first paper provides a comprehensive overview of opioid prescribing trends in Wales between 2005 and 2015 [1] and confirms results from England and Wales [2], and Scotland [3]. Over this period over 26 million opioid prescriptions were issued to approaching 1.25 million people. Of concern is the greatest proportional increase in opioid prescribing was in the 18–24 age group and the number of people with recorded diagnoses of depression or anxiety who were prescribed strong opioids increased substantially.

The second paper by Kennedy et al [4] demonstrates the complexity of the decision-making process when prescribing opioids. They report the findings of a systematic review and meta-synthesis of qualitative studies exploring perspectives on opioid prescribing for persistent pain in primary care. Three major themes were identified: suspicion of addiction and dependency, an analysis of benefits and risks when deciding to initiate or continue opioids, and the level of agreement between patient and physician about the prescribing outcome at the end of a consultation. In addition, numerous systems related factors that describe the context and influences on the GP, patient and clinic contribute to the outcome.

So where do we go from here? Clearly this is not an issue that is going to go away soon. We need to find a balanced evidence-based position. Opioids certainly have a place for managing some types of pain, such as after surgery, injury or trauma, managing pain at the end of life [5]. They may have benefits for a very small proportion of people with persistent pain but doses should be intermittent and kept low. Perhaps more important are the need for a public dialogue about what pain is, its significance, and differences between acute and persistent pain. In addition, both healthcare professionals and the general population must have realistic expectations of that medicines, including opioids, are only one component of strategy for managing persistent pain.

References

1. Davies E et al. Examining patterns in opioid prescribing for non-cancer-related pain in Wales: preliminary data from a retrospective cross-sectional study using large datasets. Br J Pain 2019.
2. Zin CS, Chen LC, Knaggs RD. Changes in trends and pattern of strong opioid prescribing in primary care. Eur J Pain. 2014 Oct;18(9):1343-51.
3. Ruscitto A, Smith BH, Guthrie B. Changes in opioid and other analgesic use 1995-2010: repeated cross-sectional analysis of dispensed prescribing for a large geographical population in Scotland. Eur J Pain. 2015 Jan;19(1):59-66.
4. Kennedy M-C et al. ‘If you can’t see a dilemma in this situation you should probably regard it as a warning’: a metasynthesis and theoretical modelling of general practitioners’ opioid prescription experiences in primary care. Br J Pain 2019.
5. Faculty of Pain Medicine and Public Health England. Opioids Aware. <https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware> (accessed 10 May 2019)